Insights and Updates for Providers

March 2024

Point32Health to acquire Health New England

All products

We're pleased to announce that Point32Health, the not-for-profit parent company of Harvard Pilgrim Health Care and Tufts Health Plan, has signed a definitive agreement with Baystate Health to acquire its subsidiary, Health New England.

Health New England, a not-for-profit health plan in Springfield, offers a range of plans in the Commercial, Medicaid and Medicare markets and serves approximately 180,000 members concentrated in Western Massachusetts. Point32Health offers employer-sponsored plans; Medicare and Medicaid plans; plans on the state exchange and plans for those who are dually eligible for Medicare and Medicaid. Point32Health serves 1.9 million members in Massachusetts, Maine, Connecticut, New Hampshire, and Rhode Island.

The acquisition is expected to improve product offerings and expand access to a broader network with wider geographic reach.

"Preserving and enhancing strong, high-quality, not-for-profit health plans is critical for Massachusetts health care," said Cain A. Hayes, president and CEO of Point32Health. "We are excited at the possibility of welcoming Health New England into the Point32Health family of companies. As two health plans in the state that serve Commercial, Medicaid and Medicare populations, we have the commitment and expertise to serve people of all socioeconomic backgrounds, especially the underserved, and to improve members' quality of life through programs and services that improve whole person health."

The agreement, which was unanimously approved by the Board of Directors of Point32Health and the Board of Trustees of Baystate Health, is subject to regulatory approvals.

For additional information, please refer to this <u>press release</u>. We will share further updates in future issues of Insights and Updates for Providers. \triangle

Our response to Change Healthcare's cybersecurity incident

Uncategorized

On Feb. 21, we were made aware that Change Healthcare, a subsidiary of Optum, experienced a cybersecurity incident that has caused a disruption to their systems. Change Healthcare interacts with Point32Health and its family of companies — including Tufts Health Plan, Tufts Health Public Plans, Harvard Pilgrim Health Care and CarePartners of Connecticut — as a provider clearinghouse, through the use of their Interqual[®] criteria, and for other services.

Out of an abundance of caution, we suspended services, system access, and data transmissions between Point32Health and Change Healthcare, and will be bringing these connections back online only after we have determined that it is safe to do so.

This incident impacted Change Healthcare systems, and there is no current threat to our Point32Health systems. We are continuing to conduct all business operations, including processing claims, referrals, notifications, and authorization requests.

For details on an impacts and workarounds, please refer to our webpage on this incident.



Provider data, enrollment, and credentialing email address

Tufts Health Plan Commercial | Tufts Health Public Plans

In support of Point32Health's continued commitment to simplifying the provider experience, we are consolidating the email addresses used when submitting requests for provider information changes, provider enrollment, and credentialing to Tufts Health Plan.

Instead of using separate email addresses based on the type of request, we now have a single point of intake for Commercial and Tufts Health Public Plans. Going forward, please submit these requests for Tufts Health Plan to: Provider Information Dept@point32health.org.

The following email addresses should no longer be used for Commercial and Tufts Health Public Plans: Tufts Health Plan Credentialing Department@point32health.org, Provider Data Reguest@point32health.org, and RIProviderEnrollment@point32health.org. Please update your notes and systems to ensure your requests are received. To help facilitate this change, we have set up temporary email forwarding for requests sent to these email addresses.

This change does not impact requests to Harvard Pilgrim Health Plan. Requests for provider information changes, provider enrollment, and credentialing to Harvard Pilgrim should continue to be sent to: PPC@point32health.org.



Harvard Pilgrim Health Care

We're updating some of the user roles in HPHConnect to enhance the experience for users of our secure portal. These naming convention changes are aimed at helping providers and office staff better understand the roles associated with their HPHConnect account, and won't affect your functionality.

