

Returning to business as usual

All products

Thank you for your patience as Harvard Pilgrim Health Care has worked on restoring systems in the wake of the cybersecurity incident we identified on April 17. We have returned our core business functions and tools online and wanted to share an overview of recent announcements.

Eligibility

We have restored access to commercial eligibility data and you can now check eligibility via [HPHConnect](#), the Provider Service Center, or 270/271 batch eligibility transactions. Please keep in mind that while commercial member information is not yet current, we are working diligently to bring it up to date. For Medicare Advantage StrideSM (HMO)/(HMO-POS) members, member eligibility information is current. You can access plan participation and PCP information for Medicare Advantage StrideSM (HMO)/(HMO-POS) members through HPHConnect or for complete details please visit the Stride provider portal.

Utilization management

We will be reinstating utilization management (UM) activities — including notification, prior authorization, and referral — for Harvard Pilgrim Health Care commercial, Medicare Supplement, and Medicare Advantage StrideSM (HMO)/(HMO-POS) members, **effective for dates of service beginning July 24, 2023.**

We will **begin accepting these requests as of July 10, 2023**; please do not submit your UM requests prior to this date.

As a reminder, please do not submit referral, prior authorization or notification requests for services occurring in the waiver period (April 15-July 23). Claims for these services will be appropriately adjudicated without UM transactions.

Submitting Utilization Management Requests

Including notification, prior authorization, and referrals

<div style="background-color: #4a4a9a; color: white; padding: 5px; text-align: center; font-weight: bold;"> Before the waiver period (prior to 4/15/23) </div> <p style="text-align: center; font-weight: bold; color: purple;">Do Not Resubmit</p> <p>Utilization management requirements apply. All approved notification, authorizations referrals are still valid. Do not resubmit.</p>	<div style="background-color: #6a3d9a; color: white; padding: 5px; text-align: center; font-weight: bold;"> Waiver period (4/15/23-7/23/23) </div> <p style="text-align: center; font-weight: bold; color: purple;">Do Not Submit</p> <p>Utilization management requirements are waived for dates of service during this time. Do not submit a new request.</p>	<div style="background-color: #f4a44a; color: white; padding: 5px; text-align: center; font-weight: bold;"> UM Requirements Restored (7/24/23 and beyond) </div> <p style="text-align: center; font-weight: bold; color: purple;">Submit Starting 7/10</p> <p>For services starting with dates of service starting on 7/24 and after, utilization management requirements (prior authorization, referral and notification) apply. Submit new requests.</p>
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Continuity of Care

If dates of service begin during the waiver period and end on or after 7/24, please notify us to enable us to coordinate continuity of care.

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Resumption of Utilization Management Requirements

Utilization management (UM) activities – including notification, prior authorization, and referral – for Harvard Pilgrim Health Care members will resume for dates of service beginning July 24, 2023. Includes:

- Commercial, Medicare Supplement, and Medicare Advantage StrideSM (HMO)/(HMO-POS)
- UM programs with vendors (such as NIA, Carelon, OncoHealth, Progeny, Optum/UBH, etc.)
- Medical and behavioral health
- Out-of-area/national network partner, United Healthcare



As noted above, while we are working diligently to bring our commercial member enrollment and eligibility information up to date, we anticipate data may not be current for several weeks. We have instituted a temporary process to ensure you can submit UM requests for commercial members who are not yet available in the system. When you begin submitting prior authorizations on or after July 10, if you cannot find a member in the portal, please contact the Provider Service Center by phone at 800-708-4414 or by FAX at 800-232-0816 for commercial members and note that you are inquiring about member enrollment.

Claims submission

As a reminder, we are accepting claims for all lines of business — including Harvard Pilgrim Health Care commercial and Medicare Supplement members. We're ready to process any claims that were held during our system outage and encourage provider organizations to submit their claims as soon as possible.

Since we are making significant progress in processing large volumes of claims quickly, it is not necessary to send claims in batches. You can release complete claims files to your clearinghouse for processing.

You may submit claims electronically through EDI submission or via paper. We are working on restoring claims submission functionality in HPHConnect and expect to have that available shortly.

Providers can review claims status via EDI and via HPHConnect. Depending on volume, it is possible that you may not receive notification that the claim was received or a claim status immediately, or the claim status may be listed as processed and payment may not have cleared yet. If that occurs, please be patient.

You may also see an initial claim status noting a denial for lack of prior authorization for a service that was provided to a Harvard Pilgrim Health Care member during the prior authorization waiver (April 15-July 23); please note that these denials are temporary. These claims are being manually overturned and will subsequently be adjudicated without the authorization.

