

Radiation oncology coverage updates

[Harvard Pilgrim Health Care Commercial](#) | [Harvard Pilgrim Stride \(HMO\) Medicare Advantage](#) | [Tufts Health Plan Commercial](#) | [Tufts Health Public Plans](#)

As we communicated in the [February issue](#) of Insights and Updates for Providers, Harvard Pilgrim Health Care is no longer using OncoHealth for radiation oncology medical management for Commercial and StrideSM (HMO)/(HMO-POS) Medicare Advantage members.

The previous article outlines specific prior authorization changes for Harvard Pilgrim plans, as well as some changes being implemented for Tufts Health Plan in an effort to more closely align the provider experience across Point32Health products. [Please refer to that article for more information](#), including coding details.

In continuation of that work, we'd like to inform our provider network of two other prior authorization updates now in effect for Tufts Health Plan Commercial and Tufts Health Public Plans.

Coverage changes applicable to Tufts Health Plan Commercial and Public Plans

We've updated our [Proton Beam Therapy Medical Necessity Guidelines \(MNG\)](#) to allow coverage of proton beam therapy, with prior authorization, for the following indications:

- Unresectable hepatocellular carcinoma
- Intrahepatic cholangiocarcinoma
- Intracranial arteriovenous malformation not amenable to surgical excision or other forms of treatment and/or adjacent to critical structures such as the optic nerve, brain stem or spinal cord

In addition, we noted in the [February article](#) that an integrated Point32Health coverage guideline was being developed for [Intensity-Modulated Radiation Therapy](#). That MNG is now in effect, and as a result, prior authorization is no longer required for coverage of the associated codes 77385, 77386, G6015, and G6016 for Harvard Pilgrim Commercial members. This coverage without prior authorization aligns with the coverage already in place for Tufts Health Plan Commercial and Tufts Health Public Plans. ▲

Information for BH providers with migrating members

Commercial products

As you may remember from previous communications, as of July 1, 2023, Harvard Pilgrim's contract with Optum/UBH will expire and our contracted network will provide behavioral health care services for both Tufts Health Plan and Harvard Pilgrim Health Care members. Additionally, we have begun migrating members from Tufts Health Plan Commercial products to Harvard Pilgrim Health Care Commercial products, and this migration will occur on a rolling basis throughout this year and next.

If you are a behavioral health provider with a member who has migrated or is migrating from a Tufts Health Plan to a Harvard Pilgrim Health Care Commercial product prior to July 1, 2023 and you do not currently participate in the

Optum/United Behavioral Health (Optum/UBH) network, please contact Optum/UBH at 888-777-4742 to request a single case agreement (SCA) to ensure you can continue to provide care seamlessly for the member.

If the member is migrating prior to July 1, 2023, please contact Optum/UBH at 888-777-4742 to request a single case agreement (SCA) for the member, effective through June 30, 2023.

In addition, please keep the following in mind:

- Ensure that the SCA is effective through June 30, 2023.
- Optum/UBH will back date the effective date of the SCA to the member's migration date to ensure uninterrupted services for your patient.
- When you receive your SCA packet from Optum/UBH, please confirm that all of the CPT codes for the services you provide are documented accurately. Optum will create Continuity of Care authorizations based on this coding and will match those authorizations to the SCA to ensure appropriate claims payment.
- Failure to complete the SCA will result in claims for services for these Harvard Pilgrim members being denied.

As a contracted Tufts Health Plan behavioral health provider, you should have received a contract amendment to enable you to provide care for our Harvard Pilgrim members. For most providers, there is nothing to do for this amendment to be effective, unless additional instructions are provided. If you haven't received this information or have a question about it, please contact Harvard Pilgrim's Contracting team at AHCBehavioralHealth@point32health.org. For additional information on our integration and migration efforts, please refer to this FAQ. ▲

Tufts Health Together Accountable Care Organizations for 2023

Tufts Health Together—ACOs

As a reminder, MassHealth is launching a new value-based sub-capitation accountable care organization (ACO) model beginning April 1, 2023. The ACO model emphasizes investment in primary care, behavioral health, and pediatric care.

We're pleased that two Tufts Health Together plans have been selected by MassHealth to participate in the ACO program:

- Tufts Health Together with UMass Memorial Health is a new collaboration. Members who have a primary care provider who is part of Tufts Health Together with UMass Memorial Health will be enrolled in the ACO plan. Visit our [Tufts Health Together with UMass Memorial Health website](#) for more information.
- Tufts Health Together with Cambridge Health Alliance is a continuing collaboration. Members who are currently enrolled with Tufts Health Together with Cambridge Health Alliance do not need to take any action to remain on the plan. Visit our [Tufts Health Together with Cambridge Health Alliance website](#) for more information. ▲

Join us for a provider training

All products

Want to know about the latest integration updates? Have questions about behavioral health changes coming in 2023? Need guidance on navigating our provider websites? Our webinars support you in working with Point32Health and offer a forum to get your questions answered. Registering is easy, just click the links below.

What's ahead at Point32 Health: Integration updates:

Save the date for [Wednesday, June 14 from 11 a.m.–noon](#) to hear more about key changes for 2023, including product changes and continuity of care, our new pharmacy benefit manager, medical benefit drug prior authorization, behavioral health, and more.

Behavioral Health trainings:

Beginning July 1, 2023, Point32Health's Behavioral Health program will offer an insourced behavioral health program—meaning that rather than outsourcing behavioral health to a separate vendor (sometimes called a “carve-out model”), we will contract directly with behavioral health providers and our organization will manage behavioral health care and programs, including utilization and care management. While Tufts Health Plan currently operates using an insourced behavioral health model, this is a change for Harvard Pilgrim Health Care, which currently utilizes a carve-out model managed by Optum/United Behavioral Health.