Beginning March 6, you'll notice the following user roles:

- Main Office Contact (formerly Office Manager): The main office contact has access to all administrative functions including checking claims and referral/authorization status, verifying member eligibility, and submitting claims and referral/authorization transactions. Typically, a practice may designate an office manager, practice administrator, site administrator or group administration for this role.
- Clinician Designee Main Office Contact (formerly Clinician Designee Office Manager): This role is appropriate for medical professionals (such as nurses, nurse case managers, medical assistants, etc.) who require access to a member's medication history and personal health record (if the member has granted permission). In addition to providing access to this information, the user can perform the general functions noted above (checking claims and referral/authorization status, verifying member eligibility, and submitting claims and referral/authorization transactions).
- Provider (a newly created role): This role is appropriate for care providers who do not prescribe medications. These users have access to all administrative functions including checking claims and referral/authorization status, verifying member eligibility, and submitting claims and referral/authorization transactions. However, they do not have access to the prescription data or personal health record in the portal.

For additional information, please refer to the updated <u>HPHConnect User Role Information policy</u> in the <u>eServices & Online Solutions</u> section of Harvard Pilgrim's Commercial Provider Manual; the <u>How to Add Delete and Modify Users user guide</u>, and the <u>User Role Update Form</u>.

Oral formula authorization request update

Harvard Pilgrim Health Care Commercial | Harvard Pilgrim Stride (HMO) Medicare Advantage

In last month's issue of Insights and Updates for Providers, Point32Health communicated that as of Feb. 22, 2024, contracted durable medical equipment (DME) providers submitting prior authorizations for oral enteral formula for Harvard Pilgrim Commercial and StrideSM (HMO)/(HMO-POS) Medicare Advantage members would be able to request the number of days for which they will provide formula.

We have encountered some system delays and will need to postpone this capability, and ask that DME providers please continue to request authorization for oral formula as you have done previously: by identifying the number of units of formula you intend to dispense over the course of the date span on the authorization. For the time being, the number of units of formula will continue to be used as the count qualifier on the authorization, as opposed to the number of days.

We apologize for any confusion this may have caused, and encourage you to refer to future issues of *Insights and Updates for Providers* for updates regarding the submission of formula authorization requests. \triangle

Reminder: Join us for Dr. Jud Brewer's Hunger Habit workshop!

All products



If you haven't already, we encourage you to register for Dr. Jud Brewer's March 5 mindfulness and eating workshop for health care professionals. Dr. Jud Brewer, MD, Ph.D. ("Dr. Jud"), is a New York Times best-selling author and thought leader in the field of habit change. We're pleased to offer:

The Hunger Habit: Methods to Transform Our Relationship with Eating Tuesday, March 5, noon to 1 p.m.

Ideal for health care professionals who treat patients struggling with unhealthy eating patterns, Dr. Brewer's virtual workshop will focus on practical processes for changing unhelpful habits and making healthier choices. Visit our Mind the Moment webpage for complete details.

Join us in advancing health equity

Tufts Health Together

Do you have a passion for advancing health equity for your MassHealth patients? If you are a contracted provider in our Tufts Health Together network, we invite you to join our MassHealth Health Equity committee. Your expertise and participation are crucial in advancing health equity and addressing barriers to accessing high-quality health care.

We know you're busy and the time commitment is limited. The committee will hold virtual hour-long quarterly meetings.

Through your participation, you'll share your perspectives and suggestions with a diverse group of stakeholders passionate about advancing health equity in Massachusetts — including members, Point32Health leadership, and other providers.

If you are interested in learning more, please <u>complete this brief survey</u>, and we will follow up with you to provide additional information.

Living Well program offers free resources to all

All products

Are your patients looking for free resources to support them in healthier living? Point32Health's Living Well program offers an abundance of wonderful resources for patients who are looking to make improvements in their physical and mental health from the comfort of their own home. The program is free to all — no membership in any specific health plan is required, and participants can simply drop in with no advance registration.

