

Important updates on reaching us by phone, email, and fax

All products

We encourage providers to utilize our electronic and fax options when requesting authorization, providing notification, and sending or receiving specialty referrals, and want to make you aware of changes related to other options we offer.

Modified process for authorizations, notifications, and referrals

To align our submission process for authorizations, notifications, and referrals across Point32Health, we are modifying the way in which we take in these important requests.

- Effective Nov. 1, 2024, we will no longer accept **medical** authorizations, notifications, or referrals for Harvard Pilgrim Health Care Commercial members via phone. Following this date, these requests should be submitted via fax or via our secure provider portal, HPHConnect.
- Effective Jan. 1, 2025, we will only accept **behavioral health** notifications and authorizations by phone for certain service types for Harvard Pilgrim Commercial members. Our Provider Services team will also be able guide you accordingly when you call.

Our electronic and fax options offer greater speed, consistency, and operational efficiency. In addition, these changes help align our Harvard Pilgrim referral and authorization processes with other regional health plans and with our Tufts Health Plan line of business, which does not accept referral and authorization requests via phone.

Provider Service Center email discontinued

As we [announced in the last issue](#) of the newsletter, after evaluating the efficiency and effectiveness of various communications vehicles, we are discontinuing use of the Provider Service Center email, provider_callcenter@point32health.org, for all lines of business as of Oct. 1, 2024.

While the Provider Service Center currently operates an email box, usage information has shown that this is not an efficient mechanism for resolving provider inquiries. In most cases, these inquiries are moved to the electronic portal or telephone contact to enable the team to gather the necessary secure information to resolve an issue.

On our Harvard Pilgrim secure provider portal, HPHConnect, you'll still have the option of reaching the Provider Service Center directly via our Message Center.

Utilizing our secure portals

We encourage the use of our secure portals for a variety of transactions. You can submit specialty referrals and request authorizations securely, quickly, and easily using our secure portals — and authorization requests may be approved more quickly, often on the spot.

We are also introducing enhancements to the registration process for HPHConnect — aimed at streamlining the registration process and shortening registration turnaround times.

If you are not currently registered for HPHConnect, you can get started by completing this [online enrollment form](#) and following [these registration instructions](#). To register for the Tufts Health Plan secure portal, follow these [registration instructions](#).

Resources to guide you

If you are new to our secure portals, we have a variety of resources available to assist you with conducting these transactions, including:

- **Secure portal user guides** — Our HPHConnect user guides walk you step-by-step through conducting common transactions on the Harvard Pilgrim secure portal. Topics include [submitting referral, authorization and notification entries](#) for a variety of specific services, [performing referral/authorization searches](#), [checking the status of a referral/authorization transaction](#), and more. Visit the [Provider Training guides page](#) to view these resources, as well as Tufts Health Plan secure portal user guides.
- **Quick videos** — If you need assistance with getting started with HPHConnect, we offer a variety of quick videos on topics such as [registering for HPHConnect](#) and [checking referral or authorization status in HPHConnect](#).
- **Harvard Pilgrim Commercial Provider Manual** — [The Referral, Notification and Authorization section](#) of our Commercial Provider Manual offers the most-up-to date information on policies and procedures.
- **Medical Necessity Guidelines** — Our [Medical Necessity Guidelines](#) detail coverage criteria and note the applicable fax number to use when requesting authorization for our lines of business.

Editor's notes:

Sept. 6, 2024: article modified to remove link to reference sheet that requires updating for accuracy.

Oct. 24, 2024: For clarification, providers may inquire about existing notification, prior authorizations, and referrals by phone. In addition, if portal and fax are not available, Maine providers may utilize the Provider Service phone number for submission of notification, authorization, and referrals.



ChoiceNet and Focus Network – MA 2025

Harvard Pilgrim Health Care Commercial

Tier assignments for Harvard Pilgrim Health Care's ChoiceNet HMO and PPO plans take effect on Jan. 1, 2025. Last month Harvard Pilgrim mailed letters notifying physician groups and hospitals of their tier assignments for these products.

ChoiceNet HMO and PPO are tiered network plans for which member cost sharing falls into one of three tiers, as determined by the provider's tier assignment. Point32Health determines network tier assignments based on quality and cost performance, as measured by health status adjusted total medical expenses and relative prices. To develop the quality score used to determine tier placement, Point32Health utilizes measures endorsed in the Standard Quality Measurement Set (SQMS), introduced by the Massachusetts Statewide Quality Advisory Committee to provide a standardized quality measurement system. If applicable quality measures are unavailable, tiers are based solely on health status adjusted total medical expenses or relative prices, or both.

