

Insights and Updates for Providers

April 2026

Reauthorization requirements for targeted immunomodulators

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

As we announced in the [November 2025 issue](#) of *Insights and Updates for Providers*, 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.

These updates initially applied only to members initiating treatment on or after Jan. 1, and existing utilizers were not affected by the changes. **However, members who are currently receiving a targeted immunomodulator for a dermatological indication will soon be required to obtain reauthorization to maintain continued access to therapy.**

We're implementing this change in 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** will terminate at 11:59 p.m. on the dates below:

- **June 30, 2026** — members who will have been utilizing their drug for greater than one year as of July 1, 2026.
- **Dec. 31, 2026** — members who will have completed at least one year of utilization by Jan. 1, 2027.

If continued treatment is clinically appropriate, prescribing providers will need to submit a reauthorization request demonstrating that the member continues to meet Point32Health's updated medical necessity and clinical criteria. (Prescribers will receive letters well in advance of the respective termination dates outlining their impacted patients and which drug/s they will need reauthorized.)

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

These updates are intended to support the safe and efficacious use of targeted immunomodulator medications. Detailed authorization criteria and submission requirements are available in our [Pharmacy Medical Necessity Guidelines](#) and [Medical Benefit Drug Medical Necessity Guidelines](#). ▲

Opted out of Medicare: Submit form with claims

Harvard Pilgrim Health Care Commercial

Effective for dates of service beginning June 1, 2026, providers who have opted out of Medicare and are providing services to members of Harvard Pilgrim Health Care Commercial, Medicare Enhance, or Medicare Supplement with Medicare as their primary insurance must submit an opt-out form with their claim.

You can complete and submit [this Harvard Pilgrim form](#) with each claim by mail to:

Harvard Pilgrim Health Care
P.O. Box 699183
Quincy, MA 02269-9183

By completing and submitting the form, the provider acknowledges that they have opted out of Medicare and does not receive any direct or indirect Medicare payment for services furnished to Medicare beneficiaries.

Submission of this form does not guarantee reimbursement as services are reimbursed based on the Plan's coverage. If the provider fails to submit the form with their claim, the claim will be denied. ▲

Using the PLB field in 835 ERAs for reconciling negative balances

Harvard Pilgrim Health Care Commercial

When a negative balance occurs, it can be difficult to tell where the offset started — especially if it isn't tied to a single claim. One of the most handy and reliable ways to reconcile your accounts is to reference the Provider-Level Balance (PLB) segment on your 835 Electronic Remittance Advice (ERA). The PLB can help you understand why a negative balance exists and how it is being applied against current payments.

Utilizing the PLB segment

The PLB segment reflects the prior payment number associated with negative balance activity, which can help you trace offsets back to the original transaction that created the negative balance. A negative balance will be reported in the PLB segment using the code FB, which refers to forwarding balance. The segment will contain the dollar amount and payment number.

The PLB segment will change over subsequent 835 ERAs as offsets are applied and will reference the previous payment number, helping you track where the negative balance started and how much has been applied with each payment.

- *Example:* Your account has a **-\$5,000** provider-level balance. This week you have **\$1,000** in payable claims. Your 835 ERA may show a **\$0** payment, with the **\$1,000** applied to reduce the negative balance to **-\$4,000**. If, the following week, you have **\$3,000** in payable claims, the PLB segment will reference the prior payment number and show that the negative balance was further reduced to **-\$1,000**.

To assist you in understanding the PLB segment, we have a dedicated user guide in the EDI section of our provider website, [Provider-Level Balance: Supplement to the ERA 835 Transaction Companion Guide](#).

Please note that payment numbers beginning with APNOCK will always be reporting a negative balance from retracted claims. Future payments will be offsetting against that negative balance.

Refund checks may also be referenced in the PLB segment. In the event that you submit a refund check without enough identifying information, it may be returned. That activity can be referenced in the 835's PLB segment—often using your own check number—so you can match the refund to the remittance record.

Negative balance report offers another option

Our secure transaction portal for Harvard Pilgrim Health Care, HPHConnect, also offers a Negative Balance Report that provides a history of claims retracted or adjusted that create a negative balance, as well as any claims used to offset that balance.

To access the report, the user must have the **Back Office User** role (or higher). If needed, your organization can update user roles to enable report access.

Our [HPHConnect Negative Balance Report User Guide](#) details how to run this report and offers report examples and explanations.

