

Insights and Updates for Providers

June 2025

Facility attestation functionality in Tufts Health Plan Provider Portal

[Tufts Health Plan Commercial](#) | [Tufts Health Plan Senior Products](#) | [Tufts Health Public Plans](#)

We're pleased to share that we have implemented new functionality in the [Tufts Health Plan secure Provider Portal](#), which allows Tufts Health Plan facilities to review their provider data and report necessary changes.

As we routinely [remind our Point32Health provider network](#), it's important for providers to review and revalidate their information at least every 90 days to help ensure the accuracy of our provider directory, and failure to do so may result in suppression from the directory until this information is validated.

While changes to data are reported via the [CAQH Provider Data Portal](#) for individual practitioners who have implemented it, the CAQH process doesn't support facilities. Similar to the existing tool offered for Harvard Pilgrim contracted facilities in [HPHConnect](#), the new Tufts Health Plan facility attestation functionality allows Senior Account Administrators with at least one facility to provide Tufts Health Plan with information critical to our provider directory (e.g., hours of operation, phone numbers, languages spoken by staff) — and provides a mechanism to review and confirm the accuracy of this information on a regular basis.

Eligible users can access the facility attestation functionality via the link titled "Provider Directory Information" on the Provider Portal homepage, which will direct them to a summary screen showing all NPIs under the account with their current status/whether they have any attestations due soon.

After selecting a specific NPI, users will be directed to a screen that displays each address/location for the NPI chosen, with a few questions related to general and contact information; staff and accessibility; and special experience, skills, and training.

Please keep in mind that these questions will need to be answered for each address/location separately. After answering the questions for all locations the NPI has, users will need to attest to the accuracy of the data by clicking on the "Attest to NPI Data" button. Users will only need to answer the questions for each location the first time they use the tool. Following that, users can simply log in and attest to the accuracy of their data at a minimum of every 90 days.

We've updated our [Tufts Health Plan Secure Provider Portal User Guide](#) with step-by-step instructions on how to navigate this new facility attestation functionality. As a reminder, we also have a [Completing the Provider Data Attestation for Facilities User Guide](#) offering similar guidance for the equivalent Harvard Pilgrim process on HPHConnect. ▲

Click on the NPI number to access the provider directory information for that provider.

NPI	Name	Locations	Attestation Due Date	Status
	BOSTON BREAST DIAGNOSTIC CTR	1	04/20/2025	Overdue
	AURORA BREAST MRI OF CENTRAL M	1	05/20/2025	Due Soon
	AURORA BREAST MRI OF BEV HOSP	1	07/20/2025	Attested

Provider Directory Attestation

← Back to NPI List

Provider: CAMBRIDGE HEALTH ALLIANCE ()

To update address information for this provider, click here

Copy answers from another location

ATTEST TO NPI DATA

	1493 CAMBRIDGE ST. CAMBRIDGE WOMEN'S HEALTH CTR CAMBRIDGE, MA 02139	163 GORE ST. CHA EAST CAMBRIDGE CARE CEN CAMBRIDGE, MA 02141
General & Contact Information		
Accepting New Patients	Yes	Yes
New Patients Within 4 Weeks	Yes	Yes
Operating Hours	Monday: 12:00AM - 9:30PM Tuesday: 5:00AM - 6:00PM Wednesday: Closed Thursday: Open 24 Hours Friday: Closed Saturday: Closed Sunday: Closed	Monday: 12:00AM - 9:30PM Tuesday: Closed Wednesday: 5:00AM - 7:00PM Thursday: Open 24 Hours Friday: Closed Saturday: 5:00AM - 5:00PM Sunday: Closed
Main Phone Number	1010101010	1234567898
Practice Location/Website	www.cambridgehospital.com	www.cambridgehospital.com

Update on referral requirement for home health agency care

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

In the [November 2024 issue](#) of Insights and Updates for Providers, Point32Health announced a number of benefit changes for the 2025 plan year for our Tufts Medicare Preferred and Tufts Health Plan Senior Care Options members, including a new requirement that referrals be obtained for home health agency care.

We want to offer an update concerning this change: In response to feedback from our provider partners, effective for dates of service beginning June 15, 2025, a provider/discharging facility order will satisfy this referral requirement. No additional referral from the patient's primary care physician will be needed to initiate home health agency care.

Point32Health aims to provide our members with the best care in the most appropriate setting while minimizing any unnecessary administrative burden on the providers in our network who deliver that care. We hope this update helps to alleviate concerns and better facilitate efficient coordination of care processes. ▲

Patient consent to share SUD medical records

All products

If you provide substance use disorder (SUD) services under a Part 2 program (a federally assisted substance use disorder treatment program), we're reminding you that you must comply with the [Confidentiality of Substance Use Disorder Patient Records Rule \(42 C.F.R. PART 2\)](#), which protects the privacy of individuals seeking or receiving SUD treatment and requires providers to obtain patient consent for treatment, payment, and disclosure of health care information.