Please note that participation in Harvard Pilgrim's limited Focus Network – MA HMO is determined by ChoiceNet hospital tier assignments. (Tier 3 hospitals are not included.) Some hospitals and affiliated physicians may no longer participate in Focus Network – MA HMO and some may newly participate in Focus Network – MA HMO as of Jan. 1, 2025, due to their ChoiceNet tier assignments.

Harvard Pilgrim's [Provider Directory](#) currently displays ChoiceNet tiers for providers for the current plan year. As of Oct. 1, 2024, members will also be able to view ChoiceNet provider tiers for the upcoming 2025 plan year.

For more information about the methodology used to determine provider tiers, please see the [Fast Facts for Hospital Administrators and Professional Providers](#) in the [Tiered Network Product Resources](#) section of Harvard Pilgrim's provider website. ▲

InstED in-home urgent care pilot expands availability

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

[As we announced in the April issue](#) of Insights and Updates for Providers, Point32Health offers instED on a pilot basis for select members of our Tufts Medicare Preferred, Tufts Health Senior Care Options, and Harvard Pilgrim Health Care StrideSM (HMO/HMO-POS) Medicare Advantage plans, who can opt to receive urgent medical care from the comfort of their own homes.

We're pleased to announce that we've since expanded this offering. The instED program is now available to members in Bristol and Plymouth counties — in addition to the existing availability in Western Massachusetts (Hampshire and Hampden counties) and southern New Hampshire (Hillsborough and Rockingham counties). InstED's services will also be available to members in the Boston and Worcester areas soon.

This convenient alternative to the emergency department provides individualized and accessible in-home urgent care treatment for members with complex health conditions and social determinants of health, who often face difficult challenges when trying to access urgent care.

Updated visit hours

Members/caregivers, as well as their providers and care managers now have the option to request same-day visits to address urgent care needs, or to schedule visits up to two days in advance. InstED visits are available **from 9 a.m. - 10 p.m., 365 days a year, including weekends and all holidays.**

To request a visit, patients or their providers can visit www.instED.us, call 833-946-7833, or use the instED Provider App and Patient App on the Apple App or Google Play stores.

When a visit occurs, the instED team will document it in the instED Now app, which providers and Point32Health care managers can access. In addition, visit notes will be faxed to care managers and the patient's PCP via the patient's electronic medical record.

InstED virtual drop-in sessions

InstED hosts live virtual drop-in sessions for providers to address any questions you may have about the program and to hear about your experiences with our service. Drop-in sessions take place on the **4th Thursday of every month, from 4 - 4:30 p.m. on Microsoft Teams.** For a link to these sessions, or with any questions you may have about in-home urgent care for your members, please contact Linda Azersky at lazersky@insted.us or by phone at 617-429-2953. ▲

Payment Policy update and modifier requirements

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Plan Commercial](#) | [Tufts Health Plan Senior Care Options](#) | [Tufts Health Public Plans](#) | [Tufts Medicare Preferred](#)

We're introducing a streamlined Point32Health Drugs and Biologicals Payment Policy, effective for dates of service beginning Nov. 1, 2024, which will replace — and consolidate the pertinent information from — the current Tufts Health Plan Drugs and Biologicals Payment Policy, as well as Harvard Pilgrim's Injectable and Implantable Outpatient Drugs and Drug Wastage Payment Policies.

As of the Nov. 1 effective date, for all products, Point32Health will require providers to append modifier JW or JZ when reporting a drug from a single-dose vial or package. This requirement is currently in place for Tufts Medicare

Preferred and Tufts Health Plan Senior Care Options but will be extended to include Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Public Plans.

As a reminder, modifier JW should be reported when there is drug waste from a single-dose vial or package, while modifier JZ should be reported when there is no drug waste.

For more information, please refer to the new [Point32Health Drugs and Biologicals Payment Policy](#). ▲

Claims edits for Harvard Pilgrim Commercial plans

Harvard Pilgrim Health Care Commercial

As you're aware, Point32Health utilizes claims edits to support correct coding and we're continually evaluating edits for consistency. As a result, for greater alignment across products, effective for dates of service beginning Nov. 1, 2024, we will apply certain edits for our Harvard Pilgrim Health Care Commercial plans that are currently in place for Tufts Health Plan Commercial, Tufts Health Public Plans, and Tufts Health Plan Senior Products (Tufts Medicare Preferred and Tufts Health Plan Senior Care Options).

