

Insights and Updates for Providers

March 2026

Elective inpatient medical admissions initiative halted

Harvard Pilgrim Health Care Commercial

In previous issues of *Insights and Updates for Providers*, Point32Health announced that we would begin requiring prior authorization for elective inpatient medical admissions for Harvard Pilgrim Health Care Commercial members beginning April 1, 2026, and would apply level of care reviews.

Please be aware that, based on further review of utilization management processes and feedback from our esteemed provider partners, **we have elected not to proceed with this change** and will no longer be implementing this new prior authorization requirement or InterQual medical necessity reviews.

Providers should continue to follow existing authorization processes for any drugs or services requiring prior authorization, and there will be no change to the existing notification process for the elective inpatient medical admission itself. This includes elective oncology admissions for the administration of chemotherapy drugs.

For more information on notification requirements for elective inpatient medical admissions, refer to the associated policies in the [Referral, notification, and authorization section](#) of our Harvard Pilgrim Commercial Provider Manual.



Important resource reminder coming by mail

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

To ensure that our provider partners can easily access the important information needed to efficiently work with us, we're sending a [resource reminder postcard](#) to contracted practices and independent providers. Slated to arrive in early March, the postcard offers guidance on how to access key resources available on [our provider website](#), including:

- Member rights and responsibilities
- Utilization management information
- Provider Manuals
- Quality Improvement Program information
- Medical Necessity Guidelines
- Pharmacy resources
- Clinical Practice Guidelines

You'll also find links for our provider website and secure provider portals, as well as a list of Provider Services phone numbers for each of Point32Health's lines of business.

This annual outreach — which supports National Committee for Quality Assurance (NCQA) requirements — reflects our commitment to making your experience with Point32Health as seamless as possible. We encourage you to keep the postcard handy for day-to-day reference as you continue the vital work of caring for our members. ▲

In-home bone density screenings for SCO members

Tufts Health Plan Senior Care Options

In support of Point32Health's commitment to helping Tufts Health Plan Senior Care Options (SCO) members maintain their optimal health, we're pleased to announce a new quality initiative focused on managing osteoporosis.

This recently launched program offers in-home bone density screenings performed by nurse practitioners during scheduled visits to female SCO members, age 65 and older without evidence of a recent screening or medication for osteoporosis. For members who choose to participate, the procedure is non-invasive, painless, and completed in approximately 20 minutes using a compact wrist device to assess bone strength. No recovery time is needed following the screening.

If you are a Tufts Health Plan SCO primary care provider, the results of your patients' bone density screenings will be shared with you by mail, affording you the opportunity to develop or adapt treatment plans accordingly. Osteoporosis treatment, as you know, is essential for reducing the high risk of subsequent fractures among those who have experienced an initial fracture.

Point32Health is glad to offer this important health screening right in the homes of our SCO members, which is convenient for them and vitally important to the goal we share with you: to help seniors remain active and independent for as long as possible.

For best practices and tips for treating patients with osteoporosis, we encourage you to refer to Point32Health's [Osteoporosis Management in Women Who Had a Fracture \(OMW\)](#) HEDIS tip sheet. ▲

Specialty pharmacy update for fertility prescriptions

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

If you have patients who take medication(s) for fertility treatment, we want to make you aware that on Feb. 19, 2026, Optum Specialty Pharmacy exited the fertility pharmacy business and is no longer filling fertility prescriptions. Fuze Health is now the dispensing pharmacy for the medications listed below, as well as any adjacent medications taken by your patients.

- Cetrorelix
- Cetrotide
- Follistim
- Ganirelix
- Gonal-F
- Human chorionic gonadotropin (hCG)
- Menopur
- Novarel
- Ovidrel
- Pregnyl

To ensure a seamless transition for patients on these fertility medications, in early February Optum Specialty Pharmacy notified impacted members by mail of the pharmacy change. Members currently in an active treatment cycle with an open prescription will be allowed to remain with Optum Specialty Pharmacy until the completion of the cycle with no action required on their part; they will not need to transition to Fuze Health.

Any members with a new prescription for an impacted fertility medication not yet filled through Optum Specialty Pharmacy will transition to Fuze Health. If the prescription is received by Optum Specialty Pharmacy on or after Feb. 19, they will facilitate the transition of the prescription to Fuze Health.

