

Insights and Updates for Providers

May 2025

Update on Tufts Health Together MCO for 2026

Tufts Health Together MCO

After careful consideration, together with MassHealth, Point32Health has decided to no longer offer Tufts Health Together MassHealth MCO, effective Jan. 1, 2026. Our decision regarding our MCO does not affect our Tufts Health Plan MassHealth Accountable Care Organization (ACO) business. We will continue to offer our Tufts Health Together Accountable Care Partnership Plans (ACPPs) with Cambridge Health Alliance and UMass Memorial Health.

We will notify existing members about this change and are working closely with MassHealth to facilitate the transition of members to another MassHealth managed care plan for 2026.

If you are a Tufts Health Together MCO PCP

We recently notified provider practices with PCPs who participate in the Tufts Health Together MCO about this change by letter and have asked for their assistance in ensuring that affected MassHealth members are smoothly transitioned to a new product for 2026.

MassHealth intends to assign impacted members to the health plan in which their primary care practice participates, so these members can continue their care with their existing PCP. To support this work and ensure a smooth transition of your current Tufts Health Together MassHealth MCO members to another plan, we urge you to take action now by referring to [this fact sheet](#) to learn about the other plans available and explore potential partnerships. The fact sheet includes information on:

- **Making** a determination about your practice's continued participation in MassHealth
- **Accessing** resources to inform you about available MassHealth health plans
- **Choosing** a new MassHealth health plan to contract with for 2026, if applicable, and plan contact information
- **Completing** a [brief survey](#) by May 15, 2025 to provide information on your 2026 MassHealth participation

Later this year, members will receive information about their future plan assignment and will have the option to choose a different plan should they desire to do so.

Continuing to provide care in 2025

Tufts Health Plan is committed to serving Tufts Health Together MassHealth MCO members throughout calendar year 2025 and asks that you continue to partner with us to provide a seamless transition on Jan. 1, 2026. ▲

Payment update: pre-admission testing for inpatient admissions

All products

Point32Health is updating our policy related to the reimbursement of pre-admission testing for inpatient admissions, effective for dates of service beginning July 1, 2025.

For contracted hospitals reimbursed based on diagnosis-related groups (DRGs) or at a global case rate, payment for pre-admission services that occur **within 10 days of an admission** (as opposed to the current timeframe of three days) will be included in the inpatient reimbursement and will not be reimbursed separately.

We've updated our Inpatient Hospital Admissions Payment Policy to reflect this change. For DRGs and global-case-rate-contracted hospitals, the policy specifies the following regarding pre-admission testing services, which may be subject to random post-payment audits and retraction:

- **Diagnostic** services that are provided within 10 days of an inpatient admission are included in the inpatient reimbursement.
- **Non-diagnostic** services related to the principal diagnosis that are provided within 10 days of an inpatient admission are included in the inpatient reimbursement.
- **Any ambulatory** day care, radiology or laboratory procedures that result in an inpatient admission are included in the inpatient DRG reimbursement.

Please refer to [the updated policy](#) for more information. ▲

Sign up for Electronic Funds Transfer

All products

If you're currently receiving paper checks, it's simple to switch to electronic funds transfer (EFT) at your convenience through Payspan. You'll benefit from:

- **Quicker** access to funds, with payments deposited directly into your bank account
- **Greater** convenience and efficiency with no manual processes or risk of lost paper checks
- **Easy-to-use** payment reports enabling you to track, review, and reconcile current and past online payments through Payspan*

When you make the switch to electronic funds transfer with Payspan, you'll no longer receive paper checks, explanations of payment (EOPs), or Electronic Remittance Advice (ERA/835s) from Point32Health. You'll receive your payment and payment advisories from Payspan, which offers two electronic methods of remittance.

- **EOPs** — Access images of your Explanations of Payment (EOPs) online with the ability to view, download, and print up to 18 months of EOPs.
- **ERA/835s** — Choose to have your HIPAA-compliant Electronic Remittance Advice (ERA/835) sent directly to one of the data exchange partners. Simply follow the instructions for routing 835s to an electronic mailbox when activating your account.

Typically, it takes at least 48 hours after enrollment for your EFT account to become activated, and electronic payment is available two business days following payment release from Payspan.

Registering for electronic payments through Payspan is simple! Refer to Point32Health's Electronic Funds Transfer [Quick Reference Guide](#) for additional information and step-by-step instructions.

**For Harvard Pilgrim Health Care providers, payment history is only available from the time of registration forward.*



HPHConnect Provider portal updates

Harvard Pilgrim Health Care Commercial

As part of our efforts to continually evaluate and improve the security of our systems and protect the private information entrusted to us, we are introducing several security enhancements to the HPHConnect provider portal.