The edits will utilize coverage criteria from Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), where applicable. Examples of applicable NCDs and LCDs include, but are not limited to:

- Transthoracic Echocardiography
- Duplex Scanning
- Peripheral Venous Ultrasound
- Non-invasive Extracranial Arterial Studies
- Cardiac Catheterization and Coronary Angiography

Refer to Point32Health's [General Coding and Claims Editing Payment Policy](#) for guidance on correct coding and general industry standards. ▲

New HEDIS tip sheet for osteoporosis measure

Point32Health Medicare Advantage/Senior Products

Point32Health has developed a new HEDIS® tip sheet for the [Osteoporosis Management in Women Who Had a Fracture \(OMW\) measure](#).

The OMW measure assesses the percentage of women 67-85 years of age who suffered a fracture and received either a bone mineral density test or a drug prescription to treat osteoporosis in the 180 days (6 months) after the fracture.

The best practices highlighted in this tip sheet, as well as our other HEDIS tip sheets, are intended to optimize your HEDIS rates and identify opportunities to improve patient care.

For the full collection of Point32Health tip sheets currently available to providers, refer to the [HEDIS tip sheet page](#) on our provider website.

And as always, be sure to look to future issues of Insights and Updates for Providers for new information as we continue to develop additional tip sheets!

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). ▲

Learn how to get the most out of every moment!

All products

We're pleased to share details on Point32Health's upcoming Living Well webinar series: ***Healthy Habits to Get the Most Out of Every Moment***. In this four-session series, expert mindfulness instructor **Kell Julliard** will explore practices to keep us feeling energetic, vital, and confident through all phases of our lives.



Join us for a half hour on Wednesdays in September as we focus on:

- A brain built to last (Sept. 4, 1-1:30 p.m.)
- Forging strong and lasting connections (Sept. 11, 1-1:30 p.m.)
- Befriending your body — even when it's having a bad day (Sept. 18, 1-1:30 p.m.)
- Enjoying your purpose-driven life to the fullest (Wednesday, Sept. 25, 1-1:30 p.m.)

We invite you to pass along this information to your colleagues and patients, and hope that you join us as we learn how to get the most out of every moment. No previous experience of mindfulness practice is required.

Learn more and register at www.point32health.org/livingwellathome. ▲

Harvard Pilgrim Provider Portal required fields update

Harvard Pilgrim Health Care Commercial

Harvard Pilgrim is making an update to the electronic prior authorization request submission process in [HPHConnect](#), our online provider portal, which will take effect Nov. 1, 2024.

With the update, Contact Name and Contact Info will become required fields when submitting an outpatient service transaction. Today, these fields are required for inpatient services, but optional for outpatient services.

We anticipate that this change will reduce administrative turnaround time by cutting down on the time required for Harvard Pilgrim to gather information for authorization review while claims are in a pending status.

When submitting an electronic outpatient authorization request today, after selecting "Outpatient" from the New Request drop-down list, you are prompted to complete the required fields indicated with a red asterisk (e.g., patient name, diagnosis code, requesting provider, servicing provider) and encouraged to enter the optional fields, including Contact Name and Contact Info, before clicking "Submit." As of Nov. 1, Contact Name and Contact Info will be indicated with a red asterisk and included as required fields.

Our DME, Habilitative and Rehabilitative Therapies, and Surgical Day Care User Guides will be updated to reflect this change in the outpatient prior authorization request process in advance of the Nov. 1, 2024, effective date. ▲

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 [Harvard Pilgrim Health Care](#) and [Tufts Health Plan](#) 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 [CAQH Provider Data Portal](#) (formerly known as CAQH ProView) for those who have implemented it.

Report any contractual affiliation changes — such as a provider leaving or joining a contracted provider group or practice — to Harvard Pilgrim and/or Tufts Health Plan by:

- Submitting a [Provider Change Form](#) to Harvard Pilgrim’s Provider Processing Center for Harvard Pilgrim products by email at PPC@point32health.org, or;
- Submitting a [Medical](#) or [Behavioral Health](#) Provider Information Form to provider_information_dept@point32health.org for Tufts Health Plan products.

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.

Harvard Pilgrim attestation for facilities

As a reminder, for Harvard Pilgrim contracted facilities, confirmation of your directory data should be submitted using the recently enhanced facility attestation functionality available on Harvard Pilgrim’s secure provider portal, [HPHConnect](#). This online form allows facilities to confirm that their information is accurate every 90 days to avoid directory suppression. For step-by-step instructions on how to complete the attestation form, please refer to the updated [Completing the Provider Data Attestation for Facilities User Guide](#).