The program offers virtual health and wellness classes and webinars, guided mindfulness sessions, as well as a variety of fitness classes including yoga, Zumba and strength training; additionally, recordings of past classes can be found on the Point32Health Living Well <u>YouTube page</u>. Patients can also access our meditation hotline, which features brief, pre-recorded sessions in English and Spanish and is available 24/7 by phone at 877-589-6736.

We encourage providers to promote our Living Well program offerings to their patients or any other members of the community who may find them beneficial — or to take part in them yourself. Be sure to check the <u>Living Well page</u> regularly, as it's updated often with classes available weekly.

Reminder: Step therapy protocols and exceptions

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

As previously announced in the <u>October issue of Insights and Updates for Providers</u>, Massachusetts law states that the clinical review criteria used to establish a step therapy protocol cannot require members to utilize a medication that is not likely to be clinically effective for the prescribed purpose. As a result, Massachusetts law now requires mandatory exceptions in step therapy protocols.

To support the step therapy exceptions request process, the Massachusetts Division of Insurance recently updated the MA Standard Form for Medication Prior Authorization Requests and the MA Standard Form for Chemotherapy and Supportive Care Prior Authorization Requests. The MA Standard Form for Hepatitis C Medication Prior Authorization Requests is also in the process of being updated. You can access the latest versions of these forms in the pharmacy section on <a href="https://oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.gov/oxen.pubm.nih.go

Health plans are required to process step therapy exceptions and appeals within 3 business days following the receipt of all necessary information needed to make a medical necessity determination. For urgent requests, health plans are required to respond back within 24 hours following the receipt of all necessary information if additional delay would result in significant risk to the member's health or well-being. For expedited step therapy appeals, please mark the subject line as "24 hours – Expedited".

If a member has already been prescribed and is stable on a drug subject to step therapy requirements, we will allow a one-time transition fill for up to a 30-day supply of the requested drug while an exception to the step therapy request is being reviewed.

To learn more about our pharmacy program, please refer to the <u>pharmacy section of our provider website</u>, <u>Harvard Pilgrim Commercial Provider Manual</u>, <u>Tufts Health Plan Commercial Provider Manual</u>, and <u>Tufts Health Plans Provider Manual</u>.

CMS Medicare Advantage provider directory audits

Point32Health Medicare Advantage/Senior Products

Provider directories are an important resource for health care consumers, who rely on them to make informed decisions regarding their health care choices.

It's important that providers assist in efforts to maintain accurate and up-to-date information in provider directories, because inaccuracies can create barriers for members to receive services critical for their health and well-being.

To that end, and in accordance with the Consolidated Appropriations Act of 2020, the Centers for Medicare and Medicaid Services (CMS) conducts Medicare Advantage online provider directory reviews. We recommend that providers in our Harvard Pilgrim Health Care and Tufts Health Plan Medicare Advantage/Senior Products network assign someone in your office to be responsible for managing activities related to provider directory information, as you may receive outreach from CMS in connection to an audit and it's crucial that you're prepared to address any questions they may have.

Be prepared: questions CMS is likely to ask

Point32Health deeply values our exceptional providers and we're committed to supporting you however we can. To set you up for success in the event of an outreach call from CMS, we want to ensure that you have an opportunity to review the information you're likely to be asked about. In this <u>Online Provider Directory Review Report</u> issued by CMS, you can find the questions that are typically associated with these audits.

Should your office receive a call from a patient or CMS regarding provider directory information, we encourage you to forward the call to your designated associate to respond to the inquiries, which may include (but are not limited to):

- · Does the provider see patients at this location?
- Does the provider accept Medicare Advantage Prescription Drug plans at this location?
- Does the provider accept new patients who have a MA-PD plan? (The provider directory is considered accurate if it correctly indicates the provider is or is not accepting new patients.)
- What is the telephone number for making appointments? (Usually confirmed by dialing the phone number.)

Refer to the CMS <u>Online Provider Directory Review Report</u> (pages 10-11) for a more extensive list of questions that may be asked to determine directory accuracy.

Please be aware that providers who do not respond to verification requests from CMS may face delayed claim reimbursements and removal from provider directories.

