

Now available for Stride: Electronic claims submission with Availity

Harvard Pilgrim Stride (HMO) Medicare Advantage

We're pleased to announce that we have established a connection with the trading partner Availity, giving providers another option for submitting electronic claims (837 claims submission) for Harvard Pilgrim Health Care StrideSM (HMO)/(HMO-POS) Medicare Advantage members.

We encourage electronic claims submission rather than paper submissions for greater accuracy, efficiency, and timeliness.

Availity is one of two trading partners available for Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Medicare Advantage, with the other being Change Healthcare/Optum RelayHealth. Please use payer ID # 04245 when submitting claims for Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Medicare Advantage. (Please refer to [this Reference Guide for Payer ID Numbers](#) for more information on Harvard Pilgrim payer IDs.)

If you have any questions or issues with submitting claims electronically to us, please work directly with the trading partner/clearinghouse or the software vendor at your provider organization. ▲

Removal of prior authorization requirements for certain procedures

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

As we look to the future and continually evaluate ways to streamline the delivery of high-quality care — and effectively support our provider partners by minimizing your administrative burden — one of Point32Health's focal priorities is on assessing the value and necessity of our prior authorization requirements.

We announced in the [April issue](#) of Insights and Updates to Providers that we no longer require prior authorization for the initial 30 days of service for home health care for Commercial Harvard Pilgrim Health Care and Tufts Health Plan members. In a continuation of these efforts, we are removing prior authorization requirements from the following procedures and associated codes for our Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care members, effective for dates of service beginning July 1, 2024:

- Laparoscopic Cholecystectomy (CPT 47562, 47563, 47564)
- Transcervical Radiofrequency Ablation of Uterine Fibroids (TURP) (CPT 58580)
- Prostatectomy, Transurethral Resection (CPT 52601, 52630, 52648)

With the removal of prior authorization requirements from these services, the following Medical Necessity Guidelines will be retired:

- Medical Necessity Guidelines for Cholecystectomy, Laparoscopic
- Medical Necessity Guidelines for Transcervical Radiofrequency Ablation of Uterine Fibroids

In addition, we are updating our [Procedures for the Treatment of Benign Prostatic Hypertrophy Medical Necessity Guidelines](#) to note that prior authorization is no longer required for TURP and to remove the related codes.

Please look to future issues of Insights and Updates for Providers for more information on this ongoing initiative to decrease your administrative burden and expedite care for our members, where possible. ▲

2024 Home Care Seasonal Flu Vaccine Fee Schedule

Harvard Pilgrim Health Care Commercial

Updates to Harvard Pilgrim's standard home care seasonal influenza vaccine fee schedule will take effect on Aug. 1, 2024. To request an updated fee schedule, please call the Provider Service Center at 800-708-4414. ▲

Coordination of Benefits Quick Reference Guide

All products

When members have more than one health insurance plan, it can be challenging to figure out which plan should be billed for services. We've developed this [Coordination of Benefits Quick Reference Guide](#) to give providers tips on how to determine which plans have the primary obligation to provide benefits.

For more information on Coordination of Benefits, refer to the claims sections of our [Provider Manuals](#) and our [Coordination of Benefits Payment Policy](#). ▲

Durable medical equipment updates

All products

Point32Health is assessing our coding and reimbursement platforms and making updates where necessary to better manage coding related to durable medical equipment (DME) and the application of regulatory requirements.

This work will be implemented through a phased approach over the next several months, and will involve updating configuration and payment policies to more actively apply rules pertaining to:

- proper coding
- the use of appropriate modifiers
- place of service requirements
- adherence to regulatory requirements from governing bodies such as state Medicaid agencies and the Centers for Medicare and Medicaid Services (CMS), as applicable depending on the member's product
- DME rent-to-purchase rules and associated coding and modifier usage

Reminder: orders/prescriptions for DME supplies

As you may be aware, for some DME items, members may be required to obtain a prescription or order from a physician. The reordering of supplies and accessories is based upon actual patient usage. DME suppliers may not automatically ship supplies to Point32Health members as refills of the original order/prescription. **The DME supplier must contact the member at least 14 days prior to dispensing the refill in order to ensure that the item is**

still reasonable and necessary. This information should be documented in the member's medical record prior to filling the order for the DME item.

