

Insights and Updates for Providers

November 2025

Update: Telehealth flexibilities for Medicare members

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

We noted in the [August issue of the provider newsletter](#) that Point32Health decided to extend some telehealth flexibilities for Medicare members and wanted to provide additional information in light of recent announcements from the Centers for Medicare and Medicaid Services (CMS).

Reminder on Point32Health coverage

Certain telehealth flexibilities that CMS put in place during the COVID pandemic were due to expire Sept. 30, 2025, barring action from lawmakers — and the government shutdown, which began on Oct. 1, 2025, has led to uncertainty about the status of these flexibilities. When the government reopens, lawmakers and CMS may decide to let the expiration of these flexibilities stand or may extend the flexibilities to continue coverage.

Anticipating that CMS may not continue to extend telehealth flexibilities, and recognizing the convenience of telehealth for our Medicare members, Point32Health will continue to cover telehealth for a variety of services and all sites of service as a supplemental benefit for members of our Tufts Medicare Preferred, Tufts Health One Care, and Tufts Health Plan Senior Care Options products — regardless of CMS' determination.

Effective Oct. 1, 2025, and carrying over into the 2026 benefit year, the following codes will be added to our existing supplemental telehealth benefit and will remain eligible for telehealth reimbursement:

Category	Allowable codes
Cardiac rehabilitation services	93797, 93798
Group sessions for mental health specialty services	97150, 97154, 97156, 97157, 97158, 96202, 96203
Individual sessions for mental health specialty services	90875, 0326T, 97129
Individual sessions for psychiatric services	96110, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96170, 96171, 97130, 97151, 97152, 97153, 97155
Intensive cardiac rehabilitation services	G0422, G0423
Kidney disease education services	90953, 90956, 90959, 90962
Other health care professionals	G0248, 97550, 97551, 97552, G0539, G0540, G0541, G0542, G0543, 98960, 98961, 98962, 0591T, 0592T, 0593T
Partial hospitalization program	G0410

Category	Allowable codes
Physical therapy and speech language pathology services	92507, 92508, 92521, 92522, 92523, 92524, 96105
Physician specialist services	77427, 94005, 94664, 95970, 95983, 95984
Pulmonary rehabilitation services	94625, 94626

Claims guidance from CMS

In addition, on Oct. 10, 2025, CMS instructed Medicare Advantage organizations to temporarily hold claims for the telehealth flexibilities that expired on Oct. 1, pending further guidance.

Please note that we will continue to process claims for the telehealth flexibilities that we are covering as supplemental benefits. These updates will remain in place, and those claims will be processed.

For telehealth services that expired on Oct. 1, meaning those that CMS is not currently covering and Point32Health did not add as supplemental benefits, we will pend claims in accordance with CMS guidance. We are closely monitoring CMS updates and will process or deny these claims consistent with further guidance from CMS.

For guidance on billing for telehealth services, providers should refer to the [Point32Health Telehealth/Telemedicine Payment Policy](#). ▲

Tufts Health One Care becomes a D-SNP in 2026

Tufts Health One Care

Beginning Jan. 1, 2026, Tufts Health One Care will become a Dual Eligible Special Needs Plan (D-SNP).

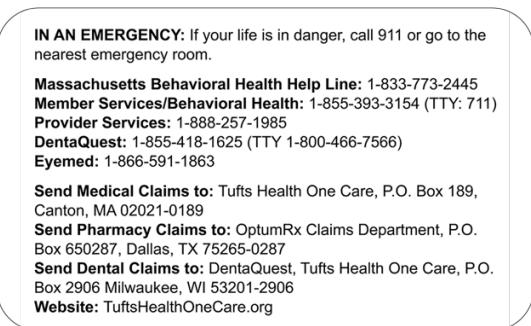
In 2022, the Centers for Medicare and Medicaid Services (CMS) announced the decision to convert all Medicare-Medicaid Plans, like Tufts Health One Care, to D-SNPs.

The transition aims to streamline care coordination and improve the health care experience for individuals who are dual-eligible for Medicare and Medicaid while preserving core features such as coordinated benefits and access to care management via our collaboration with Cityblock Health.

Seamless transition

If you currently participate in the Tufts Health One Care network, there's nothing for you to do. Earlier this year, you were mailed an update to your participating provider agreement, which takes effect on Jan. 1, 2026. The amendment notes any updates to provider obligations. In addition, we will be updating the Tufts Health Public Plans Provider Manual and our Tufts Health One Care training with information related to the D-SNP.

Members will be seamlessly transitioned to the updated product. No action is necessary on their part: they don't need to re-enroll with the plan or MassHealth; they just need to continue to be eligible for MassHealth (Medicaid) and Medicare. They will be automatically enrolled and were mailed new member ID cards, which include a new member ID number (see sample ID card, front and back, below).



Any active prior authorizations will still be valid.

Members will continue to receive care management services through Cityblock Health, which offers members a dedicated team that helps develop personalized care plans, connect them with supports and services, and coordinate care delivery, including behavioral health services. ▲

Expanding UM fax lines for medical prior authorizations

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial

Tufts Health RITogether | Tufts Health Together | Tufts Health Plan Senior Care Options

Tufts Health One Care | Tufts Medicare Preferred

While we recommend our secure provider portal for requesting prior authorization, we're adding an additional fax line, with requests delineated by type.

We encourage providers to utilize [our secure provider portals](#) when requesting prior authorization for the administrative ease and speediness they offer. For providers who prefer to make their prior authorization requests for **medical services** by fax, however, we're enhancing our fax capabilities by offering fax lines dedicated to service type (inpatient, outpatient or behavioral health) and line of business. By offering dedicated fax lines we can route your request in a more appropriate and timely manner.

For a list of the fax lines for requesting prior authorization for medical services, please refer to this [new page on our provider website](#). In the coming months, we'll also be updating our [Medical Necessity Guidelines](#) templates to reference the updated fax lines.

