

PROVIDER UPDATE

JANUARY 1, 2023

NEWS FOR THE NETWORK



Provider Update includes information for all Tufts Health Plan products: Commercial products, Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO) and Tufts Health Public Plans products (Tufts Health Direct, Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify). You will also see these products referenced as “All products.” Changes will apply to all those specified products unless product exclusions are specified for that particular change.

Provider Update is a monthly, online provider newsletter. We encourage you to [register](#) to receive *Provider Update* by email. If you have registered for email distribution but aren't receiving *Provider Update* at the beginning of each month, look in your spam folder or check with your organization's system administrator to ensure the organization's firewall is adjusted to allow for receipt of *Provider Update* from providerupdate@email-tuftshealth.com.

Important Updates & 60-DAY NOTIFICATIONS

Single Newsletter for Improved Provider Experience

We're pleased to announce that we'll be launching a combined Point32Health provider newsletter — Insights and Updates for Providers — next month to replace the existing Harvard Pilgrim Health Care Network Matters and Tufts Health Plan Provider Update.

As you know, Point32Health is the parent organization of Harvard Pilgrim Health Care and Tufts Health Plan, and the new combined newsletter will offer news and information for all of our lines of business and legacy products.

With its launch, Insights and Updates for Providers will offer providers and office staff a streamlined, more efficient experience — where you can get important news and updates in one handy place. As with our existing newsletters, Insights and Updates for Providers will be posted online each month and will be emailed to individuals who have registered for email distribution. If you're on our email list today, there is nothing for you to do; you'll be receiving the new newsletter by email. If you aren't currently on the email distribution list, [subscribe](#) today.

Be on the lookout for the initial issue on Feb. 1 and be sure to share your feedback with us!

PromptPA Now Available

All products

We encourage you to use our new online tool, PromptPA — a quick and easy method for submitting prior authorization requests for both pharmacy benefit and medical benefit drugs.

PromptPA can be accessed through [our Provider Portal](#) or directly at <https://point32health.promptpa.com/>. Online submission enables you to view drug-specific criteria, attach clinical information, check the status of your request, and receive a response more quickly.

We also encourage the use of electronic prior authorization (ePA) through EMR, CoverMyMeds, or Surescripts. Alternatively, you can fax prior authorization requests using our updated request forms (found in the [Resource Center](#)) to:

- 617-673-0988 (Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether)
- 617-673-0956 (Tufts Medicare Preferred, Senior Care Options, Tufts Health Unify)

As a reminder, OptumRx is now the pharmacy benefit manager (PBM) for all products for Point32Health. To access the latest pharmacy information and resources, visit the [Pharmacy](#) section on our website.

Register for a Webinar on Latest Integration Updates

All products

Stay updated on the progress we have made in combining Harvard Pilgrim Health Care and Tufts Health Plan under the parent organization, Point32Health — and what's ahead in 2023 by:

- Reading our updated [FAQ that provides information on what is coming in 2023](#) where you can learn about our more unified product portfolio, behavioral health model, new pharmacy benefit manager, our aligned approach for Medical Benefit Drugs utilization management and more. We are keeping this FAQ updated with the latest information on our integration and with answers to new questions that we receive, so be sure to check back regularly.
- Registering for one of our provider webinars aimed at helping you and your staff stay apprised of the latest news and updates.

We encourage you and your office staff to sign up for one of the following webinar sessions. To register, simply click the session of your choice:

- [Thursday, Jan. 5 from 10–11 a.m. ET](#)
- [Wednesday, Jan. 11 from noon–1 p.m. ET](#)
- [Tuesday, Jan. 17 from 1 p.m.–2 p.m.](#)

The sessions will cover key changes for 2023 including product changes and continuity of care, pharmacy benefit manager, medical benefit drug utilization management, behavioral health, and more.