Provider website

We're pleased to report that our Harvard Pilgrim Health Care public provider website (www.harvardpilgrim.org/provider) is up and running again, so you and your office staff can access all the same materials and tools provided in the past, including:

- [Medical necessity guidelines](#)
- [Payment Policies](#)
- [Commercial and StrideSM\(HMO/HMO-POS\) Medicare Advantage Provider Manuals](#)
- [Pharmacy policies and information](#)
- [Forms](#)

- [Network Management and quality program information](#)
- [Resources for HPHConnect and electronic transactions](#)

Visit www.harvardpilgrim.org/provider today to access these materials. You'll also continue to find some tools and resources on the Point32Health provider page (www.point32health.org/provider), including our monthly newsletter, *Insights and Updates for Providers*; an integration FAQ; COVID policies and procedures; and our System Update FAQ.

HPHConnect functionality

We've also restored functionality to [HPHConnect](#), our web-based transaction service. While users have been able to access HPHConnect throughout most of the system outage, a number of functions were unavailable. We've been restoring some of those functions over time, and now you can perform the following transactions:

- View claims status
- Verify member eligibility and benefits
- Search existing prior authorizations and referrals; submit requests as of July 10, 2023
- Directly access policies and resources via the Resource Center
- Access the provider look up
- View a patient's personal health record

Please keep in mind that that we are bringing member and provider data up to date and it may not yet be current.

For more information

In addition, you'll find more details, including information about claims timely filing and interest, in our [System Update FAQ](#). ▲

AbleTo virtual behavioral health program expanded

Tufts Health Direct | Tufts Health Together—MCOs | Tufts Medicare Preferred

Point32Health is partnering with AbleTo to offer its virtual behavioral health program to more members. AbleTo's personalized therapy program is now available to Tufts Health Direct, Tufts Health Together-MCO, and Tufts Medicare Preferred members, and will continue to be offered to Harvard Pilgrim Health Care commercial and StrideSM (HMO/HMO-POS) Medicare Advantage members.

Aligning with Point32Health's whole person approach to member care, [AbleTo's](#) clinical therapy programs are designed to improve both behavioral and physical health. AbleTo's structured eight-week virtual program is rooted in cognitive behavioral therapy and connects members with outpatient therapy, coaching, and digital support. All sessions are confidential and personalized and are conducted via phone or video chat (in English or Spanish) from the member's home. The program is aimed at helping members dealing with a medical condition or life stressor to better manage stress and anxiety, improve mood and outlook, cope with a health issue, and overcome barriers to making a positive change.

Members will be asked to sign a HIPAA consent form to let AbleTo coordinate care with the member's care team as needed throughout the program. If the member signs a HIPAA consent, AbleTo can provide a clinical case summary to their primary care provider.

While Point32Health will identify members who may benefit from the program and offer it to them, providers may also suggest the program for their patients. To do so, please direct members to call 1-833-522-5386, TTY 711 (Monday–Friday 9 a.m.–8 p.m. ET) or visit the appropriate AbleTo site: [Harvard Pilgrim](#) or [Tufts Health Plan](#). ▲

Update to Integra's DMEPOS network: Senior Products

Harvard Pilgrim Stride (HMO) Medicare Advantage | Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

We announced in the [May 2022 issue](#) of the former Tufts Health Plan-specific provider newsletter that all durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) providers servicing Tufts Health Public Plans Massachusetts members were moving onto the Integra's Partners Holdings, Inc. (our DMEPOS benefit manager) network.

Integra will soon begin to assume management of the DMEPOS provider network for Point32Health's Senior Products, starting on July 1, 2023 for Tufts Medicare Preferred and Tufts Health Plan Senior Care Options, and on Sept. 1, 2023 for Harvard Pilgrim Health Care StrideSM (HMO)(HMO-POS) Medicare Advantage.

We contacted affected DMEPOS providers by letter to inform them that they have the option to join the new Integra DMEPOS network, and must do so in order to continue servicing these members. Any member whose DMEPOS provider elects not to join the Integra network, or does not meet the network's credentialing and participation requirements, will be transitioned to an in-network provider. If one or more of your patients are transitioned to an Integra provider as a result of their previous DMEPOS provider opting not to join the network, you may receive a call from the new Integra provider to request copies of clinical documentation.

Whenever you are referring a patient for DMEPOS services, please review [Harvard Pilgrim](#) or [Tufts Health Plan's](#) Find a Doctor search tool, which will be updated regularly as providers are contracted into Integra's network, to ensure that you are referring the patient to an in-network provider.

If you are a DMEPOS provider and you wish to join Integra's network, we encourage you to do so by submitting a 'Request to join the network' inquiry via the [webform](#) on Integra's website. ▲

Reminder: join us for a personalized claims consultation

All products

In the spirit of collaboration with our valued provider partners, Point32Health is pleased to announce that we will be opening the doors to our Canton office this summer to host providers for claims consultations. The event will be an opportunity for providers to meet with our Provider Relations team, who will be available as a resource to support you by answering questions you may have about claims — from submission, to adjudication, to processing, and more.