Keep in mind that we are not discontinuing existing fax lines; instead, we're expanding our fax lines. You can rest assured that we'll continue receiving the requests you send to the fax lines we use today.

It's also important to note the following:

- Some services are managed by **vendor partners** and authorization must be requested directly through them. For details on vendor programs, please refer to [the vendor page](#) on the provider website.
- The contact options for **pharmacy and medical drug** prior authorization requests differ from the medical request contact options. For instructions on requesting prior authorization for pharmacy and medical benefit drugs, please refer to [this guidance](#).

If the utilization management team requires additional clinical information, you will receive instructions on how to submit the necessary documentation, and a separate fax number may be provided specifically for this submission. You may also be able to upload clinical documentation via the portal; refer to the portal user guides for details. ▲

Reminder: Deadline to submit claims for Stride members

Harvard Pilgrim Health Care Stride Medicare Advantage

While Point32Health discontinued our Harvard Pilgrim StrideSM(HMO/HMO-POS) Medicare Advantage plans as of Jan. 1, 2025, we continue to process claims through the timely submission time frame, which is 365 days from the date of service.

As a reminder, **please submit claims for Stride Medicare Advantage members by Dec. 31, 2025**. We will not accept claims for Stride members after the claim runout date.

Please keep in mind, as well, that payer ID 04245 used to submit electronic claims for Stride, as well as the PO box for mail submission of claims, will be shut down as part of the closeout process.

For guidance on claims submission, please refer to the Billing and Reimbursement section of the [Harvard Pilgrim Health Care Stride Medicare Advantage Provider Manual](#). ▲

Reminder: Tufts Health Together MCO discontinuing as of Jan. 1

Tufts Health Together MCO

As we announced in the May 2025 issue of the provider newsletter, Point32Health will no longer offer Tufts Health Together MCO, effective Jan. 1, 2026. We notified affected members and primary care provider practices that participate in this product by letter earlier this year.

Transition for current Tufts Health Together MCO members

This change does not impact members' MassHealth eligibility. Tufts Health Together MCO will continue to provide coverage through Dec. 31, 2025, and they will have a new MassHealth plan effective Jan. 1, 2026 (provided members continue to meet MassHealth eligibility). Whenever possible, MassHealth will re-assign these members to the health plan in which their primary care provider (PCP) will be participating moving forward. Members will receive a notification letter about their new health plan assignment in early November and additional information about their health plan options, including how to change health plans.

Members' new health plans are required to comply with the MassHealth continuity of care (COC) requirements, which aim to minimize disruption of care, ensuring uninterrupted access to medically necessary covered service and coordination transitions of care, thus enabling members to continue to see their current providers (including but not limited to in-network providers), for 90 days. In addition, MassHealth and the health plans will work together to securely transition and honor all prior authorization and referral information for transitioning members to support COC. For details, please refer to this [MassHealth page on COC](#).

Any provider with a member currently on the Tufts Health Together MCO should ensure that they have up-to-date information on the member's plan as of Jan. 1, 2026. Please check member eligibility in [MassHealth's Eligibility Verification System \(EVS\)](#) to learn which MassHealth plan they will be enrolled in, and work with their new health plan accordingly.

ACOs offered for 2026

Our decision regarding our MCO does not affect our Tufts Health Plan MassHealth Accountable Care Organization (ACO) business. We will continue to offer our Tufts Health Together Accountable Care Partnership Plans (ACPPs) with Cambridge Health Alliance and UMass Memorial Health.

Primary care physicians and specialists who are part of the ACO networks remain participating providers and should continue to provide services for these ACO members as they normally would.

Participating providers may have experienced a change in their ACO affiliation for 2026, as noted on the MassHealth [All Provider Bulletin 410](#). Specific to Tufts Health Together, Milford Regional Medical Center and Milford Regional Physician Group are now part of UMass Memorial Health, and therefore effective Jan. 1, 2026, they will participate in the Tufts Health Together ACO with UMMH. Therefore, members with Milford Regional PCPs joining Tufts Health Together UMMH ACO will be eligible for COC for 90 days and we will honor the existing authorizations and referrals from their previous ACO plan.

Provider resources

If you are a provider who is new to the Tufts Health Together ACO plans, we encourage you to visit our provider website to access a variety of tools and resources, including:

- The [Tufts Health Public Plans Provider Manual](#), which outlines our programs, policies and procedures.
- Our [monthly electronic provider newsletter](#), *Insights and Updates for Providers*, which will keep you abreast of all the latest notifications, policy updates, billing guidance and more. We encourage you to register for email delivery of the newsletter to your inbox.
- Our [electronic services page](#), offering information on registering for and utilizing our secure portals to conduct transactions electronically for administrative ease, as well as information on signing up for electronic funds transfer to receive payment electronically.

- Our [provider training page](#), featuring user guides, flyers and reference tools, and training videos to guide you and your office staff through doing business with us.

You may also want to direct your Tufts Health Together ACO patients to our member page for the product for [information on services and coverage](#). ▲

Reminder: weight loss medication coverage update

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

As we've announced in previous issues of *Insights and Updates for Providers*, we're making changes in coverage related to weight loss medications, as part of our efforts to provide access to the most appropriate health care options while managing rising pharmacy costs.