DME suppliers may not dispense a quantity of supplies exceeding the patient's expected utilization. The supplier should stay attuned to atypical utilization patterns on behalf of their patients and verify with the ordering physician that any atypical utilization is, in fact, warranted. If a claim is billed and the DME supply exceeds regulatory or policy limits, the claim line will be denied.

For more information, please refer to Point32Health's [Durable Medical Equipment and Medical Supplies Payment Policy](#) for Tufts Health Plan products and [Durable Medical Equipment \(DME\) Payment Policy](#) for Harvard Pilgrim products. ▲

Tufts Health Together: billing for durable medical equipment

Tufts Health Together

Point32Health wants to offer our provider network some reminders and clarifying information related to durable medical equipment (DME) services for Tufts Health Together members.

DME service limits

For members of our Tufts Health Together plan, Point32Health follows MassHealth guidance concerning DME items and services — which comprise a broad range of supplies, including oxygen, orthotics, prosthetics, and medical supplies.

MassHealth has defined service limits for DME, which outline how many items may be billed per day and/or month for certain codes. Please be aware that **effective for dates of service beginning Aug. 1, 2024, DME services billed in excess of the specified service limits documented by MassHealth may be denied for Tufts Health Together members.**

Providers are encouraged to refer to [MassHealth's Payment and Coverage Guideline Tools](#) for information about those service limits. There you can also find service descriptions, applicable modifiers, place-of-service codes, prior authorization requirements, pricing and markup information, and more — and we will be working over the next several months to better manage our application of these requirements, which may result in updates to coding and reimbursement platforms for Tufts Health Together members in an effort to more strongly enforce MassHealth regulations.

Capped rental items

[As a reminder](#), claims for capped rental DME items that are billed without the appropriate capped rental modifier will be denied. Any capped rentals billed in excess of 13 months will also be denied, as they are only considered payable in accordance with the capped rental program for a maximum of 13 months and anything beyond that is outside the scope of the rental period.

For more information, please refer to Point32Health's updated [Durable Medical Equipment and Medical Supplies Payment Policy](#) for Tufts Health Plan products. ▲

Updates to facility ER policy and processing rules

All products

Beginning Aug. 1, 2024, Point32Health will begin reviews of facility ER claims for Harvard Pilgrim Health Care and Tufts Health Plan products to determine the appropriateness of the evaluation and management level of care submitted.

We will evaluate claim data for emergency department visit procedure codes billed to determine if the procedure code submitted is consistent with the intensity of the resources filed by the facility.

Through an assessment of the following information as documented on the claim, if Point32Health determines that the facility level of care billed is not supported based on these factors, the facility may receive a denial for the ED visit code level submitted:

- Presenting problem/s, which is identified by the ICD-10 reason for visit diagnosis
- Diagnostic services performed, based on the intensity of the diagnostic workup and measured by the submitted CPT codes (such as lab work, x-ray, EKG, or CT/MRI/ultrasound)
- Patient complexity and co-morbidity, which is based on the complicating condition as defined by the principal, secondary, or external cause of injury ICD-10 diagnosis codes

Denied claims will need to be resubmitted with a supported code for reprocessing.

For more information, please refer to Point32Health's [Emergency Department Services Payment Policy](#), which we have updated to reflect the above-referenced change. ▲

Language interpretation services reminder

All products

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 in communicating with and caring for your non-English-speaking patients.

Harvard Pilgrim Health Care Commercial

For help with language interpretation for a patient, Harvard Pilgrim Member Services can assist with connection to our language interpretation partner. Member Services can be reached at 888-333-4742. Additional details are 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 Senior Products

For guidance on language interpretation for your Tufts Health Plan Medicare Preferred patients, our Member Services teams can be reached by calling 800-701-9000 (HMO) and 866-623-0172 (PPO). Language assistance support for Tufts Health Plan Senior Care Options (SCO) members is available at 855-670-5934.

