

2025 Physician Group Honor Roll announced

Harvard Pilgrim Health Care Commercial

For 23 years, Harvard Pilgrim Health Care has used its annual Physician Group Honor Roll to acknowledge physician groups for achieving exceptional results in their approach to disease prevention and the treatment of acute and chronic illness for both adult and pediatric patients.

As we've announced in previous communications, Point32Health is working to deliver a more unified product portfolio for our Commercial markets business by migrating Tufts Health Plan Commercial members and accounts to Harvard Pilgrim Commercial products. As we progress through that work, we're continuing the longstanding tradition of highlighting clinical excellence, and would like to congratulate the 56 physician groups in Harvard Pilgrim's Commercial network named to our 23rd annual Physician Group Honor Roll.

We selected the Honor Roll physician groups based on clinical performance measured against NCQA's national HEDIS quality benchmarks in three domains of clinical care: **acute**, **chronic**, and **preventive care**. Physician groups were identified as Honor Roll practices based on performance on 18 measures, such as appropriate treatment for children with upper respiratory infection, diabetes care, and breast cancer screenings. Twenty practices achieved "With Distinction" status, meaning they exceeded NCQA's national 90th percentile in these domains of clinical care.

Honor Roll physician groups are noted in Harvard Pilgrim's [Provider Directory](#), enabling members to evaluate and select providers based on quality performance. You can view the complete list of this year's recipients and learn more about Harvard Pilgrim's methodology on the [Physician Group Honor Roll page](#) — which we've migrated from our Harvard Pilgrim provider website to the integrated Point32Health provider website [as part of a larger initiative](#) to centralize all the content our providers rely on for support in treating their Harvard Pilgrim and Tufts Health Plan patients. ▲

Insourcing chronic kidney disease care management

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial

Point32Health will be insourcing chronic kidney disease (CKD) care management services for Harvard Pilgrim Health Care and Tufts Health Plan Commercial members beginning Jan. 1, 2025. With this transition, we are committed to offering an exceptional, patient-centered approach to ensure our members are supported with their specific health needs.

To support the transition into our CKD program, we are reaching out to Commercial members who were receiving care management services through Monogram Health, which was overseeing these CKD care management services for Commercial members previously. ▲

Our contact information

All products

We strive to provide an optimal experience when you contact us for support, and we know it can be frustrating to get redirected when initially reaching the wrong department. That's why we want to highlight some key contact information so that you can save time and reach the appropriate department from the start.

Provider Portals

For the quickest way to send and receive referrals, request authorization, verify member eligibility and benefits, and more, we encourage you to use our secure provider portals:

- [HPHConnect](#)
- [Tufts Health Plan Provider Portal](#)

Provider Services

For general inquiries and support, call our Provider Services team:

- Harvard Pilgrim Commercial: 800-708-4414
- Tufts Health Plan Commercial: 888-884-2404
- Tufts Health Public Plans (Massachusetts): 888-257-1985
- Tufts Health Public Plans (Rhode Island): 844-301-4093
- Tufts Health Senior Products: 800-279-9022

Technical Support

For Provider Portal inquiries and support, contact:

- **Harvard Pilgrim:** email Provider_eBusiness_Services@point32health.org
- **Tufts Health Plan:** call Provider Services, or email Tufts_Health_Plan_Provider_Technical_Support@point32health.org

Provider Information

Changes to data should be reported via the [CAQH Provider Data Portal](#) (formerly known as CAQH ProView) for those who have implemented it. Alternatively, you can submit a change to your practice information to:

- **Harvard Pilgrim:** submit a completed [Provider Change Form](#) to PPC@point32health.org
- **Tufts Health Plan:** submit a [Medical](#) or [Behavioral Health](#) Provider Information Form Provider_Information_Dept@point32health.org

Please note, as well, that in the past Tufts Health Plan maintained another provider data email box, but as of Jan. 1, 2025, we will discontinue use of Provider_data_requests@point32health.org. Instead, please use one of the two email boxes noted above to contact us regarding provider enrollment or provider information updates.

Monthly Provider Newsletter

Visit www.point32health.org/provider/news to register to receive our monthly online provider newsletter, *Insights and Updates for Providers*, by email.

For more information about Point32Health's Care Management program, including how to refer patients, email requests_for_care_management@point32health.org or call 866-750-2068 for Harvard Pilgrim members; email Priority_Care_Referrals@point32health.org or call 888-766-9818 ext. 53532 for Tufts Health Plan members.