Paper EOPs

If you receive paper checks, you can find negative balance information in the summary box on the EOP, including which members may be affected and what needs to be reconciled. For a more efficient experience, we recommend using electronic funds transfer (EFT) and electronic claims submission tools. ▲

Using the right pathways to resolve coverage and payment disputes

[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](#)

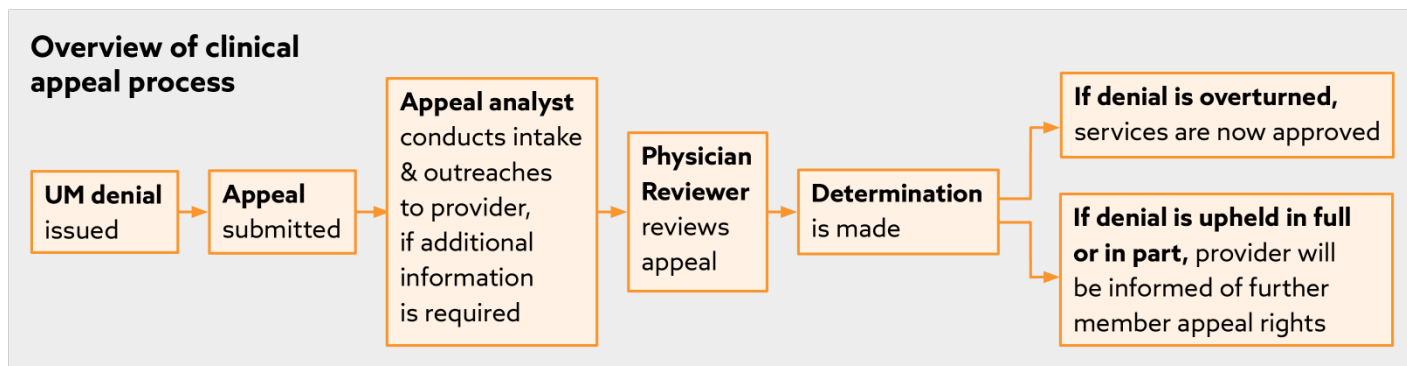
Point32Health understands that questions or concerns may sometimes arise regarding coverage determinations or claim payments. That's why we have established internal appeal and dispute processes designed to resolve provider concerns quickly and efficiently, without the need for external escalation.

As valued partners in the care of our members, providers are expected to use Point32Health's internal appeals and dispute processes before utilizing other organizations that could result in delays. Allowing direct review by clinical and claims experts, our resolution pathways can expedite appeals and disputes by ensuring that your concerns are routed to and addressed by the right Point32Health team.

Utilization management (UM) appeals

As a reminder, UM appeals are appropriate when a provider disagrees with a coverage or authorization decision, including determinations related to medical necessity or prior authorization. Because they are clinical in nature, UM appeals are reviewed by Point32Health physician reviewers, and when appropriate, specialty-matched consultants.

If a coverage request has been denied in full or in part, you can request a UM appeal — either verbally or in writing — by following the steps outlined in our [provider's guide to navigating pre-service clinical appeals](#). (See overview of clinical appeal process below.)



When submitting your appeal, be sure to include all relevant medical records requested and keep the guide handy for future reference. Please keep in mind that for Commercial or Medicaid members, you may request a peer-to-peer discussion with a medical director prior to submitting a UM appeal.

Claims appeals and payment disputes

Claims appeals or payment disputes are appropriate when a provider disagrees with how a claim was paid or denied. Appeals may be submitted related to reimbursement amounts, denials for lack of authorization, timely filing, and other post-service claim determinations.

If you wish to initiate a claims appeal, begin the process by completing the [Claims Review Form](#). Our Provider Manuals detail claims appeals procedures, but you may also find our [Provider Claims Appeals](#) flyer handy. It offers a useful overview, including instructions on how to submit your appeal by line of business and tips for submission.

Point32Health's pathways to resolution

With our established internal appeals and dispute processes, providers benefit from clear documentation and tracking of outcomes, direct communication with clinical and claims experts, and clearly defined timelines — with the aim of efficient processing and resolution.

Additional resources

You can find more information on UM appeals, claims appeals, and payment disputes in the applicable sections of our [website](#) and [Provider Manuals](#). If you need further assistance, please contact the applicable [Provider Service Center](#). ▲

Important reimbursement reminder: Use the correct member ID for One Care claims

Tufts Health One Care

When Tufts Health One Care became a Dual Eligible Special Needs Plan (D-SNP) beginning Jan. 1, 2026, all Tufts Health One Care members were issued new member ID numbers and ID cards. We continue to receive claims submitted with outdated or incorrect member IDs, which results in an automatic denial.

To ensure that your claims are accepted for processing, it's important to update your billing systems to reflect the new member ID numbers for One Care members as of Jan. 1, 2026, if you have not already done so. You can distinguish the new 2026 ID numbers by the fact that they begin with the letter "P."

Please keep the following in mind:

- **Claims for services delivered in 2026 that are submitted using a previous or incorrect member ID will be denied for member ineligibility.**
- **Correcting or adjusting a denied claim will not resolve the denial.**
- **If your claim is denied due to an incorrect member ID, you must submit a new claim using the correct member ID number in order to be eligible for payment.**

We encourage you to remind office staff to request member ID cards from patients at the time of service.

Below is a **sample image** of the new Tufts Health One Care member ID:

TUFTS Health Plan
a Point32Health company

Tufts Health One Care (HMO DSNP) is a managed care plan that contracts with both Medicare and MassHealth.