These updates include:

- Harvard Pilgrim Health Care Commercial products and Tufts Health Direct will **exclude coverage of weight loss medications, including GLP-1 drugs, to treat weight loss and alternative indications** — including cardiovascular conditions and other comorbidities.
 - Effective on Jan. 1, 2026, this policy will impact Tufts Health Direct and Harvard Pilgrim Individual/Small Group/Merged Market Products utilizing the Core MA, Core NH, Core ME, Core RI, and ConnectorCare formularies. Please keep in mind that for Core NH, Core ME, and Core RI formularies, weight loss drugs are currently excluded from coverage except for alternative indications, and in these cases, the primary change is that as of Jan. 1, 2026, those alternative indications will be excluded from coverage.
 - Starting Jan. 1, 2026 (and upon group anniversary date), this policy will impact Harvard Pilgrim large group products (MA, NH, ME, RI) that will be moved to a new Select formulary, which has been designed for cost containment and excludes all weight loss medication coverage. For more details about the new Select formulary, refer to [this article](#) also included in this issue of *Insights and Updates for Providers*.
 - This change does not affect GLP-1 medications prescribed for diabetes.
- Some Commercial large groups will be offered the **option to buy up to a Premium formulary to include drugs prescribed for weight loss coverage**, with Zepbound as the preferred weight loss GLP-1 medication. To receive coverage, members would need to meet the medical necessity criteria for weight loss medications.
- Beginning on Jan. 1, 2026, all fully insured Harvard Pilgrim Commercial plans with weight loss medication coverage will require members who are newly seeking coverage for a weight loss GLP-1 medication to **participate in a behavior modification program for 6 months (ResetStrong)**.
 - Upon completion, and if the member meets the medical criteria and continues to have weight loss coverage, they will then be eligible to receive coverage for Zepbound as the preferred weight loss GLP-1 medication.
 - This program will help members adopt and sustain healthy habits for long-term weight management and include access to weight loss coaching by registered dieticians.
 - **This requirement applies to members newly starting a weight-loss GLP-1 medication, not members currently on the prescription medication.**
- For certain products, such as self-insured accounts, the effective date will be upon the group anniversary date in 2026, and the **ResetStrong** behavior modification program will be offered as an option.

Determining coverage: formulary and prior authorization information

To determine whether your Harvard Pilgrim Commercial or Tufts Health Direct patient has weight loss drug coverage, please refer to their formulary. Members on the Core, Select, ConnectorCare, and Tufts Health Direct formularies will exclude weight loss medication coverage.

Members who were previously approved for a weight loss medication for weight management or an alternative indication will have their authorization terminated **on Jan. 1, 2026, or upon group anniversary**. There will be no grandfathering of prior authorizations.

If the member's product utilizes the Value or Premium formulary for 2026, weight loss medication coverage will remain available, with GLP-1 medications and Contrave subject to prior authorization.

Our utilization management team will provide information on whether the **ResetStrong** behavior modification program is necessary at the time that the prior authorization determination is made for members newly starting a weight loss GLP-1 medication.

Please note that 2026 formulary selection and coverage may be subject to change upon the group's anniversary.

Options for members seeking access to weight loss medications

Members who will be affected by this coverage change will be notified by letter at least 60 days prior to the change and encouraged to discuss options with their primary care physicians and other doctors.

Members may wish to explore prescription discount cards or manufacturer copay assistance programs. Additional information on resources and programs for nutrition and weight management is available on Harvard Pilgrim's member [wellness page](#). ▲

Point32Health Medicare products: 2026 benefit changes

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

As the annual election period for Medicare Advantage is underway, we want to update you on 2026 benefit changes related to Tufts Medicare Preferred HMO/PPO, Tufts Health Plan Senior Care Options, and Tufts Health One Care — which will transition to a Dual Eligible Special Needs Plan known as Tufts Health One Care (HMO D-SNP) as of Jan. 1, 2026. (See [this article](#) for more information about this transition.)

Also of note, the \$0 premium Tufts Medicare Preferred Access (PPO) plan will not be offered for the 2026 plan year. A new premium PPO plan known as Tufts Medicare Preferred PPO RX (PPO) will be offered instead, which you can read more about in the article titled "[Update to Tufts Medicare Preferred PPO offering for 2026](#)" also in this issue of *Insights and Updates for Providers*.

Benefit changes for our Tufts Health Plan Senior Products are effective for dates of service beginning Jan. 1, 2026, upon each plan's effective or renewal date. For 2026 benefit update information for these plans, please refer to the applicable document below:

- [Tufts Medicare Preferred HMO/PPO 2026 benefit changes](#)
- [Tufts Health Plan Senior Care Options 2026 benefit changes](#)
- [Tufts Health One Care \(HMO D-SNP\) 2026 benefit changes](#)



Update to Tufts Medicare Preferred PPO offering for 2026

Tufts Medicare Preferred

Point32Health is making a change to our Tufts Medicare Preferred PPO product offering for the 2026 plan year. Effective Jan. 1, 2026, the \$0 premium Tufts Medicare Preferred Access (PPO) plan will no longer be offered. A new premium PPO plan will be offered instead, known as **Tufts Medicare Preferred PPO RX (PPO)**.

The new Tufts Medicare Preferred PPO RX (PPO) plan will be offered in the same service area as the discontinued Tufts Medicare Preferred Access (PPO) plan, but will feature a different medical benefit package — which you can read more about [here](#).

Unlike Tufts Medicare Preferred Access (PPO), which is a \$0 premium PPO plan, Tufts Medicare Preferred PPO RX (PPO) will have premiums ranging from \$20 – \$60 depending on the county in which the member resides: \$40 for Middlesex County, \$60 for Suffolk County, and \$20 for all other counties.

Tufts Medicare Preferred Access (PPO) members will not be automatically enrolled in the new Tufts Medicare Preferred PPO RX (PPO) plan. These members were notified that the plan would not be offered for 2026 and instructed to enroll in other plans of their choice during the annual open enrollment period. ▲

Facility data attestation reminders and updates

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial

Tufts Health RITogether | Tufts Health Together | Tufts Health Plan Senior Care Options

Tufts Health One Care | Tufts Medicare Preferred

We're offering some reminders and updates about the mandatory facility attestation functionality available through our secure provider portals, which is new as of June 2025 for the [Tufts Health Plan provider portal](#) and was significantly upgraded in [HPHConnect](#), Harvard Pilgrim's portal, in late October 2025.