Editor's Note: On Jan. 2, 2025, we updated the technical support section of the article to provide updated contact information. ▲

About our products with the Painters and Iron Workers Unions

Harvard Pilgrim Health Care Commercial


Harvard Pilgrim Health Care is pleased to offer shared administration plans for the Painters & Allied Trades District Council No. 35 and the Iron Workers District Council of New England/Iron Clad unions, and we want to make you aware of some key information on recognizing and serving these members.

These unions began offering their members Harvard Pilgrim Commercial plan coverage as follows: the Painters & Allied Trades District Council No. 35 as of Oct. 1, 2024 and the Iron Workers District Council of New England/Iron Clad as of Jan. 1, 2025.


As these are shared administrative accounts, in which administrative services are shared by the unions themselves and Point32Health, there are a few things to keep in mind:

- The member ID cards will show the Harvard Pilgrim logo, but the member ID numbers don't begin with the HP prefix as our ID numbers for most other plans do. Both unions utilize 9-character alphanumeric member ID numbers, with the Painters union ID number prefixed with A and the Iron Workers ID number prefixed with B.
- When submitting claims or requesting an authorization, be sure to use the member ID number exactly as it appears on the ID card — do not add an HP prefix. We encourage electronic claims submission, but if you prefer to send paper claims, the correct claim address is located on the back of the member's ID card.
- When verifying member eligibility on our portal, you'll be able to see that the member is eligible but not all benefit and cost-sharing information will be available. For eligibility, you may also call 800-799-1240 for the Painters union and 617-436-3500 or 866-229-4766 for the Iron Workers union.
- If you submit claims using electronic data interchange, the EDI 277 claim status response report will note claim receipt. However, the HPHConnect portal won't display information on adjudicated claims; that information will be available on your EOP and payment from the unions.
- Please note that our vendor management programs for outpatient chemotherapy (with OncoHealth) and our high-tech imaging program (with Evolent) do not apply for the Painters and Iron Workers union plans at this time.

Painters & Allied Trade DC#35 Sample Member ID card

 <p>PPO Painters & Allied Trades D.C.#35 Health Benefits Plan www.DC35Funds.com</p> <p>Insured's Name: John Doe ID#: A12345678 01</p> <p>Valid: Referrals are not required by DC35 Health Benefits Plan. Co-Pays: Office Visit \$10.00; E.R. \$100 unless admitted. —Please see reverse side for other information.—</p>	<p>Provider Claims to: HPHC, PO Box 699183 Quincy, MA 02269-9183</p> <p>IMPORTANT TELEPHONE NUMBERS</p> <p>DC #35 Health Plan: 617-524-1240 Hospitalizations: 800-708-4414 Substance Use Disorder/Inpatient Psych: 800-878-2004 Delta Dental: 800-872-0500 - Davis Vision: 800-999-5431 Prescription: 866-888-0103 - Hearing Plan: 800-442-8231</p> <p>In-Network Deductible 50/Calendar Year OOP* Max: \$1,500 individual-\$3,000 family Out-of-Network Deductible Calendar Year \$250 individual-\$500 family Out-of-Network Calendar Year OOP* Max: \$3,000 individual-\$7,000 family</p> <p>*OOP = Out of Pocket Subscribers outside of MA, NH, ME, RI, VT PHCS multiplan.com</p>
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Iron Workers District Council of New England Sample Member ID card