The event will be Monday, July 24 from 10 a.m. to 2 p.m. at the Point32Health headquarters located at **1 Wellness Way, Canton, MA**. Appointments will be scheduled in 30-minute increments and registration is required — walk-ins unfortunately cannot be accommodated.

Refreshments will be served and Wi-Fi access will be available. Spanish speaking staff will also be available to offer assistance.

To reserve your space, please email Claims_Consultations@Point32Health.org by Wednesday, July 14 with the following information:

- Your name
- Your phone number
- Provider or facility name
- NPI
- Preferred time slots (30-minute increments between 10 a.m. and 2 p.m. on July24)

We hope to see you there!

Please note that we are now accepting claims for all lines of business — including Harvard Pilgrim commercial (see our [System update for providers page](#)), Harvard Pilgrim Medicare Advantage StrideSM (HMO)/(HMO-POS), Tufts Health Plan commercial, Tufts Health Plan Senior Products, Tufts Health Public Plans, and CarePartners of Connecticut. You should continue to submit corrected claims and provider payment disputes per your normal process, and claims should not be held until your consultation for any line of business. Paper claims should not be brought to these consultation appointments. ▲

FDA-unapproved product coverage update

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

Effective immediately, any products listed on the Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, and Tufts Health Direct formularies that have not been approved by the FDA will be excluded from coverage, in alignment with the information listed on our Evidence of Coverage documents and Member Handbooks.

Because unapproved products have not undergone FDA evaluation to determine whether they are safe and effective for their intended use, or whether they have other safety concerns, it is inappropriate to offer coverage for them.

Before prescribing any medication to a Point32Health member, please be sure to always refer to the member's formulary to verify that the medication is listed as covered. ▲

Join us for a provider training

All products

Point32Health's July webinars offer providers the opportunity to ask questions and share feedback while gaining the latest information on products, processes, systems and more. Registering is easy. Just click the links below!

Point32Health

Navigating the Provider Websites

- [Thursday, July 6 from 10-11 a.m. ET](#)

Integration and Behavioral Health Insourcing Updates

- [Monday, July 10 from 9-10 a.m.](#)
- [Tuesday, July 18 from 10-11 a.m.](#)
- [Wednesday, July 26 from 11 a.m.-noon](#)

Harvard Pilgrim Health Care

Referral, Prior Authorization, and Notification Overview

- [Tuesday, July 11 from noon-1 p.m. ET](#)

Provider Payment Dispute Overview

- [Thursday, July 27 from noon-1 p.m. ET](#)

HPHConnect Orientation for Behavioral Health Providers

- [Thursday, July 13 from 9-10 a.m.](#)
- [Tuesday, July 25 from 10-11 a.m.](#)

Tufts Health Plan

Tufts Health Together Accountable Care Organization (ACO) Overview

- [Wednesday, July 12 from 11 a.m.-noon](#)

Referral, Prior Authorization, and Notification Overview

- [Thursday, July 20 from 1-2 p.m.](#) ▲

MassHealth Unified Formulary updates

Tufts Health Together

As you may know, Tufts Health Together–MassHealth MCO Plan and ACPPs, in conjunction with the other Medicaid managed care organizations (MCOs) in the Commonwealth, utilize MassHealth’s Unified Formulary for pharmacy medications and for select medical benefit drugs.

Pharmacy coverage and criteria for Tufts Health Together consequently mirror that of MassHealth; for medical drug benefit coverage, in some cases we utilize the Unified Formulary coverage and criteria, while in others Point32Health criteria apply.

We’re sharing some updates regarding medical drugs and the MassHealth Unified Formulary, which will apply for Tufts Health Together beginning July 31, 2023.

July 1–31: interim in-house MNGs for three drugs

We’ve developed in-house Tufts Health Together MNGs for the drugs [Briumvi](#) (J2399), [Furoscix](#) (J1941), and [Sunlenca](#) (J1961), which will be in effect from July 1, 2023 until July 31, 2023, at which point these MNGs will be retired and the drugs will be managed using the MassHealth Unified Formulary and will use the [MassHealth Drug List](#) for criteria. The criteria on the temporary Tufts Health Together MNGs will mirror MassHealth’s criteria.