Care Coordinator Phone: 1-833-904-2273

RxBIN 610011
RxPCN CTRXMEDD
RxGRP RXMEDD
Plan (80840)

MedicareRx eye MED
Prescription Drug Coverage

ID **P12345678** Issued: MM/DD/YYYY
Name **FIRSTNAME LASTNAME** CMS - H5314 - 001

IN AN EMERGENCY: If your life is in danger, call 911 or go to the nearest emergency room.

Massachusetts Behavioral Health Help Line: 1-833-773-2445
Member Services/Behavioral Health: 1-855-393-3154 (TTY: 711)
Provider Services: 1-888-257-1985
DentaQuest: 1-855-418-1625 (TTY 1-800-466-7566)
Eyemed: 1-866-591-1863

Send Medical Claims to: Tufts Health One Care, P.O. Box 189, Canton, MA 02021-0189
Send Pharmacy Claims to: OptumRx Claims Department, P.O. Box 650287, Dallas, TX 75265-0287
Send Dental Claims to: DentaQuest, Tufts Health One Care, P.O. Box 2906 Milwaukee, WI 53201-2906
Website: TuftsHealthOneCare.org

Submitting claims correctly the first time helps prevent delays and reduces administrative rework for both providers and members. Thank you for your cooperation in using the appropriate member ID number for Tufts Health One Care members. ▲

Information for PCPs on Rhode Island Prior Authorization Reform Act

Harvard Pilgrim Health Care Commercial | Tufts Health RITogether

We want to make primary care physicians who care for Rhode Island members enrolled in our Harvard Pilgrim Health Care Commercial fully insured and Tufts Health RITogether plans aware of recent Rhode Island legislation related to prior authorizations.

Under the Rhode Island Prior Authorization Reform Act of 2025, prior authorization requests may not be needed for certain services for Rhode Island members of these plans when the services are ordered by in-network PCPs and are provided in the normal course of primary care treatment.

This three-year pilot program is effective from Oct. 1, 2025 through Oct. 1, 2028.

The legislation outlines requirements in order for a PCP to qualify for the exemption, including, but not limited to, that the PCP must be credentialed and enrolled in the network, that the PCP must be enrolled with Rhode Island Medicaid if the member is a Medicaid member, and that the PCP meets the definition of a PCP outlined in the legislation.

For Commercial members, specialists are not eligible for this exemption; for RITogether members, Rhode Island Executive Office of Health and Human Services (EOHHS) has noted some specific services and codes for which specialists may be eligible for exemption.

Eligible provider types when credentialed as PCPs include:

- internal medicine
- pediatric medicine
- family practice
- obstetrics and gynecology
- Doctor of Osteopathic medicine
- nurse practitioner/PCP
- physician assistant

It's also important to note that only services provided in the normal course of primary care treatment are eligible for this exception.

If a PCP opts to submit a prior authorization request for which an exemption applies, the request will follow our standard process and be reviewed for medical necessity.

To assist PCPs in understanding this pilot program, we have developed an [FAQ on our provider website](#). In addition, we encourage PCPs to refer to the [Rhode Island Executive Office of Health and Human Services website](#) for more information. ▲

Claims appeals processing timeframe

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

At this time, we are experiencing a high volume of claims appeals, which has impacted processing timeframes for some lines of business. We strive to deliver excellent service to our provider partners and are actively working to shorten claims appeals processing timeframes.

We have made meaningful progress in reducing turnaround times for our Public Plans, and providers can currently expect appeals to be processed in approximately 60 days — which is the same approximate timeframe for processing of claims appeals for Commercial products. Appeals for Senior Products are taking longer,

with an average processing timeframe of approximately 180 days. We recognize the importance of timely appeal resolution and are dedicated to further reducing these timeframes.

We encourage providers to allow for the full review timeframes noted above before contacting the Provider Service Center for a status update. Once the applicable timeframe has passed, providers may contact the Provider Service Center for additional information. If a request is made prior to the completion of the applicable review timeframe noted, updates may not be available or may be limited.

Additionally, please do not submit duplicate appeals, as this may further delay processing timelines.

For details on claims appeals, please refer to our [online Provider Manuals](#) and our [Provider Claims Appeals flyer](#).

We appreciate your understanding and patience as we continue to make improvements. ▲

Change in process for new-to-market pharmacy benefit drugs

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Plan Commercial](#) | [Tufts Health Direct](#)

Point32Health is making an update to our coverage process for new-to-market pharmacy benefit drugs, which will take effect on June 1, 2026, for members of our Harvard Pilgrim Health Care and Tufts Health Plan Commercial plans, as well as Tufts Health Direct.

As of that date, any requests for a new-to-market pharmacy drug will be denied as a benefit exclusion until Point32Health's Pharmacy and Therapeutics Committee has reviewed the drug for safety and clinical effectiveness and made the determination to cover it. A new drug product will be excluded from coverage until this process is completed — which will occur by Dec. 31 of the following calendar year, or as may be required by law (whichever is earliest).