For your convenience, we've developed a [Patient Consent Form](#) that you can share with your patients for completion and collection prior to their appointments. Please feel free to utilize this form or one of your own to obtain patient consent.

Although providers do not need to submit completed consent forms to Point32Health unless we request them, Point32Health reserves the right to deny payment of provider claims if you do not obtain the required patient consent.

For more information, please refer to this [U.S. Department of Health and Human Services fact sheet](#) as well as the member records confidentiality sections of our [Harvard Pilgrim Health Care](#), [Tufts Health Public Plans](#), and [Tufts Health Senior Products](#) Provider Manuals. ▲

Updates to observation stay authorizations

Tufts Health One Care | Tufts Health RITogether | Tufts Health Together

Point32Health routinely evaluates our utilization management and transition of care processes and requirements to ensure that our members are receiving care in the most appropriate treatment setting and at the most appropriate level of care.

To that end, we're aligning our authorization practices concerning medically necessary observation stays across all products. Currently, in certain cases observation stays may be authorized for longer than 48 hours for members of our Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care plans. **Effective Aug. 1, 2025, however, we will no longer authorize observation stays longer than 48 hours for these members**, as is currently the policy for members of our other Harvard Pilgrim Health Care and Tufts Health Plan products.

We've updated our [Inpatient Acute and Post-Acute Levels of Care \(Medical/Surgical\) Medical Necessity Guidelines](#) as well as our [Observation Stay Payment Policy](#) to reflect this change. ▲

Prior authorization for certain Part B drugs

Tufts Health Plan OneCare | Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

Point32Health requires prior authorization for many medical benefit drugs for our Harvard Pilgrim Health Care and Tufts Health Plan lines of business, and you can find prior authorization and coverage criteria for these drugs in the [Medical Benefit Drug Medical Necessity Guidelines section](#) of our provider website.

We recently encountered a temporary system error that resulted in a number of medically administered Medicare Part B drugs not appropriately requiring an authorization as they should for our Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, and Tufts Health One Care members. You can find the list of drugs impacted by this system error on [this page](#), which also designates whether or not each drug is associated with a [Medicare Part B step therapy requirement](#).

This system error has been corrected, and the drugs are now properly configured to require the necessary prior authorizations as a condition of coverage.

If any of your Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, or Tufts Health One Care patients are currently taking any of these medications, and you have not previously obtained prior authorization, please submit a prior authorization request.

We appreciate your patience and understanding and apologize for any confusion this may cause. ▲

Get patients in for preventive services and screenings

All products

To promote high-quality clinical care and overall patient well-being — and to support HEDIS efforts and maximize success on HEDIS scores — Point32Health encourages our provider partners to get your patients scheduled this year for any preventive services or screenings. These visits help identify or manage new or existing conditions and address gaps in care.

These include, among other services: eye exams for members with diabetes, cervical cancer screenings, or measures to manage or control conditions like hypertension.

Point32Health routinely provides many practices with member-level gap in care quality reports for members of our Harvard Pilgrim Health Care Commercial and Tufts Health Plan Senior Products plans (Tufts Medicare Preferred and Tufts Health Plan Senior Care Options). Please take advantage of this valuable resource! Remember to review these reports at least once a month for information on patients who are not compliant for certain quality measures or who may be overdue for certain health care services, laboratory tests, or screenings.

For Tufts Health Plan Senior Products, gap in care reports is shared via providers' secure Electronic Data Download (EDD) account/mailbox for those provider groups who have one established or sent via secure mail. Provider groups who do not have a secure EDD account can work with their assigned Contract Manager to set one up. Harvard Pilgrim gap in care reports are available through [HPHConnect](#) and accessible through a secure FTP.

And as a reminder, our provider website hosts a collection of [HEDIS and Star Measure tip sheets](#), which highlight best practices and tips designed to identify opportunities to improve patient care and aid your practice's performance on these measures. Be sure to check back periodically, as we often develop new tip sheets to assist you in different aspects of care. ▲

Coordination of benefits reminder

All products

As the population ages and more people become eligible for Medicare, many Americans are supplementing their Medicare coverage with private health insurance or employer-sponsored coverage. In addition, there are some individuals who are eligible for both Medicaid and Medicare who have Commercial health insurance coverage as well.

Given the percentage of Medicaid beneficiaries who have one or more additional sources of health care coverage, we're reminding providers that under current law, Medicaid is generally the payer of last resort for health care services. This means that if a Medicaid enrollee has multiple sources of health care coverage, Medicaid pays only after the other sources — such as private insurance or Medicare — are exhausted.

