Point32Health

Insights and Updates for Providers

NOVEMBER 2026

Save the date: Point32Health launches on Availity Essentials™ Nov. 16!

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 Medicare Preferred

The countdown is on! Starting Monday, Nov. 16, you'll be able to use Availity Essentials™ to complete a growing range of transactions with Point32Health through the same multi-payer portal you may already use for other health plans.

The launch gives providers and office staff another convenient way to do business with us, with new and enhanced tools designed to make everyday work easier and more efficient. If you aren't already an Availity Essentials user, now is a good time to register and prepare for the launch.

What's available at launch

Beginning Nov. 16, Availity Essentials will support a wide range of electronic transactions for Harvard Pilgrim Health Care and Tufts Health Plan products. Some are also available through our legacy secure portals (HPHConnect and the Tufts Health Plan portals), while others offer new or enhanced functionality. Available transactions include:

- **Eligibility and benefits response (271)**
- **Electronic claim submission (837)**
- **Claim status (277) — Enhanced functionality.** Access up to 50 additional data elements, giving you more claims information and reducing the need to contact us with routine status questions.
- **Claims attachments — New feature.** Attach supporting documentation electronically instead of submitting claims by paper when documentation is required.
- **Member search — Enhanced functionality.** Use additional search fields to find the right member quickly and accurately.
- **Member ID card access — New feature.** View, download and save an image of the member's ID card for future reference.
- **Resources and information via Payer Spaces**

Your organization's Primary Administrator is responsible for granting access to users for various features. If you don't currently have access to a feature you need, please work with your Primary Administrator to obtain it.

Registration, webinars and training resources

Availity Essentials and Point32Health offer training resources to help you get started.

If you aren't already an Availity Essentials user, register today. The Register and Get Started with Availity Essentials page provides step-by-step instructions, recorded training sessions and other helpful information. Additional resources are available in the Availity Help Center.

Designate an Availity Essentials administrator for your organization. This person should have legal authority to sign agreements on the organization's behalf and will be responsible for registration and user account management. Once registered, the administrator can create accounts for staff members who need access.

Beginning Nov. 16, you'll be able to select Harvard Pilgrim Health Care and Tufts Health Plan from the available payer options.

We're also offering live training sessions on the following dates:

- Thursday, Nov. 12 from 2-3 p.m.
- Tuesday, Dec. 1 from 10-11 a.m.
- Thursday, Dec. 3 from 11 a.m.-noon

You can register for a training session here!

More features to come in 2027

The Nov. 16 launch is just the beginning. Point32Health will continue to add and refine functionality in Availity Essentials in phases. Additional features anticipated in 2027 include:

- Referrals and authorizations
- Claims corrections
- Secure messaging
- Reporting and additional functionality

Start using Availity Essentials while existing portals remain available

With Availity Essentials, providers and office staff have a new and improved way to connect with Point32Health and conduct transactions. That's why we encourage you to register now and begin making Availity Essentials part of your regular workflow.

At launch, Availity Essentials will be an additional option, and HPHConnect and the secure Tufts Health Plan provider portal, including MHK, will remain available with their current functionality. Over time, as we transition transactions to Availity Essentials, we expect to retire the existing portals. We will communicate any changes well in advance through the provider newsletter.

In the meantime, explore the available training resources and begin using the new functionality on Nov. 16.

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Reminder: 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

As we announced last month, 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.

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

Tufts Health Plan Senior Care Options

As we shared in our last two newsletters, the new 2026 SCO Model of Care training is available, 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 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. ▲

Reauthorization requirements for targeted immunomodulators

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

As a reminder, 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. ▲

Claim appeals reminders and required form

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 recognizes that questions or concerns may sometimes arise regarding claim payments, and our internal claims appeals process is designed to resolve such concerns quickly and efficiently, without the need for external escalation.

Handy resources for claims appeals submission

As valued partners in the care of our members, providers are expected to use our internal claims appeals process for timely and appropriate resolution. We encourage you to take advantage of the resources available to guide you in following this process, such as our online Provider Manuals and this Provider Claims Appeals flyer, which offers online and paper submission details and tips to ensure a smooth experience.

We also recently published this brief video intended to assist you in understanding and leveraging our claims appeals resources and processes.

Use Request for Claim Review Form to avoid rejections

As you are likely aware, providers should initiate claims appeals by submitting a completed Universal Provider Request for Claim Review Form – the standardized form developed by the Massachusetts Health Care Administrative Simplification Collaborative. **Claims appeals submitted on paper on or after Jan. 1, 2027 without using this form will be rejected.**

Along with the form, providers need to include all supporting documentation in order for Point32Health to be able to review an appeal request. Please refer to the Provider Manual pertaining to your member's plan for further details about what documentation you need to include, what the filing limit is for claims appeals, and more, as this information varies by product. ▲

Outpatient facility fee schedule updates

Harvard Pilgrim Health Care Commercial

Harvard Pilgrim is updating our current standard outpatient facility fee schedule for acute rehabilitation hospitals, freestanding ambulatory surgery centers, and skilled nursing facilities, effective Jan. 1, 2027.

As of Nov. 1, 2026, you may request a preliminary sample fee schedule (which does not include the final edits for added and deleted codes) by contacting your contract manager. The final version of the same fee schedule will be available after Jan. 1.