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 \(HMO\)/\(HMO-POS\) Medicare Advantage plans](#), as well as the Directory Accuracy 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. ▲

Metabolic Monitoring for patients on antipsychotic medications

All products

Patients taking antipsychotic medications live with an increased risk of developing health conditions including diabetes, high blood pressure, abnormal cholesterol and triglyceride levels, and obesity. Given these risks, yearly screening and ongoing metabolic monitoring are integral to the management of antipsychotics for children, adolescents, and adults.

Whether you’re a primary care physician, behavioral health specialist, or prescriber, you can help ensure that patients taking antipsychotic medications are receiving annual screenings by ordering or conducting in-office point of care (POC) HbA1c or fasting glucose tests for diabetes, along with regular cholesterol monitoring.

Please be sure to use the following approved CPT codes when billing for screenings:

Test	CPT Code
Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c	83036, 83037
LDL-C	80061, 83700, 83701, 83704, 83721
Cholesterol tests other than LDL	82465, 83718, 84478, 83722

Additional recommendations for managing the care of patients taking antipsychotics are outlined on Point32Health’s [Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM\)](#) and [Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications \(SSD\)](#) HEDIS Tip Sheets.

Coordinating care for a shared patient

Close collaboration among primary care providers, behavioral health specialists, and prescribers is crucial when treating patients who are taking antipsychotic medications. We encourage providers to use Point32Health’s [Coordination of Care Check List](#) — or a checklist of your own — to document and share provider contacts and communicate patient diagnoses, treatments, and other information beneficial to the development of an integrated care plan.

Care coordination resource for Tufts Health Together members

For Tufts Health Together members (18+) with Serious Mental Illness (SMI), keep in mind that our Behavioral Health (BH) Community Partners Program offers enhanced care coordination services including transitions of care support, health and wellness coaching, community resource assistance, and more. You can refer a patient to the program by forwarding their name, date of birth, ID number or MassHealth ID number, along with a short summary of the patient’s needs to CPPProgram@point32health.org.

At Point32Health, we appreciate your commitment to closing gaps in patient care and share your dedication to ensuring that members taking antipsychotic medications receive the continuum of care they need for improved overall health. ▲

The importance of culturally appropriate health care

All products

As you know, the ability of health care professionals to provide culturally appropriate care is essential to the overall health and well-being of our communities’ diverse populations. Because beliefs and behaviors surrounding health are influenced by race, ethnicity, nationality, and language, it’s vital for providers to thoughtfully consider these factors when developing care plans and treating patients.

Racial and ethnic minority groups often face health care challenges that others do not. Whether due to social stigma, geographic hurdles, or financial or language barriers, many individuals and families are unable to access much-needed medical and behavioral health care. At Point32Health, we’re addressing these disparities and are proud of our efforts to create and offer language services and provider networks that are mindful of cultural and linguistic needs.

Point32Health’s [interpretation services](#) — for hundreds of languages — are available to assist providers with communication for non-English-speaking patients. The grid below offers insight into the most spoken languages across our service area.

	Massachusetts		Maine		New Hampshire		Rhode Island	
1.	Spanish	11.46%	French	3.41%	Spanish	4.0%	Spanish	15.65%
2.	Portuguese	3.75%	Spanish	1.44%	French	1.71%	Portuguese	3.04%
3.	Haitian	1.67%	German	0.43%	German	0.54%	Haitian	1.30%
4.	Chinese	1.49%	Somali	0.42%	Portuguese	0.48%	Khmer	0.98%
5.	French	1.15%	Portuguese	0.34%	Chinese	0.41%	French	0.97%

Data from 2020 U.S. Census Bureau American Community Survey (ACS): percentages of surveyed households that speak each language.

In addition to supporting patients' communication needs, health care professionals can practice culturally appropriate care by:

- Integrating traditional healers into patient care teams
- Incorporating culture-specific values into treatment planning
- Including family and community members in decision making
- Collaborating with local clinics that are easily accessible to specific populations
- Expanding practice hours to accommodate work schedules and geographic challenges
- Educating staff on the components and importance of culturally appropriate health care

Resources for providers

As your partner in helping patients access equitable, high-quality, and affordable health care, we've developed a resource hub where you and your staff can find [cultural competency training opportunities](#). We recognize that providing culturally appropriate medical and behavioral health care requires special consideration, but when we take the time to understand and meet the needs of patients with diverse backgrounds, we not only address health disparities, but help improve quality of care and overall health outcomes across our communities. ▲

Coordinating care for medical and behavioral health

All products

Point32Health recognizes that communication and collaboration among primary care physicians, behavioral health care providers, and other health care professionals are key to improving health outcomes, particularly for patients living with chronic physical and/or mental illness. With serious medical conditions and behavioral health disorders often entwined, patients rely on multiple health care providers working together to accurately diagnose and appropriately treat what ails them.