Effective May 12, 2025, we'll be further enhancing our security by utilizing multi-factor provider authentication upon user log in to HPHConnect to help to ensure that your login credentials cannot be misused. We're also updating our patient eligibility and search functionality to broaden protection of our members' personal information.

Multi-factor provider authentication

Providers can quickly complete multi-factor authentication via text message or email.

If you're already registered for HPHConnect, you'll be prompted to choose your communication preference the first time you log in to the portal beginning May 12. Providers who are new to the portal will choose their preference during the HPHConnect registration process. The screen shots below display the prompts.

To make this as convenient as possible, if you visit HPHConnect multiple times in a day from the same computer, you'll only be prompted for multi-factor authentication during your first log in that day.

Conducting patient and eligibility searches

When conducting patient and eligibility searches, you'll need to enter the patient's date of birth, along with either the member's name or member ID number. This change will ensure that providers are accessing only the applicable patient's information.

Search options	Previously	Going forward
By name OR	Smith	Smith and DOB 1/1/1970
By member ID	HP123456789	HP123456789 and DOB 1/1/1970

The screen shots below illustrate the required fields you'll see on the updated Conduct Patient Search and Conduct Eligibility Search screens.

For additional information and details, please refer to the [Member Eligibility Verification](#) and [Multi-Factor Authentication](#) sections of the HPHConnect User Guide. ▲

GLP-1 weight management medication coverage changes

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

As we announced in [last month's issue](#) of Insights and Updates for Providers, Point32Health is making changes related to coverage of GLP-1 weight management medications, as part of our efforts to provide access to the most appropriate health care options while managing health care costs.

Effective **July 1, 2025** for members of our Commercial large group, Massachusetts merged market, and Tufts Health Direct plans (Value, Premium, Core Massachusetts, Tufts Health Direct, and Harvard Pilgrim ConnectorCare formularies), **Zepbound will be designated as the preferred GLP-1 drug for the treatment of overweight and obesity in members 18 years of age and older.**

With this update to our preferred product strategy, **the medications Wegovy and Saxenda will be moved to non-formulary for the treatment of overweight or obesity in adults.** As a result:

- Members who are 18 and older and currently receiving Wegovy or Saxenda for the treatment of obesity or overweight will be required to switch to Zepbound.
- Prior authorizations for Wegovy and Saxenda will be end dated for June 30, 2025. Prescribers will need to issue a new prescription for Zepbound for these members if continued treatment of obesity or overweight is needed.

Please refer to [the initial April 2025 article](#) for more information, including details about notable exceptions to these coverage changes, transitioning members to Zepbound, and requesting non-formulary exceptions. ▲

Reminder: updates to Inpatient Hospital Admissions Payment Policy

All products

As we announced in [last month's issue](#) of Insights and Updates to Providers, Point32Health wants to remind our provider partners that we are making updates to our [Inpatient Hospital Admissions Payment Policy](#), effective for dates of service beginning June 1, 2025.

With this update — in support of [our goal of reducing avoidable readmissions](#) — Point32Health will review claims for members who are readmitted to the same hospital **or the same hospital system** within 30 days of the original inpatient discharge for the same or a related condition for which they were treated during the original admission. If it is determined that the member is being treated for the same or a related condition as the original admission, the readmission claim payment will be retracted.

This change will apply for claims paid using diagnosis-related group or case rate payment methodology for all Point32Health products. Our [Readmission \(Bridging of Claims\) Payment Policy](#) for Tufts Health Plan Senior Products has also been updated to reflect the new process. ▲

GIC product updates effective July 1

Harvard Pilgrim Health Care Commercial

Point32Health is offering a reminder for our provider network that the 2025-2026 plan year for our Harvard Pilgrim/Group Insurance Commission (GIC) products begins on July 1, 2025. These custom Commercial products — Harvard Pilgrim Quality HMO and Harvard Pilgrim Explorer POS — are available for active GIC or eligible municipal enrollees, retired GIC enrollees not eligible for Medicare, retired municipal teachers, and certain other government retirees.

Harvard Pilgrim Quality HMO — Harvard Pilgrim Quality HMO is a tiered limited-network HMO, open to Massachusetts residents (except in Martha's Vineyard, Nantucket, and Cape Cod). This plan includes a deductible, lower PCP copayment, two copayment tiers for specialist office visits, and two copayment tiers for inpatient

admissions to acute care hospitals. Because Harvard Pilgrim Quality HMO is a limited-network product, some of Harvard Pilgrim's contracted providers do not participate in the Quality HMO network, so it is important to confirm network participation before a Quality HMO member receives treatment.