When a new-to-market pharmacy drug is denied, an exception may be granted upon second request only for members who are suffering from a health condition that may seriously jeopardize their life, health, or ability to regain maximum function. These requests are reviewed against the criteria outlined in our [Pharmacy Medical Necessity Guidelines](#) (PMNG) for Non-Formulary Exceptions, which will be updated in alignment with the June 1 effective date.

Additionally, our New-to-Market Drugs PMNG will be retired on May 31, 2026, to reflect this process change.

This change in process was initially planned for an April 1 effective date but was delayed until June 1.

Keep in mind that medical benefit drugs are not currently in scope for this change, and there is no impact to current utilizers of new-to-market pharmacy drugs — only for those who request coverage on or after June 1. ▲

Upcoming bank holidays and EFT payment delays

[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](#)

If you typically receive reimbursement from Harvard Pilgrim Health Care or Tufts Health Plan on Fridays via electronic funds transfer (EFT), we want to make you and your office staff aware of three upcoming bank holidays which will fall on Fridays, resulting in slight payment delays.

- **June 19, 2026 (Juneteenth):** Funds will be disbursed on **Monday, June 22**
- **Dec. 25, 2026 (Christmas Day):** Funds will be disbursed on **Monday, Dec. 28**
- **Jan. 1, 2027 (New Year's Day):** Funds will be disbursed on **Monday, Jan. 4**



Because electronic payments scheduled for those dates will be delayed until the following Mondays, we recommend that you and your staff keep them in mind and plan accordingly. The payment delays will impact EFT only — providers who receive reimbursement via paper check will not experience a delay in their scheduled payments. ▲

Reimbursement updates for preventive medicine services

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

Point32Health is updating our policy related to the reimbursement of preventive medicine services when billed with screening and/or other evaluation and management (E&M) services. Effective for dates of service beginning June 1, 2026, the items below will be considered inclusive to a preventive medicine visit and will not be reimbursed separately when billed on the same day as preventive medicine services using **CPT codes 99381–99387, 99391–99397, and HCPCS code G0402.**

- Annual gynecological examinations
- Counseling
- Medical nutrition therapy
- Other E&M services
- Prolonged services
- Screening services
- Visual function and visual acuity screenings

Appending modifiers **25** or **59** (including X-modifiers) to the services above will not result in separate reimbursement, as reimbursement is included in the overall visit.

We've revised our [Harvard Pilgrim Health Care](#) and [Tufts Health Plan](#) Evaluation and Management (E&M) [Payment Policies](#) to reflect this reimbursement update.

As a reminder, preventive medicine focuses on performing a patient history and examination specific to a member's age and gender. Both initial and routine comprehensive preventive medicine examinations also encompass counseling, anticipatory guidance, and interventions aimed at reducing risk factors. ▲

Reminder: Do not balance bill for hearing aids

Harvard Pilgrim Health Care Commercial

We have recently identified instances of inappropriate balance billing related to hearing aids for our Commercial members. These errors stem from confusing the **member's benefit limit** with the contracted **allowed amount**. This reminder is intended to provide clarity and reinforce existing requirements to help ensure that members are billed correctly for these services.

As outlined in the Harvard Pilgrim Health Care Commercial Provider Manual:

- Harvard Pilgrim does not allow balance billing in accordance with applicable laws. Balance billing is the attempted collection of fees from members beyond the costs for which they are responsible, such as copayments, coinsurance, and deductibles.
- Providers may only collect applicable cost-sharing from our members for covered services and may not otherwise charge or bill them.
- As a participating provider, you have entered into a contractual agreement to accept payment directly from Harvard Pilgrim for the amounts allowed pursuant to the agreement. You may not balance bill members for the difference between actual billed charges and your contracted reimbursement rate.

Even if a member's benefit limit is higher for a particular service, you cannot bill more than the allowed amount negotiated in your agreement (*see the example below*).

<p>Hearing aid billing example:</p> <ul style="list-style-type: none"> • Patient Doe is receiving hearing aids. • The billed amount (actual cost) is \$2,100. • The member’s benefit limit is \$2,000. • Member cost-sharing is 20 percent. • The contracted allowed amount (negotiated rate) is \$1,800. 	
<p>Correct billing:</p>	<p>Incorrect and prohibited:</p>
<ul style="list-style-type: none"> • The patient is billed \$360 in copay/coinsurance (20% of the \$1,800 allowed amount). • Harvard Pilgrim reimburses the provider \$1,440 (\$1,800 allowed amount minus \$360 cost-sharing). • The provider receives a total of \$1,800 in reimbursement, consistent with the contracted allowed amount. • No further billing occurs – even though the billed amount is \$2,100 and benefit limit is \$2,000. 	<ul style="list-style-type: none"> • Billing the member an additional \$200 based on the benefit limit, to bring total provider reimbursement to \$2,000. • Billing the member an additional \$300 to reach the full billed charge of \$2,100.