Learn more about this change at our Point32Health Behavioral Health Insourcing Updates training, offered on:

- [Tuesday, April 4 from noon–1 p.m.](#)
- [Monday, April 10 from 9–10 a.m.](#)
- [Tuesday, April 18 from 5–6 p.m.](#)
- [Thursday, April 27 from 10–11 a.m.](#)

In addition, we're offering an HPHConnect orientation for behavioral health providers. We'll guide you through key features and offer instructions on performing common transactions. Sign up for the [Tuesday, June 20 session from noon–1 p.m.](#)

Visit the [training page](#) for additional dates in May and June, as well as information on a variety of other training topics.

For your convenience, we also have two recorded behavioral health training videos available (simply enter the password *Point32Health!* when prompted):

- [Preparing for Behavioral Health insourcing on July 1, 2023](#)
- [Point32Health integration and Behavioral health insourcing updates](#) ▲

Coverage updates for breastfeeding equipment and supplies

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

Point32Health provides coverage for breastfeeding supplies including disposable collection and storage bags for breast milk (HCPCS code K1005) for Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, and Tufts Health RITogether members, with a quantity limit of 300 bags per three-month reimbursement period.

This coverage is effective for dates of service on or after Jan. 1, 2023; claims denied between that date and now will be reprocessed through our claims system.

Please note that coverage of breast milk storage bags (HCPCS K1005) for Tufts Health Together (Massachusetts) members have a quantity limit of 120 bags per month or 360 bags for three months, in alignment with MassHealth's policy.

As a reminder, coverage of breast pumps for pregnant or postpartum members may include manual, electric, or hospital grade breast pumps when medically necessary and obtained from a contracted durable medical equipment provider with a physician's prescription. It may be medically necessary to obtain a different type of pump than initially obtained.

Members are eligible to receive breast pump replacement parts 90 days after the purchase of the breast pump, and again every 60 days thereafter. While replacement parts represented by codes A4281, A4282, A4284, and A4826 have a limit of one per three months (purchase only), replacement bottles (A4285) and replacement caps for the replacement bottle (A4283) do not have a quantity limit.

For more information, refer to Harvard Pilgrim’s Commercial [Non-Covered Services Payment Policy](#) and [Breast Pumps Medical Policy](#), as well as Tufts Health Plan’s [Breast Pumps Medical Necessity Guidelines](#), which have been updated to reflect the coverage of HCPCS code K1005 and provide clarity regarding breast pumps and replacement parts. ▲

Reminder: Paper claims addresses

All products

As a reminder, we recommend electronic claims submission for the fastest processing. For paper claims submission, some of our mailing addresses have changed over the past year. Please remember to use our latest addresses when mailing paper claims:

Product	Paper Claims Mailing Address	For More Information
Tufts Health Public Plans (Massachusetts)	Tufts Health Public Plans — Paper Claims Submissions Manhattan Data LLC 26741 Portola Pkwy. Ste 1E #926 Foothill Ranch, CA 92610-1763	Claims Requirements, Coordination of Benefits and Dispute Guidelines section of the Tufts Health Public Plans Provider Manual
Tufts Health Public Plans (Rhode Island)	Tufts Health Public Plans — Paper Claims Submissions Manhattan Data LLC 26741 Portola Pkwy. Ste 1E #925 Foothill Ranch, CA 92610-1763	Claims Requirements, Coordination of Benefits and Dispute Guidelines section of the Tufts Health Public Plans Provider Manual
Tufts Health Plan Commercial	Tufts Health Plan P.O. Box 178 Canton, MA 02021	Claims Requirements, Coordination of Benefits and Dispute Guidelines section of the Tufts Health Plan Commercial Provider Manual
Tufts Health Plan Senior Products	Tufts Health Plan P.O. Box 518 Canton, MA 02021-0518	Claims Requirements, Coordination of Benefits and Dispute Guidelines section of the Tufts Health Plan Senior Products Provider Manual
Harvard Pilgrim Health Care Commercial	Harvard Pilgrim Health Care P. O. Box 699183 Quincy, MA 02269-9183	Claims Submission Guidelines section of the Harvard Pilgrim Commercial Provider Manual. Reference this document for information on claims submission for other plans, such as Health Plans Inc, Student Insurance, etc.
Harvard Pilgrim Health Care Stride Medicare Advantage	Harvard Pilgrim Health Care c/o Stride Claims Processing P.O. Box 93430 Lubbock, TX 79493	Claims section of the Harvard Pilgrim Stride Provider Manual



Medicaid enrollment/screening deadline

[Tufts Health Plan SCO](#) | [Tufts Health RITogether](#) | [Tufts Health Together](#) | [Tufts Health Unify](#)

As we have shared in previous issues, federal regulations require that providers who render services for Medicaid members are screened by and enrolled with the appropriate state Medicaid agency. This requirement applies to providers who participate in Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), Tufts Health Senior Care Options, and Tufts Health Unify. Tufts Health Plan has been mailing letters to providers who have yet to complete this enrollment/screening process throughout the year.

Important deadline for RITogether providers: Please note that the Rhode Island Executive Office of Health and Human Services (EOHHS) recently set a deadline of June 30, 2023 for this enrollment screening process. As of this date, Point32Health will be forced to deny claims submitted by providers who do not complete this required process. Tufts Health RITogether providers may complete this process via the Rhode Island EOHHS [provider portal](#). For additional information, please refer to [this FAQ](#) and the [EOHHS website](#).

For Tufts Health Together, Tufts Health Unify and Tufts Health Senior Care Options: complete this screening and enrollment process via the [MassHealth website](#). In addition, [this FAQ](#) offers more information. ▲

Pharmacy and medical drug authorization requests for USFHP

US Family Health Plan (USFHP)

When requesting authorization for pharmacy or medical benefit drugs for USFHP members, please utilize the prior authorization forms provided on the [USFHP website](#).

PromptPA — an online tool that providers can utilize for pharmacy and medical benefit drug authorization requests for members of Tufts Health Plan or Harvard Pilgrim Health Care — is not currently available for USFHP members. If you have any questions about pharmacy or medical benefit drugs, please contact the USFHP pharmacy at 877-880-7007.