We'll continue to offer sessions in early 2023 — and will be offering dedicated behavioral health webinars in 2023 as well — so watch for more information in upcoming issues of the provider newsletter. For more, please visit our [Provider Training page](#).

Comprehensive Genomic Profiling for Advanced Solid Tumors

Commercial products

Point32Health, in collaboration with Foundation Medicine, Inc. (FMI), is expanding access to comprehensive genomic profiling (CGP) for members with advanced solid tumors. For Tufts Health Plan Commercial plans, this will take effect Jan. 1, 2023.

CGP tests can reveal clinically relevant alterations and biomarkers in tumor DNA and help match patients to approved targeted therapies, immunotherapies, and clinical trials, while avoiding treatments that are less likely

to be effective — helping physicians make informed decisions about personalized approaches for patients with advanced cancer.

Through this collaboration, we will cover the FoundationOne®CDx (CPT 0037U) and FoundationOne®Liquid CDx (CPT 0239U) CGP tests, with prior authorization, for all eligible members who meet the criteria identified in the newly developed [Medical Necessity Guidelines for Comprehensive Genomic Profiling with FoundationOne CDx or FoundationOne Liquid CDx to Guide Cancer Treatment in Patients with Advanced Cancer](#).

About FoundationOne CDx and FoundationOne Liquid CDx

FoundationOne CDx is an FDA-approved tissue-based comprehensive genomic profiling test. It is a qualitative next-generation sequencing based *in vitro* diagnostic test that uses targeted high throughput hybridization-based capture technology for detection of substitutions, insertion and deletion alterations (indels), and copy number alterations (CNAs) in 324 genes and select gene rearrangements, as well as genomic signatures including microsatellite instability (MSI) and tumor mutational burden (TMB). For more information, see the [FoundationOne CDx Technical Information \(FDA Label\)](#).

FoundationOne Liquid CDx is an FDA-approved blood-based comprehensive genomic profiling test. It is a qualitative next generation sequencing based *in vitro* diagnostic test that uses targeted high throughput hybridization-based capture technology to detect and report substitutions, insertions and deletions (indels) in 311 genes, rearrangements in four genes and copy number alterations in three genes. For more information, see the [FoundationOne Liquid CDx Technical Information \(FDA Label\)](#).

Requesting authorization

You can request prior authorization for FoundationOne CDx or FoundationOne Liquid CDx from Tufts Health Plan via our secure online [provider portal](#).

Telehealth Reimbursed at Pre-Pandemic Rate as of March 1, 2023

Commercial products

Point32Health recognizes that telehealth is a valuable care delivery system which expands access to much-needed services for patients nationwide, and it has proven to be particularly advantageous amid the dire challenges presented by the COVID-19 pandemic.

While we support ongoing care delivered via telehealth and will continue to reimburse for these visits, effective for dates of service beginning March 1, 2023, Point32Health will resume our pre-pandemic telehealth reimbursement practices for Harvard Pilgrim Health Care and Tufts Health Plan providers, in keeping with guidance provided by the states we serve.

As a result, medical services provided via telehealth to our Commercial Massachusetts, Rhode Island, and Maine members (with the exception of behavioral health services) **will be reimbursed at 80% of the in-person rate**.

No changes will be made to the processing of telehealth services provided by behavioral health providers to all Commercial members in Massachusetts, Rhode Island, Maine, and New Hampshire; these services will continue to pay at 100% of the in-person rate.

In addition, medical services provided via telehealth to our Commercial New Hampshire members will also continue to pay at 100% of the in-person rate.

The Harvard Pilgrim Health Care and Tufts Health Plan Telehealth/Telemedicine Payment Policies will be revised to reflect this updated reimbursement in advance of the March 1, 2023 effective date.

Please note that this change is not applicable for U.S. Family Health Plan members.

New Point32Health HEDIS Tip Sheets Now Available

All products

In the [July 2022 issue of Provider Update](#), we introduced a series of [Point32Health HEDIS Tip Sheets](#) that we have begun developing as a handy reference tool for valued providers in our Tufts Health Plan and Harvard Pilgrim Health Care networks.