 <p>PPO IRON CLAD INSURANCE Policy # C-3898</p> <p>Subscriber: John Doe ID: B12345678</p> <p>Office Visit Co-Pay \$20.00</p> <table border="0"> <tr> <td>Major Medical:</td> <td>In-Network</td> <td>Out-of-Network</td> </tr> <tr> <td>Deductible:</td> <td>\$300/\$600</td> <td>\$300/\$600</td> </tr> <tr> <td>Out of Pocket:</td> <td>\$1,500/\$3,000</td> <td>\$4,000/\$6,250</td> </tr> </table> <p>PCP's referrals are not required with this plan. www.harvardpilgrim.org/ironworkers</p>	Major Medical:	In-Network	Out-of-Network	Deductible:	\$300/\$600	\$300/\$600	Out of Pocket:	\$1,500/\$3,000	\$4,000/\$6,250	<p>INPATIENT ADMISSIONS: Your provider must call Harvard Pilgrim Health Care at 1-800-708-4414 to pre-certify your Hospital Admissions.</p> <p>EMPLOYEE ASSISTANCE PROGRAMS: Your provider must call Modern Assistance Programs, Inc. at 617-774-0311 or 1-800-878-2004 to pre-certify.</p> <p>Electronic Claims: EDI Routing #04271 Paper Claims: HPHC Claims PO Box 699183, Quincy, MA 02269-9183</p> <p>All other claims and benefit questions: Iron Clad Insurance 161 Granite Avenue, Dorchester, MA 02124 617-436-3500 or toll free 866-229-4766</p> <p>This Card is not a guarantee of eligibility. Subscribers outside of MA, NH, ME, RI, VT: PHCS multiplan.com</p>
Major Medical:	In-Network	Out-of-Network								
Deductible:	\$300/\$600	\$300/\$600								
Out of Pocket:	\$1,500/\$3,000	\$4,000/\$6,250								

Use our secure HPHConnect portal for speedy self-service

Harvard Pilgrim Health Care Commercial

We encourage providers and office staff to use our secure HPHConnect portal to conduct a variety of self-service transactions for Harvard Pilgrim Health Care Commercial members. The secure portal is available 24/7 for you to conduct online transactions, including:

- Verify member eligibility
- View a patient's personal health record
- Send and receive specialty referrals
- Provide notification and request authorization
- Check the status of a claim
- Submit claim batch files (HIPAA 837 format)
- Single claim direct data submission for professional claims

Using the portal can be more efficient than phone or fax. For example, when requesting prior authorization, you may receive an on-the-spot response for certain services that utilize InterQual criteria.

If you haven't signed up for HPHConnect yet, you can get started by [completing this web-based registration form](#), which will guide you step-by-step through the process and allow you to upload any necessary documents directly. Once the form is complete, remember to finish setting up your account — including selecting your username and account password — [on the HealthTrio site](#). You'll also find registration instructions in the [HPHConnect tab of this webpage](#).

Last year, we experienced high demand for registering for the HPHConnect, but we've made some improvements to our registration process and have reduced turnaround times (by the end of January, we anticipate that we will be processing registration requests in an estimated 7-10 business days).

For more information, refer to [this HPHConnect FAQ](#) and for guidance on conducting common transactions in HPHConnect please review one of our [HPHConnect user guides](#). ▲

Continued stay and inpatient level of care reviews

[Harvard Pilgrim Health Care Commercial](#) | [Senior Products](#) | [Tufts Health Direct](#) | [Tufts Health Plan Senior Care Options](#) | [Tufts Health RITogether](#) | [Tufts Health Senior Products](#) | [Tufts Health Together](#) | [Tufts Medicare Preferred](#)

It's important for Point32Health's utilization management (UM) team to collaborate with you on care and discharge planning to monitor the patient's progress, help ensure that they receive the right care based on their health needs and assist in a smooth transition of care.

To that end, we're sharing a reminder regarding continued stay reviews for diagnosis-related group (DRG) case rate admissions for Harvard Pilgrim Health Care Commercial, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health Direct, Tufts Health Together, and Tufts Health RITogether members, as well as an update to our level of care review process for elective inpatient surgical procedures effective for dates of service beginning Feb. 27, 2025 for Harvard Pilgrim Commercial members.

Continued stay reviews

As a reminder, our UM team conducts concurrent review for members admitted to an acute inpatient facility for medical and surgical care. This includes initial reviews, as well as ongoing continued stay reviews throughout the hospital admission. InterQual criteria are applied as the basis for these reviews, but these criteria do not replace Medicare or MassHealth/Medicaid coverage guidelines, which are used in making coverage determinations where available.

Providers should be aware that we will be expanding these reviews for diagnosis-related group (DRG) admissions (also known as case rate admissions) in the coming year. As a result, you may notice Point32Health reaching out to your facility more often throughout a patient's stay for subsequent reviews of clinical information to make coverage determinations and substantiate a continued stay.

Elective inpatient level of care reviews

In addition, for Harvard Pilgrim Commercial members, as of Feb. 27, 2025 we will be applying level of care reviews to elective inpatient surgical procedures. In addition to our current review process for determining the medical necessity of a procedure, we'll use InterQual criteria to perform level of care reviews to assess whether it's more appropriate for the procedure to occur in the inpatient setting or an outpatient setting, such as a surgical daycare center.