Tufts Health Plan Public Plans

As detailed in the Providers chapter of the [Tufts Health Public Plans Provider Manual](#), we recommend that our Public Plans 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 Member Services with the request at least 72 hours before the patient's visit.

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.



Medication Reconciliation – reminder for primary care providers

All products

Medication errors are among the most prevalent patient safety incidents in the U.S., with more than 40% attributed to inadequate medication reconciliation during the hospital admission, transfer, and discharge processes. The consequences of medication error for patients can range from mild to severe to lethal. Fortunately, with proper medication reconciliation across the continuum of patient care, many of these errors can be avoided.

Best Practices

Medication reconciliation is an integral part of the [Transitions of Care HEDIS measure](#) and a Joint Commission National Patient Safety Goal since 2005. Defined by the National Institutes of Health as **the process of comparing a patient's medication orders to all the medications that the patient has been taking**, medication reconciliation should be performed during every transition of patient care, when new medications are ordered, or existing orders are modified. Because the process often involves multiple health care professionals in multiple settings, it's essential for your practice to establish a standard medication reconciliation procedure, with clearly defined roles for physicians, nurses, pharmacists, and other members of the care team.

It's also important to include your patients in the medication reconciliation process so that when called upon, they can address questions about their medication history. Engaging patients in the process also provides the opportunity for you to gauge their level of knowledge about their medications and treatment and identify discrepancies that could lead to harmful medication errors.

When you have conducted a medication reconciliation, be sure to bill CPT code 1111F, which indicates that a medication reconciliation has been completed; a face-to-face visit is not necessary when performing medication reconciliation. Doing so creates greater efficiency and reduces burden on you and your office staff by decreasing medical records requests.

Tufts Health Plan Senior Care Options (SCO) Providers

If you are a Tufts Health Plan SCO provider, we'd like to remind you that when your SCO patient is discharged from a hospital or inpatient facility, a Point32Health nurse care manager will outreach to them within seven days of discharge to perform a medication reconciliation, if a medication reconciliation has not already been noted in the patient's medical record. Once complete, we will send the medication reconciliation to you by fax, along with next steps. Please be sure to input the medical reconciliation into the patient's outpatient medical record, in addition to the patient's discharge summary and the discharge medication list that you received from the hospital or inpatient facility.

We encourage you to schedule your patient for a follow-up appointment within 30 days of their discharge date. Subsequent to the patient's visit with you, be sure to reference "hospitalization", "inpatient stay", or "admission", along with the patient's admission or discharge date in your notes. Your documentation should also include the patient's current medication list as well as indication that the medications were reviewed and reconciled by a Tufts Health Plan SCO registered nurse care manager.

When implemented consistently, medication reconciliation can help prevent errors of omission, duplication, and dosing, as well as adverse drug reactions and interactions that could lead to hospital readmission. We are grateful for the attention you provide to this critical process and look forward to our continued collaboration. ▲

Care management Medicare role change

Harvard Pilgrim Stride (HMO) Medicare Advantage | Tufts Medicare Preferred

As part of Point32Health's efforts to continually evaluate and improve our processes, we want to update you on a change in responsibilities among the [care management staff for our Tufts Medicare Preferred](#) (internally managed only) and Harvard Pilgrim Health Care StrideSM (HMO)/(HMO-POS) Medicare Advantage plans.

While you may have worked previously with a Transition Manager when coordinating on transitions of care for members, we are integrating those functions into our existing Registered Nurse Care Manager (RNCM) roles over the coming month.

As a result, staff at extended care facilities and skilled nursing facilities will engage with RNCMs for the coordination of care for our members. In some cases, the RNCM you will be working with may be the same individual you previously collaborated with to facilitate your patient's care through the Transition Manager role.

Care management roles and responsibilities for other product lines, including Tufts Health Plan Senior Care Options, are not affected.