Please keep the following considerations in mind regarding fee schedule updates for acute rehabilitation hospitals and ambulatory surgery centers, as well as skilled nursing facilities:

Acute Rehabilitation Hospitals and Ambulatory Surgery Centers

Harvard Pilgrim is basing our fee schedule updates for acute rehabilitation hospitals and freestanding ambulatory surgery centers on the Centers for Medicare and Medicaid Services 2026 Ambulatory Payment Classification. For more information, please refer to our Outpatient Facility Fee Schedule Payment Policy.

Skilled Nursing Facilities

The new standard outpatient fee schedule for skilled nursing facilities is limited to physical therapy, occupational therapy, and speech therapy. For more information, refer to the Commercial Skilled Nursing Facility Payment Policy.

Please contact your contract manager for any further questions you may have about these fee schedule updates.

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Reminder: sleep management program enhancements

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

As a reminder, 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.
  - EviCore will begin accepting prior authorization requests on November 16, 2026, for dates of service beginning December 1, 2026.
- 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.

You can read more about the upcoming enhancements to our sleep management program in this article, which we published in the October issue of Insights and Updates for Providers.

Training sessions

EviCore will 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! ▲

Upcoming Medicaid eligibility and renewal changes

Tufts Health RITogether | Tufts Health Together

We want to make you aware of changes to the 2027 Massachusetts and Rhode Island Medicaid programs that may impact some Tufts Health Together and Tufts Health RITogether members.

What may be changing

- **More frequent eligibility renewals:** Certain adults who qualify through the Medicaid expansion population may be required to renew their eligibility every six months rather than annually.
- **Work and community engagement requirements:** Federal law has established work and community engagement requirements for certain Medicaid expansion adults. Qualifying activities may include working, volunteering, attending school, participating in other approved activities, or meeting an exemption.

How providers can help patients prepare

- **Encourage** patients to keep their address, phone number, and email address current with their state Medicaid agency.
- **Remind** patients to read all letters, emails, text messages, and online account notices they receive from the state or their health plan.
- **Advise** patients to respond promptly to requests for information and meet all stated deadlines.
- **Explain** that neither Tufts Health Plan nor a provider can update a patient's contact information with the state Medicaid agency on the patient's behalf.
- **Reassure** patients that they should continue receiving needed care, attending appointments, and filling prescriptions unless the state Medicaid agency tells them their coverage has changed.

MassHealth and Rhode Island Medicaid may contact patients about eligibility reviews, coverage renewals, or other program requirements. Beginning in 2027, some individuals may be asked to provide additional information to maintain coverage. In certain situations, patients may be permitted to self-attest to their circumstances. If additional verification is required, the state agency will explain what documentation is needed and when it must be submitted.

If work or education requirements apply to them, MassHealth or Rhode Island Medicaid will notify patients directly and provide them with instructions for any steps that are required. Patients can use the Massachusetts screening tool or Rhode Island screening tool to research whether upcoming eligibility or work and education requirements may affect them.

As you know, state Medicaid agencies are responsible for eligibility determinations, renewals, and decisions regarding work or community engagement requirements. For guidance specific to patient circumstances, providers should direct Tufts Health Together and Tufts Health RITogether members to the MA or RI resource below.

- **MassHealth:** 800-841-2900, www.mass.gov/orgs/masshealth
- **Rhode Island Medicaid:** 800-964-6211, www.staycovered.ri.gov

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Point32Health Medicare products: 2027 benefit changes

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

As the annual election period for Medicare Advantage is underway, we want to update you on 2027 benefit changes related to Tufts Medicare Preferred HMO/PPO, Tufts Health Plan Senior Care Options, and Tufts Health One Care (HMO D-SNP).

Please note that the existing Tufts Medicare Preferred PPO RX (PPO) plan with three premium segments will not be offered for the 2027 plan year. A new premium PPO plan will be offered instead, **also known as Tufts Medicare Preferred PPO RX (PPO),** which you can read more about in the article titled "Update to Tufts Medicare Preferred PPO offering for 2027" 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, 2027, upon each plan's effective or renewal date. For 2027 benefit update information for these plans, please refer to the applicable document below:

- Tufts Medicare Preferred HMO/PPO 2027 benefit changes
- Tufts Health Plan Senior Care Options 2027 benefit changes
- Tufts Health One Care (HMO D-SNP) 2027 benefit changes

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Update to Tufts Medicare Preferred PPO offering for 2027

Tufts Medicare Preferred

Point32Health is making a change to our Tufts Medicare Preferred PPO product offering for the 2027 plan year. Effective Jan. 1, 2027, the existing Tufts Medicare Preferred PPO RX (PPO) plan with three premium segments will no longer be offered.

A new premium PPO plan will be offered instead, **also 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 plan, but will feature a different medical benefit package — which you can read more about here.

Unlike the existing Tufts Medicare Preferred PPO RX (PPO) plan, which has premiums ranging from $20 – $60 depending on the county in which the member resides, the new 2027 Tufts Medicare Preferred PPO RX (PPO) plan will have a standard monthly premium of $220 for all counties.

Current Tufts Medicare Preferred PPO RX (PPO) members will not be automatically enrolled in the replacement Tufts Medicare Preferred PPO RX (PPO) plan for 2027. These members were notified that the plan would not be offered for 2027 and instructed to enroll in other plans of their choice during the annual open enrollment period.