As you know, providers are required to review and revalidate their information at least every 90 days to help ensure the accuracy of our provider directory, and **failure to do so may result in suppression from the directory until this information is validated**.

While changes to data are reported via the [CAQH Provider Data Portal](#) for individual practitioners who have implemented it, the CAQH process doesn't support facilities. For contracted facilities, confirmation of your directory data should be submitted using the facility attestation functionality available on HPHConnect or on Tufts Health's Plan's provider portal. Some capabilities/updates and requirements associated with each are outlined below.

HPHConnect facility attestation upgrade

We have recently upgraded the facility data attestation functionality offered in [HPHConnect](#), which now offers a much greater level of detail with regard to the provider information facilities are able to add and edit.

When completing an attestation in HPHConnect, facilities are asked to verify personal and practice information such as type of practitioner, specialties, hospitals, email address, areas of expertise (behavioral health only), and more. With the recent upgrade, facilities can now additionally edit or add data related to the following:

- Website
- Online appointment scheduler
- Hours of operation
- Contact email address
- Languages spoken/serviced
- Accepting new patients, yes or no
- Accessibility and accessibility options
- Other accommodations
- Services available, e.g., interpreter services, public transportation, telehealth, treatment options.
- Members serviced — by age range, gender, sexual orientation
- Patient Cultural Groups
- Populations of focus

We've updated our [Harvard Pilgrim Completing the Provider Data Attestation for Facilities User Guide](#) to reflect this upgrade to the available functionality. Please keep in mind that it's important to provide as much information as possible to paint the most complete picture for our members as they navigate their health care options.

Tufts Health Plan provider portal functionality

As of June 2025, we also offer facility data attestation capabilities through our [Tufts Health Plan provider portal](#). This functionality allows Senior Account Administrators with at least one facility to provide Tufts Health Plan with information critical to our provider directory (e.g., hours of operation, phone numbers, languages spoken by staff) — and provides a mechanism to review and confirm the accuracy of this information on a regular basis.

Eligible users need to answer questions related to general and contact information; staff and accessibility; and special experience, skills, and training for each NPI with an attestation due. It's important to note that these questions will need to be answered for each address/location each NPI has separately. Users will only need to answer the questions for each location the first time they use the tool. Following that, users can simply log in and attest to the accuracy of their data at a minimum of every 90 days.

When completing a facility attestation in the Tufts Health Plan provider portal, please be sure to fill in the field related to ADA compliance, as it is mandatory to attest to this information. For more information, refer to the [Tufts Health Plan Secure Provider Portal User Guide](#). ▲

OncoHealth program expanding to Tufts Medicare Preferred

Tufts Medicare Preferred

Point32Health partners with OncoHealth to operate our oncology medical management program for Harvard Pilgrim Health Care Commercial members, and effective for dates of service beginning Jan. 1, 2026, we're expanding the scope of the program to include Tufts Medicare Preferred members.

Program overview

Through this program, prior authorization is required for outpatient chemotherapy (infused and/or injected) drugs and OncoHealth conducts medical review of chemotherapeutic protocols (chemotherapy, support, symptom management drugs) for members with a cancer diagnosis who require these services. In addition to National Coverage Determinations and Local Coverage Determinations for Medicare, OncoHealth utilizes current, evidence-based, disease-specific analytics on all cancer types and treatment options, backed by board-certified oncologists and oncology pharmacists.

For more information, please refer to the [OncoHealth page](#) in the [vendor programs](#) section of our provider website, as well as OncoHealth's [dedicated webpage for Point32Health members and providers](#).

Medical drug authorization program reminder

Please keep in mind that some of the drugs in the oncology program currently require prior authorization directly through Point32Health as part of our typical medical drug management program. As of Jan. 1, those drugs will require prior authorization from OncoHealth instead — **when used for oncology purposes**. However, if the drug is being used to treat other conditions for our Tufts Medicare Preferred members, it will still require authorization from Point32Health. Please refer to the [Medical Benefit Drug Medical Necessity Guidelines](#) page to view the medical drugs in that program as well as the medical review criteria.

Current approved authorizations for these drugs (obtained directly through Tufts Health Plan) will continue to be valid and a new authorization isn't required in these instances.

Requesting authorization and submitting claims

Providers may request authorization from OncoHealth for outpatient chemotherapy drugs via:

- **OneUM** — Submit requests to OncoHealth for Tufts Medicare Preferred members using OneUM, their online authorization portal. (As a reminder, for Harvard Pilgrim members you should continue to use the single sign-on feature in HPHConnect for OncoHealth requests.)
- **Fax** — Fax your request and clinical records to 800-264-6128
- **Phone** — Submit requests by calling 888-916-2616 (with any necessary clinical documentation faxed to the number above and appropriate reference number included)

Please continue to submit claims directly to Point32Health as you do today. (See the [Claim Requirements](#), [Coordination of Benefits and Payment Disputes](#) section of the Tufts Health Plan Senior Products Provider Manual.)

Sign up for a webinar

In addition, OncoHealth is offering webinars for providers and office staff to provide an overview of the program and instruction on using their e-prior authorization system — and attendees will receive their username and password.

There will also be an opportunity to ask questions. Webinars will be offered on the following Tuesdays and Thursdays in December and January.

Tuesdays at 1 p.m. EST (register here):	Thursdays at 11 a.m. EST (register here):
<ul style="list-style-type: none">• December 2• December 9• December 16• December 30• January 6• January 13• January 20	<ul style="list-style-type: none">• December 4• December 11• December 18• January 8• January 15• January 22



Coordination of benefits claims reprocessing

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial

Tufts Health RITogether | Tufts Health Together | Tufts Health Plan Senior Care Options

Tufts Health One Care | Tufts Medicare Preferred

Point32Health is updating our processes and procedures related to coordination of benefits (COB) claims and will be leveraging additional vendors to analyze historical claims data, in accordance with applicable policies or contracts, and perform claims payment retractions, as necessary.