The goal of this change is to enhance member outcomes, strengthen provider relationships, and support continuity of care for members across the care continuum. If you have any questions regarding this change, you may contact Tufts Medicare Preferred Provider Services at 800-279-9022 or Harvard Pilgrim Health Care Stride Provider Services at 888-609-0692. ▲

New Massachusetts Behavioral Health Resource Directory

Harvard Pilgrim Stride (HMO) Medicare Advantage | Tufts Medicare Preferred

Are you or your patients looking for information about Massachusetts behavioral health resources? The Massachusetts Behavioral Health Help Line (BHHL) has launched a searchable [resource directory](#) with information about a range of mental health, substance use disorder, and support services. Users can filter results based on their specific needs and their location.

Behavioral health providers are encouraged to confirm that their practice is listed by visiting the resource and entering your city or town in the location field and organization name in the "Facility Name" field. If your practice is not listed, please [complete this online form](#) for inclusion in the directory. To make any updates to an existing listing, or for any questions you may have, please email MAProviderDatabase@carelon.com.

Additional services will continually be added to the BHHL Resource Directory; please check back periodically for the most up-to-date information. ▲

Good Measures Healthy Weight program launches for members

Harvard Pilgrim Health Care Commercial

We're pleased to share that Harvard Pilgrim Health Care has partnered with Good Measures to offer their Healthy Weight program to members* who are striving to lose weight, make better food choices, or manage or reduce their risk of nutrition-related conditions such as high blood pressure, type 2 diabetes, high cholesterol, and obesity.

With the Good Measures Healthy Weight program app and website, members can connect with a registered dietitian, who will screen for food insecurity and other social drivers of health and guide them to the appropriate community and plan resources. Members can also set and track weight loss goals through the program, receive one-on-one coaching, and discover food recommendations based on their nutritional needs and personal preferences. For members who are considering taking weight loss medications, registered dietitians can also provide education and support.

If you have patients who could benefit from the Healthy Weight program, please refer them to [harvardpilgrim.goodmeasures.com/](https://www.harvardpilgrim.goodmeasures.com/) to learn more or to sign up.

**The Good Measures Healthy Weight program is available to members of Harvard Pilgrim Health Care fully insured Commercial plans. For members of self-insured plans, program eligibility and benefits may vary by employer, plan, and state. ▲*

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.

Visit the [Medical Necessity Guidelines page](#) on our Point32Health provider website.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
Balloon Dilation of the Eustachian Tube	Harvard Pilgrim Commercial	8/1/2024	For Harvard Pilgrim Commercial, the CPT codes associated with this MNG (69705 and 69706) will be covered only when they are submitted with an appropriate ICD-10 diagnosis code from the list attached to the updated MNG.
Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia (POEM)	Harvard Pilgrim Commercial	8/1/2024	For Harvard Pilgrim Commercial, CPT code 43497 (Lower esophageal myotomy, transoral [i.e., peroral endoscopic myotomy]) will be covered only when submitted with the ICD-10 diagnosis code K22.0 (achalasia of cardia).
Procedures for the Treatment of Benign Prostatic Hypertrophy	Harvard Pilgrim Commercial, Tufts Health Together, Tufts Health Direct, Tufts Health One Care, Tufts Health RITogether	8/1/2024	Point32Health will require prior authorization for the following codes related to the treatment of benign prostatic hypertrophy, and corresponding products: <ul style="list-style-type: none"> • Harvard Pilgrim Commercial: 55873 • Tufts Health Together: 52441, 52442 • Tufts Health Direct: 52441, 52442 • Tufts Health One Care: 52441, 52442 • Tufts Health RITogether: 52450, 52441, 52442, 53850, 53852
Percutaneous Tibial Nerve Stimulation		6/1/2024	Annual review, no changes.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
Preimplantation Genetic Testing	Tufts Health Plan Commercial	6/1/2024	The following criterion will be added to the MNG: <ul style="list-style-type: none"> There is one biological parent that is a known carrier and the other is an anonymous donor with an unknown or unavailable status.
Genetic Testing – Prenatal Diagnosis and Carrier Screening	Tufts Health Plan Commercial	6/1/2024	In alignment with Carelon, we've updated the MNG to include the following medical necessity criterion specific to expanded carrier screening: <ul style="list-style-type: none"> The member and their partner are known/suspected to be consanguineous.