The level of care review process will apply regardless of whether the procedure itself requires prior authorization.

The level of care review process for elective inpatient surgical procedures will apply only for Harvard Pilgrim internally managed cases — those managed through arrangements with our vendor partners (e.g., Evolent, formerly known as National Imaging Associates) are not included.

For additional information on utilization management and review, please refer to the applicable [Provider Manuals](#). ▲

New Payment Policy and billing for hospital at home

All products

Point32Health has developed a new, integrated Payment Policy for Inpatient Hospital Admissions, which is replacing the previous legacy Harvard Pilgrim Health Care Inpatient Acute Medical Admissions and Tufts Health Plan Inpatient Facility policies.

The new policy contains additional clarifying information and billing instructions for hospital at home care, an alternative delivery model administered by the hospital for care of acutely ill members who are stable enough to have hospital level of care safely provided at home, which Point32Health reimburses for contracted providers when medically necessary.

When submitting claims for hospital at home services, report revenue code 0161 (hospital at home, room and board/hospital at home), unless otherwise indicated in your provider agreement. Occurrence span code 82 (hospital at home care dates) will be used to track the from and through dates of the hospital at home care delivered during an inpatient stay.

As a reminder, related ancillary services rendered in the home — such as ambulance, skilled nursing and rehabilitation services, infusion services, and lab and radiology services — are included in the DRG payment. They should not be billed separately and may be subject to random post-payment audits and retraction.

Please refer to the [Inpatient Hospital Admissions Payment Policy](#) for complete billing and reimbursement information. In addition, Point32Health has developed [Medical Necessity Guidelines for Acute Hospital Care at Home](#), which outline clinical coverage criteria and notification requirements. ▲

HEDIS MY2024 medical record requests

All products

Each year, the National Committee for Quality Assurance (NCQA) measures the clinical quality performance of health plans through a standardized set of quality measures. This measure set — known as the Healthcare Effectiveness Data and Information Set (HEDIS®) — evaluates important dimensions of care and service including effectiveness of patient care, access and availability of care, patient experience, and management of health conditions. The clinical components are measured using data from claims and medical record reviews.

As required by NCQA and the Centers for Medicare and Medicaid Services (CMS), Point32Health will send HEDIS MY2024 medical record requests via mail to providers for all Point32Health (Harvard Pilgrim and Tufts Health Plan) products beginning in February 2025. Using a systematic process, NCQA selects a sample of providers to receive these requests. Providers should follow the submission instructions as outlined in the mailing.

Your help is crucial to the project, as every medical record counts, and your prompt response will ensure that Point32Health's HEDIS measures accurately represent the high quality of care you provide to our members. You can be assured that our staff will maintain confidentiality of all medical information as required by HIPAA regulations. Please note that you may receive more than one mailing packet from us; we appreciate your cooperation in addressing all members and requests for medical records that you receive.

Providers must electronically submit the necessary information to the Provider Quality Performance Department via fax at 617-673-0754 or secure email at HEDIS@point32health.org by Feb. 28, 2025. For questions, contact the Provider Quality Performance HEDIS® Help Line at 888-766-9818, option 1, ext. 52809.

Tip sheets to guide you in data submission

We've developed tip sheets to aid you and your practice in satisfying HEDIS measures and providing data that accurately reflects your practice's performance on these important quality metrics.

On our [HEDIS tip sheet webpage](#), you'll find more than 20 concise tip sheets, each of which offers insight into a specific HEDIS measure, best practices, and guidance on required documentation. Topics include prenatal and postpartum care, transitions of care, diabetes screening for patients on antipsychotics, follow up after emergency room visits for patients with high-risk chronic conditions, and statin therapy for patients with cardiovascular disease — as well as many others. To prepare for HEDIS data collection, we encourage you to review these tip sheets.

Point32Health values your continued participation with our clinical quality improvement efforts to meet regulatory and accreditation requirements for the NCQA and CMS HEDIS medical record review.