These tip sheets are designed to offer insight into specific HEDIS measures — one of health care's most widely used performance improvement tools — and align with Point32Health's mission to act as a guide for our provider community by continuously exploring new ways to support you in delivering exceptional patient care.

Since the launch of this series, we have revamped the tip sheets we had initially made available, and they now feature a cleaner, easier to digest design and format. In addition, we have developed three more; our collection now includes tip sheets focused on the following five HEDIS measures:

- [Follow-Up After Hospitalization for Mental Illness \(FUH\)](#)
- [Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment \(IET\)](#)
- [Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM\)](#)
- [Follow-Up After Emergency Department Visit for Mental Illness \(FUM\)](#)
- [Prenatal and Postpartum Care \(PPC\)](#)

The best practices and tips highlighted in these tip sheets are intended to help in identifying opportunities to improve patient care and aid your practice in optimizing HEDIS scores by ensuring that the data is reported accurately and reflects your practice's performance. They also highlight ways to address common issues that impact all areas of health care, such as overcoming health disparities, improving health equity, and delivering culturally competent care.

We hope these tip sheets prove useful to your practice — be sure to keep your eyes peeled for more of them in the coming months.

And as always, we welcome your invaluable feedback, so please take a moment to fill out this [brief survey](#) to let us know what you like about the HEDIS tip sheets we've developed thus far, what you'd like to see more of, and what you'd like to see highlighted in the future!

Protections for Reproductive and Gender-Affirming Care

Commercial fully insured products, Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health Direct, Tufts Health Together, Tufts Health Unify

Effective Jan. 1, 2023, Massachusetts law expands legal protections for practitioners providing services related to pregnancy terminations and gender-affirming care within the state of Massachusetts. Additionally, the law requires coverage of abortion and related services without cost share (including deductibles, co-insurance, copayments, and any other cost sharing requirement). This includes the following Massachusetts Tufts Health Plan products:

- Commercial fully insured
- GIC plans
- Medicare Supplement
- Medicare Compliment
- Senior Care Options
- Tufts Health Direct
- Tufts Health Together
- Tufts Health Unify

The legislation exempts churches or church-owned organizations that meet the IRS definition of a church.

Kidney Health Management Program Webinars

Commercial fully insured products

As a reminder, Point32Health is collaborating with Monogram Health for in-home chronic kidney disease (CKD stages 3b-5) and end-stage renal disease (ESRD) care management services for commercial fully insured members. Monogram Health will be hosting several webinars to provide an overview of the program. To register for an upcoming webinar, click on the date below that works best for you and submit the requested information:

- [Tuesday Jan. 10 at 5:00 p.m.](#)
- [Thursday Jan. 19 at 11:30 a.m.](#)

To learn more about the program, please refer to this [FAQ](#). If you have questions, contact James Porter with Monogram Health's Provider Services at 855-529-2778 or PCPservices@monogramhealth.com.

Pharmacy Coverage Changes

Tufts Health RITogether, Tufts Health Together

Updates to Existing Prior Authorization Programs			
Drug	Plan	Effective date	Policy & Additional Information
Adhansia XR, Amphetamine ER oral solution (generic Adzenys ER), Adzenys XR-ODT, Azstarys, Cotempla XR-ODT, Dyanavel XR, Jornay PM, methylphenidate ER capsule (generic Aptensio XR, generic Metadate CD, generic Ritalin LA), methylphenidate ER 72 mg tablet, Mydayis, Quillichew ER, Quillivant XR, Vyvanse chewable tablet	Tufts Health Together – MassHealth MCO Plan and ACPPs	March 1, 2023	ADHD CNS Stimulant Medications
Alecensa, Alunbrig, Ayvakit, Erlotinib, Gilotrif, Iressa, Kisqali, Kisqali-Femara, Lorbrena, Vizimpro, Xalkori, Zykadia	Tufts Health Together – MassHealth MCO Plan and ACPPs	March 1, 2023	Antineoplastics
Budesonide nebulization solution (generic Pulmicort)	Tufts Health Together – MassHealth MCO Plan and ACPPs	March 1, 2023	Respiratory Inhalers