The role of primary care providers is integral to a patient's whole-person care plan, from [screening](#) for behavioral health issues during annual visits, to coordinating care — as needed — with behavioral health specialists. At the same time, behavioral health care providers and prescribers can ensure that regular [Metabolic Monitoring](#) is conducted for patients in their care, especially those taking antipsychotic medications who are at greater risk for developing diabetes, high blood pressure, abnormal cholesterol and triglyceride levels, and obesity.

Coordinating care for a shared patient

Communication among medical and behavioral health care providers tending to a shared patient ensures that all relevant clinical information is available when developing a treatment plan. You can use our [Coordination of Care Check List](#) (or one of your own) to document, request, and share provider contacts and progress notes, along with patient diagnoses, medications, and other information vital to the treatment of primary care and behavioral health patients. To facilitate the exchange of information, you can request that patients complete a [Harvard Pilgrim Health Care](#) or [Tufts Health Plan](#) Authorization to Disclose Protected Health Information.

Resources for Harvard Pilgrim Health Care and Tufts Health Plan Commercial members

If you have patients who are Harvard Pilgrim Health Care or Tufts Health Plan Commercial plan members, they may be eligible for Behavioral Health Integration (BHI) services, which include specialized care management delivered by a dedicated team of health care professionals. Detailed information about BHI services is available through the Centers for Medicare and Medicaid Services [MLN Booklet on Behavioral Health Integration Services](#) and [Frequently Asked Questions about Billing for Behavioral Health Integration Services](#).

Resources for Tufts Health Together members

For Tufts Health Together members (18+) with Serious Mental Illness (SMI), our Behavioral Health (BH) Community Partners Program offers enhanced care coordination services including transitions of care support, health and wellness coaching, community resource assistance, and more. You can refer a patient to the program by forwarding their name, date of birth, ID number or MassHealth ID number, along with a short summary of the patient's needs to CPPProgram@point32health.org.

Contact numbers for additional guidance

As partners in the delivery of health care to your patients, Point32Health appreciates the spirit of collaboration and its role in providing an exceptional health care experience. Whether you are a primary care physician, behavioral health care specialist, or community health practitioner, our Provider Service Centers are available to assist you.

- **For questions** related to your Tufts Health Plan patients, call the [provider phone number associated with the member's plan](#).
- **For inquiries** on behalf of your Harvard Pilgrim Health Care members, call 800-708-4414. ▲



Promoting the flu vaccine

All products

The flu season runs from October through April each year, and the Centers for Disease Control and Prevention (CDC) notes that September and October are good times for patients to vaccinate against the flu.

Providers play a vital role in informing patients about protecting themselves against the flu and making healthy decisions about scheduled vaccinations. You are trusted to address widespread disinformation, dispel misconceptions, and engage patients in their health, including vaccination safety and efficacy.

The CDC continues to recommend that patients ages six months and older receive a flu vaccine every year, with rare exceptions. This recommendation includes pregnant patients; our [Prenatal Immunization Status \(PRS-E\) HEDIS tip sheet](#) offers useful insight into the PRS-E measure, which assesses the percentage of deliveries in which patients receive vaccinations for influenza, tetanus, as well as diphtheria toxoids and acellular pertussis (Tdap). Flu vaccination provides important protection from influenza and its complications, with the [CDC reporting](#) that in the 2019-2020 flu season alone, the flu vaccine prevented an estimated 7.5 million illnesses, 3.7 million medical visits, 105,000 hospitalizations and 6,300 influenza-related deaths in the United States.

- **Harvard Pilgrim** covers flu vaccines at retail pharmacies for a \$0 cost share for commercial members ages 3 years and older.
- For most **Tufts Health Plan** products, flu shots are covered at no cost. If members pay out-of-pocket for their flu vaccine, they can submit for reimbursement from Tufts Health Plan. If members are unsure about their plan's benefit or where they can get a flu shot, please advise them to call Member Services at the number on their Tufts Health Plan member ID card.
- For members of **Harvard Pilgrim's StrideSM (HMO)/(HMO-POS) Medicare Advantage** plans and **Tufts Health Plan Senior** Products, flu vaccines are covered at \$0 cost share (billed under Part B) at retail pharmacies or in doctors' offices.