We anticipate this transition to be seamless for both you and your patients. To initiate a new fertility medication prescription, you may call Fuze Health at 800-305-0542.

Optum Specialty Pharmacy will continue to be the designated specialty pharmacy for certain other medications including those used to treat hepatitis C, growth hormone deficiency, multiple sclerosis, rheumatoid arthritis, cancers, and other conditions and diseases. To learn more, refer to the specialty pharmacy sections of the [Harvard Pilgrim Health Care](#) and [Tufts Health Public Plans](#) Provider Manuals. ▲

Updates to Maximum Units Payment Policy

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

Effective for dates of service beginning May 1, 2026, for our Tufts Health Plan products, we will adopt the maximum unit values established by the Centers for Medicare & Medicaid Services (CMS) and/or Medicaid, when available. This change will align processes for Tufts Health Plan products with existing Harvard Pilgrim processes and promote a consistent provider experience across all Point32Health lines of business.

Application of medically unlikely edit (MUE) values

Tufts Health Plan will apply and adhere to CMS- and Medicaid-published MUE unit limitations when available.

An MUE represents the maximum number of units of service that may be reported for a specific HCPCS or CPT code on the majority of claims submitted by the **same provider or supplier (typically)**, for the **same member**, on the **same date of service**. Please be aware that while this typically applies for codes submitted by the same provider, there are certain cases where the maximum unit policy may be applied whether the service is submitted by the same or different providers.

Not all codes have an assigned CMS or Medicaid MUE. For codes without a published MUE, Tufts Health Plan will establish a custom unit limit based on code descriptions and historical claim utilization.

Point32Health primarily follows CMS-established MUE values, with certain exceptions based on medical and payment policies, member benefits, state regulations or statutes, or provider contract terms. These exceptions may be more or less restrictive than CMS MUE standards.

Billing and reimbursement/correct coding

No additional reimbursement will be provided for services billed in excess of the applicable CMS or Medicaid MUE value (or Tufts Health Plan custom unit limit).

Providers may submit an appeal with medical records supporting the necessity of the additional units.

In addition, please keep in mind that MUE values do **not** override correct coding requirements. Providers must continue to use accurate, complete coding and append appropriate modifiers when needed to distinguish services. Incorrect or incomplete coding may result in frequency denials.

For more information, please refer to our [Maximum Units Payment Policy](#), which we've updated to reflect this change.

Editor's note: language in "Billing and reimbursement/correct coding" section updated 3/6/2026 for greater clarity. ▲

Billing update for Community Health Centers using code T1015

[Tufts Health Together](#) | [Tufts Health Plan Senior Care Options](#) | [Tufts Health One Care](#)

As you may know, MassHealth recently issued [Managed Care Entity Bulletin 140](#) to inform providers of changes to coding requirements for services performed by certified nurse midwives (CNMs) and obstetrician gynecologists (OB/GYNs) in community health center (CHC) settings.

Effective Nov. 1, 2025, all medical visits billed by community health centers using CPT code T1015 for CNM or OB/GYN services, must be accompanied by the TH modifier. Regardless of whether the service performed was

related to prenatal or postpartum care, this modifier must be used for all CNM and OB/GYN visits. Please be sure to include the TH modifier when billing for these services on behalf of Tufts Health Together, Tufts Health Plan Senior Care Options, and Tufts Health One Care members.

To reflect this change, MassHealth is updating its prior instruction (published in Managed Care Entity Bulletin 84) on the appropriate use of CPT code T1015 with modifier TH for CHCs. We've revised Point32Health's [All-Inclusive Clinic Visit \(HCPCS Code T1015\) Payment Policy](#) to align with the state's guidance. ▲

Updated USPSTF guidance on breastfeeding support

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

When caring for maternity patients who may need breastfeeding support, please be aware that the [latest guidance from the U.S. Preventative Services Task Force \(USPSTF\)](#) recommends offering interventions or referrals for mothers, both during pregnancy and after delivery.

Outside of the primary care setting, providers can refer patients to a lactation specialist, OB/GYN, or structured support program where they can learn about the benefits of breastfeeding, develop skills (such as proper latching), and discover how to manage common breastfeeding challenges.

According to the Centers for Disease Control and Prevention (CDC), breastfeeding is the best source of nutrition for most infants; it can also reduce the risk of certain health conditions for infants and mothers alike.