Respules), Lonhala, Yupelri			
Olumiant, Xeljanz, Xeljanz XR	Tufts Health Together – MassHealth MCO Plan and ACPPs	March 1, 2023	Targeted Immunomodulators – Biological Agents
Viberzi	Tufts Health RITogether	March 1, 2023	Gastrointestinal Medications

Medical Necessity Guideline Updates

All products

MNG Title	Products Affected	Effective Date	Summary
Pluvicto	Commercial products, Tufts Health Direct, Tufts Health RITogether	March 1, 2023	New MNG with coverage criteria for the prostate cancer medication Pluvicto (A9607), which will require prior authorization.
Absorbent Products	Tufts Health Together, Tufts Health Unify	March 1, 2023	Coverage criteria updated. Prior authorization will be required for the following codes: T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4539, T4540, T4541, T4542, T4543, and T4544.
Continuous Glucose Monitoring and Diabetes Management Devices	Commercial products, Tufts Health Public Plans products	March 1, 2023	Integrated Point32Health MNG created. Prior authorization will be required for codes 95249 and A9274. Prior authorization will no longer be required for HCPCS codes S1034, S1035, S1036, and S1037.
Home Health Care Services	Commercial products, Tufts Health Direct	Feb. 1, 2023	New integrated Point32Health MNG. Will utilize InterQual criteria for prior authorization review.
Bariatric Surgery	Tufts Health Public Plans	Jan. 1, 2023	Language updated to clarify that bariatric surgery must be performed at a facility in the Designated Provider Network for Bariatric Surgery (DPNBS) in order to be covered for Tufts Health Public Plans members. This is consistent with MassHealth's requirement that bariatric surgery be performed by physicians and facilities with full approval status by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

Breast Cancer Index	Commercial products	Jan. 1, 2023	Updated criteria and removed coverage exclusion related to the use of the Breast Cancer Index test to guide decision making for extended endocrine therapy.
Pre-Operative Day Authorization	Commercial products, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	Jan. 1, 2023	MNG is being archived.
Out-of-Network Coverage at the In-Network Level of Benefits (All Plans)	Commercial products, Tufts Health Public Plans products	Jan. 1, 2023	New integrated Point32Health MNG, which provides the prior authorization standard when the Plan is responsible for determining whether it is medically necessary for the member to receive services from an out-of-network provider. The MNGs for Continuity of Care Review for Members of Tiered or Limited Network Plans: Massachusetts and Outpatient Out of Plan Continuity of Care Coverage for Behavioral Health will be archived, and the pertinent information from them will be included in this new MNG.
Skysona (Commercial products, Tufts Health Direct, Tufts Health RITogether) Skysona (Tufts Health Together)	Commercial products, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	Jan. 1, 2023	New integrated Point32Health MNG for the medication Skysona (HCPCS J3590), which is indicated to slow the progression of neurologic dysfunction in boys 4-17 years of age with early, active cerebral adrenoleukodystrophy (CALD). Prior authorization will be required for coverage.
Inpatient Setting for Elective Total Joint Arthroplasty; Hip and Knee	Commercial products, Tufts Health Public Plans products	Jan. 1, 2023	New integrated Point32Health MNG. No changes from the previous Tufts Health Plan MNG.
Inpatient Acute Level of Care (Medical/Surgical)	Commercial products, Tufts Health Public Plans products	Jan. 1, 2023	New integrated Point32Health MNG. No coding or criteria changes for Tufts Health Plan, and we will continue to use InterQual criteria for prior authorization review.
Reconstructive and Cosmetic Surgery	Commercial products, Tufts Health Public Plans products	Jan. 1, 2023	Language updated to clarify that keloid excision (fractional laser ablation) may be authorized for members less than 18 years of age when InterQual criteria for the procedure is met.
Procedures for the Treatment of Symptomatic Varicose Veins	Commercial products, Tufts Health Public Plans products	Jan. 1, 2023	Criteria language updated for clarity. No changes in coding, and InterQual criteria will continue to be utilized for prior authorization review.