Other MassHealth Unified Formulary updates for July 31

In addition to the three drugs referenced above, the following medical drug updates will take effect on July 31 and will be reflected in Point32Health’s [Medical Necessity Guidelines for Medical Benefit Unified Formulary Drugs Requiring PA](#):

- **Lunsumio (J9350):** In-house MNG will be retired and MassHealth Drug List criteria will apply
- **Lamzede (J3490):** Prior authorization will be required and MassHealth Drug List criteria will apply
- **Perseris (J2798):** Prior authorization will no longer be required
- **Apretude (J0739):** Prior authorization will no longer be required
- **Trogarzo (J3590):** It will be required that the patient have an inadequate response or adverse reaction to one, or a contraindication to both of the following drugs in order to be covered: Rukobia and/or Sunlenca
- **Leqvio (J1306):** Changes related to the LDL-C range will require the patient to meet one of the following:
 - an inadequate response (defined as \geq the last 3 months) to a high intensity statin in combination with ezetimibe
 - an adverse reaction or contraindication to ezetimibe and an inadequate response (defined as \geq the last 3 months) to high intensity statin monotherapy
 - an adverse reaction to one high intensity statin or contraindication to all high intensity statins
- **Botox (J0585):** Will be approved for myofascial pain syndrome and myofascial pelvic pain syndrome as off-label indications with criteria ▲

Point32Health Medical Necessity Guideline updates

All products

Updates to Medical Necessity Guidelines (MNG)

MNG Title	Products Affected Effective	Date	Summary
Genetic Testing: BRCA1, BRCA2, Hereditary Breast, Ovarian, and Pancreatic Cancer	Tufts Health Plan commercial	Sept. 1, 2023	Prior authorization will be required for CPT codes 81432, 81433, and 0129U.
<p>Tepezza (Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether)</p> <p>Tepezza (Tufts Health Together)</p> <p>Tepezza (Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health Unify)</p> <p>Tepezza (Harvard Pilgrim commercial)</p> <p>Tepezza (Harvard Pilgrim Stride)</p>	Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage, Tufts Health Plan commercial, Tufts Health Together, Tufts Health Direct, Tufts Health RITogether, Tufts Health Plan Senior Products, Tufts Health Unify	Sept. 1, 2023	<p>Prior authorization will be required for Tepezza (HCPCS J3241) for Harvard Pilgrim Stride.</p> <p>For all applicable products, criteria expanded to reflect FDA guidance.</p>
<p>Opdualag (Harvard Pilgrim commercial: see OncoHealth site)</p> <p>Opdualag (Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether)</p> <p>Opdualag (Tufts Health Together)</p> <p>Opdualag (Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health Unify)</p>	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Public Plans, Tufts Health Plan Senior Products	Sept. 1, 2023 for Tufts Health Plan Senior Products; July 1, 2023 for all other applicable lines of business.	<p>Prior authorization will be required for Tufts Health Plan Senior Products.</p> <p>In alignment with OncoHealth criteria and guidance from the National Comprehensive Cancer Network, Tufts Health Plan initial approval criteria no longer require that the patient first try Keytruda and Opdivo before being eligible for coverage of Opdualag.</p> <p>For Harvard Pilgrim, initial approval criteria no longer require that the patient first try Keytruda, Opdivo, and/or combination therapy with Opdivo and Yervoy.</p>
Outpatient Rehabilitative Services: Occupational Therapy	Tufts Health Plan commercial, Tufts Health Direct	July 1, 2023	Removed limitation applied to occupational therapy treatment programs for children with attention deficit hyperactivity

MNG Title	Products Affected Effective	Date	Summary
Habilitative Services for Physical Therapy, Occupational Therapy and Speech Therapy Noncovered Investigational Services			disorder (e.g., skill-enhancing training such as motor-perceptual training, cognitive-perceptual training, handwriting training, self-care training, and social skills training). These treatment programs are now covered with prior authorization.
Community Support Programs including Specialized Community Support Programs	Tufts Health Together, Tufts Health Plan Senior Care Options	July 1, 2023	New comprehensive coverage guideline outlining criteria from MassHealth. Notification will continue to be required for the services on the MNG, and prior authorization is not required.
Altuviiiio (Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether) Altuviiiio (Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health Unify) Aultuviiiio (Harvard Pilgrim commercial) Altuviiiio (Harvard Pilgrim Stride)	Harvard Pilgrim commercial, Harvard Pilgrim Stride SM (HMO)(HMO-POS) Medicare Advantage, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health Plan Senior Products, Tufts Health Unify	July 1, 2023	Prior authorization now required for Altuviiiio (HCPCS J3490), approved by the FDA in February 2023 for the treatment of hemophilia A.
Botulinum Toxins (Harvard Pilgrim commercial) Botulinum Toxins (Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether)	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether	July 1, 2023	Criteria for Botox (HCPCS J0585) for the treatment of overactive bladder broadened to allow for Botox to be prescribed by a urologist or a urogynecologist.
Lamzede (Harvard Pilgrim commercial) Lamzede (Harvard Pilgrim Stride) Lamzede (Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether) Lamzede (Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health Unify)	Harvard Pilgrim commercial, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health Plan Senior Products, Tufts Health Unify	July 1, 2023	Prior authorization now required for Lamzede (HCPCS J3490), approved in February 2023 for the treatment of non-central nervous system manifestations of alpha-mannosidosis.