Please keep balance billing restrictions in mind when providing health care services and goods to our members. You can find additional information about the prohibition of balance billing in the [Collecting Member Payment](#) section of the [Harvard Pilgrim Health Care Commercial Provider Manual](#).

As a reminder, balance billing is generally prohibited by Point32Health and similar requirements apply under Tufts Health Plan [Provider Manuals](#) and/or provider contracts. ▲

Laboratory Payment Policies: June 1, 2026 updates

Harvard Pilgrim Health Care Commercial

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

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

Effective for dates of service beginning June 1, 2026, we’re introducing a new related Payment Policy titled *Laboratory: Prenatal Testing for Fetal Aneuploidy*, as well as implementing the following coding changes to the existing policies outlined below:

Policy	6/1/2026 coding change
Laboratory: β-Hemolytic Streptococcus Testing	<ul style="list-style-type: none"> • Removing CPT code 87880 from the policy. • Adding CPT code 86581.
Laboratory: Biochemical Markers of Alzheimer Disease and Dementia	Adding CPT codes 82233, 82234, 83884, 84393, 84394, 0547U, 0548U, 0568U, and 0596U.

Policy	6/1/2026 coding change
Laboratory: Cervical Cancer Screening	Adding CPT code 87626.
Laboratory: Diagnosis of Vaginitis	<ul style="list-style-type: none"> Removing CPT codes 87661 and 87808. Adding CPT codes 0557U and 0068U.
Laboratory: Diagnostic Testing of Common Sexually Transmitted Infections	<ul style="list-style-type: none"> Removing CPT codes 82565, 82575, 84702, 84703, 86701, 86702, 86703, 86705, 86803, 86804, 87660, 0096U, G0432, G0433, G0435, G0472, G0475, and S3645. Adding CPT codes 87626 and 87800.
Laboratory: Oral Cancer Screening and Testing	Adding CPT code 87626.
Laboratory: Pathogen Panel Testing	Adding CPT codes 0509U and 0593U.
Laboratory: Serum Testing for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease	Removing CPT codes 88341 and 88342.
Laboratory: Testing for Diagnosis of Active or Latent Tuberculosis	<ul style="list-style-type: none"> Removing CPT codes 87149, 87550, 87555, and 87560. Adding CPT codes 87564 and 0574U.
Laboratory: Testing for the Diagnosis of Inflammatory Bowel Disease	Adding CPT codes 83630 and 0598U.
Laboratory: Testing for Vector-borne Infections	Adding CPT codes 87164 and 87166.

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

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

Billing update for CHCs providing youth preventive BH services

Tufts Health Together

If you provide preventive behavioral health services to eligible Tufts Health Together members under the age of 21 in a Community Health Center (CHC), we'd like to make you aware of a recent change in MassHealth's billing guidance. Effective Jan. 1, 2026, as specified in [Managed Care Entity Bulletin 143](#), the following codes are reimbursable for preventive behavioral health services:

- **T1040:** Community Behavioral Health Clinic Service, Per Diem
- **T1040-HQ:** Group Setting

CHCs can continue to request reimbursement for services using the codes below, as appropriate, but please keep in mind that if you bill using codes T1040 or T1040-HQ, you may not bill for any of the services below for the same member, on the same date, at the same location. Claims submitted incorrectly as of Jan. 1, 2026, will be reprocessed and any overpayment will be retracted.

- **90832:** Psychotherapy with patient and/or family member
- **90834:** Psychotherapy with patient and/or family member
- **90846:** Family psychotherapy (conjoint psychotherapy) (without patient present)
- **90847:** Family psychotherapy (conjoint psychotherapy) (with patient present)
- **90849:** Multiple-family group psychotherapy
- **90853:** Group psychotherapy (other than multiple-family group)

While the billing instructions for preventive behavioral health services outlined above from Managed Care Entity Bulletin 143 supersede those found in [Managed Care Entity Bulletin 65](#), all other aspects of MCE Bulletin 65 remain in effect. For example, all claims for preventive behavioral health services for members younger than 21 must be submitted with modifier EP and must include the most clinically appropriate ICD diagnosis code, including Z codes that may be used as the primary diagnosis, when clinically appropriate.

We've updated Point32Health's [Outpatient Behavioral Health & Substance Use Disorder Payment Policy](#) to align with the state's most recent guidance. ▲

Updated CMS Medicare Outpatient Observation Notice (MOON)

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

As you may know, hospitals and critical access hospitals (CAHs) are required by the Centers for Medicare and Medicaid Services (CMS) and the Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act to provide written notification and a verbal explanation to Medicare members who receive observation services in an outpatient setting for more than 24 hours. The notification must be provided to members for acknowledgment using the Medicare Outpatient Observation Notice (MOON) no later than 36 hours after observation services have been initiated.

The MOON is a standardized CMS form that informs Medicare beneficiaries (including Medicare Advantage enrollees) that they are outpatients under observation, not inpatients. CMS recently updated the form, which is effective now through Feb. 28, 2029. Providers can continue to use the previous version of the MOON until April 20, 2026, at which time they must transition to use of the new version of the form. Additional MOON information and instructions can be found on the [Beneficiary Notices Initiative \(BNI\)](#) section of the CMS website.