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 Commercial and Harvard Pilgrim StrideSM(HMO)/(HMO-POS) Medicare Advantage members. You can find information about this program on the [OncoHealth page](#) in the Vendor Programs section of the Harvard Pilgrim 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](#).

Visit our new [Medical Drug Medical Necessity Guidelines page](#) to access these policies (*unless otherwise noted*).

New prior authorization programs for OncoHealth drugs		
MNG/Drug(s)	Plan & additional information	Eff. date
Anktiva	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage Bill using HCPCS code J9999	6/1/2024
Hercessi	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage Bill using HCPCS code J9999	6/1/2024

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Respiratory Interleukins Cinqair (reslizumab) Fasenra (benralizumab) Nucala (mepolizumab)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	8/1/2024

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Tezspire (tezepelumab-ekko)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	8/1/2024
Xolair (omalizumab)	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	8/1/2024
Casgevy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Casgevy (HCPCS J3490) will now be covered, with prior authorization, for a newly FDA-approved indication: treatment-resistant beta thalassemia.	6/1/2024
Breyanzi	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Health Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health Medicare Preferred, Tufts Health Plan Senior Care Options Breyanzi (HCPCS Q2054) will now be covered, with prior authorization, for Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL).	6/1/2024



MassHealth updates to Unified Formulary

Tufts Health Together - MassHealth MCO Plan and ACPPs

MassHealth recently announced the following updates to the MassHealth Unified Formulary, effective Aug. 12, 2024. The table below outlines these changes. Tufts Health Together-MassHealth MCO Plan and ACPPs utilizes MassHealth’s Unified Formulary for pharmacy medications and select medical benefit drugs. Please keep in mind that updated coverage and criteria will be available on the [MassHealth Drug List](#) on or after the effective date.

Adding to MassHealth Drug List (MHDL)	Adalimumab-ryvk; Adzynma (PA); Eohilia (PA); Filsuvez (PA); Iwilfin (PA, QL); Ogsiveo (PA, QL); Pokonza (PA); Simlandi (PA); trientine 500 mg capsule (PA, QL); Zymfentra (PA)
Adding and updating prior authorization restrictions	Align; Alocril; Culturelle; Duavee; Florastor
Updating therapeutic class tables	Agents not Otherwise Classified; Anti-Allergy and Anti-Inflammatory Agents – Ophthalmic; Anticonvulsants; Antiemetics, Appetite Stimulants, and Anabolics; Antipsychotics; Gastrointestinal Drugs – Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents; Diabetes Medical Supplies and Emergency Treatments; Enzyme and Metabolic Disorder Therapies; Immunological Agents; Iron Agents and Chelators; Oncology Agents; Osteoporosis and Bone Metabolism Agents; T-Cell Immunotherapies; Thrombocytopenic Agents
Drugs being added to the MassHealth brand name preferred over generic list	Minivelle; Oxtellar XR; Pred Forte; Promacta; Tasigna; Vivelle-Dot

Drugs being removed from the MassHealth brand name preferred over generic list	Amitiza
Drugs being locked to the medical benefit (utilization management restrictions may apply)	Amtagvi; Cosentyx vial; Ibandronate injection; Pamidronate
Removing from MHDL due to product discontinuation	Relyvrio