MNG Title	Products Affected Effective	Date	Summary
<p>Retinal Disorders (Harvard Pilgrim Stride)</p> <p>Retinal Disorders (Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health Unify)</p>	<p>Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage, Tufts Health Unify, Tufts Health Senior Products</p>	<p>July 1, 2023</p>	<p>One overarching MNG has been developed for Retinal Disorders. The following individual drug policies have been retired, and their criteria (which have not changed) can now be found on the overarching MNG for this drug class:</p> <ul style="list-style-type: none"> • Byooviz (Q5124) • Beovu (J0179) • Cimerli (Q5128) • Lucentis (J2778) • Eylea (J0178) • Susvimo (J2778) • Vabysmo (J2777) • Visudyne (J3396)
<p>OncoHealth HPHC Chemotherapy HCPCS J-Codes List</p>	<p>Harvard Pilgrim commercial, Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage</p>	<p>July 1, 2023</p>	<p>Prior authorization now required for Zynyz (HCPCS J3490), approved by the FDA in March 2023 for adult patients with metastatic or recurrent locally advanced Merkel cell carcinoma (MCC).</p>
<p>Briumvi</p> <p>Furoscix</p> <p>Sunlenca</p>	<p>Tufts Health Together</p>	<p>July 1, 2023</p>	<p>New MNGs for Briumvi (J2399), Furoscix (J1941), and Sunlenca (J1961). These MNGs will be in effect from July 1, 2023 to July 31, 2023, at which point the MNGs will be retired and the drugs will be managed using MassHealth Unified Formulary criteria for Tufts Health Together members. The criteria on the temporary Tufts Health Together MNGs will mirror MassHealth’s criteria. Refer to the article titled “MassHealth Unified Formulary updates” in this issue for more information.</p>
<p>Medicare Part B Step Therapy (Tufts Medicare Preferred, Tufts Health Plan SCO, Tufts Health Unify)</p>	<p>Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health Unify, Harvard Pilgrim StrideSM (HMO)(HMO-POS) Medicare Advantage</p>	<p>July 1, 2023</p>	<p>Vivimusta (HCPCS J9506), a drug in the Bendamustine HCl injection class used to treat chronic lymphocytic leukemia, has been added as a non-preferred product and now requires prior authorization.</p>

MNG Title	Products Affected Effective	Date	Summary
Medicare Part B Step Therapy (Harvard Pilgrim Stride) Harvard Pilgrim OncoHealth Medicare Part B Step Therapy			Generic Bendamustine HCl (HCPCS J9033) has been added as a preferred products and does not require prior authorization.



Pharmacy coverage changes

Harvard Pilgrim and Tufts Commercial | Tufts Health Direct | Tufts Health Plan Commercial | Tufts Health RITogether

Updates to Existing Prior Authorization Programs

Drug	Plan	Eff. date	Policy & Additional Information
Cresemba (isavuconazonium) capsule	Tufts Health RITogether	Sept. 1, 2023	Cresemba (isavuconazonium) capsule
Imcivree	Tufts Health RITogether, Tufts Health Plan commercial, Tufts Health Direct, Harvard Pilgrim Health Care commercial	Sept. 1, 2023	Imcivree (setmelanotide) (Harvard Pilgrim ; Tufts Health Plan)
Injbrija (levodopa)	Tufts Health RITogether	Sept. 1, 2023	Injbrija (levodopa)
Insulin and Diabetes Supplies	Tufts Health Plan commercial, Tufts Health Direct, Harvard Pilgrim Health Care commercial	Sept. 1, 2023	Insulin and Diabetes Supplies (Harvard Pilgrim ; Tufts Health Plan)
Pyrukynd	Tufts Health RITogether	Sept. 1, 2023	Pyrukynd (mitapivat)
Tegsedi	Tufts Health RITogether, Tufts Health Plan commercial, Tufts Health Direct, Harvard Pilgrim Health Care commercial	Sept. 1, 2023	Tegsedi (inotersen) (Harvard Pilgrim ; Tufts Health Plan)
Voxzogo	Tufts Health RITogether, Tufts Health Plan commercial, Tufts Health Direct, Harvard Pilgrim Health Care Commercial	Sept. 1, 2023	Voxzogo (vosoritide) (Harvard Pilgrim ; Tufts Health Plan)
Vyndagel, Vyndamax	Tufts Health RITogether, Tufts Health Plan commercial, Tufts Health Direct, Harvard Pilgrim Health Care commercial	Sept. 1, 2023	Tafamidis Products: Vyndamax, Vyndaqel (Harvard Pilgrim ; Tufts Health Plan)
Xadago (safinamide)	Tufts Health RITogether	Sept. 1, 2023	Xadago (safinamide)



Coordination of medical and behavioral health care

All products

At Point32Health, we believe collaboration and communication between primary care physicians (PCPs) and behavioral health care providers are pivotal to quality patient care, helping to minimize adverse medication interactions, allowing for better management of treatment, and improving follow-up for patients with behavioral health and other medical conditions.