Subcutaneous Implantable Cardioverter Defibrillator (S-ICD)	Commercial products, Tufts Health Public Plans products	Jan. 1, 2023	New integrated Point32Health MNG developed. Criteria remain the same as on the previous legacy Tufts Health Plan MNG, and prior authorization will continue to not be required.
Custom Fabricated Oral Appliances for Treatment of Obstructive Sleep Apnea	Commercial products, Tufts Health Public Plans products	Jan. 1, 2023	Criteria updated. For Commercial Products, prescribing providers are no longer limited to custom fabricated oral appliances offered by the vendor SomnoMed®.
Zynteglo (Commercial and Public Plans, except Tufts Health Together) Zynteglo (Tufts Health Together) Zynteglo (Senior Products)	Commercial products, Tufts Health Direct, Tufts Health RITogether, Tufts Health Unify, Tufts Health Plan SCO, Tufts Medicare Preferred HMO, Tufts Medicare Preferred PPO	Jan. 1, 2023	New integrated Point32Health MNG for Zynteglo, a gene therapy indicated for the treatment of transfusion-dependent (severe) beta-thalassemia. Please note that Zynteglo is administered in an acute inpatient setting and an inpatient notification is required in addition to the medical drug prior authorization for the drug. Refer to this article for more information.

Zynteglo: Authorization Needed in Addition to Inpatient Notification

Commercial products, Tufts Health Direct, Tufts Health RITogether, Tufts Health Unify, Tufts Health Plan SCO, Tufts Medicare Preferred HMO, Tufts Medicare Preferred PPO

As we referenced in the [Medical Necessity Guideline Updates chart](#), we've developed a new integrated Point32Health MNG for Zynteglo, a gene therapy indicated for the treatment of transfusion-dependent (severe) beta-thalassemia.

We want to make sure the network is aware that coverage of Zynteglo will require two separate points of contact with Point32Health: a prior authorization request for the drug itself, followed by an acute inpatient notification.

Because Zynteglo is administered in an acute inpatient setting, facilities will need to submit an inpatient notification in accordance with the policies and procedures outlined in the Referrals, Prior Authorization and Notifications section of the following Tufts Health Plan Provider Manuals, and the notification must include the drug code for Zynteglo (HCPCS J3590):

- [Commercial Provider Manual](#)
- [Public Plans Provider Manual](#)
- [Senior Products Provider Manual](#)

Keep in mind, however, that **prior authorization for the drug must be obtained before the inpatient stay is planned** by submitting a separate prior authorization request to Point32Health. If a patient is admitted to an acute inpatient facility and Zynteglo is administered but coverage of the drug has not already been authorized beforehand, the facility may not receive payment for the administration of the drug.

As a reminder, we've streamlined the utilization management for pharmacy and medical drugs — including managing the intake of and conducting review of pharmacy and medical drug prior authorization requests in-house. To request authorization for pharmacy or medical drugs, including Zynteglo, we encourage you to submit your requests through our new online prior authorization tool, [PromptPA](#).

You can access PromptPA through our secure [provider portal](#). Alternatively, you may request authorization via the FAX number noted on the Zynteglo Medical Necessity Guidelines (617-673-0988 for Commercial and Tufts Health Public Plans members and 617-673-0956 for Senior Products members).