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Senior Products: 2027 formulary coverage changes

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

Point32Health is incorporating a number of updates to our Tufts Health Plan Senior Products drug formularies for the 2027 plan year. These updates are summarized below, along with the Medicare products for which each change applies. For the full list of drugs pertaining to each of the categories outlined below, refer to this document.

Drugs moving to a higher tier
(*Not applicable to Tufts Health Plan Senior Care Options or Tufts Health One Care*)

Effective for fill dates on or after Jan. 1, 2027, certain drugs will be moving to a higher tier. For members currently taking these drugs, current coverage will continue without disruption through Dec. 31, 2026.

If your patient cannot afford the new copay or coinsurance, 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.

Drugs subject to quantity limits

Effective for fill dates on or after Jan. 1, 2027, certain drugs will have quantity limits enforced, which are in line with FDA labeling.

Drugs newly requiring prior authorization

For fill dates on or after Jan. 1, 2027, certain drugs will require prior authorization.

Drugs moving to non-covered status

Effective for fill dates on or after Jan, 1, 2027, certain drugs will no longer be covered, including drugs with interchangeable generics or therapeutic alternatives.

For members currently taking these drugs, coverage will continue without disruption through Dec. 31, 2026. 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. ▲

100-day supply benefit for Medicare Advantage members

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

Point32Health is introducing a new 100-day Pharmacy supply benefit for members of our Medicare Advantage and dual-eligible plans (Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, and Tufts Health One Care) for the 2027 plan year.

Effective Jan. 1, 2027, these members will have the option to fill prescriptions for a 100-day supply of commonly used generic drugs for chronic conditions (e.g., diabetes, hypertension, hyperlipidemia) as opposed to the standard 90-day fill. This benefit applies to medications listed on tier 1 of our HMO Individual Formulary.

This change is intended to promote medication adherence among our Medicare Advantage population and directly support CMS Star adherence measures by:

- reducing gaps in therapy by decreasing refill frequency
- lowering the risk of delayed or missed refills, especially for patients with transportation or access barriers
- improving convenience, leading to a higher likelihood of patients staying on their medications

Please note that the new 100-day supply benefit will require the member's prescriber to write a prescription for a 100-day supply. ▲

Preferred Drug List update and SGLT2 coverage change

Tufts Health RITogether

Effective Jan. 1, 2027, the drugs listed below will be removed from the Tufts Health RITogether preferred drug list, and coverage will be reviewed according to our Pharmacy Products Without Specific Criteria MNG.

Drug name	Preferred alternatives
Dutast/Tamsu cap	Dutasteride and tamsulosin
Simbrinza sus 1-0.2%	brinzolamide and brimonidine
Amlod/Valsar tab/HCTZ	amlodipine, valsartan, and HCTZ
Amlod/Atorva tab	amlodipine and atorvastatin
Gelnique gel 10%	oxybutynin tablet syrup
Oxytrol dis 3.9mg/24	oxybutynin tablet and syrup
Oxytrol/Womn dis 3.9mg/24	oxybutynin tablet and syrup
Vesicare ls	solifenacin tablet
Vyzulta sol 0.024%	latanoprost 0.005%

Drug name	Preferred alternatives
Xelpros emu 0.005%	latanoprost 0.005%
Metoprol tar tab 37.5mg, 75mg	metoprolol tartrate 25mg, 50mg, 100mg, metoprolol succinate
Diltiazem er tab (Cardizem LA, Matzim LA)	diltiazem ER (generic Cardizem CD, Tiazac)
Imiquimod cre 3.75% pmp	imiquimod 5%
Zyclara pump cre 2.5%	imiquimod 5%
Auvi-q injection solution auto-injector 0.1mg/0.1ml	epinephrine injection solution auto-injector
Epipen-jr inj 0.15mg	epinephrine injection solution auto-injector
Epipen 2-pak inj 0.3mg	epinephrine injection solution auto-injector
Restasis mul emu 0.05% op	cyclosporine 0.05% ophth emulsion (pf)
Flonase sens sus 27.5mcg	fluticasone furoate (generic Flonase), budesonide 32mcg, triamcinolone (generic Nasacort)
Tacrolimus cap er	tacrolimus IR capsule
Silodosin cap	alfuzosin, tamsulosin, terazosin
Candesartan tab	irbesartan, losartan, valsartan, olmesartan, telmisartan
Azilsartan tab	irbesartan, losartan, valsartan, olmesartan, telmisartan
Telmisa/HCTZ tab	irbesartan/HCTZ, losartan/HCTZ, olmesartan/HCTZ, valsartan/HCTZ
Candesa/HCTZ tab	irbesartan/HCTZ, losartan/HCTZ, olmesartan/HCTZ, valsartan/HCTZ
Klisyri oin 1%	imiquimod 5%, fluorouracil
Flunisolide spr 0.025%	fluticasone furoate (generic Flonase), budesonide 32mcg, triamcinolone
Qnasl child spr 40mcg	fluticasone furoate (generic Flonase), budesonide 32mcg, triamcinolone
Qnasl aer 80mcg	fluticasone furoate (generic Flonase), budesonide 32mcg, triamcinolone
Mometasone spr 50mcg	fluticasone furoate (generic Flonase), budesonide 32mcg, triamcinolone
Omnaris spr	fluticasone furoate (generic Flonase), budesonide 32mcg, triamcinolone
Antivert chw 25mg	meclizine 25mg chew tablet
Briviact tab	brivaracetam tablet
Dilantin-125 sus 125/5ml	phenytoin oral suspension 125mg/5ml
Dilantin cap 100mg	phenytoin sodium extended oral capsule