The CDC has a robust [Influenza website](#) that provides valuable information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza — including [Information for Health Professionals](#) and [Influenza ACIP Vaccine Recommendations](#) pages. ▲

New 2024 Model of Care Training available

Tufts Health Plan Senior Care Options

Calling all Tufts Health Plan Senior Care Options (SCO) PCPs and specialists: Be sure to complete the [new 2024 SCO Model of Care training](#) by Dec. 31, 2024.

We just posted the updated SCO Model of Care training for 2024 and encourage you to complete it as soon as possible. We're adjusting the time frame to complete this annual training to better coordinate with the applicable plan year – and have extended the time to complete it. While our 2023 survey was posted in November, with a completion deadline of Feb. 16, this year's training will be available from Sept. 1 through Dec. 31, 2024.

PCPs and specialists who participate in the Tufts Health Plan Senior Care Options (SCO) plans are required by the Centers for Medicare and Medicaid Services (CMS) to complete the SCO Model of Care training annually.

This training, which is available in the [Training Section our Point32Health provider website](#), provides an overview of the plan and covers Tufts Health Plan SCO's Model of Care goals, team member responsibilities and PCP expectations, the individualized care plan (ICP) process, transition of care responsibilities, performance measures, and more.

At the conclusion of the presentation, you will be prompted to [complete an attestation](#) verifying completion of the training. ▲

Coverage update for mental health wellness examinations

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

We're pleased to share that mental health wellness exams performed by a primary care provider or licensed mental health professional will now be covered annually — at no cost — to eligible Tufts Health Together members. This coverage will be effective retroactively for dates of service beginning July 1, 2024, and applicable claims will be reprocessed. This aligns with the coverage recently announced and currently in place for Massachusetts Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct members.

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 [Mental Health Examination Overview and Requirements](#) (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 (Psychiatric diagnostic evaluation – 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). (Providers are encouraged to include additional diagnosis codes if a condition is determined during the exam. For Tufts Health Together and Harvard Pilgrim Health Care Commercial claims, Z13.30 must be billed in the primary diagnosis field.)

When billing procedure code 90791 with a primary diagnosis of Z13.30, providers do not need to conduct a Child and Adolescent Needs and Strengths assessment for members younger than 21 years of age.

Please keep in mind that **Modifier 33** (to indicate that evaluation is for preventive purposes, not for a presenting issue/illness and not subject to cost sharing) is used to bill Commercial claims. It cannot be used for claims billed to Tufts Health Together or any MassHealth plan, as it is not recognized by the Centers for Medicare & Medicaid Services.

For more information and additional billing details, please refer to Point32Health's updated [Behavioral Health and Substance Use Disorder](#) and [Outpatient Behavioral Health & Substance Use Disorder](#) payment policies. ▲

Psychotherapy services billing reminder

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

In support of our whole-person approach to care, Point32Health provides insurance coverage for psychotherapy services in accordance with members' benefits. If you provide outpatient psychotherapy to members of the plans noted above, when billing for these services please be sure to use the procedure code most closely reflective of the duration of time spent with the patient during the session.

For example, Current Procedural Terminology (CPT) code 90837 denotes 60 minutes spent with the patient and would not be appropriate to bill for a session lasting 45 minutes, for which CPT code 90834 would be more appropriate.

Because a psychotherapy session may not last for exactly the length of time specified by a given code, providers can defer to the CPT "time rule," which dictates that you choose the code closest to the actual time of the session. In keeping with the CPT time rule, a session ranging anywhere from 38-52 minutes would most appropriately be reported using CPT code 90834 (45 minutes), whereas it would be appropriate to bill CPT code 90837 for a session lasting 53 or more minutes.

Neither prior authorization nor notification are required for outpatient psychotherapy. Additional information on reimbursement guidelines — including documentation requirements — is available in the [Harvard Pilgrim Health Care and Tufts Health Plan Commercial](#), [Tufts Health Public Plans](#), and [Tufts Health Plan Senior Products Behavioral Health and Substance Use Payment Policies](#). ▲

Reducing 30-day readmissions

All products

Reducing hospital readmissions within 30 days is a considerable priority in health care, leading to increased patient satisfaction and improved outcomes.

To do this, it's essential to identify patients who may not understand their transition of care instructions, including necessary follow-up care and changes to their medication regimens, and to provide targeted post-discharge transitions of care interventions.

Effective transition of care interventions should prioritize timely follow-up and patient education.