Because patients with serious medical conditions often have co-occurring behavioral health complaints (e.g., depression and/or anxiety, insomnia, substance use disorder) that can exacerbate their medical condition, using the primary care setting as a gateway for behavioral health and primary care needs has proven to be an effective way to address the needs of the whole person and improve health outcomes.

Coordinating care for a common patient

Individuals with co-occurring physical and behavioral health conditions often rely on multiple organizations and treatment professionals to provide their care, requiring effective coordination for improved health outcomes and fewer gaps in care. While Tufts Health Plan does not require referrals for outpatient behavioral health treatment, Point32Health encourages all PCPs to screen patients for any behavioral health concerns and subsequently initiate and coordinate care, as appropriate, with behavioral health specialists.

Communication among providers treating a common patient aids the PCP by confirming that the patient followed through on seeking care from a behavioral health care provider:

- We encourage PCPs to request that other treating professionals provide them with relevant clinical information such as any medical, behavioral health, or substance use treatment and medications they are prescribing, and to document actions in the patient progress notes.
- It's also helpful to discuss with patients at their initial primary care session about the benefits of coordinating their care with other health care professionals.

Patient release of information

PCPs can assist behavioral health practitioners by requesting that their patient complete a [Confidential Exchange of Information form](#) (Harvard Pilgrim) or [Authorization to Disclose Protected Health Information form](#) (Tufts Health Plan) to disclose information such as the reason for the referral (e.g., presenting problem, preliminary behavioral health diagnoses, chief concern), any medical conditions the patient may have or medications currently being prescribed, etc. You may also use your own release of information form.

Resources for additional guidance

We encourage providers to use to this [Coordination of Care Check List](#) to assist with documentation of processes, contacts, and other information integral to the whole-person treatment of primary care/behavioral health patients.

Point32Health believes the spirit of partnership and collaboration is the key to an exceptional health care experience:

- If you need help finding a behavioral health clinician for your Tufts Health Plan patients, you can call the [Tufts Health Plan Behavioral Health Department](#).
- For assistance with behavioral health referrals for Harvard Pilgrim Health Care members, call Optum/UBH at 888-777-4742. ▲

Updates and reminders for FUH and IET HEDIS measures

All products

As we've announced in previous articles, Point32Health maintains a series of HEDIS tip sheets (available on the [Harvard Pilgrim](#) and [Tufts Health Plan](#) provider websites), which offer insight into specific HEDIS measures — one of health care's most widely used performance improvement tools.

The best practices and tips highlighted on 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 reported accurately and reflects your practice's performance.

Because we're always looking for ways to make it as easy as possible for our valued provider network to work with us in delivering exceptional patient care, we'd like to highlight some information and reminders that may help support you in your efforts to adhere to the guidelines and standards of care set forth by the Follow-Up After Hospitalization for Mental Illness (FUH) and Initiation and Engagement of Substance Use Disorder Treatment (IET) measures.

FUH measure

Point32Health's HEDIS tip sheet for the [FUH measure](#) offers information including what constitutes appropriate follow-up care, which provider types can administer this care to satisfy the measure, and some provider best practices to keep in mind.

The follow-up care assessed by this measure can include telehealth visits with a behavioral health provider. In light of this, we'd like to remind providers that Point32Health recently entered into a collaboration with Valera Health to increase access to quality virtual behavioral health services and provide evidence-based care to Point32Health members in Massachusetts. Valera Health offers a convenient [online referral tool](#) you can use to refer patients for outpatient behavioral health treatment after hospitalization for treatment of mental illness or intentional self-harm diagnoses, and we encourage you to take advantage of this tool when appropriate.

You can find additional resources and information on the [Behavioral Health Programs and Resources page](#) on Tufts Health Plan's provider website, as well as the [Caring for Your Patient page](#) on Harvard Pilgrim's provider website.

IET measure

The IET measure documents the follow-up care patients receive after a new episode of substance use disorder (SUD). Our [HEDIS tip sheet for IET](#) emphasizes the value of screening for early identification, as well as appropriate follow-up after an SUD — which is as vital as the screening and diagnosis process itself.

After a patient is diagnosed with SUD in the primary care setting, it's crucial to ensure that the patient receives treatment with a behavioral health specialist. Treatment, including medication assisted-treatment, in conjunction with counseling or other behavioral therapies, has been shown to reduce Alcohol-and-Other-Drug-(AOD)-associated morbidity and mortality.