Point32Health's [Coordination of Benefits Quick Reference Guide](#) can help you identify which plan is primary before submitting claims on behalf of patients with more than one health insurance plan. We encourage you to review the guide, which includes common coordination of benefit scenarios along with rules for members with Medicare plans and members with multiple Commercial plans.

You can also learn more by referring to the Coordination of Benefits section of our [Provider Manuals](#). ▲

Reminder: member eligibility and non-covered services

All products

As you know, it's important for our provider partners to check members' benefits and eligibility prior to initiating care or referring them for a service to ensure that they have active health insurance coverage through a Harvard Pilgrim or Tufts Health Plan product and that the service is covered under their plan.

We're offering some reminders and a few additional resources to help with this process. To help determine if a member is eligible (and for many other quick and convenient self-service capabilities), we recommend using our [secure provider portals](#). You can find more guidance on how to verify a member's benefits and eligibility in the following reference guides:

- Harvard Pilgrim Health Care Member Eligibility Verification User Guide
- Tufts Health Plan Eligibility and Benefits Inquiry Quick Reference Guide

Remember to always make sure a member is covered for a service before referring or billing. Billing a member for a service that is not covered under their plan is generally not allowed and will not be reimbursed, unless the member provides an **advance written agreement** to pay for the specific non-covered service.

For more details on determining eligibility, collecting member payment, and more, you can refer to the [Provider Manual](#) corresponding to the member's plan. ▲

Authorization: reminders and tips

All products

Point32Health requires prior authorization for certain services to ensure our members receive appropriate medically necessary care that is safe and effective and aligned with clinical guidelines. The authorization process involves determination of eligibility, level of benefits at the time of the request, and medical necessity.

To ensure patients receive timely access to services and providers receive appropriate reimbursement, we recommend the following best practices:

- **Check member eligibility.** Visit our secure provider portals — [HPHConnect](#) for Harvard Pilgrim Health Care members or the [Tufts Health Plan secure portal](#) for Tufts Health Plan products — to check member benefits and eligibility.
- **Review of our medical necessity guidelines.** Our [medical necessity guidelines](#), [medical drug medical necessity guidelines](#), and [pharmacy policies](#) are available on our provider website and provide information on services requiring prior authorization and clinical criteria. In addition, our [Prior Authorization](#) page offers links to these policy pages, information about vendor programs, and additional authorization resources, such as [product-based prior authorization grids](#).
- **Submit your request electronically** for greater speed and efficiency. We suggest using our secure portals to submit your authorization requests.

- **For medical and behavioral health services**, utilize [HPHConnect](#) for Harvard Pilgrim Health Care members or the [Tufts Health Plan secure portal](#) for Tufts Health Plan products. While electronic submission is preferable, we also accept requests by FAX (to the number noted on the medical necessity guidelines). For guidance on submitting your requests, please refer to our [secure portal user guides](#).
- **For pharmacy and medical benefit drugs**, utilize [PromptPA](#) for quick and easy submission. For details on PromptPA and information on alternatives, such as FAX submission, please visit [this pharmacy webpage](#).
- **Include appropriate documentation.** Refer to the medical necessity guidelines for details on the supporting documentation needed.
- **To avoid unnecessary denials, be sure to use the appropriate type 1 NPI (individual) or type 2 NPI (Org/group)** in which you or your group is enrolled. ▲

Point32Health Medical Necessity Guideline updates

All products

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

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Inpatient Acute and Post Acute Levels of Care (Medical/Surgical)	Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	8/1/2025	Language updated to reflect that we will no longer authorize observation stays longer than 48 hours for members of our Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care plans. Refer to this article for more information.
Magnetic Resonance Guided Focused Ultrasound (MRgFUS)	Harvard Pilgrim Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	6/1/2025	New MNG for MRgFUS, which will allow coverage of CPT code 61715 when submitted with a diagnosis code for essential tremors. Prior authorization is not required.
Custom Fabricated Oral Appliances Positive Airway Pressure (PAP) Devices Positive Airway Pressure (PAP) Devices for Tufts Health RITogether and Tufts Health One Care Manual Wheelchairs	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	6/1/2025	Criteria update related to damage coverage. Product applicability varies by policy.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Manual Wheelchairs for Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care			
Hyperbaric Oxygen Treatment (HBO)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	6/1/2025	Criteria updated to more clearly identify coverage limitations.
EviCore criteria	Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Medicare Preferred	6/1/2025	<p>Prior authorization is no longer required for the following codes for home sleep tests: 95800, 95801, 95806, G0398, G0399, G0400</p> <p>Please note that prior authorization is still required for facility-based sleep tests.</p>
Bioengineered Skin and Soft Tissue Substitutes	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	6/1/2025	Codes Q4132, Q4133, Q4151, and Q4168 related to bioengineered skin and soft tissue substitutes are now covered when prior authorization criteria are met.