Timely follow-up

Follow-up that is absent or delayed too far beyond the window immediately following a patient's transition out of the hospital can be a significant factor in the occurrence of 30-day readmissions. Some examples of timely follow-up that can help avoid these early readmissions include:

- Communication from the patient's primary care physician, such as reaching out to schedule a follow-up appointment

- Follow-up phone calls from any member of the patient's care team
- Home visits, when appropriate
- Medication reconciliation/review to ensure that the patient's medications are being used and monitored appropriately

Patient education

It's critical to make sure the patient has a solid understanding of their transition of care plan so they can take the correct steps to avoid adverse events and readmissions. An integral component of transition of care patient education is medication management; Point32Health strongly encourages providers to review these patients' medication lists with them to ensure that the lists are accurate, and they have the correct prescriptions. ▲

RI Medicaid screening and prohibition of balance billing

Tufts Health RITogether

We've communicated in previous issues of Insights and Updates for Providers that Rhode Island Medicaid providers [are required to complete screening and enrollment](#) with the state Medicaid program in order to receive payment for services administered to our Tufts Health RITogether members.

In the event that a claim is denied due to a provider's Rhode Island Medicaid screening status (or any other reason), it's important to note that the member cannot be balance billed, which occurs when a provider bills the member for any amount Medicaid does not pay.

[Balance billing is prohibited by Point32Health](#) and by the Rhode Island Executive Office of Health and Human Services; our providers are not permitted to charge Medicaid beneficiaries (e.g., Tufts Health RITogether members) for covered services.

To ensure that you can receive reimbursement for Tufts Health RITogether members and remain in our Tufts Health Public Plans network in the future, we encourage you to apply for enrollment/screening on the [RI Medicaid Healthcare Portal](#). ▲

Billing charges on claims for same date of service

All products

As a reminder, when billing for an office visit with more than one service provided, we ask that you bill all the service codes related to the visit on one claim rather than submitting separate claims for each code. If a visit has already been billed and additional charges are needed, the original claim should be corrected — this eliminates the need to submit a new claim and avoids unnecessary claims denials.

For example, if a patient attends an annual examination and receives a vaccine during the exam, the visit and the administration of the vaccine should be billed on one claim. If the administration of the vaccine was not included in the original claim, submit a corrected claim to include the additional code. For more information regarding billing best practices, our [Provider Manuals](#) provide additional resources. ▲

Capped rental modifiers: reminder and clarification

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

Capped rental durable medical equipment (DME) items should be billed with the appropriate capped rental modifier, in accordance with correct coding practices. As we've previously announced, any capped rental item that is billed without the proper accompanying capped rental modifier for members of our Tufts Health Together, Tufts Health Plan Senior Care Options, or Tufts Medicare Preferred products may be denied.

When billing capped rental equipment codes for Medicare and MassHealth members, you must use modifier KH for the first month of the rental, modifier KI for the second and third months, and modifier KJ for months four through 13.

We indicated in a previous communication that it is not appropriate to report modifier RR throughout the rental period; however, we would like to clarify that while it is not appropriate to report **only the modifier RR** throughout the rental period, it is appropriate to report RR in tandem with KH, KI, or KJ, as applicable.

When billing for new and used equipment purchases, providers must continue using the NU (new) and UE (used) modifiers. ▲

HEDIS strategies: behavioral health and substance use

All products

Point32Health is offering some reminders and strategies for improvement on the [Follow-Up After Hospitalization for Mental Illness \(FUH\)](#) and [Initiation and Engagement of Substance Use Disorder Treatment \(IET\)](#) HEDIS measures.

FUH measure

To maximize the opportunity for success on the **FUH HEDIS measure**, we recommend that your practice consider the following strategies and reminders (in addition to the best practices highlighted on our HEDIS tip sheet):

- Appointments on the day of discharge do not count as compliant for this measure.
- In order to be compliant for the FUH measure, appointments must be with a behavioral health (BH) provider.
- Consider using telehealth or virtual appointments for greater convenience.
- For PCP offices with an integrated care model, it is important to have BH specialists keep appointments available for patients who have been recently discharged from an inpatient BH hospitalization.
- If the seven-day timeframe has passed, it is still vital that patients who have been hospitalized with a BH diagnosis receive follow-up care with BH providers. The 30-day timeframe for a follow-up appointment is also important.
- For help finding an available BH provider or community partner, the member or PCP office can refer to the [Harvard Pilgrim](#) or [Tufts Health Plan](#) Provider Directories or call the Member Services number listed on the member's ID card. You can also find a wealth of BH information and resources in the [Behavioral Health section](#) of Point32Health's provider website.