Help us keep directory information up to date

All products

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. In accordance with the No Surprises Act of 2021, providers should review and revalidate their information every 90 days to ensure accuracy of the Provider Directory. Failure to review and update information at least every 90 days may result in directory suppression until such information is validated.

At a minimum of every 90 days, providers should make sure to review and verify the accuracy of their information displayed in our <u>Harvard Pilgrim Health Care</u> and <u>Tufts Health Plan</u> provider directories (including practice location, phone number, hours of operation, ability of each individual provider to accept new patients, and any other information that affects the content or accuracy of the directories).

Reporting changes

Changes to data should be reported via the <u>CAQH Provider Data Portal</u> (formerly known as CAQH ProView) for those who have implemented it.

Report any contractual affiliation changes to Harvard Pilgrim and/or Tufts Health Plan by:

- Submitting a <u>Provider Change Form</u> to Harvard Pilgrim's Provider Processing Center for Harvard Pilgrim
 products by email at <u>PPC@point32health.org</u>, or;
- Submitting a <u>Medical</u> or <u>Behavioral Health</u> Provider Information Form to <u>provider information dept@</u> point32health.org.

(Please keep in mind that if your practice participates in both the Harvard Pilgrim and Tufts Health Plan provider networks, you will need to report demographic data changes to both plans as identified above.)

If Point32Health identifies potentially inaccurate provider information in the directories, we may outreach to your practice to validate or obtain accurate information. If we are unable to obtain a timely response, the provider record may be subject to suppression in the directories until up-to-date information is received.

Additional information

For additional information, please refer to the updated Directory Accuracy and Suppression of Unverified Provider Information policies for Harvard Pilgrim Commercial plans and Harvard Pilgrim StrideSM (HMO)/(HMO-POS)

<a href="Modes and Suppression of Unverified Provider Information sections recently added to the Providers sections of our Tufts Health Plan Commercial, Senior Products, and Public Plans Provider Manuals. Modes and Public Plans Provider Manuals.

Billing update for Specialized Community Support Program Services

Tufts Health One Care | Tufts Health Plan SCO | Tufts Health Together

Per guidance issued by MassHealth on Jan. 5, 2024, if you provide Specialized Community Support Program (CSP) Services for Homeless Individuals (CSP-HI) to eligible members receiving CSP-HI services while residing in a medical respite program, you can begin billing for these services as early as the first day that the member is admitted to the medical respite program.

CSP-HI provides assistance to members before, during, and after transitioning into housing and is available to homeless members who frequently utilize MassHealth's acute care services. Notification to Tufts Health Plan is required for CSP-HI services and should be provided by <u>completing this form</u> and returning it by fax to the appropriate number listed at the top of the form.

As a reminder, when billing for CSP-HI services, please be sure to submit claims using HCPCS code H2016 (comprehensive community support services, per diem) with the modifier "HK" (specialized mental health programs for high-risk populations). In addition, the appropriate secondary diagnosis code must be included to reflect the member's housing situation:

- 00 Homelessness, unspecified
- 01 Sheltered homelessness
- 02 Unsheltered homelessness

Point32Health's (CSP-HI) performance specifications have been updated to reflect MassHealth's billing guidance for members who are residing in medical respite programs.

Information on additional MassHealth Community Support Program (CSP) Services — including those for eligible members experiencing housing instability or justice involvement — can be found at:

- Community Support Programs (CSP)
- Community Support Program Tenancy Preservation Program (CSP-TPP)
- · Community Support Program for Individuals with Justice Involvement (CSP-JI)



Coverage update for mental health wellness examinations

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

We're pleased to share that effective for dates of service beginning March 31, 2024, mental health wellness exams performed by a primary care provider or licensed mental health professional will be covered annually—at no cost—to eligible members of Massachusetts Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct plans.