To learn more about Tufts Health Plan's Observation Program and the MOON requirement, refer to the Observation Program chapter of the [Tufts Health Plan Senior Products Provider Manual](#). ▲

Diabetic GLP-1 and GIP/GLP-1 drug coverage reminder

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

As we communicated in the January issue of Insights and Updates for Providers, effective May 1, 2026 for Harvard Pilgrim Health Care Commercial and Tufts Health Direct members on our Premium, Select, Value, Core Massachusetts, Tuft Health Direct, and Value ConnectorCare formularies, the automated step therapy program will be removed for diabetic GLP-1 and GIP/GLP-1 medications.

Currently, step therapy is applied at the point of service; if a member requesting a diabetic GLP-1 or GIP/GLP-1 medication at the pharmacy has a prior claim for an oral hypoglycemic agent from within the previous 365 days, the claim will automatically pay. Prior authorization would only be required in the event that there is no evidence of a paid claim for an oral hypoglycemic agent.

As of May 1, however, this automated step therapy program will no longer apply. **Prior authorization will be required for all members with the products/formularies referenced above for diabetic GLP-1 and GIP/GLP-1 medications (e.g., Bydureon BCise, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity).** The prior authorization criteria, intended to reduce or prevent off-label use for weight loss, will specify that coverage is only available for these members if they have a diagnosis of type 2 diabetes and have a trial and failure of a 30-day supply — or are currently taking — an oral hypoglycemic agent.

Members impacted by this update have been notified of the upcoming change. For coverage of diabetic GLP-1 and GIP/GLP-1 medications, prescribing providers must submit a request through the typical medical review process subject to our [Pharmacy Medical Necessity Guidelines for Incretin Mimetics](#).

Additionally, as a reminder, [the coverage changes we previously announced](#) related to medications including GLP-1 drugs to treat weight loss and alternative indications are in effect as of Jan. 1, 2026. ▲

Rhode Island Medicaid enrollment/screening

Tufts Health RITogether

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

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

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

How to access the Medicaid enrollment/screening application:

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

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

Help us keep directory information up to date

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

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

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

Reporting changes

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

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

- Submitting a [Provider Change Form](#) to Harvard Pilgrim's Provider Processing Center for Harvard Pilgrim products by email at PPC@point32health.org, or,

- Submitting a [Medical](#) or [Behavioral Health](#) Provider Information Form to provider_information_dept@point32health.org for Tufts Health Plan products.

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

Attestation for facilities

As a reminder, for contracted facilities, confirmation of your directory data should be submitted using the [recently updated](#) facility attestation functionality available on Harvard Pilgrim’s secure provider portal, [HPHConnect](#), or on Tufts Health Plan’s [secure provider portal \(available as of June 1, 2025\)](#). These online forms allow facilities to confirm that their information is accurate every 90 days to avoid directory suppression. For step-by-step instructions on how to complete the facility attestation forms, please refer to the updated Harvard Pilgrim [Completing the Provider Data Attestation for Facilities User Guide](#) and Tufts Health Plan [Secure Provider Portal User Guide](#).

Additional information

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

Complex Care Management services

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

Point32Health’s Care Management Department provides complex care management services to help adult and pediatric members attain optimal health and achieve greater self-reliance in managing their health care. Our care managers provide systematic coordination and assessment of services using evidence-based clinical guidelines. Point32Health’s complex care managers, including registered nurse care managers and behavioral health care managers, partner with professionals such as community health workers, pharmacists, and each other to help coordinate care and access to services for members with multiple complex conditions.

Complex care management assists members with conditions such as chronic kidney disease, cancer, congestive heart failure, COPD, dementia, heart disease, asthma, diabetes, and a variety of rare diseases — as well as behavioral health conditions like depression/anxiety, substance use disorder, and serious and persistent mental illness. Care managers help patients avert the need for more intensive medical and behavioral health services by providing them with information tailored to their needs and stage of readiness.

Care management programs are available to members identified through:

- Algorithms based on medical, pharmacy, and/or radiology claim analysis
- Hospital discharge data
- Provider and case manager referral
- Self-referral
- Health risk appraisal

For more information about Point32Health’s Complex Care Management program, including how to refer patients, email requests_for_care_management@point32health.org or call 866-750-2068 for Harvard Pilgrim members; email Priority_Care_Referrals@point32health.org or call 888-766-9818 ext. 53532 for Tufts Health Plan members. In addition:

- For care management referrals for **Tufts Medicare Preferred** members, email TMP_CM_Dept_Referrals@point32health.org.
- For **Massachusetts Tufts Health Public Plans** referrals, email MA_CM_Referrals@point32health.org.

- For **Rhode Island behavioral health** intensive clinical management referrals, email RI_ICM_Referrals@point32health.org.