Drug name	Preferred alternatives
Dilantin chw 50mg	phenytoin oral tablet chewable
Neoral sol 100mg/ml	cyclosporine modified oral solution/capsule
Neoral cap	cyclosporine modified oral solution/capsule
Prograf cap	tacrolimus oral capsule
Uceris tab 9mg	budesonide 9 mg ER tablet
Vyvanse cap	lisdexamfetamine oral capsule
Zortress tab 1mg	everolimus tablet

Members taking these medications will have continued coverage for them, with the exception of the Antivert 25 mg chewable tablet, Uceris, and Vyvanse capsule. Those who are using these brand medications will be notified of the change and will need to transition to generic equivalent products or submit new prior authorization requests beginning Jan. 1, 2027.

SGLT2 coverage change

In addition to the above modifications, we are making a coverage change for sodium-glucose transport 2 (SGLT2) inhibitors. Effective Jan. 1, 2027, dapagliflozin (generic Farxiga) and dapagliflozin-metformin (generic Xigduo XR) will be the only preferred products, and the SGLT2 inhibitors listed below will be moved to non-formulary status.

Existing users will be notified, and active authorization will be end-dated to Dec. 31, 2026. Please note that because the prior authorization requirement was removed for generic dapagliflozin and dapagliflozin/metformin as of Oct. 1, 2026, members can transition to one of these preferred alternatives prior to Jan. 1, 2027 with a new prescription.

Brenzavvy (bexagliflozin)	Invokana (canagliflozin)	Invokamet (canagliflozin/metformin)
Invokamet XR (canagliflozin/metformin extended-release)	Jardiance (empagliflozin)	Synjardy (empagliflozin/metformin)
Synjardy XR (empagliflozin/metformin extended-release)	Steglatro (ertugliflozin)	Segluromet (ertugliflozin/metformin)

Pharmacy coverage changes

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
Actemra (tocilizumab) Subcutaneous	Harvard Pilgrim Health Care Commercial, Tufts Health Direct	1/1/2027	Actemra (tocilizumab) Subcutaneous Removed Xeljanz (tofacitinib) as a prerequisite option for polyarticular juvenile idiopathic arthritis and rheumatoid arthritis.
Adalimumab Products	Harvard Pilgrim Health Care Commercial, Tufts Health Direct	1/1/2027	Adalimumab Products Added criteria and the limitation to support the use of preferred Humira biosimilars in the event of a Simlandi shortage.
Bimzelx (bimekizumab-bkzx)	Harvard Pilgrim Health Care Commercial, Tufts Health Direct	1/1/2027	Bimzelx (bimekizumab-bkzx) Removed Xeljanz (tofacitinib) as a prerequisite option for ankylosing spondylitis and psoriatic arthritis.
Haegarda (C1 Esterase Inhibitor [Human]) Takhzyro (lanadelumab-flyo)	Harvard Pilgrim Health Care Commercial, Tufts Health Direct	1/1/2027	Hereditary Angioedema Medications Added diagnostic criteria for hereditary angioedema. Haegarda and Takhzyro will be removed from the Medical Necessity Guidelines and will be updated to non-formulary status.
Ledipasvir/sofosbuvir	Harvard Pilgrim Health Care Commercial, Tufts Health Direct	1/1/2027	Ledipasvir/sofosbuvir Updated the coverage criteria for authorized generic Ledipasvir/sofosbuvir by removing prerequisite requirements, as it will be the preferred product. (The reference product, Harvoni, will be updated to non-formulary status.) Updated the title of Medical Necessity Guidelines from Harvoni, Ledipasvir/sofosbuvir to Ledipasvir/sofosbuvir. Updated the limitation section to state that approval durations will align with AASLD-IDSA treatment guidelines.

Drug status changes			
Drug	Plan	Eff. date	Policy and additional information
Olumiant (baricitinib)	Harvard Pilgrim Health Care Commercial, Tufts Health Direct	1/1/2027	Olumiant (baricitinib) Added criterion to require documentation of history of failure to tofacitinib for rheumatoid arthritis.
Orencia (abatacept) Subcutaneous	Harvard Pilgrim Health Care Commercial, Tufts Health Direct	1/1/2027	Orencia (abatacept) Subcutaneous Removed Xeljanz (tofacitinib) as a prerequisite option for polyarticular juvenile idiopathic arthritis, psoriatic arthritis, and rheumatoid arthritis.
Non-Formulary Exceptions	Harvard Pilgrim Health Care Commercial, Tufts Health Direct	1/1/2027	Non-Formulary Exceptions Added coverage criteria for non-formulary combination medications to require treatment failure or intolerance of the individual ingredients when used together, or two preferred formulary alternative medications within the same therapeutic class as the individual agents (when available and where coverage is listed on the formulary as applicable), including over-the-counter (OTC) alternatives if the non-formulary combination medication contains available OTC alternative medications to treat the same condition, and two preferred formulary combination products (when available and where coverage is listed on the formulary as applicable).
Sofosbuvir/velpatasvir	Harvard Pilgrim Health Care Commercial, Tufts Health Direct	1/1/2027	Sofosbuvir/velpatasvir Removed Epclusa-specific coverage criteria. (The reference product, Epclusa, will be updated to non-formulary status.) Updated the coverage criteria for authorized generic Sofosbuvir/velpatasvir by removing prerequisite requirements, as it will be the preferred product. Updated the authorized generic Sofosbuvir/velpatasvir coverage criteria for treatment of naïve patients without decompensated liver disease by adding treatment naïve criterion and criteria addressing patients with genotype 3. Updated the title of Medical Necessity Guidelines from Epclusa, Sofosbuvir/velpatasvir to Sofosbuvir/velpatasvir. Updated the limitation section to state that approval durations will align with AASLD-IDSA treatment guidelines.