A mental health wellness examination, as defined by the Mass Department of Mental Health, is a screening or assessment that seeks to identify any behavioral or mental health needs and appropriate resources for treatment. The examination may include:

- Observation; a behavioral health screening; education and consultation on healthy lifestyle changes; referrals
 to ongoing treatment; mental health services and other necessary supports; and discussion of potential options
 for medication
- Age-appropriate screenings or observations to understand a covered person's mental health history, personal history, and mental or cognitive state, and when appropriate, relevant adult input through screenings, interviews, and questions

Providers are encouraged to refer to the <u>Mental Health Examination Overview and Requirements</u> (Appendix A) of DOI Bulletin 2024-02 for detailed information on exam components and guidance for communicating with patients.

Prior authorization for mental health wellness examinations is not required. When submitting claims for these exams, providers must use the following codes:

- **Procedure Code: 90791** (an integrated biopsychosocial assessment—including history, mental status, and recommendations)
- **Diagnosis Code: Z13.30** (encounter for screening examination for mental health and behavioral disorders—unspecified)
- **Modifier: 33** (to indicate that evaluation is for preventive purposes, not for a particular presenting issue/illness and that evaluation is not subject to cost sharing)

For more information and additional billing details, please refer to Point32Health's updated <u>Behavioral Health and Substance Use Disorder</u> and <u>Outpatient Behavioral Health & Substance Use Disorder</u> payment policies. \triangle

Billing for lead screening

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

Lead screenings are considered a preventive service for ages 0-6 years and are required under the Affordable Care Act to be covered with no member cost share when rendered by an in-network provider.

For preventive lead screenings you must bill the appropriate CPT procedure code (83655) with the correct ICD-10 diagnosis code (Z13.88).

When submitting claims for these services, it's important to bill in accordance with our <u>Harvard Pilgrim Patient</u>

<u>Protection and Affordable Care Act (Federal Health Care Reform) policy</u> and <u>Tufts Health Plan Preventive Services</u>

<u>Payment Policy</u> to ensure that member cost sharing is not applied inappropriately.

Point32Health Medical Necessity Guideline updates

All products

The chart below identifies updates to our Medical Necessity Guidelines. For additional details, refer to the <u>Medical Necessity Guidelines page</u> on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to Medical Necessity Guidelines (MNG)				
Visit the Medical Necessity Guidelines page on our Point32Health provider website				
MNG Title	Products Affected	Effective Date	Summary	
Remote Patient Monitoring	All products	May 1, 2024	New integrated Point32Health MNG, intended to serve as a coverage guideline – prior authorization will not be required.	
			CPT codes 99091, 99453, 99454, 99457, and 99458 will be covered when medically necessary for the treatment of heart failure or chronic obstructive pulmonary disease.	
Genetic and Molecular Diagnostic Testing	Tufts Health Plan Commercial	March 1, 2024	ThyGeNext and ThyraMIR will now be covered with prior authorization, along with CPT codes 81455, 0245U, and 0018U.	



Point32Health medical drug program updates

All products

The chart below identifies updates to our medical benefit drug program. For additional details, refer to the Medical Necessity Guidelines associated with the medical drug in question, which you can find on our Point32Health Medical Benefit Drug Medical Necessity Guidelines page. Point32Health is the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim Commercial and Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Medicare Advantage members. You can find information about this program on the OncoHealth page in the Vendor Programs section of the Harvard Pilgrim provider website and you can access the prior authorization policies for these drugs directly on OncoHealth's webpage for Harvard Pilgrim.

Tufts Health Together utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the <u>MassHealth Drug List</u>.