Members who wish to speak with a care manager can do so by calling the appropriate number below:

- Tufts Health Plan Commercial: 888-766-9818 (TTY: 711), ext. 53532
- Tufts Health RITogether: 866-738-4116
- Tufts Health Together and Tufts Health Direct: 888-257-1985



About Our Chronic Condition Management Programs

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

Point32Health takes a comprehensive approach to chronic condition management, focusing on patient-centered care that coordinates resources across the health care delivery system and throughout the life cycle of a disease. Point32Health's chronic condition management programs include a range of components specifically designed to reinforce clinicians' treatment plans.

These programs assist patients with conditions such as asthma, COPD, heart failure, and diabetes by helping them better understand their condition, giving them new information about their disease, and providing them with assistance from clinical health educators and pharmacists who can help them manage their disease.

Patients identified as having a chronic condition such as diabetes, heart failure, or asthma are enrolled in chronic condition management programs through the following:

- Referrals by their physicians, case managers, and specialty care providers
- Medical and pharmacy claims analysis that identifies patients with appropriate diagnoses
- Self-referral
- Health risk appraisal

To enroll a Point32Health member into one of our programs:

email requests_for_care_management@point32health.org or call 866-750-2068 for Harvard Pilgrim;
email Priority_Care_Referrals@point32health.org or call 888-766-9818 ext. 53532 for Tufts Health Plan.

In addition:

- For care management referrals for **Tufts Medicare Preferred** members, email TMP_CM_Dept_Referrals@point32health.org.
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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
Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy, EGD)	Harvard Pilgrim Commercial, Tufts Health Together, Tufts Health RITogether, Tufts Health Direct, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	6/1/2026	MNG updated to specify that CPT code 43249 (for esophageal dilation procedures using an endoscope) will be covered without prior authorization only when submitted with an appropriate ICD-10 diagnosis code.
Foot Reconstruction Procedures	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	6/1/2026	<p>New MNG outlining prior authorization requirements and criteria for foot reconstruction procedures.</p> <p>Will utilize the following InterQual criteria subsets:</p> <ul style="list-style-type: none"> • Osteotomy, Transpositional, Distal or Proximal, Fifth Metatarsal (MTP) • Osteotomy, Proximal Phalanx, First Toe with Bunionectomy • Osteotomy, Proximal Phalanx, First Toe without Bunionectomy • Arthrodesis, First Metatarsophalangeal (MTP) Joint <p>Prior authorization will be required for CPT codes 28308, 28310, 28298, and 28750. (Consistent with Maine regulations, a redlined version of the MNG is posted temporarily.)</p>
Therapeutic Apheresis	Harvard Pilgrim Commercial, Tufts Health Direct	6/1/2026	<p>New MNG outlining medical necessity criteria for therapeutic apheresis.</p> <p>CPT codes 36514 and 36516 will be covered only when submitted with an appropriate ICD-10 code.</p> <p>(Consistent with Maine regulations, a redlined version of the MNG is posted temporarily.)</p>

Updates to Medical Necessity Guidelines (MNG)

MNG Title	Products affected	Eff. date	Summary
Gender Affirming Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	6/1/2026	<p>Prior authorization will be required for the following CPT codes when they are submitted with a diagnosis of gender dysphoria:</p> <ul style="list-style-type: none"> • 21175 – Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) • 21270 – Malar augmentation, prosthetic material • 53430 – Urethroplasty, reconstruction of female urethra • 53450 – Urethromeatoplasty, with mucosal advancement <p>(Consistent with Maine regulations, a redlined version of the MNG is posted temporarily.)</p>
<p>Tufts Medicare Preferred (HMO and PPO) Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines</p> <p>Tufts Health Plan Senior Care Options Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines</p>	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	6/1/2026	<p>Prior authorization will be required for the following codes/services:</p> <p>Incontinence Devices (CMS NCD 230.10)</p> <ul style="list-style-type: none"> • 53445 <p>Sacral Nerve Stimulation for Urinary Incontinence (CMS NCD 230.18)</p> <ul style="list-style-type: none"> • 64561 • 64581 <p>Sacral Nerve Stimulation for Fecal Incontinence (CMS Article A53359)</p> <ul style="list-style-type: none"> • 64561 • 64581 <p>Osteogenesis Stimulators CMS LCD L33796 and Article A52513)</p> <ul style="list-style-type: none"> • E0747 <p>Septoplasty (CMS LCD L39051 and Article A58774)</p> <ul style="list-style-type: none"> • 30520 <p>FoundationOne® Liquid CDx (CMS LCA A5777)</p> <ul style="list-style-type: none"> • 0239U <p>Lower Limb Protheses (CMS LCD L33787 and Article A52496)</p> <ul style="list-style-type: none"> • L5827

Updates to Medical Necessity Guidelines (MNG)