IET measure

We'd also like to offer some suggestions for improvement on the **IET HEDIS measure** to promote engagement in substance use disorder treatment after diagnosis so that patients are aware of treatment options and empowered to take the necessary steps in their recovery:

- Before scheduling an appointment, consider factors such as transportation, location, and time of the appointment to ensure that the member does not experience barriers.
- If it is a virtual appointment, consider the level of access the member may or may not have to technology.
- Provide reminder calls to confirm the appointment and reach out proactively within 24 hours if the member does not keep a scheduled appointment to schedule another one.
- Ensure that the care transition plans are shared with the PCP.

Provide timely submission of claims with correct service coding and principal diagnosis. The initial diagnosis and follow-up diagnosis must be the same for the visits to be compliant for the IET measure. ▲

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
Continuous Glucose Monitoring and Diabetes Management Devices for Tufts Health Together	Tufts Health Together	9/1/2024	MNG updated to reflect updates to MassHealth’s guidelines: <ul style="list-style-type: none"> Change from “Multiple daily injections” to Insulin injection Added criteria related to CGM continued use
Genetic Testing: Cell Free DNA Testing for Fetal Trisomy	Tufts Health Plan Commercial	9/1/2024	MNG updated to align with coverage from Carelon. As a result, we may authorize maternal blood sampling of cell-free fetal DNA screening for trisomy 21, 18, and 13 in accordance with the criteria identified on the MNG.
Noncovered Investigational Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	9/1/2024	Noncovered Investigational Services MNG updated to clarify that xenotransplantation (transplantation of living cells, tissues, or organs from one species to another) is not covered.
eviCore Clinical Guidelines for Sleep Management	Tufts Health Commercial, Tufts Health Direct, Tufts Health MA Together, Tufts Medicare Preferred	9/1/2024	Annual review, minor criteria updates/formatting changes.



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 [MassHealth Drug List](#).

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
MassHealth Drug List	Tufts Health Together Prior authorization review for Lenmeldy will be performed using criteria from the MassHealth Drug List .	10/1/2024
Luxturna	Tufts Health Together Criteria updated to require that the prescriber is a specialist (ophthalmologist or retinal specialist), and that the member has not received any prior gene therapy for biallelic RPE65.	10/1/2024
Elevidys	Tufts Health Together Criteria updated to require that the member has not previously received treatment with a gene therapy for DMD, and that the infusion will take place in a qualified treatment facility.	10/1/2024
Zolgensma	Tufts Health Together Criteria updated to require that the member does not have active viral infection, including HIV or positive serology for hepatitis B or C, or Zika virus, and that the member has not previously received treatment with a gene therapy for spinal muscular atrophy.	10/1/2024
Vyjuvek	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Updated policy to specify that Vyjuvek will not be authorized in members who are currently on Filsuvez (birch triterpenes topical gel), as combination use with Vyjuvek and Filsuvez has not been studied.	9/1/2024
Breyanzi	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options <ul style="list-style-type: none"> Removed requirement that follicular lymphoma be Grade 3B. Added criteria to include the treatment of adult patients with relapsed or refractory mantle cell lymphoma as third-line therapy, including prior treatment with a Bruton tyrosine kinase inhibitor. 	9/1/2024
Casgevy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Minor criteria language update.	9/1/2024
Luxturna	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct Minor criteria revision.	9/1/2024
Zolgensma	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Annual review, no changes.	9/1/2024
Skysona	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Annual review, no changes.	9/1/2024
Elevidys	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Minor criteria updates.	9/1/2024



MassHealth updates to Unified Formulary

Tufts Health Together — MassHealth MCO Plan and ACPPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on Nov. 1, 2024. Tufts Health Together-MassHealth MCO Plan and ACPPs 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. ▲

Pharmacy coverage changes

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

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Forteo (teriparatide), Teriparatide (teriparatide), Tymlos (abaloparatide)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	11/1/2024	Parathyroid Hormones
Repatha, Praluent, Nexletol, Nexlizet	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	11/1/2024	Lipid Lowering Agents
Vowst (fecal microbiota spores, live-brpk)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	8/13/2024	Vowst (fecal microbiota spores, live-brpk)
Nexletol (bempedoic acid) and Nexlizet (bempedoic acid/ezetimibe)	Tufts Health RITogether	11/1/2024	Nexletol (bempedoic acid) and Nexlizet (bempedoic acid/ezetimibe)
Proton Pump Inhibitors (PPIs)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	11/1/2024	Proton Pump Inhibitors (PPIs)
Tarpeyo	Tufts Health RITogether	11/1/2024	Tarpeyo



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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