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

New pilot program offers virtual cardiac rehabilitation

Tufts Medicare Preferred

Beginning in January, Tufts Medicare Preferred members in Massachusetts can choose to participate in a pilot program that provides telehealth cardiac rehabilitation following a heart event. Offered by Tufts Health Plan in collaboration with Movn Health — a leader in virtual cardiac rehab and prevention — Remote Cardiac Rehab is of no cost to members and is designed to provide a pathway for patients who may not otherwise take part in a cardiac rehab program.

Members who enroll with Movn Health meet with a dedicated care manager on a weekly basis to discuss healthy habit goals and track progress based on a set treatment plan. During the program, a heart care team monitors important health indicators via connected devices including a smart watch, blood pressure monitor and cuff, and weight scale.

Members are encouraged to participate in virtual group exercise and education classes that include topics on nutrition and wellness. Beyond the 12-week program, they can stay in contact with their care team for an additional nine months through Movn Health's maintenance program.

Providers caring for Tufts Medicare Preferred members who opt in to Movn Health will be contacted by email to complete, sign, and return a referral form indicating that the home-based rehab program is medically necessary and medically approved for treatment of the patient. Throughout the program, the Movn Health care team will share member progress reports and metrics with the referring provider or primary physicians.

Movn Health's virtual cardiac rehab program has demonstrated improved recovery rates and better long-term heart health for patients recovering from heart surgery, heart attacks, and other cardiovascular conditions. For more information or to refer a patient, call 833-426-6686 or visit www.movnhealth.com. ▲

Living Well – 2025 program offerings for providers and members

All products

Point32Health is pleased to announce enhancements to our virtual Living Well program for the year ahead. While you can expect to see the same core programming that's made this resource so popular — including wellness webinars, meditation groups, and fitness classes — in 2025, we're offering series on exploring cultural cuisines; forming positive habits using small, manageable steps; and integrating mindfulness practices into everyday life. Living Well will also feature interviews with leading mindfulness researchers including [David Vago](#), a thought leader in mind-body health and neuroscience, who joins us later this month to share his insights and expertise.

To learn more about the program, visit our [Living Well page](#), which is updated regularly to include details on current and upcoming offerings. We encourage providers to share this information with patients, office staff, and community members who could benefit or may be interested in participating. The Living Well program is free, and no advanced registration is required.

If you're interested in exploring recordings of past Living Well webinars, classes, and other offerings, visit the Point32Health [Living Well](#) and [Mind the Moment](#) YouTube pages. You can also [view the recorded version](#) of Dr. Jud Brewer's 2024 Hunger Habit workshop for Living Well, which is available until April 22, 2025. To access Living Well's 24/7 meditation hotline, featuring brief, pre-recorded sessions in English and Spanish, call 877-589-6736.

Since 2020, Point32Health's Living Well program has offered providers and their patients free, virtual wellness programming for improving physical and mental health. We're excited to share our 2025 plans with you and look forward to offering additional program enhancements in the future. ▲

PPACA coverage policy updates for 2025

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

As you are likely aware, Harvard Pilgrim Health Care and Tufts Health Plan maintain policies to outline coverage and services for preventive care in accordance with provisions of the Patient Protection and Affordable Care Act (PPACA). Members are entitled to receive full coverage for preventive care services identified on these policies, with no cost-sharing responsibility, when these services are rendered by an in-network provider.

For the 2025 plan year, we've made minor updates to the [Harvard Pilgrim Patient Protection and Affordable Care Act \(Federal Health Care Reform\) Policy](#), which pertain to BRCA testing, cervical cancer screening, colonoscopy bowel preparations, and HIV screening.

In addition, we've replaced Tufts Health Plan's previous Preventive Services Payment Policy with equivalent Patient Protection and Affordable Care Act (Federal Health Care Reform) Policies, which apply to Tufts Health Plan Commercial plans and Tufts Health Direct and can be found in Tufts Health Plan's [Commercial](#) and [Tufts Health Public Plans](#) Provider Manuals.

We hope the alignment of the policy format helps further our goal of delivering an increasingly seamless provider experience and a higher degree of familiarity and consistency across our Point32Health product lines. ▲

CAQH Provider Data Portal updates and upcoming training

All products

If you utilize the [CAQH Provider Data Portal](#) to review and update your provider directory information — as we remind our network to do regularly, including in [an article in this month's issue](#) — you'll soon see some additional required fields.

We encourage you to take advantage of an upcoming training opportunity being offered by the Mass Collaborative to help familiarize providers with updates to the information that health plans will be collecting via CAQH.