MNG Title	Products affected	Eff. date	Summary
			<ul style="list-style-type: none"> • L5828 • L5856 • L5857 • L5858 • L5980 • L5981 • L5987 • L5973
Long Term Supports and Services for Tufts Health One Care	Tufts Health One Care	4/1/2026	<p>MNG updated to follow MassHealth's guidance for interim prior authorization.</p> <p>For the following code and modifier combinations, temporary authorization may be granted for a period of 60 calendar days and automatically adjudicated based on the provider's assessment of the member's needs. This temporary authorization allows for services to be delivered while required assessments are completed.</p> <ul style="list-style-type: none"> • S5100 with modifier CG • S5101 with modifier CG • S5102 with modifier CG
<p>Tufts Health Together Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines</p> <p>Tufts Health RITogether Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines</p>	Tufts Health Together, Tufts Health RITogether	4/1/2026	New MNGs developed to comprehensively document existing prior authorization requirements.
Applied Behavior Analysis (ABA) for Tufts Health Together	Tufts Health Together	1/1/2026	Updated criteria in alignment with MassHealth.



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 for OncoHealth drugs (for oncology purposes)		
For Harvard Pilgrim Health Care Commercial and Tufts Medicare Preferred members		
Drug/MNG	Plan & additional information	Eff. date
Rybrevant Faspro (amivantamab and hyaluronidase-lpuj)	Prior authorization is required for Rybrevant Faspro (HCPCS J9999).	4/1/2026
Boncrea (Denosumab-mobz)	Prior authorization is required for Boncrea (HCPCS J3590), a biosimilar to Prolia.	4/1/2026
Oziltus (Denosumab-mobz)	Prior authorization is required for Oziltus (HCPCS J3590), a biosimilar to Xgeva.	4/1/2026
New prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Kebilidi	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Kebilidi (J3590), an adeno-associated virus (AAV) vector-based gene therapy indicated for the treatment of adult and pediatric patients with aromatic L-amino acid decarboxylase (AADC) deficiency, will be covered with prior authorization when the criteria identified on the MNG are met.	4/1/2026
Zevaskyn	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care Point32Health will cover Zevaskyn (J3389), an autologous cell sheet-based gene therapy indicated for the treatment of wounds in adult and pediatric patients with recessive dystrophic epidermolysis bullosa, with prior authorization when the criteria on the MNG (which align with MassHealth’s criteria) have been met.	4/1/2026

Updates to existing prior authorization programs

Drug/MNG	Plan & additional information	Eff. date
Breyanzi	<p>Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether</p> <p>Language added to reflect that Breyanzi will be covered for the indication of marginal zone lymphoma (MZL) when the following criteria are met:</p> <ul style="list-style-type: none"> • The member is age 18 years of age or older and has been diagnosed with relapsed or refractory MZL; AND • The member has received two or more lines of systemic therapy including one alkylating agent and one anti-CD20 agent; AND • The member has an Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 1 <p>OR</p> <ul style="list-style-type: none"> • The member has relapsed after hematopoietic stem cell transplant. 	4/1/2026
HIV Pre-Exposure Prophylaxis (PrEP) Medications	<p>Harvard Pilgrim Commercial, Tufts Health Plan Commercial</p> <p>Prior authorization is no longer required for the medication Apretude (HPCPS J0739).</p>	3/12/2026
Gene Therapies for Sickle Cell Disease for RITogether	<p>Tufts Health RITogether</p> <p>As we previously announced, we recently developed a medical drug MNG specific to Gene Therapies for Sickle Cell Disease for RITogether which includes criteria for Lyfgenia (J3394) and Casgevy (J3392) for the treatment of sickle cell disease.</p> <p>Please be aware that the Rhode Island Executive Office of Health and Human Services (EOHHS) has developed a prior authorization form for gene therapies for sickle cell disease. When requesting authorization for a gene therapy to treat a Tufts Health RITogether member with sickle cell disease, please submit this form directly to Point32Health. A link to the form has been added to the RITogether MNG, and can also be found on the RI EOHHS Pharmacy Prior Authorization Program webpage.</p>	1/1/2026



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
Anesthesia	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	4/1/2026	Integrated Point32Health Payment Policy replaces the Harvard Pilgrim Health Care Anesthesia Payment Policy and the Tufts Health Plan Anesthesia Professional Payment Policy.
Evaluation & Management (Harvard Pilgrim Commercial)	Harvard Pilgrim Health Care Commercial	6/1/2026	Updated to reflect reimbursement policy for preventive medicine services when billed with screening and/or other Evaluation and Management (E&M) services. See related newsletter article in this issue.
Evaluation and Management (Tufts Health Plan Commercial, Public Plans, Senior Products)	Tufts Health Direct	6/1/2026	



Pharmacy coverage changes

Harvard Pilgrim Health Care Commercial | Tufts Health Plan 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 & additional information
Hernexeos	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	6/1/2026	Antineoplastics Pharmacy Medical Necessity Guideline Updated coverage criteria for Hernexeos to require documentation that patient has not experienced disease progression on another HER2 tyrosine kinase inhibitor (TKI).



MassHealth updates to Unified Formulary

Tufts Health Together - MassHealth ACPPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on May 11, 2026. 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](#). ▲

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