Harvard Pilgrim Explorer POS — Harvard Pilgrim Explorer POS is a tiered full-network product, open to state and municipal employees in Massachusetts, Connecticut, Rhode Island, Vermont, Maine, and New Hampshire, that allows members to seek in-network medical care (from their PCP or from Harvard Pilgrim participating providers with a PCP referral) or out-of-network medical services (from non-participating providers or Harvard Pilgrim participating providers without a PCP referral). Harvard Pilgrim Explorer POS offerings include a deductible, three lower-cost copayment tiers for PCPs, and three copayment tiers for specialist visits and inpatient admissions to acute care hospitals.

For the 2025-2026 plan year, we used the same methodology to determine tiers as employed previously, and in the vast majority of cases providers' tiers will remain unchanged. Providers outside of Massachusetts were not included in the tiering analysis, and default to Tier 2 for both products.

For additional product details, please refer to the "Tiered network plans" section of the [Harvard Pilgrim products page](#) on our Point32Health provider website, as well as the [Fast Facts for Hospitals and Professional Providers](#) document. ▲

Notice requirement for terminating practitioners

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

If your practice provides care for Tufts Medicare Preferred or Tufts Health Plan Senior Care Options members, please note that providers must notify Tufts Health Plan with **at least 90 calendar days'** written notice prior to the effective date of a primary care provider or specialist terminating from our network.

Please be sure to complete a [Provider Information Form](#) and email it to Provider_Information_Dept@point32health.org any time a provider is leaving your practice. When notified of a primary care provider's scheduled departure date, Tufts Health Plan will inform impacted members and assign them a new PCP.

For more information, please refer to the Provider Terminations and Network Changes section of the [Tufts Health Plan Senior Products Provider Manual](#). Thank you for keeping us up to date so that we can better serve our members. ▲

Patient navigation services for breast and cervical cancer screening

All products

Point32Health encourages providers who care for our members to offer patient navigation services for breast and cervical cancer screening in those patients who may benefit from them, in alignment with [guidance from the U.S. Department of Health and Human Services](#) and the Health Resources and Services Administration's [Women's Preventive Services Guidelines](#).

As you are aware, women's preventive health care such as early screening and detection are crucial to improving outcomes in patients at risk for breast and cervical cancer — and are provided with no member cost sharing in accordance with the Patient Protection and Affordable Care Act. In addition to screening, the subsequent follow-up (if necessary) is equally vital to ensure that patients adhere to the relevant recommendations. Patient navigation services maximize the likelihood of patients' success in this adherence, as many patients are unlikely to take the level of initiative necessary or don't know where to begin and could benefit from additional advocacy by the various providers coordinating their care.

Patient navigation offers a personalized approach to care that may include support services such as assistance with understanding the health care system, language translation, transportation, and connecting to social services.

These services can be tailored to patients' unique needs, and can be conducted either in-person, virtually, or through a hybrid model. ▲

Carelon molecular diagnostic testing program update

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

Point32Health's molecular diagnostic testing program is managed through an arrangement with our vendor partner [Carelon Medical Benefits Management](#) for certain products, and we'd like to inform providers that Carelon is implementing an update effective Aug. 1, 2025 to the way service dates are defined within that program.

In support of Point32Health and Carelon's shared goal of providing clinically appropriate, safe, and affordable health care services, **the date of service will be defined as the sample or collection date**, as opposed to the date the testing begins.

For archival samples, the sample collection or retrieval date will serve as the date of service for review. In the rare circumstance that an exception is needed, providers may reach out to the Carelon genetic testing team at DL-GeneticTestingSolution@carelon.com.

As a reminder, you may submit authorization requests online via Carelon's portal at www.providerportal.com or by telephone at 855-574-6476. We recommend submitting requests through Carelon's portal for its speed and convenience, with access available 24/7 to help you process requests in real time. ▲

HEDIS tip sheets for measures related to patients with diabetes

All products

Point32Health would like to remind our providers that we have a number of HEDIS tip sheets specific to measures related to patients with diabetes, including:

- [Eye Exam for Patients with Diabetes \(EED\)](#)
- [Kidney Health Evaluation for Patients with Diabetes \(KED\)](#)
- [Glycemic Status Assessment for Patients with Diabetes \(GSD\)](#)

The best practices highlighted in our HEDIS tip sheets are intended to support your practice by ensuring that the data reported accurately reflects your practice's performance on these measures, and by identifying opportunities to improve patient care.

For the full collection of Point32Health tip sheets currently available to providers, refer to the [HEDIS tip sheet page](#) on our provider website. And as always, be sure to look to future issues of Insights and Updates for Providers for new information as we continue to develop additional tip sheets!