Tufts Health Plan is the third-party administrator for US Family Health Plan, a TRICARE® plan available to families of active-duty service members, eligible retired service members, and their families. Visit the [USFHP website](#) for additional information about USFHP, including the USFHP Provider Manual. ▲

Point32Health Fraud, Waste, and Abuse Payment Policy

All products

We've developed an integrated Point32Health Fraud, Waste, and Abuse Payment Policy, in an effort to offer information pertaining to Harvard Pilgrim Health Care and Tufts Health Plan policies and procedures streamlined in one comprehensive document.

The policy outlines Point32Health's commitment to protecting the interests of all our constituents (members, employers, and providers), as well as our corporate assets, against those who knowingly and willingly commit fraud. This commitment includes detecting, investigating, and preventing wrongful acts committed by our constituents or any other entity against the organization; recovering funds; and reporting suspected fraud, waste, and/or abuse — or taking legal action, if appropriate.

All providers are required to comply with all federal and state laws and regulations prohibiting fraudulent acts, kickbacks, and false reporting. The policy offers guidelines around submitting claims/billing in a manner that is compliant with relevant regulations, and identifies examples of provider behavior that would constitute fraud, waste, or abuse.

Please be sure to review the information outlined in [this payment policy](#), as Point32Health reserves the right to conduct audits on any provider or facility to ensure compliance with the policy, and will expect the provider/facility to refund all payment related to any noncompliance uncovered by such audits.

In addition, if you know of or suspect any fraud, waste, or abuse activity, please call Point32Health's Compliance and Fraud, Waste, and Abuse Hotline at 1-877-824-7123. ▲

Preventive services coverage reminders and resources

All products

As a reminder, in accordance with provisions of the Patient Protection and Affordable Care Act (PPACA), Harvard Pilgrim Health Care and Tufts Health Plan members are entitled to receive full coverage for preventive care services, with no cost-sharing responsibility, when these services are rendered by an in-network provider.

Members may still be required to pay a copayment, deductible, or other coinsurance for preventive services administered by an out-of-network provider, or for non-preventive services received in conjunction with a preventive service visit.

Where to find PPACA and preventive services information

Harvard Pilgrim's [Patient Protection and Affordable Care Act \(Federal Health Care Reform\) policy](#) — which you can find in the [Member Care section](#) of the Commercial Provider Manual — as well as Tufts Health Plan's [Preventive Services Policy](#), outline coverage and services for preventive care, procedure and diagnosis coding information related to preventive services and immunizations, and more. ▲

Submitting newborn claims appropriately

Tufts Health Together | Tufts Health Unify

As a reminder, [MassHealth All Provider Bulletin 305](#) explains billing practices for newborn children of all MassHealth members and applies to Tufts Health Together and Unify plans. These guidelines require that providers bill for newborn services separately and not under the mother's member ID number.

Inpatient hospital providers should use MassHealth's Eligibility Verification System (EVS) to determine newborn eligibility status and submit claims to the appropriate payer with the newborn's ID number. If providers are unable to find eligibility information for the newborn in the EVS system, claims for the newborn should be submitted directly to MassHealth.

It's important to note that newborn claims billed under the mother's ID number when the mother is covered by Tufts Health Together or Tufts Health Unify will be denied. For other plans, if the newborn has not yet been added to the plan, claims may be submitted under the mother's ID number as outlined in the [Newborn Payment Policy](#), which we've updated for further clarity.

Please keep in mind as well that MassHealth All Provider Bulletin 305 requires acute inpatient hospitals to submit an updated paper or electronic Notification of Birth ([NOB-1 form](#) and eNOB, respectively) to MassHealth within 10 days of the birth of a newborn of MassHealth enrollees. Upon receiving notification of a birth, MassHealth evaluates the information to determine the newborn's eligibility for MassHealth coverage. For complete details, refer to [MassHealth All Provider Bulletin 305](#). ▲

Behavioral health performance specifications updated

Tufts Health Plan SCO | Tufts Health Together | Tufts Health Unify

As part of our ongoing review of performance specifications, we revised the following behavioral health performance specifications effective April 1, 2023:

- [Acute Treatment Services \(ATS\) for Substance Use Disorders](#): ASAM Level 3.7 Medically Monitored Intensive Inpatient Services Performance Specifications
- [Clinical Stabilization Service \(CSS\) for Substance Use Disorders](#): ASAM Level 3.5 Clinically Managed High Intensity Residential Services Performance Specifications
- [Residential Rehabilitation Services \(RRS\) for Substance Use Disorders](#): ASAM Level 3.1 Clinically Managed Low Intensity Residential Services (Tufts Health Together and Tufts Health Unify only) ▲

Point32Health Medical Necessity Guideline Updates

All products

Updates to Medical Necessity Guidelines (MNG)