Point32Health coordinates benefits when a member of one of our Harvard Pilgrim Health Care or Tufts Health Plan products has additional insurance coverage (e.g., other primary insurance, third-party liability coverage), as outlined in our handy [Coordination of Benefits quick reference guide](#), as well as our [Provider Manuals](#) and Coordination of Benefits [Payment Policy](#).

Per our long-standing Coordination of Benefits Payment Policy, when we determine that a member's Harvard Pilgrim or Tufts Health Plan coverage is the secondary coverage after a claim has processed and Harvard Pilgrim or Tufts Health Plan was incorrectly identified as the primary coverage, we retract any associated claim payments. The claim must then be billed to the primary insurer and resubmitted to Harvard Pilgrim or Tufts Health Plan with the primary insurer's explanation of benefits.

Process update and claim retractions

We will be analyzing historical claim data from our Harvard Pilgrim and Tufts Health Plan claims systems — and leveraging additional vendors for our Tufts Health Plan products — to identify instances in which we processed claims that should have been submitted to other primary payers.

As we do the work of assessing historical data and reprocessing as necessary, we will retract payments for COB claims that should not have been paid by our organization and providers will need to correctly bill the primary payer.



Reminder: Complete the new 2025 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 2025 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 [provider training](#) section of our website, offers an overview of the plan and covers Tufts Health Plan SCO's Model of Care goals, team member responsibilities and PCP expectations, the individualized care plan (ICP) 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. ▲

New product offering for Jan. 1, 2026

Harvard Pilgrim Health Care Commercial

Beginning on Jan. 1, 2026, Point32Health will offer a new Harvard Pilgrim Health Care Commercial product offering known as **National Access EPO** in Massachusetts, New Hampshire, and Rhode Island, and **National Access** in Maine.

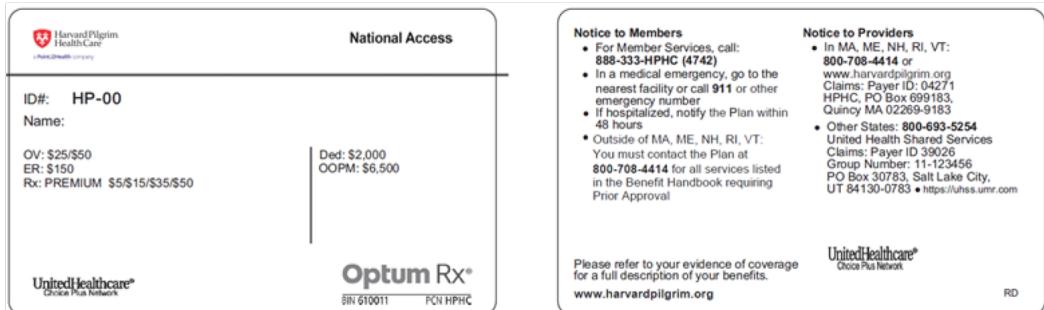
Similar to existing PPO plans, members of these plans are not required to select a PCP or have referrals for specialist care. Provider coverage includes Harvard Pilgrim's five-state service area (Massachusetts, Maine, New Hampshire, Rhode Island, and Vermont) and uses UnitedHealthcare's Choice Plus network for other states. Pricing will vary by state, and these plans will not include out-of-network coverage.

National Access/National Access EPO offer members lower costs than PPO plans and support employers with multiple locations and/or employees living anywhere in the United States.

You can recognize National Access/National Access EPO members by their ID cards.



Maine Only:



Senior Products: 2026 formulary coverage changes

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

Point32Health is incorporating a number of updates to our Tufts Health Plan Senior Products drug formularies for the 2026 plan year. These updates are summarized below, along with the Medicare products for which each change applies.

Drugs moving to non-covered status

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

Effective for fill dates on or after Jan. 1, 2026, we will no longer cover certain drugs, including drugs with interchangeable generics or therapeutic alternatives, for members of the plans indicated above. Refer to [this document](#) (page 1) for the list of drugs moving to non-covered status.

For members currently taking these drugs, coverage will continue without disruption through Dec. 31, 2025. If you are a prescribing provider and you wish for a member to continue taking a drug on this list, you'll need to submit a formulary exception request.

Drugs moving to a higher tier

Tufts Medicare Preferred only

For fill dates on or after Jan. 1, 2026, certain drugs will be moving to a higher tier for Tufts Medicare Preferred members only. [Click here](#) to review a list of these drugs, which you'll find on page 2.

For members currently taking these drugs, their current coverage will continue unchanged through Dec. 31, 2025.

If an impacted patient cannot afford the new copay, please refer to the formulary for potential therapeutic alternatives at lower tiers. If the available alternatives are not clinically appropriate, a tier exception can be requested and will be reviewed in accordance with CMS regulations, as not all drugs are eligible for tier exceptions.

Additional changes

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

Refer to page 3 of the [2026 formulary changes document](#) for information about additional updates.

These include:

- The addition of quantity limits for certain medications
- New prior authorization requirement for Revcov
- A preferred product change for diabetic testing supplies
- Drugs excluded under Medicare law which will no longer be covered as an enhanced benefit
(applicable to individual HMO and PPO plans only)



Clinical Stabilization Services notification update

Tufts Health Direct | Tufts Health Together | Tufts Health Plan Senior Care Options Tufts Health One Care

Effective Jan. 1, 2026, providers of clinical stabilization services (American Society of Addiction Medicine [ASAM] Level of Care 3.5) will be expected to complete admission notifications **within 72 hours** for members of our Tufts Health Together, Tufts Health Direct, Tufts Health Plan Senior Care Options, and Tufts Health One Care products. (Currently, providers have up to 11 days to issue notification.)

This change is intended to streamline behavioral health utilization management practices and simplify our providers' experience by aligning with our current process for acute treatment services (ASAM Level 3.7) and to promote seamless coordination of care between all of those involved in the treatment of a common Point32Health patient.