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Point32Health Medical Necessity Guideline updates

All products

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
Dental Procedures Requiring Hospital/Facility-Based Care for Tufts Health Direct, Tufts Health Together, RITogether	Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	7/1/2025	<p>New MNG specific to dental procedures performed in an acute care inpatient facility or ambulatory surgical center, as well as the administration of general anesthesia associated with dental procedures in a hospital setting.</p> <p>While the dental procedures themselves will continue to be managed by our vendor partners (which vary by line of business and are identified on the MNG), coverage for hospital level of care (facility and anesthesia) associated with dental services will be covered with prior authorization through Point32Health using CPT code 41899 when all criteria on the policy have been met.</p>
Evolut criteria	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	7/1/2025	<p>As you likely know, Point32Health has a partnership with Evolut to oversee prior authorization programs for certain services.</p> <p>Effective July 1, 2025, we're adopting updates to Evolut's guidelines for musculoskeletal and interventional pain management, including updates to nerve block criteria to align with industry standard medical practice.</p>
Carelon criteria	Harvard Pilgrim Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	6/15/2025	<p>As a reminder, Point32Health's molecular diagnostic testing program is managed through an arrangement with Carelon Medical Benefits Management for certain products.</p> <p>Effective June 15, 2025, we're adopting updates to the following Carelon guidelines:</p> <ul style="list-style-type: none"> • Whole Genome Sequencing • Chromosomal Microarray Analysis • Pharmacogenomic Testing
Evolut criteria Magnetic Resonance Elastography (MRE) for Chronic Liver Disease	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	5/1/2025	<p>Point32Health has retired our Magnetic Resonance Elastography (MRE) for Chronic Liver Disease Medical Necessity Guidelines, and our vendor partner Evolut will now be performing prior authorization review for this service and the associated CPT code 76391.</p> <p>To request prior authorization, you can contact Evolut online at www.radmd.com or by phone at one of the following numbers, which vary depending on the member's product:</p> <ul style="list-style-type: none"> • 800-642-7543 for Harvard Pilgrim • 866-642-9703 for Tufts Health Plan Commercial • 800-207-4209 for Tufts Health Public Plans

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
AposTherapy System	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Medicare Preferred	5/1/2025	Minor updates made to criteria.



Point32Health medical drug program updates

All products

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](#).

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Adstiladrin	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Minor updates to criteria to reflect updates to National Comprehensive Cancer Network guidelines.	5/1/2025
MassHealth Adjudicated Payment Amount per Discharge and Adjudicated Payment per Episode Carve Out Drugs Aucatzyl	Prior authorization for coverage of Aucatzyl (HCPCS C9308) will now be managed by MassHealth. The drug will be covered when all criteria outlined by MassHealth are met.	5/12/2025
MassHealth Adjudicated Payment Amount per Discharge and Adjudicated Payment per Episode Carve Out Drugs Zynteglo	Minor update to MassHealth's prior authorization coverage criteria for Zynteglo.	5/12/2025



Pharmacy coverage changes

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

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Non-Formulary Exceptions	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	7/1/2025	<u>Non-Formulary Exceptions</u> Updated duration of Wegovy and Saxenda coverage for pediatric members.
Tafamidis Products	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	7/1/2025	Modified diagnosis requirements.



Concurrent Use of Opioids and Benzodiazepines tip sheet

All products

When used together, opioid medications to treat pain and benzodiazepines prescribed for anxiety, insomnia, or other conditions can put an individual at greater risk of overdose. Both drug classes act as central nervous system depressants that when combined, can lead to sedation and dangerously low breathing rates, or even cessation of breathing.

Because of this significant risk, the concurrent use of opioids and benzodiazepines is strongly discouraged, especially among older adults who have increased sensitivity to benzodiazepines and decreased metabolism of long-acting agents.

As part of Medicare Star Ratings, the Centers for Medicare and Medicaid Services (CMS) has a measure aimed at assessing and discouraging the concurrent use of opioids and benzodiazepines. Our new [Concurrent Use of Opioids and Benzodiazepines \(COB\)](#) Star Measure tip sheet includes an overview of that measure along with information and guidance for providers to consider before prescribing these medications for patients.

All Point32Health's Star Measure tip sheets outline key features of specific Medicare Star Rating program measures. These best practices and tips can optimize Star Ratings and identify opportunities to improve patient care. For the full collection of Point32Health Star Measure and HEDIS® tip sheets currently available, refer to the [HEDIS and Star Rating tip sheets page](#) on our provider website.

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Point32Health's access to care standards

All products

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

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

Harvard Pilgrim Health Care

Commercial

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

Tufts Health Plan

Commercial

- Medical Care Access Standards for Primary Care Offices section of the [Providers chapter](#) of the Commercial Provider Manual

Public Plans

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

Senior Products

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

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