MNG Title	Products Affected	Effective Date	Summary
<p>Hospice and Palliative Care Services (Harvard Pilgrim Commercial)</p> <p>Hospice and Palliative Care Services (Tufts Health Plan Commercial, Tufts Health Direct)</p>	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	June 1, 2023	<p>MNG will utilize InterQual Home Health Care criteria for in-home hospice and palliative care services. (Harvard Pilgrim and Tufts homegrown criteria will remain for inpatient hospice and palliative care.)</p> <p>Please note that while InterQual criteria will be employed for review of in-home hospice and palliative care services, providers will not be prompted to fill out an InterQual SmartSheet questionnaire when submitting via HealthTrio. You'll still be able to review the criteria for these services in the InterQual tool, but when submitting an authorization request you will enter your clinical data directly in the provider portal.</p> <p>It's important to make sure you're submitting all the necessary supporting documentation to ensure an efficient utilization management review process and quick turnaround time.</p>
<p>Allergy Testing and Immunotherapy (Harvard Pilgrim Commercial)</p> <p>Allergy Testing and Immunotherapy (Tufts Health Plan Commercial)</p>	Harvard Pilgrim Commercial, Tufts Health Plan Commercial	June 1, 2023	<p>Harvard Pilgrim's existing Commercial MNG will be expanded to include Tufts Health Plan Commercial.</p> <p>Prior authorization will not be required, but a medical necessity edit will manage claims. In addition to the existing frequency limit applied to the number of tests that can be covered, the procedure codes on the MNG will only be covered when they are billed with an appropriate corresponding ICD-10 diagnosis code.</p>
<p>Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy, EGD) (Harvard Pilgrim Commercial)</p> <p>Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy, EGD) (Tufts Health Plan Commercial and Tufts Health Public Plans)</p>	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	June 1, 2023	<p>Harvard Pilgrim's existing Commercial MNG will be expanded to include Tufts Health Plan Commercial and Tufts Health Public Plans.</p> <p>Prior authorization will not be required, but a medical necessity edit will manage claims. The procedure codes on the MNG will only be covered when they are billed with an appropriate corresponding ICD-10 diagnosis code. For Tufts Health Plan, this edit is new for all codes on the MNG, and for Harvard Pilgrim it will newly apply for codes 43231 and 43233.</p>
<p>Continuous Glucose Monitoring and Diabetes Management Devices</p>	Tufts Health Public Plans	June 1, 2023	<p>Prior authorization will be required for codes 95249, A9274, A9276, A9277, and A9278 for Tufts Health Public Plans members.</p>
<p>Surgical Treatments for Lymphedema and Lipedema (Harvard Pilgrim Commercial)</p> <p>Surgical Treatments for Lymphedema and Lipedema (Tufts Health Plan Commercial, Tufts Health Public Plans)</p>	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	June 1, 2023	<p>New MNG with coverage criteria for lipectomy or liposuction, vascularized lymph node transplant, and lymphovenous bypass. Prior authorization will be required for CPT codes 15832, 15833, 15836, 15839, 15877, 15878, 15879, 38999.</p>
<p>Continuous Passive Motion (CPM) Device — Extension Beyond 21 Days (Harvard Pilgrim Commercial)</p> <p>Continuous Passive Motion (CPM) Device — Extension Beyond 21 Days (Tufts Health Plan Commercial, Tufts Health Public Plans)</p>	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	June 1, 2023	<p>Existing Tufts Health Plan MNG for Continuous Passive Motion (CPM) Machine – Upper Extremity will be retired, and the Continuous Passive Motion (CPM) Device — Extension Beyond 21 Days MNG will apply for Harvard Pilgrim and Tufts Commercial Plans and Tufts Health Public Plans. Prior authorization will continue to not be required for CPM devices for the initial 21 days of use; for use beyond 21 days, codes E0935 and E0936 already require prior authorization for Tufts Health Plan and will require prior authorization for Harvard Pilgrim.</p>

MNG Title	Products Affected	Effective Date	Summary
Genetic Testing: Prenatal Diagnosis, Carrier Screening	Tufts Health Plan Commercial	June 1, 2023	Specific in-house criteria removed for a number of testing services, which will be reviewed using InterQual prior authorization criteria as of June 1. Genetic counseling, while still highly recommended, will no longer be required prior to or during pregnancy for individuals who have an increased chance of having a child with an inherited disorder.
Genetic and Molecular Diagnostic Testing	Tufts Health Plan Commercial	June 1, 2023	Prior authorization requirement will be reinstated for whole exome sequencing, and InterQual criteria will be used for prior authorization review. Adding coverage criteria for molecular testing for targeted therapies and duplicate gene testing. Polygenic risk score testing will be added as a limitation and no longer covered. CPT codes 0040U, 0111U, 0179U will be covered with prior authorization.
Outpatient Physical Therapy, Occupational Therapy and Speech Therapy	Tufts Health Together, Tufts Health RI Together, Tufts Health Unify	June 1, 2023	Adopting 2022 InterQual criteria for habilitative and rehabilitative PT/ST/OT. A number of CPT codes will require prior authorization as of June 1.
Outpatient Rehabilitative Services: Speech Therapy Outpatient Rehabilitative Services: Occupational Therapy Outpatient Rehabilitative Services: Physical Therapy	Tufts Health Plan Commercial, Tufts Health Direct	June 1, 2023	Adopting 2022 InterQual criteria for habilitative and rehabilitative PT/ST/OT. A number of CPT codes will require prior authorization for Tufts Health Direct as of June 1.
Outpatient Habilitative Services for Physical Therapy, Occupational Therapy and Speech Therapy	Tufts Health Plan Commercial, Tufts Health Direct	June 1, 2023	Minor updates to criteria language. A number of codes will require prior authorization for Tufts Health Direct.
Balloon Dilation of the Eustachian Tube (BDET) (Harvard Pilgrim Commercial) Balloon Dilation of the Eustachian Tube (BDET) (Tufts Health Plan Commercial, Tufts Health Public Plans)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	April 1, 2023	New MNG intended for use as a coverage guideline. Prior authorization is not required.
Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia (POEM) (Harvard Pilgrim Commercial) Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia (POEM) (Tufts Health Plan Commercial, Tufts Health Public Plans)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	April 1, 2023	New MNG intended for use as a coverage guideline. Prior authorization is not required. CPT code 43497 will be newly covered for Harvard Pilgrim members and will continue to be covered for Tufts Health Plan Commercial and Tufts Health Public Plans members.