Updates to data fields

Providers will be expected to populate the following new data fields in CAQH, consistent with state and federal regulations:

- Practice group affiliation
- Open/closed panel status (i.e., whether or not your practice is accepting new patients)
- Office location and operating hours
- Appointment availability
- Demographics about patients you treat
- ADA accessibility
- Languages spoken
- Gender-specific treatment
- Telehealth availability
- Age groups treated

These updates support our ongoing commitment to ensuring our members have access to accurate, detailed, and up-to-date information about in-network providers.

Sign up for a training

Practice administrators who use the CAQH Provider Data Portal are encouraged to take advantage of a one-hour webinar session being offered on **Jan. 28, 2025 from noon – 1 p.m. ET**. The session will include a brief presentation by CAQH and highlights of data collection methods offered by other carriers.

The session — developed by the Mass Collaborative and co-sponsored by its members (e.g., Massachusetts Medical Society, Massachusetts Health and Hospital Association, Massachusetts Association of Health Plans) as well as HCAS, CAQH, and the Massachusetts Department of Insurance — will provide information on these changes to requirements and guidance on processes related to updating provider information.

[Click here](#) to register today! ▲

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](#) for those who have implemented it. Please keep in mind that the CAQH Provider Data Portal has recently been updated with some additional required data fields, as we announced in [this article](#).

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 policy for [Harvard Pilgrim Commercial 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. ▲

Add-on payments for corrective mobility system timely repairs

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

In support of regulatory guidance from MassHealth and the Executive Office of Health and Human Services (EOHHS), Point32Health is pleased to share that we will provide an additional \$1,000 add-on payment for corrective mobility system timely repairs when provided to Tufts Health Plan Senior Care Options, Tufts Health One Care, and Tufts Health Together members.

These corrective mobility system repair add-on payments are available for eligible durable medical equipment (DME) providers, effective for dates of service beginning Jan. 1, 2025 when all criteria indicated by MassHealth are met:

- Providers must adhere to the requirements set forth in both [101 CMR 322.05](#) and [130 CMR 409.430](#), as well as MassHealth’s Sept. 2024 [Durable Medical Equipment Provider Bulletin 38](#).
- Corrective mobility system repairs must be performed within 12 calendar days (from intake to completion and delivery to the member).
- Repairs are billed using **modifier U3 in combination with HCPCS procedure code K0739**.
- Providers are required to file or make available all records and information necessary to demonstrate compliance with conditions of payment upon EOHHS request — including documentation of how these payments are used.

For additional information, we encourage you to refer to the [resources MassHealth makes available to DME providers](#), and to take advantage of their monthly office hours for any questions you may have (first and third Thursday of every month, from 4:30 – 5 p.m.). ▲

Billing for routine eye care services

Tufts Health Together

We're offering a billing reminder for optometrists and ophthalmologists who treat Tufts Health Together members.

As indicated on our Tuft Health Plan [Vision Services Payment Policy](#), and in alignment with industry standard correct coding as well as regulatory guidance from MassHealth, routine eye exams should be reported using **CPT codes 92002, 92004, 92012, and 92014**.

Routine vision services not reported in this fashion will deny — for example, those billed with medical evaluation and management codes in the 99201-99205 range.

In the event that you receive such a denial, you have the option to resubmit the claim using a more appropriate code for reimbursement, in accordance with the corrected claim information outlined in the [Claim Requirements, Coordination of Benefits and Dispute Guidelines](#) section of the Tufts Health Public Plans Provider Manual. ▲

Coverage for inpatient donor human milk

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

In support of [Massachusetts state legislative guidance](#) pertaining to maternal health, Point32Health will now cover medically necessary inpatient donor human milk and donor human milk-derived products for Massachusetts fully insured Harvard Pilgrim Health Care Commercial and Tufts Health Plan Commercial plans, Tufts Health Direct, Tufts Health One Care, and Tufts Health Together, effective for dates of service on or after Nov. 21, 2024.