Pharmacy coverage changes

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

The chart below identifies updates to our Pharmacy program. For additional details, refer to the [Pharmacy Medical Necessity Guidelines page](#) on our Point32Health provider website, where you can find the policies that detail coverage criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to existing prior authorization programs		
Visit the Pharmacy Medical Necessity Guidelines page on our Point32Health provider website for details.		
Drug/policy	Plan & additional information	Eff. date
Evrysdi (risdiplam)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	8/1/2024
Alcaftadine, azelastine, bepotastine, epinastine, lodoxamide, nedocromil, olopatadine Anti-Allergy Medications, Ophthalmic	Tufts Health RITogether	8/1/2024
Asenapine, Caplyta, Fanapt, Lurasidone, Lybalvi, Nuplazid, Pimozide, Quetiapine extended-release, Rexulti, Secuado, Vraylar Antipsychotics	Tufts Health RITogether	8/1/2024
Auryxia Ferric citrate (Auryxia)	Tufts Health RITogether	8/1/2024
Flector, Licart, Pennsaid, Sprix Nonsteroid Anti-Inflammatory Drugs (NSAIDs)	Tufts Health RITogether	8/1/2024
Intrarosa (prasterone)	Tufts Health RITogether	8/1/2024
Lubiprostone, Ibsrela, Linzess, Motegrity, Movantik, Symproic, Relistor, Viberzi Gastrointestinal Medications	Tufts Health RITogether	8/1/2024
Osphena (ospemifene)	Tufts Health RITogether	8/1/2024
Qbrexza (glycopyrronium)	Tufts Health RITogether	8/1/2024
Ranolazine extended-release	Tufts Health RITogether	8/1/2024
Tezspire (tezepelumab-ekko)	Tufts Health RITogether	8/1/2024
Zirgan Anti-Infective Medications, Ophthalmic	Tufts Health RITogether	8/1/2024



Integrated Point32Health Payment Policy: Clinical Trials

All products

We are introducing an integrated Point32Health Clinical Trials Payment Policy, which outlines the information previously found on the respective legacy Harvard Pilgrim and Tufts Health Plan policies.

The streamlined policy comprehensively documents existing requirements and reimbursement details for Point32Health providers in one location, and does not represent a change in processes or services.

The policy defines our coverage of routine costs associated with in-network services rendered during qualified clinical trials for cancer and other life-threatening conditions, in accordance with state and federal mandates and when medically necessary and consistent with the member's benefits.

For complete information, please refer to the [Point32Health Clinical Trials Payment Policy](#). ▲

Payment Policy updates: skilled nursing facility care

Tufts Health One Care | Tufts Health Plan Senior Care Options

Point32Health is updating our Skilled Nursing Facility Payment Policies for [Tufts Health Public Plans](#) and [Tufts Health Plan Senior Care Options](#), effective for dates of service beginning Aug. 1, 2024.

The updates are intended to provide additional clarity and guidance regarding documentation submission expectations for Tufts Health Plan Senior Care Options and Tufts Health One Care members.

As outlined in our [Skilled Nursing Facility \(SNF\) Documentation Submission Guide](#), SNFs must complete and submit required documentation to MassHealth and/or Point32Health upon admission/discharge and during status changing events. This requirement includes the timely submission of a [Status Change Form \(SC-1\)](#) and Minimum Data Set (MDS) 3.0 for SCO and One Care members admitted for custodial care (i.e., short-term/non-skilled stay; member will be returning home).

Failure to submit required documentation in accordance with the guidance outlined in the Documentation Submission Guide and the updated Skilled Nursing Facility Payment Policies may result in a claim denial. ▲

Upcoming training opportunities

All products

We invite you to join one of our many training sessions for you and your office staff. We will be offering several interactive webinars you can join throughout the month of June — if these don't fit your schedule, we offer educational videos on demand. To register for a session, simply find a training date that works for you on our [Provider Training page](#), click the link, and enter the requested information.

Point32Health

- **Tools and resources for behavioral health providers:** Wednesday, June 5 from 11 a.m.–noon ET
- **Behavioral health office managers meeting:** Thursday, June 18 from 10–11 a.m. ET
- **Identifying member eligibility and cost share:** Tuesday, June 4 from 10–11 a.m. ET
- **Navigating the provider websites:** Tuesday, June 11 from 1–2 p.m. ET
- **Provider payment disputes:** Thursday, June 20 from 11–noon ET
- **Transitions of care – best practices for providers:** Tuesday, June 25 from 11 a.m.–noon ET

Harvard Pilgrim Health Care

- **Office managers meeting:** Thursday, June 13 from 10:30–11:30 a.m. ET

Tufts Health Plan

- **Office managers meeting:** Thursday, June 6 from 10:30–11:30 a.m. ET



***Insights and Updates for Providers* is a monthly newsletter for the network of Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.**

Read *Insights and Updates for Providers* online, and subscribe for email delivery, at www.point32health.org/provider. For questions or comments about this newsletter, contact provider_communications@point32health.org.

Point32Health