ADMINISTRATIVE UPDATES

Changes to Behavioral Health Crisis Intervention Billing

Tufts Health Together

Effective for dates of service beginning Jan. 3, 2023 and per MassHealth, hospitals will be required to bill directly for behavioral health crisis intervention for Tufts Health Together members who present in the emergency department. Hospitals may choose to subcontract out for these services; however, they must submit the claims using per diem code S9485.

In addition, and as part of [the Baker-Polito Administration's Roadmap for Behavioral Health Reform](#), a statewide network of Community Behavioral Health Centers (CBHC) will provide access to around-the-clock community and mobile crisis intervention services for a defined geographic area that hospitals can utilize. Previously, crisis assessments could be rendered by and billed to Emergency Service Program, (ESP) providers and Mobile Crisis Intervention (MCI) teams in community-based settings as well as the emergency department.

In response to ensuring that providers are going above and beyond, we're happy to provide these bundled payments for the work they're doing. Beginning in Rate Year 2023, MassHealth will pay hospitals for inpatient mental health services using the current per diem rate with an additional per admission rate for admissions with specific identifiers available through claims data. This work is part of a multi-year payment reform effort to move toward a risk-adjusted payment methodology.

For more information, refer to the [Outpatient Behavioral Health \(Mental Health & Substance Use Disorder\) Professional Payment Policy](#).

Utilizing Our Continuity of Care Form

Commercial products, Tufts Health Direct

Members have the right under applicable state and federal law to receive in-network continuity of care from their provider for a specified period of time after their provider's contract terminates with Tufts Health Plan. If you are a provider or facility leaving the Tufts Health Plan or Tufts Health Public Plans network(s) for reasons unrelated to fraud or quality of care, and you are currently treating a Tufts Health Plan Commercial or Tufts Health Direct member or covered dependent who may qualify for continuity of care, please assist your patient by completing the [Out-of-Network Coverage at In-Network Level of Benefits Prior Authorization Form](#).

The Utilization Management Guidelines chapter of the [Commercial](#) and [Tufts Health Public Plans](#) Provider Manuals will be updated with this information. For more information, refer to the medical necessity guidelines for [Out-of-Network Coverage at the In-Network Level of Benefits \(All Plans\)](#).

REMINDERS

Bill Appropriate Modifiers for Behavioral Health Services

Tufts Health Public Plans products

When billing for covered behavioral health services for Tufts Health Public Plans members, please keep in mind that it's important to append the appropriate license-level modifier for your specialty in order to be reimbursed accurately and completely.

If a behavioral health provider submits two modifiers representing different specialty designations, this is an inappropriate billing practice and may result in claim denials and unnecessary delays in payment.

We recommend the Massachusetts Behavioral Health Partnership (MBHP) — the vendor who manages behavioral health care services for MassHealth members — as a resource for the most up-to-date billing information to guide you in making sure you take the right steps to ensure proper payment.

On their [BeHealthy Partnership Provider Manual webpage](#), you'll find a grid identifying the correct service codes and modifiers (located on the Acceptable Modifiers tab), which should be used when billing for behavioral health services for Tufts Health Public Plans members. To access the grid, scroll to the bottom of the page and click the link labeled "**Current BeHealthy Partnership Benefit Service Grid.**"

The comprehensive list of accepted codes and modifiers displayed on this grid may be updated periodically to represent the most current information, so be sure to check back regularly for up-to-date guidance.

As a reminder, modifiers should be billed in the first position for all behavioral health services other than Child and Adolescent Needs and Strengths (CANS) services (which are billed in the MOD2 field).

Behavioral Health Referral and Authorization Updates

Tufts Medicare Preferred HMO, Tufts Health Plan SCO

Tufts Health Plan would like to remind our provider network that for Tufts Medicare Preferred HMO and Senior Care Options, we've updated referral and authorization requirements related to the following behavioral health (BH) services: Repetitive Transcranial Magnetic Stimulation, Psychological/Neuropsychological Testing and Assessment, BH Outpatient Psychotherapy, and Intensive Outpatient Programs.