If you need help finding a behavioral health clinician for your Tufts Health Plan patients, you can use the online [Find a Doctor search tool](#) or call the [Tufts Health Plan Behavioral Health Department](#). For assistance with behavioral health referrals for Harvard Pilgrim Health Care members, call Optum/UBH at 888-777-4742. ▲

Clinical discharge summaries for psychiatric and SUD treatment

All products

As a reminder, psychiatric and substance use disorder treatment facilities are required to submit discharge summaries within 24 hours of member discharge from an inpatient, residential treatment, or partial hospitalization program.

The following information is required for Tufts Health Plan members:

- date of discharge
- discharge diagnosis
- medications at discharge
- discharge “to” location
- member phone number
- scheduled aftercare appointments (including dates and provider names)
- mental status at discharge
- Child and Adolescent Needs and Strengths (CANS), if applicable
 - CANS is required only for MassHealth Together ACO/MCO members aged 20 and under when discharging from an inpatient program (IP), community-based acute treatment (CBAT) program, or partial hospitalization program (PHP).

Discharge summary information for Tufts Health Plan commercial and Medicare members can be submitted via the [THP portal](#). For Tufts Public Plan members, including those with Unify & SCO, discharge summaries should be submitted to your assigned Behavioral Health Utilization Reviewer or faxed to the appropriate number below.

- Tufts Health Together (ACO/MCO)
Fax: 888-977-0776
- Tufts Health Plan Senior Care Options (SCO)
Fax: 617-673-0705
- Tufts Health Unify
Fax: 857-304-6304

Psychiatric and substance use treatment facilities that are discharging Harvard Pilgrim Health Care members should continue with the current process of coordinating aftercare through Optum, ensuring that all members have scheduled follow-up appointments with the appropriate program or provider. For network questions or assistance, providers can call 888-777-4742. ▲

Screening for depression in the primary care setting

All products

According to the [National Alliance on Mental Illness \(NAMI\)](#), about 21 million adults in the U.S. (more than 8% of the population) experienced at least one major depressive episode in 2020. Although reduced societal stigma and increased understanding of depression as a serious medical condition have positively impacted the number of patients seeking help, research suggests that fewer than half of Americans living with depression are treated.

The good news is there are several depression screening tools available for use in the primary care setting, which Point32Health recommends as a starting point for diagnosis and coordination of follow-up care. A simple first step is the two-question Patient Health Questionnaire (PHQ-2), comprised of the first two questions on the longer PHQ-9. If a patient answers “yes” to either question regarding feelings of hopelessness, depression, or lack of interest, the [PHQ-9](#) is recommended. The PHQ-9 takes only a few minutes to complete and rates the frequency of

depressive symptoms. Physicians can quickly score results of the PHQ-9 and administer it multiple times throughout a patient's treatment to monitor changes in depressive symptoms. The PHQ-9 is considered a reliable, efficient tool that serves as a strong base for diagnosis and determination of treatment, including specialty and collaborative care when appropriate.

For recommendations on next steps after obtaining a patient's initial PHQ-9 score, refer to Point32Health's [Guide for Treating Depression in the Primary Care Setting](#).

Other tools and resources

Additional screening tools available for use in primary care include the [Beck Depression Inventory \(BDI\)](#), a 21-item, self-report rating inventory, the [Center for Epidemiological Studies Depression Scale \(CES-D\)](#), designed to measure symptoms of depression in caregivers, and the [Edinburgh Postnatal Depression Scale \(EPDS\)](#) for detecting postpartum depression. EPDS assesses mood symptoms and self-destructive thoughts and can be administered in OB/GYN, pediatric, and behavioral health care settings. To screen for depression in seniors, the [Geriatric Depression Scale \(GDS\)](#) is often utilized.

In the [Caring for Your Patient section](#) of the Harvard Pilgrim provider website, you can find more depression screening tools and information, as well as links to resources available through the American Psychological Association.

Point32Health supports our primary care partners in following recommended depression screening guidelines — providing routine screening for seniors, adults, and adolescents during regular medical office visits, with annual screenings to follow unless otherwise clinically indicated. Working together, we can continue to make a positive impact on the number of patients experiencing depression who decide to seek help for this treatable condition.

Assistance facilitating follow-up care

If you need help finding a behavioral health clinician for your Tufts Health Plan patients, call the [Tufts Health Plan Behavioral Health Department](#).

For assistance with behavioral health referrals for Harvard Pilgrim Health Care members, call Optum/UBH at 888-777-4742. ▲

MassHealth guidance on provider-to-provider e-consults

[Tufts Health Plan Senior Care Options | Tufts Health Together—MassHealth MCO Plan and ACPPs | Tufts Health Unify](#)

In response to the increased utilization of telehealth services, MassHealth released [All Provider Bulletin 355](#) in October 2022 to announce their plan to implement a policy for coverage of provider-to-provider e-consults. More recently, MassHealth issued the March 2023 [All Provider Bulletin 364](#) to provide additional information regarding the policy, including CPT codes available for billing e-consult services, as well as coverage and billing guidance.