We're pleased to introduce this coverage as a new offering for our member community; it was not included as a member benefit in the past and will now be available to eligible members when the following criteria are met:

- The infant is undergoing treatment in an inpatient setting for a congenital or acquired condition that places the infant at a high risk for development of necrotizing enterocolitis or a congenital or acquired condition that may benefit from the use of such human breast milk as determined by the department of public health
- The milk is obtained from a human milk bank that meets quality guidelines established by the department of public health
- A licensed medical practitioner has issued a written order for the provision of such human breast milk or donor human milk-derived products for the covered infant; and
- The covered infant is under the age of 6 months
- Medically or physically unable to receive maternal breast milk or participate in breastfeeding or whose mother is medically or physically unable, despite receiving lactation support, to produce maternal breast milk in sufficient quantities or caloric density

Claims for donor human milk should be billed on a UB-04 facility claim form using revenue code 0220 and may not be separately reimbursed.

For more information, please refer to our Harvard Pilgrim Commercial [Newborn Care and Neonatal Intensive Care Payment Policy](#), as well as our Tufts Health Plan [Commercial](#) and [Tufts Health Public Plans](#) Newborn Payment Policies, which we've updated to reflect this coverage and billing guidance. ▲

Billing for all-inclusive clinic visits

Tufts Health Plan Senior Care Options (SCO) Medi

Point32Health has updated our All-Inclusive Clinic Visit (HCPCS Code T1015) Payment Policy to reflect a billing and reimbursement change pertaining to Tufts Health Plan Senior Care Options (SCO) Medi (Medicaid-only) members only.

As a reminder, when billing for medically necessary all-inclusive clinic visits for Tufts Health Plan SCO Medi members, contracted federally qualified health centers and community centers should bill in accordance with the information noted in [MassHealth Managed Care Entity Bulletin 84](#), to receive the higher Medicaid reimbursement rate.

Additionally, Point32Health is reprocessing claims from Jan. 1, 2022 onward that were not reimbursed in accordance with [MassHealth Managed Care Entity Bulletin 84](#), for SCO Medicaid only members. Our systems have been appropriately aligned with the requirements outlined in the bulletin.

For more information, please refer to the updated [All-Inclusive Clinic Visit \(HCPCS Code T1015\) Payment Policy](#). Also, we're pleased to share that we've developed [this quick reference guide](#) to aid providers in distinguishing between Tufts Health Plan SCO Medi and SCO-SNP (dual eligible) members and verifying member eligibility. ▲

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
Total Joint Replacement – Ankle	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	3/1/2025	New MNG for a newly covered service, and prior authorization will be required. Will use InterQual criteria for review. Providers who meet the InterQual criteria can receive on-the-spot approvals by using HPHConnect or our Tufts Health Plan secure provider portal .
Ankle Arthroscopy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	3/1/2025	New MNG for a newly covered service, and prior authorization will be required. Will use InterQual criteria for review. Providers who meet the InterQual criteria can receive on-the-spot approvals by using HPHConnect or our Tufts Health Plan secure provider portal .
Hematopoietic Stem Cell Transplantation	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	3/1/2025	Updates to criteria for clarification. In addition, prior authorization will be newly required for Tufts Health RITogether.
Intensity-Modulated Radiation Therapy	Tufts Health One Care	3/1/2025	Tufts Health One Care will be added to the existing MNG as an applicable product, and prior authorization will be required for the following CPT codes for intensity-modulated radiation therapy: 77301, 77338, 77385, 77386, 77387, G6015, G6016, and G6017.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
Bioengineered Skin Substitutes	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	3/1/2025	New MNG outlining coverage criteria for bioengineered skin substitutes. The following HCPCS codes will be covered only when they are billed with one of the ICD-10 diagnosis codes specified on the MNG: C9363, Q4100, Q4101, Q4102, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4116, Q4121, Q4122, Q4124, Q4128, Q4132, Q4133, Q4151, Q4168, Q4182, Q4186, and Q4187. In addition, TheraSkin (HCPCS code Q4121) will be covered when billed with an appropriate ICD-10 code.
Removal of Benign Skin Lesions	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	3/1/2025	Codes 17000, 17003, 17004, 17100, 17111 will be covered only when submitted for certain diagnoses, following guidance in CMS article A54602. See MNG for details, including a list of covered ICD-10 codes.
Noncovered Investigational Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	3/1/2025	The following services/codes will be added to the Noncovered Investigational Services MNG as experimental/investigational and will deny if billed: <ul style="list-style-type: none"> • Misha Knee System • Transcranial Direct Current Stimulation • MRCP+ (CPT codes 0723T and 0724T) • Syn-One • Guardant Shield
Hypoglossal Nerve Stimulation	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	3/1/2025	New MNG outlining our newly developed internal criteria, and prior authorization will be required.
Tufts Medicare Preferred (HMO and PPO) Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines	Tufts Medicare Preferred	3/1/2025	Prior authorization will be required for the Intracept procedure (basivertebral nerve ablation, CPT codes 64628 and 64629), and CMS' local coverage determination L39642 will be used for criteria. In addition, new prior authorization requirements added for the following: <ul style="list-style-type: none"> • Long-term acute care • Skilled nursing facility care • Deep Brain Stimulation for Essential Tremor and Parkinson Disease (will use CMS criteria NCD 160.24 for codes 61880, 61885, 61886, 61863, 61864, 61867, and 61868) • Implantable Neurostimulator – Sacral Nerve (will use CMS criteria LCA A53017 for codes 64590, 64595)