Drug status changes			
Drug	Plan	Eff. date	Policy and additional information
Zeposia (ozanimod)	Harvard Pilgrim Health Care Commercial, Tufts Health Direct	1/1/2027	Zeposia (ozanimod) Removed Xeljanz (tofacitinib) as a prerequisite option for ulcerative colitis.
Targeted Immunomodulators for self-administration	Tufts Health RITogether	1/1/2027	Targeted Immunomodulators Self-Administered Avtozma (tocilizumab-anoh) will be the preferred tocilizumab biosimilar product, therefore Actemra (tocilizumab) and Tyenne (tocilizumab-bavi) will be removed from the MNG and will be updated to non-formulary status. Criteria for Enbrel will be updated as non-preferred products and will require trial with preferred products for shared FDA-approved indications. Prerequisite trials for existing non-preferred products within the MNG have been updated to list new preferred products, preferred Humira biosimilar (adalimumab-adbm, adalimumab-fkjp, Hadlima), Simponi, preferred Stelara biosimilar (Starjemza), tofacitinib (generic Xeljanz), and preferred Actemra biosimilar (Avtozma).
Bimatoprost 0.03% and 0.01%	Tufts Health RITogether	1/1/2027	Glaucoma Medications Updated coverage criteria for bimatoprost 0.03% and 0.01% to require trial with latanoprost (generic Xalatan) and one of the following: tafluprost 0.0015% or travoprost 0.004%.
Ozempic, Rybelsus, Trulicity, Mounjaro	Tufts Health RITogether	1/1/2027	GLP-1 Receptor Agonists Updated coverage criteria for Ozempic, Rybelsus, Trulicity, Mounjaro to require trial with liraglutide (generic Victoza), and Mounjaro will require additional trial with one of the following: Ozempic, Rybelsus, Trulicity.

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MassHealth Updates to Unified Formulary

Tufts Health Together - MassHealth ACPPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on Jan. 4, 2027. MassHealth Tufts Health Together-MassHealth 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.

For the list of medical benefit drugs that are unified with MassHealth Unified Formulary, please refer to our Medical Benefit Drug Medical Necessity Guideline (MNG) titled Unified Medical Policies available on our Point32Health Provider website. ▲

Reminder: timely filing limits for initial claims

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

To support prompt processing, efficient claims administration, and timely payment, we are reminding providers to adhere to Point32Health's standard filing limits when submitting initial claims for services rendered, which vary by product and scenario/type of claim.

We recently updated our online Provider Manuals to offer greater clarity around these filing limits, which are outlined below:

Harvard Pilgrim Health Care Commercial plans and Tufts Health Public Plans

- **Professional claims (CMS-1500):** Submit within 90 days of the date of service.
- **Institutional claims with interim billing:** Submit within 90 days of the claim end date.
- **Institutional claims without interim billing:** Submit within 90 days of hospital discharge.

Tufts Health Plan Senior Products

- **Professional claims (CMS-1500):** Submit within 60 days of the date of service.
- **Institutional claims with interim billing:** Submit within 60 days of the claim end date.
- **Institutional claims without interim billing:** Submit within 60 days of hospital discharge.

Please keep in mind that claims received by Point32Health after the deadline may be denied, and providers may not bill members for services denied because the filing limit was exceeded.

For detailed information and guidance on claims submission, we encourage you to bookmark the Claims Submission Guidelines chapter of the Harvard Pilgrim Health Care Provider Manual and the Claim Requirements, Coordination of Benefits and Dispute Guidelines section of the Tufts Health Public Plans and Senior Products Provider Manuals. ▲

Cervical cancer screening updates

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

We're making some coding and benefit changes related to cervical cancer screenings, effective for dates of service beginning Jan. 1, 2027 for our Harvard Pilgrim Health Care Commercial and Tufts Health Direct products.

As a result, we'll be updating the Patient Protection and Affordable Care Act (Federal Health Care Reform) policies in our Harvard Pilgrim Commercial and Tufts Health Public Plans Provider Manuals as of Jan. 1.