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

New prior authorization programs

MNG/Drugs	Plan	Eff. date	Summary
Targeted Immunomodulators Skilled Administration	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/ (HMO-POS) Medicare Advantage, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	March 1, 2024	Prior authorization is now required for Cosentyx IV (HCPCS J3590), approved by the FDA in October 2023 for the treatment of ankylosing spondylitis, non-radiographic axial spondyloarthritis, and psoriatic arthritis.
Veopoz (pozelimab-bbfg)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health Together	March 1, 2024	Prior authorization is now required for Veopoz (HCPCS J3590), approved by the FDA in August 2023 for the treatment of adult and pediatric patients 1 year of age and older with CD55-deficient protein-losing enteropathy (PLE), also known as CHAPLE disease.
Long-Acting GCSFs	Harvard Pilgrim Health Care Commercial, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage	Mar 1, 2024	Prior authorization is now required for Ryzneuta (HCPCS J3590). Refer to the Long-Acting GCSFs policy on OncoHealth's webpage for Harvard Pilgrim.

MNG/Drug(s)	Plan & additional information	Eff. date
Tecvayli (teclistamab-cqyv)	Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health MATogether. Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	May 1, 2024
Medicare Part B Step Therapy: Akynzeo, Alymsys, Aponvie, Avastin, Avsola, Beovu, Byooviz, Cimerli, Cinvanti, Durolane, Dysport, Elelyso, Evenity, Eylea, Feraheme, Fusilev, Fylnetra, Gel-One, Gelsyn-3, Genvisc 850, Granix, Herceptin, Herceptin Hylecta, Herzuma, Hyalgan, Hymovis, Injectafer, Khapzory, Lanreotide (cipla), Leukine, LEVOleucovorin, Lucentis, Monoferric, Monovisc, Myobloc, Neupogen, Nivestym, Nyvepria, Ogivri, Ontruzant, Orthovisc, Prolia, Releuko, Renflexis, Riabni, Rituxan, Rituxan Hycela, Rolvedon, Signifor LAR, Soliris, Stimufend, Supartz FX, Sustol, Susvimo, Synojoynt, Synvisc One, Synvisc, Treanda, Triluron, Trivisc, Udenyca, Vabysmo, Vegzelma, Visco-3, Visudyne, Vivimusta, Xgeva, Ziextenzo, Zilretta	Harvard Pilgrim Stride SM (HMO)/ (HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	May 1, 2024

Updates to existing prior authorization programs			
MNG/Drug(s)	Plan & additional information	Eff. date	
Oxlumo (lumasiran)	Harvard Pilgrim Stride SM (HMO)/ (HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	May 1. 2024	
	Tufts Health Together		
Zolgensma	Minor update to the Zolgensma prior authorization criteria located on the MassHealth Drug List.	March 4, 2024	
	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether		
Abecma, Breyanzi, Carvykti, Kymriah, Tecartus, Yescarta	Minor updates to the criteria for these chimeric antigen receptor (CAR) T-cell therapy drugs.	March 1, 2024	
	For Tufts Health Together criteria, refer to the MassHealth Drug List.		
Abecma, Breyanzi, Carvykti, Kymriah, Tecartus, Yescarta	Harvard Pilgrim Stride SM (HMO)/ (HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	March 1, 2024	
	Added criteria for allow for outpatient administration consistent with REMS program requirements.		



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 May 6, 2024. The table below outlines these changes. Tufts Health Together-MassHealth MCO Plan and ACPPs utilize MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs. Please keep in mind that updated coverage and criteria will be available on the MassHealth Drug List on or after the effective date.

Adding to MassHealth Drug List (MHDL)	Agamree (PA); Anzemet tablet (PA); FreeStyle Libre 3 reader (PA, QL); Fruzaqla (PA, QL); Jesduvroq (PA); Likmez (PA); Motpoly XR (PA); Penbraya (QL); Rozlytrek pellet (PA, QL); Sohonos (PA); Suflave (PA); Takhzyro 150 mg/mL (PA); Vanflyta (PA, QL); Xalkori pellet (PA); Vevye (PA, QL); Voquezna (PA, QL); Xdemvy (PA, QL)	
Adding or updating quantity limit	Marinol; Testosterone 1% gel 2.5 gram packet; testosterone 1.62% gel 1.25 gram packet	
Adding or updating prior authorization restrictions	Alendronate solution (PA); coenzyme Q10 (PA for 21 years of age and older); Namzaric (PA); tolnaftate liquid (PA)	