We've updated our [Inpatient and Intermediate/Diversionary Behavioral Health/Substance Use Disorder \(BH/SUD\) Facility \(Tufts Health Public Plans\) Payment Policy](#) and our [Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility \(Senior Products\) Payment Policy](#) to reflect the change.

We encourage providers to submit notification through the Tufts Health Plan [secure portal](#), or complete and return the [Behavioral Health Notification](#) Form according to the form's instructions. ▲

Billing update for residential substance use disorder treatment

Tufts Health Together

If you provide residential substance use disorder treatment for Tufts Health RITogether members, please be aware that in accordance with recent direction from the Rhode Island Executive Office of Health and Human Services, effective for dates of service **beginning Jan. 1, 2026** you'll be required to use form CMS-1500 and place of service (POS) code 55 (Residential Treatment Facility) when submitting your claims for reimbursement.

Please continue to use the current HCPCS code and modifier combinations below that you use today.

ASAM Level	Code/Modifier
3.1	H0018 UD
3.5	H0010 UD
3.7 / 3.7 WM	H0011 UD

For dates of service beginning Jan. 1, 2026, claims for residential substance use disorder treatment submitted using form UB-40 and POS code 21 (Inpatient Hospital) will no longer be accepted, and will be denied.

Refer to our updated [Inpatient and Intermediate/Diversionary Behavioral Health/Substance Use Disorder \(BH/SUD\) Facility Payment Policy](#) for additional guidance. ▲

Provider Service Center reminders

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

We are sharing a few updates for our provider partners to keep in mind regarding provider servicing.

Appeals inquiries

We are currently experiencing a high volume of appeals. Please be aware that claims appeals processing may take 120 days or longer, and appeals are reviewed in the order in which they are received. We encourage providers to allow for the full review period before contacting the Provider Service Center for a status update. If your appeal was submitted within the last 120 days, the Provider Service Center will be unable to provide updates at this time.

Claims appeal determinations are mailed to the address on file for the provider. For details on claims appeals, please refer to our online [Provider Manuals](#) and our [Provider Claims Appeals flyer](#).

We appreciate your understanding and patience.

Updated hours for Tufts Health Public Plans Provider Service Center

In the interest of supporting efforts to work through existing inquiries in a timely manner, we are temporarily adjusting the hours of our Provider Service Center for Tufts Health Public Plans only from Oct. 22, 2025, to Dec. 31, 2025, to the following: **9 a.m. to noon and 1 p.m. to 4 p.m. ET, Monday through Friday.**

On Jan. 2, 2026, we will resume normal business hours (For Massachusetts Tufts Health Public Plans: Monday – Friday, 8 a.m. to 5 p.m.; For Tufts Health RITogether: Monday – Friday 8 a.m. to 6 p.m.)

We encourage providers and office staff to utilize our self-service, secure provider portal for a variety of transactions and inquiries. To access our secure portals, visit the [electronic services webpage](#). There you will also find a variety of helpful resources, policies, and user guides.

For hours of operation and contact numbers for the Provider Service Center for all lines of business, please refer to our [Contact Us page](#). ▲

Updated billing guidance for dental anesthesia

Tufts Health RITogether

In keeping with a recent Rhode Island Executive Office of Health and Human Services memo regarding access to dental procedures requiring anesthesia, we've expanded our RITogether oral health benefits to include the use of dental anesthesia in a professional (office) setting.

Effective for dates of service beginning July 1, 2024, providers can submit claims for the following procedures using the codes below. (Point32Health will retroactively reprocess impacted claims submitted between the effective date and now.)

- D9212 – Trigeminal division block anesthesia
- D9222 – Deep sedation/general anesthesia, first 15 minutes
- D9223 – Deep sedation/general anesthesia, each subsequent 15-minute increment
- D9239 – Intravenous moderate (conscious) sedation/analgesia, first 15 minutes
- D9243 – Intravenous moderate (conscious) sedation/analgesia, each subsequent 15-minute increment

Additional billing details for submitting professional claims can be found within our [Oral Surgery Payment Policy](#). Providers performing dental anesthesia services in a facility should continue to submit claims using CPT Code 41899 as outlined in Point32Health's Dental Procedures Requiring Hospital/Facility-Based Care [Medical Necessity Guidelines](#). ▲

Pharmacy coverage changes

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial 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.

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Non-Formulary Drugs	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2026	<p>Non-Formulary Exceptions PMNG</p> <ul style="list-style-type: none">• Updated criteria related to non-formulary review of Wegovy for certain indications for the Value and Premium formularies.• Removed non-formulary coverage criteria for Zepbound in moderate to severe obstructive sleep apnea in obesity.
Ajovy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2026	<p>Non-Triptan Migraine Medications PMNG</p> <p>Moved Ajovy to Non-Formulary; Prior Authorization</p>



Coverage changes for Remicade and biosimilars

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

In last month's issue of *Insights and Updates for Providers*, we introduced upcoming coverage changes for Harvard Pilgrim Commercial, Tufts Health Plan Commercial, and Tufts Health Direct related to the monoclonal antibody medication Remicade (infliximab) and its biosimilars. We'd like to provide a reminder of these changes, as well as some updated information regarding product applicability.

Effective Jan. 1, 2026, for the above-referenced products, and additionally for Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, and Tufts Health One Care, **Avsola and Inflectra will be the preferred infliximab products.** Remicade and unbranded Infliximab (HCPCS code J1745) will become non-preferred products.

As we indicated in last month's article, members of our Commercial products and Tufts Health Direct currently utilizing Remicade or unbranded Infliximab will not need a new prior authorization request for Avsola or Inflectra in order to transition to one of these two preferred products. For our Senior Products (Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, and Tufts Health One Care), the change will apply only to members initiating treatment of infliximab on or after Jan. 1, 2026.