We encourage you to direct patients to their member plan documents for details on the breastfeeding support services available to them. In addition, the websites below include information designed to be helpful for both providers and patients.

Breastfeeding support resources:

- [USDA WIC Breastfeeding Support](#)
- [Office of Women's Health Guide to Breastfeeding](#)
- [American College of Obstetricians and Gynecologists \(ACOG\)](#)
- [Breastfeeding: Hints to Help You Get Off To A Good Start](#)



Members' rights and responsibilities

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's Harvard Pilgrim Health Care and Tufts Health Plan members are notified of their respective plans' members' rights and responsibilities upon enrollment and annually thereafter, and all clinicians also receive a copy at the time of contracting and credentialing and annually thereafter.

Periodically, Point32Health will include this information in our provider newsletter. Please take a moment to familiarize yourself with the documents below, found in the Provider Manuals specific to our various Harvard Pilgrim and Tufts Health Plan lines of business.

Because this information may vary among states, product lines, etc., please be sure to read each section that pertains to patients you treat.

Harvard Pilgrim Health Care

- Rights and Responsibilities policy in the [Member Care section](#) of the Commercial Provider Manual

Tufts Health Plan

- Members' Rights and Responsibilities sections of the:
 - [Members chapter](#) in the Commercial Provider Manual
 - [Rights and Responsibilities chapter](#) in the Tufts Health Public Plans Provider Manual
 - [Members chapter](#) in the Senior Products Provider Manual

Copies of this information can also be mailed upon request by calling [Provider Services](#). ▲

Language interpretation services reminder

[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](#)

As part of an ongoing commitment to support our culturally diverse member population and the providers who may need assistance with language interpretation beyond their practice's resources, Point32Health would like to remind you of the services we have available to aid you in communicating with and caring for your non-English-speaking patients.

Harvard Pilgrim Health Care Commercial

If you need help with language interpretation during a patient appointment, we encourage you to call Harvard Pilgrim Member Services to connect you with our language interpretation partner. Available 24/7, their team consists of experts with proficiency in more than 240 languages. Harvard Pilgrim Member Services can be reached at 888-333-4742.

Additional information is outlined in the [Member Rights and Responsibilities](#) chapter of the Harvard Pilgrim Health Care Provider Manual.

Tufts Health Plan Commercial

Providers seeking language interpretation services for their patients are advised to work with Tufts Health Plan Member Services for guidance. Available by phone at 800-462-0224, a member of the team can connect you and your patient with a qualified interpreter and assist you with requests for written materials in a variety of languages.

Tufts Health Plan Public Plans

As detailed in the Providers chapter of the [Tufts Health Public Plans Provider Manual](#), we recommend that our Public Plan providers outreach to the member's plan for assistance with language interpretation. Contact numbers for Tufts Health Plan's Public Plans follow.

- Tufts Health RITogether: 844-301-4093
- Tufts Health Together and Tufts Health Direct: 888-257-1985
- Tufts Health One Care: 855-393-3154

If you are providing care for a Tufts Health RITogether member in need of an in-person interpreter, we ask that you contact us with the request at least 72 hours before the patient's visit. Member Services will coordinate and confirm the appointment with the interpretation provider prior to the visit date. If an interpreter is not available to provide in-person help on the day of a patient's appointment, the option for language interpretation through a virtual video call is available.

We encourage you to share feedback on your experiences with our interpretation services partner, and please be sure to inform Member Services in the unlikely event that they do not arrive for a scheduled appointment with you and your patient.

Telecommunications Relay Service (TRS)

To assist hearing-impaired or deaf members, you or your patients can utilize [TTY \(teletypewriter\) telephone technology through Telecommunications Relay Service \(TRS\)](#), a public service that can be accessed by calling 711.



Reminder: One Care training requirement

Tufts Health One Care (HMO D-SNP)

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

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

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

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

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

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

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

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

Reminder: preferred biosimilars to Humira and Stelara

Tufts Health Together

As a reminder, as of Jan. 5, 2026, several adalimumab and ustekinumab biosimilars are preferred on MassHealth’s formulary. Humira and Stelara will continue to be covered through March 31, 2026, to allow Tufts Health Together members sufficient time to transition to one of the following:

- **Preferred biosimilars to Humira:** Hadlima (adalimumab-bwwd) and adalimumab-adaz
- **Preferred biosimilars to Stelara:** Pyzchiva (ustekinumab-ttwe) and Imuldosa (ustekinumab-srlf). In addition, Steqeyma (ustekinumab-stba) will be accessible at parity with preferred ustekinumab biosimilars.