MNG Title	Products Affected	Effective Date	Summary
Lower Limb Prosthesis (Harvard Pilgrim Commercial) Lower Limb Prosthesis (Tufts Health Plan Commercial, Tufts Health Public Plans)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	June 1, 2023	Replacement prosthesis authorization criteria language updated to clarify a replacement may be authorized when there is a change in the physiological condition or functional level of the member, which justifies a new prosthesis or replacement part(s), OR there is an irreparable change in the condition of the device, or in a part of the device. HCPCS code L5970 now requires prior authorization for Tufts Health Public Plans.
Genetic Testing: Cell-Free DNA Screening for Fetal Trisomy	Tufts Health Plan Commercial	April 1, 2023	MNG name changed from Genetic Testing: Cell-Free DNA Testing for Fetal Trisomy to Genetic Testing: Cell-Free DNA Screening for Fetal Trisomy. Genetic counseling, while still highly recommended, will no longer be required.
Stereotactic Radiosurgery and Stereotactic Body Radiotherapy	Tufts Health Plan Commercial, Tufts Health Public Plans	April 1, 2023	Changes to coverage criteria including: <ul style="list-style-type: none"> • Stereotactic radiosurgery is now covered for ocular melanoma, in addition to uveal melanoma • Stereotactic radiosurgery is no longer covered for acoustic neuroma • Patient must have ≤ five metastatic lesions, as opposed to three, for the treatment of oligometastatic disease of extracranial sites with stereotactic body radiation therapy As a reminder, refer to this article from the February 2023 issue of Insights and Updates for Providers for information about new prior authorization requirements related to stereotactic radiosurgery and stereotactic body radiotherapy.
Cochlear Implants (Harvard Pilgrim Commercial) Cochlear Implants (Tufts Health Plan Commercial, Tufts Health Direct)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	April 1, 2023	Criteria for coverage of cochlear implants for unilateral hearing loss updated to clarify that it's covered when the patient has normal to near-normal hearing in the contralateral ear or hearing loss that is treatable by hearing aid.
Spevigo (Harvard Pilgrim Commercial) Spevigo (Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether) Spevigo (Harvard Pilgrim StrideSM [HMO]/[HMO-POS] Medicare Advantage) Spevigo (Tufts Health Plan Senior Products and Tufts Health Unify)	All products	April 1, 2023	Prior authorization required for Spevigo (HCPCS J1747), a novel selective monoclonal antibody indicated for the treatment of generalized pustular psoriasis.

MNG Title	Products Affected	Effective Date	Summary
<p>Hemgenix® (etranacogene dezaparvovec-drlb) suspension for injection (Harvard Pilgrim Commercial)</p> <p>Hemgenix® (etranacogene dezaparvovec-drlb) suspension for injection (Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether)</p> <p>Hemgenix® (etranacogene dezaparvovec-drlb) suspension for injection (Tufts Health Together)</p> <p>Hemgenix® (etranacogene dezaparvovec-drlb) suspension for injection (Harvard Pilgrim StrideSM [HMO]/[HMO-POS] Medicare Advantage,</p> <p>Hemgenix® (etranacogene dezaparvovec-drlb) suspension for injection (Tufts Health Plan Senior Products, Tufts Health Unify)</p>	All products	April 1, 2023	<p>New MNG for Hemgenix (J1411), an adeno-associated virus vector-based gene therapy approved by the FDA in November 2022 for the treatment of adults with Hemophilia B.</p> <p>Prior authorization is required.</p>
<p>OncoHealth's Imjudo MNG (for Harvard Pilgrim Commercial. See OncoHealth's Harvard Pilgrim Prior Authorization Policies page for details)</p> <p>OncoHealth Chemotherapy Review Criteria (Harvard Pilgrim StrideSM [HMO]/[HMO-POS] Medicare Advantage)</p>	Harvard Pilgrim Commercial, Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage	April 1, 2023	<p>Prior authorization required for Imjudo (HCPCS C9146), approved by the FDA in November 2022 for the treatment Stage IV (metastatic) non-small cell lung cancer.</p>
<p>OncoHealth's Elahere MNG (for Harvard Pilgrim Commercial. See OncoHealth's Harvard Pilgrim Prior Authorization Policies page for details)</p> <p>OncoHealth Chemotherapy Review Criteria (Harvard Pilgrim StrideSM [HMO]/[HMO-POS] Medicare Advantage)</p>	Harvard Pilgrim Commercial, Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage	April 1, 2023	<p>Prior authorization required for Elahere (HCPCS C9146), approved by the FDA in November 2022 to treat folate receptor alpha positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer.</p>

MNG Title	Products Affected	Effective Date	Summary
<p>OncoHealth's Long-Acting Colony Stimulating</p> <p>Factor Products MNG (for Harvard Pilgrim Commercial) OncoHealth Chemotherapy Review Criteria (Harvard Pilgrim StrideSM [HMO]/[HMO-POS] Medicare Advantage) Long-Acting Colony Stimulating</p> <p>Factor Products (Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether) Neutropenia Colony Stimulating Agents – Long Acting (Tufts Health Plan Senior Care Options, Tufts Medicare Preferred, Tufts Health Unify) OncoHealth Harvard Pilgrim Medicare Part B Step Therapy MNG Medicare Part B Step Therapy MNG (Tufts Health Plan Senior Care Options, Tufts Medicare Preferred, Tufts Health Unify)</p>	<p>Harvard Pilgrim Commercial, Harvard Pilgrim StrideSM (HMO)/ (HMO-POS) Medicare Advantage, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred, Tufts Health Unify</p>	<p>April 1, 2023</p>	<p>Prior authorization required for Stimufend (a biosimilar of Neulasta) (HCPCS code Q5127) and Rolvedon.(HCPCS J1449) both of which are non-preferred products and were approved by the FDA in September 2022 to treat patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.</p>
<p>Tecvayli (Harvard Pilgrim Commercial)</p> <p>Tecvayli (Harvard Pilgrim StrideSM [HMO]/[HMO-POS] Medicare Advantage)</p> <p>Tecvayli (Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether)</p> <p>Tecvayli (Tufts Health Together)</p> <p>Tecvayli (Tufts Health Plan Senior Care Options, Tufts Medicare Preferred, Tufts Health Unify)</p>	<p>All products</p>	<p>April 1, 2023</p>	<p>Prior authorization required for Tecvayli (HCPCS C9148), approved by the FDA in October 2022 for relapsed or refractory multiple myeloma.</p>
<p>OncoHealth's Lunsumio MNG (for Harvard Pilgrim Commercial. See OncoHealth's Harvard Pilgrim Prior Authorization Policies page for details)</p> <p>OncoHealth Chemotherapy Review Criteria (Harvard Pilgrim StrideSM [HMO]/[HMO-POS] Medicare Advantage)</p> <p>Lunsumio (Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether)</p> <p>Lunsumio (Tufts Health Together)</p> <p>Lunsumio (Tufts Medicare Preferred, Tufts Senior Care Options, Tufts Health Unify)</p>	<p>All products</p>	<p>April 1, 2023</p>	<p>Prior authorization required for Lunsumio (HCPCS J9999), approved by the FDA in December 2022 to treat adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.</p>