We previously announced these changes in the November 2022 issue of the provider newsletter. The requirements that now apply to these services and products are outlined below:

Repetitive Transcranial Magnetic Stimulation

Repetitive Transcranial Magnetic Stimulation requires prior authorization for Tufts Medicare Preferred HMO and Senior Care Options, and referrals are no longer required. For more information, please refer to the [Medical Necessity Guidelines for Transcranial Magnetic Stimulation \(TMS\)](#), which utilize the Medicare Behavioral Health: Transcranial Magnetic Stimulation (TMS) InterQual Smartsheet for prior authorization review.

Psychological and Neuropsychological Testing and Assessment

For Senior Care Options, neither prior authorization nor a referral are required. For Tufts Medicare Preferred, prior authorization is required, but a referral is not.

BH Outpatient Psychotherapy and Intensive Outpatient Programs

No referral or prior authorization is required for BH Outpatient Psychotherapy or for Intensive Outpatient Programs for Tufts Medicare Preferred HMO or Tufts Health Plan SCO (in-network services only).

For more information, please refer to the following prior authorization and notification lists:

- [Tufts Medicare Preferred \(HMO and PPO\) Prior Authorization and Inpatient Notification List](#)
- [Tufts Health Plan Senior Care Options \(SCO\) Prior Authorization List](#)
- [Tufts Health Plan Senior Care Options Notification List](#)

HEDIS MY2022 Medical Record Requests

Commercial products, Tufts Medicare Preferred HMO, Uniformed Services Family Health Plan (USFHP), Tufts Health Public Plans products

Each year, the National Committee for Quality Assurance (NCQA) measures the clinical quality performance of health plans across the nation. The assessment in the NCQA's standardized measurement criteria — known as the Healthcare Effectiveness Data and Information Set (HEDIS) — includes considerations such as effectiveness of patient care, access and availability of care, patient experience, and management of health conditions. The clinical components are measured using data from claims and medical record reviews.

As required by the NCQA and CMS, Tufts Health Plan will send HEDIS MY2022 medical record requests via mail to providers for all Tufts Health Plan products beginning in February 2023. Using a systematic process, NCQA selects a sample of providers to receive these requests. Providers should follow the submission instructions as outlined in the mailing.

We appreciate your assistance in providing us access to these records or in sending copies of the requested documentation to us for our review. You can be assured that our staff will maintain confidentiality of all medical information as required by HIPAA regulations. Your help is crucial to the project, as every medical record counts, and your prompt response will ensure that Tufts Health Plan's HEDIS measures accurately represent the high quality of care you provide to our members.

Tufts Health Plan requires providers to electronically submit the necessary information to the Provider Quality Performance Department via fax at 617.673.0754 or secure email at HEDIS@point32health.org by February 28, 2023. For questions, contact the Provider Quality Performance HEDIS Help Line at 888-766-9818, ext. 52809. Tufts Health Plan values your continued participation with our clinical quality improvement efforts to meet regulatory and accreditation requirements for the NCQA and CMS HEDIS medical record review.

Helpful Information for Providers

- **Avoid Printing:** For the most current information, providers should view all documentation [online](#) and avoid printing.
- **Browser Note:** For the best experience in accessing the newsletter, we recommend upgrading your browser to the latest version of Mozilla Firefox or Google Chrome.

Secure Provider Portal Self-Service Tools: We encourage providers and office staff to use our secure Provider portal to perform a variety of transactions quickly and easily — electronically submit transactions and access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information and more. For more information, log on to the secure Provider [portal](#) or refer to the [Electronic Services](#).

FOR MORE INFORMATION

PUBLIC PROVIDER WEBSITE

- [Tufts Health Plan](#)

SECURE PROVIDER PORTAL

- [All Tufts Health Plan Products](#)

CONTACT INFORMATION

- [Tufts Health Plan](#)

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