Point32Health has updated our applicable Tufts Health Plan systems, as well as the Tufts Health Plan Evaluation and Management Professional Payment Policy, to reflect the guidance in this bulletin for dates of service on or after April 1, 2023, and Tufts Health Together claims are being reprocessed.

Changes include:

- For an initial provider-to-provider e-consult, CPT code **99452** must be used (both to create the consult and respond to the member) for instances requiring at least 30 minutes of the requesting provider's time. This code will only be paid one time per member in a 14-day period, even if billed multiple times during the period. Providers in a primary care setting or providing E/M services may bill **99452** when seeking specialty guidance from a specialist with whom the member doesn't already have an established relationship, as outlined.

- The following codes may be used to answer a provider-to-provider e-consult of five minutes or more medical consult time and/or acting in a specialty care and consultative function: **99451, 99446, 99447, 99448 or 99449**. These codes will only be paid once per seven-day period per member, even if billed multiple times during the period. These codes will not pay if the member has already had an e-consult with another provider of the same type within 14 days; the provider rendering specialty guidance must be from a specialty type with whom the member doesn't already have an established relationship.
- Codes for e-consult must be billed on a professional claims form.
- Telehealth modifiers are not required and will not be accepted for the following codes: **99446, 99447, 99448, 99449, 99451, or 99452**.
- E-consults may be billed for the same date of service as an office visit.

For more information, please refer to the updated [Evaluation and Management Professional Payment Policy](#). ▲

Update for acute inpatient facility readmissions

Tufts Health Direct | Tufts Health RITogether | Tufts Health Together | Uncategorized

Please be aware that for dates of service beginning Sept. 1, 2023, the readmission policies for Tufts Health Direct, Tufts Health Together, and Tufts Health RITogether identified on our Tufts Health Public Plans Inpatient Facility Payment Policy, which currently apply for diagnosis-related group (DRG) facilities, will be expanded to additionally apply to providers reimbursed at a case rate.

For DRG groups or providers reimbursed at a case rate, payment for an acute medical readmission to the same acute facility within 30 days may be denied if Tufts Health Plan determines that the readmission was due to a premature discharge or related to the previous admission, or that the readmission was for services that should have been rendered during the previous admission. If the second admission is determined to be a readmission, the higher DRG of the two admissions will be compensated.

For more information, please refer to the [Inpatient Facility Payment Policy](#), which we have updated to reflect this change. ▲

Reminder of telehealth billing requirements

Tufts Health Plan Senior Care Options | Tufts Health Together | Tufts Health Unify

We're offering some reminders and clarifying information on billing for telehealth services for Tufts Health Plan Senior Care Options, Tufts Health Together, and Tufts Health Unify members.

In accordance with guidance from MassHealth and associated requirements outlined in Tufts Health Plan's Telehealth/Telemedicine Payment Policy, when submitting a professional claim for services provided via telehealth, you're required to use place of service (POS) code 02 (telehealth provided other than in patient's home) or POS 10 (telehealth provided in patient's home), as appropriate. In conjunction with POS 02 or 10, you must append one of the following modifiers (only these modifiers will be accepted for telehealth services) and only one should be reported per line:

- **Modifier 93** – synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system (append to codes listed in Appendix T of the CPT Manual)
- **Modifier 95** – synchronous telemedicine service rendered via a real-time audio and video telecommunications system (append to codes listed in Appendix P of the CPT Manual)
- **Modifier FQ** – telehealth service utilizing real-time audio-only communication

- **Modifier FR** – supervising practitioner was present through two-way, audio/video communication technology
- **Modifier GQ** – asynchronous telecommunications system.

We will deny professional telehealth claims that do not include an appropriate modifier. As a reminder, it is not appropriate to report modifier V3 (services rendered via audio-only telehealth) for Tufts Health Plan Senior Care Options, Tufts Health Together, and Tufts Health Unify members.

In addition, please keep in mind that if you are a distant-site provider and submit an institutional claim for a telehealth service, you must append modifier GT (via interactive audio and video telecommunications systems) on the institutional claim when there is an accompanying professional claim containing POS code 02 or 10.

For more information, refer to the [Tufts Health Plan Telehealth/Telemedicine Payment Policy](#). ▲

Changes to ambulatory surgical center payments

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred HMO/PPO

Effective for dates of service beginning Sept. 1, 2023, CPT code 99070 (supplies and materials provided by the physician or other qualified healthcare professional) will no longer be separately reimbursed for ambulatory surgical centers (ASCs). After this date, reimbursement will be bundled into the ASC facility payment, which is in alignment with existing Medicare guidelines.

In accordance with Medicare, CPT code 99070 is considered a packaged service and not otherwise separately reimbursed. ▲

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.

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