Our Medical Benefit Drug MNGs for Targeted Immunomodulators – Skilled Administration and Medicare Part B Step Therapy, [which you can find here](#), have been updated to reflect these changes. ▲

Prior authorization updates for Targeted Immunomodulators

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial

Effective Jan. 1, 2026, Point32Health is making extensive updates to criteria and requirements associated with our Pharmacy and Medical benefit prior authorization programs pertaining to targeted immunomodulator medications for Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct.

These updates — which will apply to members initiating treatment on or after Jan. 1 — have been incorporated consistently across Pharmacy and Medical Benefit Medical Necessity Guidelines, as applicable (see below for a list of impacted guidelines), and are intended to further align our prior authorization programs and policies with industry guidance and encourage the safe and efficacious use of targeted immunomodulator medications.

Updates include:

- Diagnosis requirements aligned with Food and Drug Administration approved indication
- Provider specialty requirements will no longer include “in consultation with” language
- Language acknowledging stability on the requested medication for patients new to the plan has been removed. Documentation of stability provided on a prior authorization or non-formulary exception request will be taken into consideration as part of the medical necessity review process.
- Addition of a step through a Tumor Necrosis Factor (TNF) inhibitor for Janus Kinase (JAK) inhibitors, for shared indications, in line with FDA-approved package labeling and boxed warnings.
- Implementation of differentiated approval durations based on therapeutic area. For dermatological indications, initial authorizations will be approved for six months and reauthorization approvals will be approved for 12 months. For non-dermatological indications, initial authorizations and reauthorizations will be approved for 12 months. Due to the new approval durations, specific reauthorization criteria will now apply.
- Addition of language to prevent duplicative targeted immunomodulator therapy. Current data offers minimal support for the efficacy and safety of duplicative therapy.
- Addition of minimum duration requirements to pre-requisites for select scenarios to ensure appropriate use of targeted immunomodulators.
- Addition of specific clinical criteria confirming moderate to severe disease for plaque psoriasis, active psoriatic arthritis, and moderate to severe hidradenitis suppurativa.

- Addition of language to support documentation of prerequisite trials.
- For non-preferred targeted immunomodulators indicated for plaque psoriasis and psoriatic arthritis, updated non-biologic prerequisites.

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

Impacted guidelines include:

- Actemra (tocilizumab)
- Adalimumab products
- Adbry (tralokinumab-ldrm)
- Bimzelx (bimekizumab-bkzx)
- Cibinvo (abrocitinib)
- Cimzia (certolizumab pegol)
- Cosentyx (secukinumab)
- Dupixent (dupilumab)
- Ebglyss (lebrikizumab-lbkz)
- Enbrel (etanercept)
- Entyvio (vedolizumab)
- Humira (adalimumab)
- Kevzara (sarilumab)
- Kineret (anakinra)
- Litfulo (ritlectinib tosylate)
- Nemluvio (nemolizumab-ilto)
- Olumiant (baricitinib)
- Omvoh (mirikizumab-mrkz)
- Orencia (abatacept)
- Otezla (apremilast)
- Rinvoq (upadacitinib)
- Siliq (brodalumab)
- Simponi (golimumab)
- Skyrizi (risankizumab-rzaa)
- Sotyktu (deucravacitinib)
- Spevigo (spesolimab-sbzo)
(Pharmacy and Medical Medical Necessity Guideline)
- Taltz (ixekizumab)
- Targeted Immunomodulator Skilled Administration
- Tocilizumab Products
- Tremfya (guselkumab)
- Ustekinumab Products
- Velsipity (etrasimod arginine)
- Xeljanz (tofacitinib citrate)
- Yesintek (ustekinumab-kfce)
- Zeposia (ozanimod)
- Zymfentra (infliximab-dyyb)



MassHealth updates to Unified Formulary

Tufts Health Together--MassHealth MCO Plan and ACPPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on **Nov. 17, 2025**. Tufts Health Together-MassHealth MCO Plan and ACPPs utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs, and providers should be aware that updated coverage and criteria will be available on the [MassHealth Drug List](#) on or after the effective date. 

Point32Health Medical Necessity Guideline updates

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial
Tufts Health RITogether | Tufts Health Together | Tufts Health Plan Senior Care Options
Tufts Health One Care | 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
Noncovered Investigational Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	11/1/2025	<p>The following will be added to the MNG as non-covered:</p> <ul style="list-style-type: none">• Developmental Relationship-Based Intervention for Autism• Blood Test for Amyloid Plaques associated with Alzheimer's Disease• ReActiv8 Restorative Neurostimulation System <p>The following procedures/services will now be covered without prior authorization:</p> <ul style="list-style-type: none">• Mycobacterium Tuberculosis, Rifampin Resistance (CPT 87564)• Cologuard Plus (CPT 0464U)• VEMP Testing (CPT 92517, 92518, 92519) <p>A number of codes will now be covered only when submitted with ICD-10 diagnosis codes C90.00, C90.01, C90.02 or E85.81. (See MNG for complete details.)</p> <p>For Harvard Pilgrim Commercial, Tufts Health Direct, Tufts Health Together, and Tufts Health RITogether:</p> <p>Codes 0214T— 0218T will now be covered when prior authorization has been obtained through Evolent.</p> <p>For Tufts Health Together and Tufts Health One Care only:</p> <p>CPT code 64555 is now covered without prior authorization.</p>
Gender Affirming Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	11/1/2025	Minor criteria language update related to provider types considered to be qualified health care professionals in the context of the MNG.