The updated PPACA policies will reflect a change to our billing requirements for cervical cancer screenings: when billing procedure codes 57500, 57420, 57421, 57452, 57454, 57455, 57456, 57460, 57461, 57465, 88305 or 88344 (biopsy, colposcopy, dual stain, pathology), providers will be required to include modifier 33 in the first modifier field and one of the following diagnosis codes in the primary position to be considered preventive under the cervical cancer screening benefit:

- D06.0 - Carcinoma in situ of endocervix
- D06.1 - Carcinoma in situ of exocervix
- D06.7 - Carcinoma in situ of other parts of cervix
- N84.1 - Polyp of cervix uteri

- N87.0 - Mild cervical dysplasia
- N87.1 - Moderate cervical dysplasia
- N87.9 - Dysplasia of cervix uteri, unspecified
- R87.610 - Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US)
- R87.611 - Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H)
- R87.612 - Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
- R87.613 - High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)
- R87.614 - Cytologic evidence of malignancy on smear of cervix
- R87.615 - Unsatisfactory cytologic smear of cervix
- R87.618 - Other abnormal cytological findings on specimens from cervix uteri
- R87.619 - Unspecified abnormal cytological findings in specimens from cervix uteri
- R87.810 - Cervical high risk human papillomavirus (HPV) DNA test positive
- R87.820 - Cervical low risk human papillomavirus (HPV) DNA test positive

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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
Mobile Cardiac Outpatient Telemetry	Tufts Medicare Preferred, Tufts Health Plan SCO	1/1/2027	Prior authorization will be required for codes 93228 and 93229. CMS LCD L34380 will be used for coverage criteria.
Stereotactic Radiosurgery and Stereotactic Body Radiotherapy	Tufts Medicare Preferred, Tufts Health Plan SCO	1/1/2027	Prior authorization will be required for codes 61796, 61797, 61798, 63620, 63621, 77371, 77372, 77373, 77432, 77435, G0339, and G0340, for new requests submitted on or after Jan. 1, 2027. (Any active treatment underway prior to Jan. 1 will continue to be covered in accordance with our continuity of care policies and will not require prior authorization.) CMS LCD L3576 will be used for coverage criteria.
Acupuncture for Pain Management	Tufts Health One Care	1/1/2027	Prior authorization will be required for codes 97810, 97811, 97813, and 97814 after the initial 20 visits. Subchapter 4 of the Physician Manual for MassHealth Providers (Physician Providers Regulations) will be used for coverage criteria.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Pneumatic Compression Device with Calibrated Gradient Pressure	Tufts Health One Care	1/1/2027	Prior authorization will be required for code E0652. NCD - Pneumatic Compression Devices (280.6), and MassHealth DME Provider Manual will be used for coverage criteria.
Power Operated Vehicles	Tufts Health One Care	1/1/2027	Prior authorization will be required for codes E1230 and K0812. CMS LCD L33789 and NCD 280.3 will be used for coverage criteria.
Upper Limb Prostheses	Tufts Health One Care	1/1/2027	Prior authorization will be required for codes L6026, L6700, and L6715. Chapter 15 of CMS's Medicare Benefit Policy Manual will be used for coverage criteria.
Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)	Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health One Care	1/1/2027	As is currently the case for Commercial products and Tufts Health Public Plans, SCODI will be covered for Tufts Medicare Preferred and Tufts Health Plan SCO only when the criteria outlined on the MNG are met. Tufts Health One Care will be removed from the Commercial and Public Plans MNG and added to this new Senior Products MNG.
Vitamin B12 Testing	Tufts Medicare Preferred, Tufts Health Plan SCO	1/1/2027	As is currently the case for Commercial products and Tufts Health Public Plans, Vitamin B12 testing will be covered for Tufts Medicare Preferred and Tufts Health Plan SCO only when the criteria outlined on the MNG are met.
Vitamin D Testing	Tufts Medicare Preferred, Tufts Health Plan SCO	1/1/2027	As is currently the case for Commercial products and Tufts Health Public Plans, Vitamin D testing will be covered for Tufts Medicare Preferred and Tufts Health Plan SCO only when the criteria outlined on the MNG are met.
Removal of Benign Skin Lesions	Tufts Health One Care	1/1/2027	Removal of benign skin lesions will be covered for Tufts Health One Care only when the criteria identified on the MNG are met, as is currently the case for our Medicare Advantage products Tufts Medicare Preferred and Tufts Health Plan SCO.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Tonic Motor Activation for the Treatment of Restless Leg Syndrome	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health One Care	11/1/2026	Criteria updated to remove 6-month trial requirement. In addition, renewal criteria has been removed, as this is considered a purchase only item.
Hypoglossal Nerve Stimulation	Tufts Medicare Preferred, Tufts Health Plan SCO	11/1/2026	Criteria expanded to include Down Syndrome as a covered indication.
Noninvasive Prenatal Testing Carelon Genetic Testing – Cell-Free DNA Screening for Fetal Trisomy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	11/1/2026	Prior authorization is no longer required for the noninvasive prenatal testing codes CPT 81420 and 81507, which were previously reviewed by our medical benefits management vendor, Carelon, for Harvard Pilgrim Commercial, Tufts Health Direct, Tufts Health RITogether, and internally for Tufts Health Plan Commercial. As a result, Carelon's materials will be updated to reflect this change, and our Genetic Testing – Cell-Free DNA Screening for Fetal Trisomy MNG for Tufts Health Plan Commercial will be retired.