MNG Title	Products Affected	Effective Date	Summary
<p>Skyrizi (Harvard Pilgrim Commercial)</p> <p>Skyrizi (Harvard Pilgrim StrideSM [HMO]/[HMO-POS] Medicare Advantage)</p> <p>Skyrizi (Tufts Health Plan Commercial, Tufts Health Direct)</p> <p>Skyrizi (Tufts Health RITogether)</p> <p>Skyrizi (Tufts Medicare Preferred, Tufts Senior Care Options, Tufts Health Unify)</p>	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 Senior Care Options, Tufts Health Unify	June 1, 2023	<p>Medical benefit criteria for Skyrizi updated to align with pharmacy benefit criteria, and providers should request authorization through PromptPA.</p> <p>Prior authorization is now required for Harvard Pilgrim Commercial and Stride. Skyrizi (HCPCS J2327 released in January 2023), indicated to treat moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy, active psoriatic arthritis, and moderately to severely active Crohn's disease under the medical benefit.</p>
<p>Tzeild (Harvard Pilgrim Commercial)</p> <p>Tzeild (Harvard Pilgrim StrideSM [HMO]/HMO-POS] Medicare Advantage)</p> <p>Tzeild (Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether)</p> <p>Tzeild (Tufts Health Together)</p> <p>Tzeild (Tufts Medicare Preferred, Tufts Senior Care Options, Tufts Health Unify)</p>	All products	April 1, 2023	<p>Prior authorization required for Tzeild (HCPCS C9149), approved by the FDA in November 2022, indicated to delay the onset of Stage 3 type 1 diabetes in adults and pediatric patients 8 years of age and older with Stage 2 type 1 diabetes.</p>
<p>OncoHealth HPHC Chemotherapy HCPCS J-Codes List</p>	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/ HMO-POS) Medicare Advantage	April 1, 2023	<p>Prior authorization required for Pedmark (HCPCS J0208), approved by the FDA in September 2022 to reduce the risk of ototoxicity associated with cisplatin in pediatric patients 1 month and older with localized, non-metastatic solid tumors.</p>
<p>OncoHealth HPHC Chemotherapy HCPCS J-Codes List</p>	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/ HMO-POS) Medicare Advantage	April 1, 2023	<p>Plerixafor (HCPCS J2562) removed from OncoHealth HPHC Chemotherapy HCPCS J-Codes List and now covered with no prior authorization.</p>
<p>Avastin (bevacizumab) for ophthalmic conditions ONLY</p>	Harvard Pilgrim Commercial	Jan. 1, 2023	<p>New MNG specific to Avastin (HCPCS J9035) when used for ophthalmic conditions.</p> <p>Prior authorization is required.</p> <p>For oncology indications, providers should continue to request authorization through OncoHealth, but for ophthalmic conditions should request Avastin from Harvard Pilgrim directly and refer to the attached MNG.</p>

MNG Title	Products Affected	Effective Date	Summary
<p>Xolair (Harvard Pilgrim Commercial)</p> <p>Xolair (Harvard Pilgrim StrideSM [HMO]/[HMO-POS] Medicare Advantage)</p> <p>Xolair (Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether)</p> <p>Xolair (Tufts Medicare Preferred, Tufts Senior Care Options, Tufts Health Unify)</p>	<p>Harvard Pilgrim Commercial, Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Medicare Advantage, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Senior Care Options, Tufts Health Unify</p>	<p>April 1, 2023</p>	<p>Xolair (HCPCS J2357) MNG updated for clarification.</p> <ul style="list-style-type: none"> • Limitation added to distinguish medical benefit dosage from pharmacy benefit dosage • Xolair 75mg and 150mg prefilled syringes are covered under the member's prescription drug benefit if Xolair is being self-administered.
<p>Continuous Glucose Monitoring Systems: Freestyle Libre 2 and Dexcom G6 (Harvard Pilgrim StrideSM [HMO]/[HMO-POS] Medicare Advantage)</p> <p>Continuous Glucose Monitoring Systems – Dexcom G6, Dexcom G7, and FreeStyle Libre Systems Only (Tufts Medicare Preferred, Tufts Senior Care Options, Tufts Health Unify)</p>	<p>Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Senior Care Options, Tufts Health Unify</p>	<p>April 16, 2023</p>	<p>Criteria updated to align with CMS's Glucose Monitors Local Coverage Determination (L33822).</p> <p>This LCD previously required three or more daily administrations of insulin and that the member be treated with a continuous subcutaneous insulin pump, but now requires that the member be insulin treated and have a history of problematic hypoglycemia in order to be covered.</p>



NIA vendor program code updates

[Harvard Pilgrim Health Care Commercial](#) | [Harvard Pilgrim Stride \(HMO\) Medicare Advantage](#) | [Tufts Health Plan Commercial](#) | [Tufts Health Public Plans](#)

As you likely know, [National Imaging Associates, Inc. \(NIA\)](#) reviews medical necessity and manages prior authorizations on behalf of Point32Health's Harvard Pilgrim Health Care Commercial and StrideSM (HMO) (HMO-POS) and Tufts Health Plan Commercial and Public Plans products for certain procedures:

- Outpatient cardiac, diagnostic imaging/radiology, and interventional pain management
- Inpatient and outpatient musculoskeletal services — with the exception of the following product exclusions:
 - Tufts Health Public Plans products are excluded from NIA's cardiac program
Tufts Health Unify is included only in NIA's high-tech imaging program (excluded from the cardiac, musculoskeletal, and joint surgery programs)
 - Tufts Health Plan CareLink members and members on the Cigna network are excluded from the NIA program, and
 - Tufts Health Plan excludes members under 18 from NIA's cardiac program

The chart below identifies code updates to Point32Health and NIA's authorization and medical necessity review program, which are effective June 1, 2023 and are intended to align coverage and criteria for the Harvard Pilgrim and Tufts Health Plan products included in the program. Please refer to the NIA information and resources in the vendor programs sections of the [Harvard Pilgrim](#) and [Tufts Health Plan](#) websites for the updated utilization review/code matrices for the applicable services.

NIA code updates effective June 1, 2023

Code(s)	Service(s)	Products Affected	Summary
93356	Transthoracic Echocardiography, Stress Echocardiography	Harvard Pilgrim Commercial and Stride	Code will no longer be covered for Harvard Pilgrim plans.
G0219	Tumor Imaging, PET – Melanoma	Harvard Pilgrim Commercial and Stride	Prior authorization will no longer be required for Harvard Pilgrim.
G0235	Tumor Imaging, PET – Any Site (unlisted PET)	Harvard Pilgrim Commercial and Stride	Prior authorization will no longer be required for Harvard Pilgrim.
G0252	Tumor Imaging, PET – Breast Cancer initial DX	Harvard Pilgrim Commercial and Stride	Prior authorization will no longer be required for Harvard Pilgrim.
78429, 78434, 78430, 78431, 78432, 78433	Heart PET Scan with CT for Attenuation	Tufts Health Plan Commercial, Tufts Health Public Plans	Code will require prior authorization through NIA for Tufts Health Plan.
74261, 74262	CT Virtual Colonoscopy for Diagnostic	All applicable Point32Health products	Prior authorization will continue to be required, but will be reviewed using standard NIA criteria, as opposed to customized.
78434	Heart PET Scan	Tufts Health Plan Commercial, Tufts Health Public Plans	Code will be covered with prior authorization for Tufts Health Plan.
70486, 70487, 70488, 76380	CT Maxillofacial/Sinus	Tufts Health Plan Commercial, Tufts Health Public	Plans Prior authorization will continue to be required for all applicable Point32Health products, but will be reviewed using standard NIA criteria, as opposed to customized.
75571, S8092	Coronary artery CAC score, heart scan, ultrafast CT heart, electron beam CT	Harvard Pilgrim Commercial and Stride	Code will no longer be covered for Harvard Pilgrim plans.
74712, 74713	Fetal MRI	Harvard Pilgrim Commercial and Stride	Prior authorization will be required through NIA for Harvard Pilgrim.
27279	Sacroiliac joint arthrodesis, percutaneous SIJ Fusion	Harvard Pilgrim Commercial and Stride	Prior authorization will be required through NIA for Harvard Pilgrim.
22857, 22862, 22865	Lumbar Artificial Disc Replacement – Single Level	All applicable Point32Health products	Will be covered with prior authorization for Harvard Pilgrim and Tufts Health Plan.
22860, 0164T, 0165T	Lumbar Artificial Disc Replacement – Multiple Levels	All applicable Point32Health products	Will be covered with prior authorization for Harvard Pilgrim and Tufts Health Plan.



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 June 5, 2023. The table below outlines these changes, which include pharmacy products being added to the MassHealth Drug List, as well as new and updated prior authorization programs.

As we noted previously, Tufts Health Together-MassHealth MCO Plan and ACPPs, in conjunction with the other managed care organizations (MCOs) in the Commonwealth, will begin utilizing MassHealth’s Unified Formulary for pharmacy medications and select medical benefit drugs as of April 1, 2023. Consequently, the pharmacy coverage and criteria for Tufts Health Together consequently will mirror that of MassHealth.

Please keep in mind that updated coverage and criteria will be available on the [MassHealth Drug List](#) on or after the effective date.

Pharmacy coverage changes: New and updated prior authorization programs (Effective 6/5/2023)