Updating therapeutic class tables	Acromegaly, Carcinoid Syndrome, and Cushing's Syndrome Agents; Agents Not Otherwise Classified; Alzheimer's Agents; Androgens; Anti-Allergy and Anti-Inflammatory Agents – Ophthalmic; Antibiotics and Anti-Infectives – Oral and Inhaled; Anticonvulsants; Antidepressants; Antiemetics, Appetite Stimulants, and Anabolics; Antidiabetic Agents; Antifungal Agents – Topical; Antiglaucoma Agents – Ophthalmic; Anti-Hemophilia Agents; Anti-Obesity Agents; Antiparkinsonian Agents; Antipsychotics; Cardiovascular Agents; Antiretroviral/HIV Therapy; Diabetes Medical Supplies and Emergency Treatments; Gastrointestinal Drugs – Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents; Hematologic Agents – Hematopoietic and Miscellaneous Hematologic Agents; Hereditary Angioedema Agents; Immunological Agents; Lipid-Lowering Agents; Nonsteroidal Anti-Inflammatory Drugs; Oncology Agents; Osteoporosis and Bone Metabolism Agents; Pediatric Behavioral Health; Serums, Toxoids, and Vaccines; T-Cell Immunotherapies; Thrombocytopenic Agents		
Drugs being added to the MassHealth brand name preferred over generic list	Emflaza; Farxiga; Isentress; Marinol; Restasis; Sprycel; Toujeo; Xigduo XR		
Drugs being removed from the MassHealth brand name preferred over generic list	Fortesta; Kazano; Luzu; Nesina; Oseni; Oxistat cream; Pennsaid; Pristiq; Rapamune solution; Welchol		
Drugs being locked to the medical benefit (utilization management restrictions may apply)	Elrexfio; Izervay; Mylotarg; Portrazza; Rybrevant; Talvey; Veopoz; Zepzelca; Zilretta		
Drugs being removed from the medical benefit lock (utilization management restrictions may apply)	Vyvujek		
Drugs being added to the mandatory 90-day supply (M90) program	Farxiga; Xigduo XR		
Drugs being added to the allowable 90-day supply (A90) program	Bromsite; Korlym		
Removing from MHDL due to product discontinuation	Adlyxin; Aloxi; Bydureon; etidronate; Loprox 1% shampoo; Natpara; ondansetron 24 mg; Varubi injection		



Pharmacy coverage changes

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

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

Updates to existing prior authorization programs			
Visit the Pharmacy Medical Necessity Guidelines page on our Point32Health provider website for details.			
Drug/policy	Plan & additional information	Eff. date	
Antidepressants	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	May 1, 2024	
Antipsychotics Step Therapy Programs	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	May 1, 2024	

Updates to existing prior authorization programs

Visit the Pharmacy Medical Necessity Guidelines page on our Point32Health provider website for details.

Drug/policy	Plan & additional information	Eff. date
Bylvay	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	May 1, 2024
Livmarli	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	May 1, 2024
Pretomanid tablet	Tufts Health RITogether	May 1, 2024
Sedative Hypnotics Step Therapy	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	May 1, 2024
Wakefulness Agents	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	May 1, 2024



Upcoming training opportunities

All products

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

Point32Health

Tools and resources for behavioral health providers

- Monday, March 4 from 3–4 p.m. ET
- Wednesday, March 13 from 9–10 a.m. ET
- Wednesday, March 20 from 11–noon ET
- Thursday, March 28 from 1–2 p.m. ET

Behavioral Health Office Managers Meeting

Thursday, March 21 from 10:30–11:30 a.m. ET

Navigating the provider websites

Thursday, March 7 from 10–11 a.m. ET

Harvard Pilgrim Health Care

Office Managers Meeting

Tuesday, March 19 from 10:30–11:30 a.m. ET

Tufts Health Plan

Office Managers Meeting

Thursday, March 14 from 10:30–11:30 a.m. ET



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

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