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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		
MNG/Drug(s)	Plan & additional information	Eff. date
Zevaskyn	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether New medical drug MNG for Zevaskyn (J3389), which will be covered with prior authorization for the treatment of recessive epidermolysis bullosa.	11/1/2026

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Cinryze (C1 esterase inhibitor)	Harvard Pilgrim Commercial, Tufts Health Direct, Tufts Health RITogether Added diagnostic criteria for hereditary angioedema.	1/1/2027
Complement Inhibitors	Harvard Pilgrim Commercial, Tufts Health Direct Rystiggo and Vyvgart/Vyvgart Hytrulo will be designated as the preferred products for the diagnosis of generalized myasthenia gravis. Patients with this diagnosis will be required to step through one of these medications before receiving coverage for another medication. Similiarly, Epysqli will become the preferred eculizumab product, and patients will need to step through Epysqli before coverage will be granted for Bkemv, Soliris and Ultomiris for shared indications.	1/1/2027
Imaavy	Harvard Pilgrim Commercial, Tufts Health Direct Step through Rystiggo or Vyvgart/Vyvgart Hytrulo will be required for the diagnosis of generalized myasthenia gravis. Additionally, prior authorization criteria added for the diagnosis of warm autoimmune hemolytic anemia.	1/1/2027
New-to-Market Medical Benefit Drugs	Harvard Pilgrim Commercial, Tufts Health Direct Updated exception criteria for new-to-market medical benefit drugs	1/1/2027
Uplizna	Harvard Pilgrim Commercial, Tufts Health Direct Step through Rystiggo or Vyvgart/Vyvgart Hytrulo will be required for the diagnosis of generalized myasthenia gravis.	1/1/2027
Complement Inhibitors	Tufts Health RITogether Step through Epysqli will be required for Bkemv, Soliris and Ultomiris for shared indications.	1/1/2027
Targeted Immunomodulators Skilled Administration	Tufts Health RITogether Step through Avtozma will be required for Actemra, Tofidence, and Tyenne	1/1/2027

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Medicare Part B Step Therapy	Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health One Care Added a second step to obtain non-preferred denosumab products. Stoboclo, Osenvelt, Bildyos, Biprevda, Enoby, and Xtrenbo will be step-2 (or preferred products within the denosumab product line) Created new categories under Rare Disease for Atypical hemolytic uremic syndrome (aHUS), neuromyelitis optica spectrum disorder (NMOSD), Biopsy Proven Dense Deposit Disease, paroxysmal nocturnal hemoglobinuria (PNH), and generalized myasthenia gravis (gMG). • For aHUS and NMOSD, Epysqli is preferred over Bkemv, Soliris, and Ultomiris. • For Biopsy Proven Dense Deposit Disease, Epysqli is preferred over Bkemv and Soliris. • For PNH, Epysqli is preferred over Bkemv, Piasky, Soliris, and Ultomiris. • For gMG, Rystiggo, Vyvgart, and Vyvgart Hytrulo are preferred over Bkemv, Epsyqli, Imaavy, Soliris, Utlomiris, and Uplizna. • Bkemv, Soliris, and Ultomiris must also step through Epysqli.	1/1/2027
Casgevy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health One Care Expanding the age limit specified on the policy to include ages 2+ who are at least 12 kg in weight. This applies to both indications, Sickle Cell Disease and Beta Thalassemia.	11/1/2026
Otarmeni MassHealth Carve-Out Drug List	Tufts Health Together New MassHealth Carve-Out Drug indicated for the treatment of severe-to-profound and profound sensorineural hearing loss (any frequency > 90dB HL) associated with molecularly confirmed biallelic variants in the otoferlin gene, preserved outer hair cell function, and no prior cochlear implant in the same ear. Prior authorization is required, and providers should bill code J3590.	11/16/2026
Breyanzi	Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health One Care Addition of Marginal Zone Lymphoma as an approved indication, with the following prior authorization/coverage criteria: • The member is 18 years of age or older and has been diagnosed with relapsed or refractory MCL; **AND** • The member has received two or more lines of systemic therapy.	11/1/2026

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Omisigre	Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health One Care Prior authorization will be required for Omisigre (code J3406). In addition, criteria updated, to include Severe Aplastic Anemia as an approved indication. Additional language added regarding treatment centers with expertise in stem cell transplant.	11/1/2026