Point32Health medical drug program updates

All products

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

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim members. You can find information about this program on the [OncoHealth page](#) in the [Vendor Programs](#) section of Point32Health's provider website and you can access the prior authorization policies for these drugs directly on [OncoHealth's webpage for Harvard Pilgrim](#).

Tufts Health Together utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the [MassHealth Drug List](#).

New prior authorization programs for OncoHealth drugs		
MNG/Drug(s)	Plan & additional information	Eff. date
Avzivi (Bevacizumab-tjnj) Medicare Part B Step Therapy Medical Benefit Drugs Medical Necessity Guidelines	Harvard Pilgrim Health Care Commercial Avzivi (J9999), a humanized monoclonal antibody that inhibits vascular endothelial growth factor and a biosimilar of Avastin, has been designated as non-preferred. Coverage will only be authorized for members who have first tried the preferred drugs Zirabev and Mvasi.	6/1/2025

Updates to existing prior authorization programs for OncoHealth drugs		
MNG/Drug(s)	Plan & additional information	Eff. date
Neulasta (Pegfilgrastim, excludes biosimilar, 0.5 mg)	Harvard Pilgrim Health Care Commercial Prior authorization will no longer be managed by OncoHealth, but should be submitted directly to Point32Health via PromptPA .	6/1/2025
Fulphila (Pegfilgrastim-jmdb, biosimilar, 0.5 mg)	Harvard Pilgrim Health Care Commercial Prior authorization will no longer be managed by OncoHealth, but should be submitted directly to Point32Health via PromptPA .	6/1/2025
Varubi (Rolapitant inj, 0.5 mg)	Harvard Pilgrim Health Care Commercial Prior authorization is no longer required for Varubi (J2797).	6/1/2025
Aliqopa (Canalize inj, 1 mg)	Harvard Pilgrim Health Care Commercial Prior authorization is no longer required for Aliqopa (J9057)	6/1/2025
DepoCyt (Cytarabine Liposome Inj, 10 mg)	Harvard Pilgrim Health Care Commercial Prior authorization is no longer required for DepoCyt (J9098).	6/1/2025
Sylatron (NOC, antineoplastic drugs) PegIntron (NOC, antineoplastic drugs)	Harvard Pilgrim Health Care Commercial Prior authorization is no longer required for Sylatron (J9999) or PegIntron (J9999).	6/1/2025
Lacluze (NOC, antineoplastic drugs)	Harvard Pilgrim Health Care Commercial Prior authorization is no longer required for Lacluze (J9999).	6/1/2025

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Brixadi (buprenorphine)	<p>Tufts Health Together</p> <p>Prior authorization is now required for Brixadi (HCPSC J0577 and J0578), approved by the FDA in December 2023 for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a single dose of a transmucosal buprenorphine product or who are already being treated with buprenorphine.</p> <p>Coverage criteria will be unified with MassHealth under the Unified Medical Policies Medical Benefit Drugs Necessity Guidelines.</p>	8/1/2025

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Zolgensma (onasemnogene abeparvovec)	<p>Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether</p> <p>The medical drug MNG for Zolgensma specific to Tufts Health RITogether has been retired, and this information is now included in the broader medical drug MNG applicable to Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, and now Tufts Health RITogether.</p>	6/1/2025
Luxturna (voretigene neparvovec-rzyl)	<p>Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether</p> <p>The medical drug MNG for Luxturna specific to Tufts Health RITogether has been retired, and this information is now included in the broader medical drug MNG applicable to Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, and now Tufts Health RITogether.</p>	6/1/2025



Pharmacy coverage changes

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

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Non-Formulary Exceptions	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	7/1/2025	<p>Non-Formulary Exceptions</p> <p>Updated limitation statement to clarify non-formulary coverage of Wegovy and Zepbound for indications listed with drug-specific non-formulary coverage criteria.</p>



MassHealth updates to Unified Formulary

Tufts Health Together - MassHealth MCO Plan and ACPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on Aug. 11, 2025. Tufts Health Together-MassHealth MCO Plan and ACPs utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs, and providers should be aware that updated coverage and criteria will be available on the [MassHealth Drug List](#) on or after the effective date. ▲

Point32Health Allergy Testing and Treatment Payment Policy

All products

The work of streamlining policies and processes across our Harvard Pilgrim Health Care and Tufts Health Plan lines of business remains an important priority for Point32Health, as we strive to deliver a seamless provider experience.

As part of that effort, we are introducing a new integrated Point32Health [Allergy Testing and Treatment Payment Policy](#). This merged policy will replace the previous legacy policies — and pertinent information from those policies can now be found in the new integrated version.

For more information, check out our full list of [Payment Policies](#). ▲

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