Effective April 1, 2026, Humira and Stelara will be designated as non-preferred and will be subject to a step therapy requirement: members will be required to have tried and failed all preferred biosimilars before coverage will be granted for Humira or Stelara. A new prior authorization will be required for patients who have not switched to a preferred biosimilar.

Hadlima and adalimumab-adaz, and Pyszchiva and Steqeyma are approved by the Food and Drug Administration (FDA) as interchangeable with Humira and Stelara respectively and can be substituted at the pharmacy without requiring a new prescription. Imuldosa is not FDA-approved as interchangeable with Stelara and will therefore require a new prescription.



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)			
Title	Products affected	Eff. date	Summary
Medicare Noncovered Investigational Services	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	3/1/2026	In support of guidance from the Centers for Medicare and Medicaid Services, we will now cover these codes pertaining to skin substitutes and bioengineered skin grafts without prior authorization.
Applied Behavioral Analysis (ABA) for Commercial Products and Tufts Health Direct	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	3/1/2026	Updated MNG to remove limited evidence designation for members 13-20 and requirement for secondary review, based on age alone.
Out-of-Network Coverage at the In-Network Level of Benefits and Continuity of Care (All Plans)	Tufts Health RITogether	3/1/2026	MNG updated in an effort to further facilitate seamless transitions of care for new Tufts Health RITogether members. New members who have previously received prior authorization for sickle cell disease gene therapy can continue to receive coverage for related care and prescriptions and will have access to their same sickle cell disease gene therapy providers until at least one year after receiving their gene therapy infusion.
CPT code 30560 (not associated with any MNG)	Harvard Pilgrim Commercial	3/1/2026	Prior authorization is no longer required for CPT code 30560 (Lysis intranasal synechia).



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.

Drug status changes			
Drug	Plan	Eff. date	Policy & additional information
Imcivree	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	5/1/2026	Imcivree PMNG Updated coverage criteria to include requirement that medication is prescribed specifically by an endocrinologist, geneticist, or physician who specializes in metabolic disorders.
Bydureon BCise Byetta Mounjaro Ozempic Rybelsus Trulicity	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	5/1/2026	Incretin Mimetics PMNG Removed step therapy coverage criteria (including automated step therapy coverage criteria) for formularies subject to step therapy program, as these formularies will be subject to prior authorization. Updates apply to Premium, Value, Select, Core MA, Direct, and ConnectorCare formularies.
Insulin and Diabetes Supplies	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	5/1/2026	Insulin and Diabetes Supplies PMNG Updated limitation section to include non-formulary product initial and reauthorization approval durations.
Growth Hormones	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	5/1/2026	Growth Hormones PMNG Updated limitations section to clarify approval duration for non-formulary products due to shortage.



MassHealth updates to Unified Formulary

Tufts Health Together

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on April 1, 2026. MassHealth Tufts Health Together 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](#). ▲

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			
Title	Products affected	Eff. date	Additional information
All-Inclusive Clinic Visit (HCPCS Code T1015)	Tufts Health Together, Tufts Health Plan Senior Care Options, Tufts Health One Care	3/1/2026	Updated policy to align with state's guidance for billing Certified Nurse Midwife and OB/GYN services performed in a Community Health Center. Refer to this article , also included in this issue of <i>Insights and Updates for Providers</i> , for more information.
Maximum Units	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	5/1/2026	Updated policy to reflect the maximum unit values established by the Centers for Medicare & Medicaid Services (CMS) and/or Medicaid, when available. Refer to this article , also included in this issue of <i>Insights and Updates for Providers</i> , for more information.
Non-Covered Services	Harvard Pilgrim Health Care Commercial	3/1/2026	Payment policy transferred from Harvard Pilgrim Health Care template to Point32Health template.
Non-Covered/ Non-Reimbursable Services	Tufts Health Plan Commercial	3/1/2026	Payment policy, including embedded Non-Reimbursable Code Lists for Physicians or Outpatient Hospitals, archived.



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