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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
Hospital-based Clinic	Harvard Pilgrim Health Care Commercial	11/1/2026	Minor administrative updates for accuracy and clarity.
Evaluation and Management	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	11/1/2026	Integrated Point32Health Evaluation and Management Payment Policy replaces the Harvard Pilgrim Health Care Evaluation and Management Payment Policy and the Tufts Health Plan Evaluation and Management (E&M) Payment Policy.
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	11/1/2026	Minor administrative updates for accuracy and clarity.
Vision Services	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	11/1/2026	Minor administrative updates for accuracy and clarity.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Dental Care	Harvard Pilgrim Health Care Commercial	11/1/2026	Minor administrative updates for accuracy and clarity.
Vaccines and Immunizations	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	11/1/2026	Minor administrative updates 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	11/12026	Minor administrative updates for accuracy and clarity.
Durable Medical Equipment (DME) and Medical Supplies	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	11/12026	New integrated Point32Health Durable Medical Equipment (DME) and Medical Supplies Payment Policy developed and includes pertinent information from certain legacy Harvard Pilgrim and Tufts Health Plan policies, which have consequently been archived. Refer to this article for further details.
Rehabilitation/ Long-Term Acute 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	11/1/2026	Integrated Point32Health Rehabilitation/ Long-Term Acute Care Payment Policy replaces the Harvard Pilgrim Health Care Rehabilitation Facilities/Long-Term Acute Care Hospitals Payment Policy and the Tufts Health Plan Inpatient Rehabilitation and Long-Term Acute Care (LTAC) Facility Payment Policy.
Skilled Nursing Facility (SNF)	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	11/1/2026	Integrated Point32Health Skilled Nursing Facility (SNF) Payment Policy replaces the previous legacy Harvard Pilgrim and Tufts Health Plan Skilled Nursing Facility (SNF) payment policies.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Outpatient Facility	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	11/1/2026	Clarification added regarding use of modifiers PO and PN when billing for excepted and non-excepted services provided at off-campus, outpatient, and provider-based departments. Refer to this article for details.
Laboratory: Biomarkers for Myocardial Infarction and Chronic Heart Failure	Harvard Pilgrim Health Care Commercial	11/1/2026	Minor administrative updates for accuracy and clarity.
Laboratory: Coronavirus Testing in the Outpatient Setting	Harvard Pilgrim Health Care Commercial	11/1/2026	Minor administrative updates for accuracy and clarity.
Laboratory: Gamma-glutamyl Transferase Testing in Adult	Harvard Pilgrim Health Care Commercial	11/1/2026	Minor administrative updates for accuracy and clarity.
Laboratory: General Inflammation Testing	Harvard Pilgrim Health Care Commercial	11/1/2026	Minor administrative updates for accuracy and clarity.
Laboratory: Oral Cancer Screening and Testing	Harvard Pilgrim Health Care Commercial	11/1/2026	Removed CPT codes 81599, 82397, 88341, and 88342.
Laboratory: Prenatal Screening (Nongenetic)	Harvard Pilgrim Health Care Commercial	11/1/2026	Removed CPT codes 81001, 81002, 81003, 81007, 81015, 82677, 82947, 82950, 82951,82962, 83036, 86480, 86580, 86592, 86593, 86631, 86632, 86704, 86706, 86780, 86803, 86804, 87077, 87081, 87086, 87088, 87110, 87270, 87320, 87340, 87341, 87389, 87490, 87491, 87494, 87590, 87591, 87800, 87810, 87850, and G0472.
Laboratory: Serum Testing for Evidence of Mild Traumatic Brain Injury	Harvard Pilgrim Health Care Commercial	11/1/2026	Minor administrative updates for accuracy and clarity.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Laboratory: Testing for Alpha-1 Antitrypsin Deficiency	Harvard Pilgrim Health Care Commercial	11/1/2026	Removed CPT codes 82542 and 83789.
Laboratory: Urine Culture Testing for Bacteria	Harvard Pilgrim Health Care Commercial	11/1/2026	Minor administrative updates for accuracy and clarity.

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Billing clarification for CBHCs: Bundled code T1040 not applicable to Tufts Health Direct

Tufts Health Direct

If you are a Community Behavioral Health Center (CBHC) providing behavioral health services for Tufts Health Direct members, you must bill using the individual procedure code that represents the actual services rendered.

Point32Health will not accept or reimburse claims using the bundled MassHealth Medicaid HCPCS code T1040 for behavioral health services provided by a CBHC to Tufts Health Direct plan members.

As noted in Point32Health's Outpatient Behavioral Health & Substance Use Disorder Payment Policy, reimbursement for these services based on the bundled code T1040 only applies to members enrolled in Tufts Health Together plans in accordance with MassHealth requirements. These services are not reimbursed as a bundled payment under the Tufts Health Direct plans.

CBHCs may continue to use bundled code T1040 for covered services for Tufts Health Together members. ▲

Reminder: use modifiers PN and PO when required

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

To support the accurate and timely processing of claims, we're reminding off-campus provider-based hospital departments to include the appropriate modifier on each claim line when requesting reimbursement for excepted and/or non-excepted items and services. This applies to facility claims paid through the Outpatient Prospective Payment System (OPPS).

- **Use modifier PO** when billing for an **excepted service** provided at an off-campus, outpatient, provider-based department of a hospital.
- **Use modifier PN** when billing for a **non-excepted service** provided at an off-campus, outpatient, provider-based department of a hospital.

For additional information and details, please refer to Point32Health's Outpatient Facility Payment Policy which has been updated to reflect this guidance.

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

New Durable Medical Equipment (DME) and Medical Supplies Payment Policy

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 part of our commitment to simplifying the provider experience and continuing to align our policies and processes, we've created an integrated Point32Health Durable Medical Equipment (DME) and Medical Supplies Payment Policy.

The following legacy Harvard Pilgrim Health Care Commercial and Tufts Health Plan payment policies have been archived, and the relevant information from these policies has been incorporated into the merged Point32Health policy:

- Harvard Pilgrim Health Care Durable Medical Equipment Payment Policy
- Tufts Health Plan Durable Medical Equipment (DME) Payment Policy
- Harvard Pilgrim Health Care Orthotic and Prosthetic Devices Payment Policy
- Tufts Health Plan Orthotics and Prosthetics Payment Policy

Providers can access Point32Health's new Durable Medical Equipment (DME) and Medical Supplies Payment Policy in the Payment Policies section of our website. ▲

Harvard Pilgrim Health Care
TUFTS Health Plan
Point32Health companies