Type of update	Drug
Criteria update	Abilify Maintena, Abilify MyCite, Adempas, Adhansia XR, Adlyxin, Admelog, Afrezza, Alavert, Allegra ODT/suspension, Antipsychotic polypharmacy in adults, Antipsychotic quantity limits, Aranesp, Aripiprazole ODT/solution, Asenapine SL tablet, Auvi-Q, Azasite, Azelastine 0.15% nasal spray, Azstarys, Bacitracin ophthalmic ointment, Basaglar KwikPen, Bijuva, Brexafemme, Bydureon BCise, Caplyta, Carbinoxamine 6 mg tablet, Karbinal ER, Cimduo, Clarinex-D, Claritin Chewtabs/Liqui-gel capsule/Reditabs/ODT, Clonidine ER, Clozapine ODT, Concomitant Opioids and Benzodiazepines (COBI), Corticotropin (Acthar, Cortrophin), Cosentyx, Cotempla XR-ODT, Daurismo, Desipramine, Desloratadine tablet/ODT, Dexamethasone tablet pack, Dexchlorpheniramine solution, Dexcom G6, Dexcom G7, Duetact, Dupixent, Efavirenz/lamivudine/ tenofovir disoproxil fumarate (generic Symfi, Symfi Lo), Emflaza, Epogen, Evekeo ODT, Exkivity, Fanapt, Fiasp, FreeStyle Libre 14 Day, FreeStyle Libre 2, FreeStyle Libre 3, Gilotrif, Glyxambi, Grastek, Growth hormones (Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Sytrofa, Zomacton), Hemady, Ibrance, Immune globulin (Asceniv, Bivigam, Cutaquig, Cuvitru, Flebogamma, Gamastan S/D, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, Hyqvia, Octagam, Panzyga, Privigen, Xembify), Invega tablet, Isturisa, Jornay PM, Jynarque, Kazano, Korlym, Levocetirizine solution, Levofloxacin ophthalmic solution, Lumakras, Lurasidone, Lybalvi, Lynparza, Lyumjev, Marplan, Megestrol 625 mg/5 mL suspension, Metformin ER osmotic tablet, Metformin immediate-release solution, Methylphenidate extended-release (generic Aptensio XR, Ritalin LA), Methylphenidate extended-release CD, Miglitol, Mounjaro, Neomycin/polymyxin B/hydrocortisone ophthalmic solution, Nesina, Noxafil injection, Nucala, Nuplazid, Odactra, Ofev, Ominpod Classic, Ominpod Dash, Ominpod 5, Oseni, Ozempic, Padcev, Patanase, Perphenazine/amitriptyline, Perseris, Pifendone 267 mg, 801 mg, Pred-G, Prednisolone 10 mg/5 mL oral solution, Prednisolone 20 mg/5mL oral solution, Prednisolone ODT, Prednisolone tablet, Procrit, Protriptyline, Qbrexza, Quillichew ER, Quillivant XR, Qtern, Ragwitek, Rayos, Retacrit, Revatio suspension, Rexulti, Riomet ER, Risperidone ODT 3 mg, 4 mg, Rozlytrek, Rubraca, Rybelsus, Rybrevant, Secuado, Segluromet, Semglee, Sirturo, Soliqua, Steglatro, Steglujan, Sotyktu, Tagrisso, Taperdex, Tarpeyo, Temixys, Trijardy XR, Trimipramine, Trogarzo, Ursodiol (Reltone), V-Go, Versacloz, Vitrakvi, Vivjoa, Vraylar, Xolair, Xultophy, Zejula, Zokinvy, Zyrtec chewable tablet/Liquid Gels/ODT
Removing from MassHealth Drug List due to product discontinuation	Avandia, Bleph-10, Blephamide, Entocort EC, Fortamet, Maproline, Moxeza, Phenergan, Starlix, Viramune, Viramune XR, Zorbive
Adding prior authorization restrictions	Fetzima
Criteria update, quantity limit added	Erivedge, Hyftor, Odomzo, Rinvoq
Will be locked to medical benefit	Daunorubicin, Gemcitabine, Jemperli, Opdualag, Tivdak, Vyxeos
New strength being added to MassHealth Drug List, criteria update	Tascenso ODT
New Drugs Being Added to MassHealth Drug List – Effective 6/5/2023 (utilization management restrictions may apply)	Auvelity, Basaglar Tempo, Dyanavel XR chewable tablet, Drysol, Humalog Tempo, Fylnetra, Imjudo (will be locked to medical benefit), Krazati, Lytgobi, Lyumjev Tempo, Noxafil powder for oral suspension, Oravig, Orserdu, Pifendone 534 mg tablet, Quetiapine 150 mg tablet, Rebyota, Relexxi, Rolvedon (will be locked to medical benefit), Ryplazim, Stimufend, Tadiq, Tecvayli (will be locked to medical benefit) Tzield, Vegezelma (will be locked to medical benefit), Xelstry, Xenpozyme (will be locked to medical benefit), Zynteglo (will be locked to medical benefit), Zonisade, Ztalmly
Drugs Being Added to the MassHealth Brand Name Preferred Over Generic List	Advair HFA, Denavir, Hetlioz, Mycobutin, Vyvanse capsule, Vyvanse chewable tablet, Zioptan
Drugs Being Removed from the MassHealth Brand Name Preferred Over Generic Drug List	Evamist, Jublia, Sandostatin LAR, Stratterra



Opioid Policy Update

Tufts Health Together

While Tufts Health Together will be adopting MassHealth's Unified Formulary on April 1 for Tufts Health Together, we will follow different thresholds for opioid dosage.

Tufts Health Together will be implementing a number of opioid clinical programs as part of the Unified Formulary. Please refer to the table below for these initiatives, their descriptions, and the implementation date. For more information, including authorization criteria, please refer to [Opioids and Analgesics Medical Necessity Guideline](#).

Initiative	Description Implementation	Date
Quantity Limits	Quantity limits restrict opioid dosage forms to 90 morphine milligram equivalent (MME)/day or per the dosing listed in the FDA-approved package labeling.	4/1/2023
120 MME Limit for Single- and Multi-Agent Opioid Regimens	Prior authorization will be required if a member's opioid regimen exceeds 120 MME/day. This limit applies regardless of whether the member's pain regimen consists of one or multiple opioids.	4/1/2023
High Dose Short-Acting Monotherapy	Prior authorization required for short-acting and combination agents when dosage limits are exceeded and the short-acting agents are being used as monotherapy (i.e., no claim for a long-acting opioid agent within the last 30 days).	6/1/2023
Duplicate Long-Acting Opioids	For any combination of long-acting opioids, if there is greater than two months of duplicate claims in a member's claims history, the opioid will require prior authorization.	6/1/2023
Duplicate Short-Acting Opioids	For any combination of short-acting opioids, powders, and combination products, if there is greater than two months of duplicate claims in a member's claims history, then the opioid will require prior authorization.	6/1/2023
Concurrent Therapy with Opioid Dependence Agents	<p>Prior authorization is required if a member is stable on any buprenorphine product used for substance use disorder and is attempting to fill a long-acting opioid (for any length of time), a short-acting opioid for more than a 7-day supply, or short-acting opioid(s) for more than 7 days of therapy with the last 30 days.</p> <p>"Stability" is defined as the following:</p> <ul style="list-style-type: none"> • Buprenorphine/naloxone film or tablet, Zubsolv, or Bunavail: 60 days of therapy within the last 90 days • Probuphine (buprenorphine implant): history in the past 210 days • Sublocade: equal to or greater than 56 days of therapy in the last 84 days 	6/1/2023



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