Point32Health medical drug program updates

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial

Tufts Health RITogether | Tufts Health Together | Tufts Health Plan Senior Care Options

Tufts Health One Care | 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		
Drug/MNG	Plan & additional information	Eff. date
Zevaskyn MassHealth Adjudicated Payment Amount per Discharge and Adjudicated Payment per Episode Carve Out Drugs	Tufts Health Together For Together members, prior authorization for Zevaskyn (J3590) will be required via the MassHealth Unified Formulary. Coverage and prior authorization criteria will be available on the MassHealth Drug List and our MassHealth Adjudicated Payment Amount per Discharge and Adjudicated Payment per Episode Carve Out Drugs MNG for Tufts Health Together.	11/17/2025
Enflonsia Unified Medical Policies	Tufts Health Together In alignment with MassHealth, we will cover Enflonsia, a monoclonal antibody vaccine approved by the FDA in June 2025 for the prevention of respiratory syncytial virus (RSV) in newborns and infants entering their first RSV season. Prior authorization is required for members \geq 8 months of age, and criteria can be found on our Unified Medical Policies MNG .	11/17/2025
Qfitlia Unified Medical Policies	Tufts Health Together In alignment with MassHealth, we will cover Qfitlia, approved by the FDA in March 2025 for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with hemophilia A or hemophilia B Prior authorization criteria can be found on our Unified Medical Policies MNG .	11/17/2025
Yeztugo Unified Medical Policies	Tufts Health Together In alignment with MassHealth, we will cover Yeztugo, an injectable HIV-1 capsid inhibitor approved by the FDA in June 2025 as pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV. Prior authorization criteria can be found on our Unified Medical Policies MNG .	11/17/2025

Updates to existing prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Vyjuvek Unified Medical Policies	<p>Tufts Health Together</p> <p>In accordance with a MassHealth criteria update, we're adding information to clarify that Vyjuvek will not be used on the same target wounds as other topicals or gene therapies for a diagnosis of DEB, e.g., Filsuvez or Zevaskyn. Coverage and prior authorization criteria will be available on the MassHealth Drug List and our Unified Medical Policies MNG for Tufts Health Together.</p>	11/17/2025
Vyjuvek	<p>Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether</p> <ul style="list-style-type: none"> Added information to clarify that Vyjuvek will not be used on the same target wounds as other topicals or gene therapies for a diagnosis of DEB, e.g., Filsuvez or Zevaskyn. Edited criteria language to clarify that the prescriber is a specialist (e.g., dermatologist geneticist, histopathologist) or consult notes from a specialist are provided. 	11/1/2025



Point32Health Payment Policy updates

**Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial
Tufts Health RITogether | Tufts Health Together | Tufts Health Plan Senior Care Options
Tufts Health One Care | 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
Gastroenterology	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	11/1/2025	Integrated Point32Health Payment Policy replaces the Harvard Pilgrim Health Care Gastroenterology Payment Policy and the Tufts Health Plan Gastroenterology Payment Policy.
Vision	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	11/1/2025	Integrated Point32Health Payment Policy replaces the Harvard Pilgrim Health Care Vision Services Payment Policy and the Tufts Health Plan Vision Services Payment Policy.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Hospital-based Clinic	Harvard Pilgrim Health Care Commercial	11/1/2025	Policy updated to reflect Point32Health branding.
Evaluation and Management	Harvard Pilgrim Health Care Commercial	11/1/2025	Minor administrative edits for accuracy and clarity.
Evaluation and Management	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	11/1/2025	Minor administrative edits for accuracy and clarity.
Drugs and Biologicals	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	11/1/2025	Minor administrative edits for accuracy and clarity.
Orthotic and Prosthetic Devices	Harvard Pilgrim Health Care Commercial	11/1/2025	Minor administrative edits for accuracy and clarity.
Orthotics and Prosthetics	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	11/1/2025	Minor administrative edits for accuracy and clarity.
Dental Care	Harvard Pilgrim Health Care Commercial	11/1/2025	New language added to reflect adherence to state mandates when applicable. Policy updated to reflect Point32Health branding.
Durable Medical Equipment (DME)	Harvard Pilgrim Health Care	11/1/2025	Minor administrative edits for accuracy and clarity.
Durable Medical Equipment (DME) and Medical Supplies	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	11/1/2025	Minor administrative edits for accuracy and clarity.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Inpatient and Intermediate/Diversionary Behavioral Health/ Substance Use Disorder (BH/SUD) Facility (Public Plans) Inpatient and Intermediate Behavioral Health/ Substance Use Disorder Facility (Senior Products)	Tufts Health RITogether, Tufts Health Direct, Tufts Health Together, Tufts Health One Care, Tufts Health Plan Senior Care Options	11/1/2025	<p>Updated to include:</p> <ul style="list-style-type: none"> • Billing guidance for RITogether providers of residential behavioral health/substance use disorder services • CSS notification change for Tufts Health Direct, Tufts Health Together, and Tufts Health One Care providers. <p>See related Billing update and Clinical Stabilization Servicesarticles in this issue.</p>



Point32Health's access to care standards

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

One of Point32Health's fundamental priorities is ensuring the best possible access to care for the members we serve through our Harvard Pilgrim Health Care and Tufts Health Plan products. To that end, we maintain policies for our Tufts Health Plan and Harvard Pilgrim plans that outline network practitioner standards regarding clinician availability, timeliness of appointments, and telephone accessibility, among other things.

Please refer to the policies identified below to review these standards and requirements:

Harvard Pilgrim Health Care

Commercial

- [Practice Site Standards](#) policy, Network Operations & Care Delivery Management section of our Commercial Provider Manual

Tufts Health Plan

Commercial

- Medical Care Access Standards for Primary Care Offices section of the [Providers chapter](#) of the Commercial Provider Manual
- Provider Access Standards section of the [Providers chapter](#) of our Tufts Health Public Plans Provider Manual
- Medical Care Access Standards for Primary Care section of the [Providers chapter](#) of our Senior Products Provider Manual.

Public Plans

- Provider Access Standards section of the [Providers chapter](#) of our Tufts Health Public Plans Provider Manual

Senior Products

- Medical Care Access Standards for Primary Care section of the [Providers chapter](#) of our Senior Products Provider Manual.



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