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
Tufts Health Senior Care Options Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines	Tufts Health Plan Senior Care Options	3/1/2025	<p>Prior authorization will be required for the Intracept procedure (basivertebral nerve ablation, CPT codes 64628 and 64629), and CMS' local coverage determination L39642 will be used for criteria.</p> <p>In addition, new prior authorization requirements added for the following:</p> <ul style="list-style-type: none"> • Deep Brain Stimulation for Essential Tremor and Parkinson Disease (will use CMS criteria NCD 160.24 for codes 61880, 61885, 61886, 61863, 61864, 61867, and 61868) • Implantable Neurostimulator – Sacral Nerve (will use CMS criteria LCA A53017 for codes 64590, 64595)
Tufts Health One Care Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines	Tufts Health One Care	3/1/2025	<p>Prior authorization will be required for the Intracept procedure (basivertebral nerve ablation, CPT codes 64628 and 64629), and CMS' local coverage determination L39642 will be used for criteria.</p>
Lyme Disease: Antibiotic Coverage	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2025	<p>Criteria updated to include language for short-term antibiotic treatment.</p>
Magnetic Resonance Elastography (MRE) for Chronic Liver Disease	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2025	<p>New interim MNG for prior authorization criteria.</p> <p>We previously communicated that our vendor partner Evolent would be performing prior authorization review for this service. However, Evolent will not be reviewing this service until July 1, 2025.</p> <p>From Jan. 1, 2025 until July 1, 2025, Point32Health will review prior authorization requests for MRE for chronic liver disease in-house.</p>
Dental Procedures Requiring Hospitalization	Tufts Health Plan Commercial	1/1/2025	<p>Updates to criteria.</p>
Oral Formula and Enteral Nutrition	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2025	<p>Minor criteria updates, including the addition of criteria requesting that providers submit a growth chart to document growth failure and updates to Relizorb criteria due to FDA label expansion.</p>

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
Oral Formulas for Rhode Island Commercial	Harvard Pilgrim Commercial	1/1/2025	Criteria updated for additional clarity. As a reminder, prior authorization is required.
Basivertebral Nerve Ablation	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care	1/1/2025	New MNG outlining coverage criteria for the Intracept procedure (basivertebral nerve ablation, CPT codes 64628 and 64629) which is now covered with prior authorization.
Solid Organ Transplants (Heart, Heart/Lung, Intestinal, Kidney, Liver, Lung, Pancreas, Pancreas/Kidney)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2025	New streamlined MNG to outline all solid organ transplant criteria in one location. Criteria updated in accordance with transplant guidelines.
Subcutaneous Implantable Cardioverter Defibrillator	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2025	Minor updates to criteria based on literature review. Prior authorization is not required.
Transcatheter Mitral Valve Repair	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2025	Minor updates to criteria and limitations based on literature review and manufacturer label. Prior authorization is not required. Added definition of “prohibitive risk” and “moderate to severe mitral regurgitation.”
Genetic Testing: Whole Exome Sequencing and Whole Genome Sequencing	Tufts Health Plan Commercial	1/1/2025	Minor updates to criteria.
Genetic and Molecular Diagnostic Testing	Tufts Health Plan Commercial	1/1/2025	Minor updates to criteria.
Genetic Testing: Cell Free DNA Screening for Fetal Trisomy	Tufts Health Plan Commercial	1/1/2025	Minor updates to criteria.
Genetic Testing: BRCA1 and BRCA2 – Hereditary Breast, Ovarian, and Pancreatic Cancers	Tufts Health Plan Commercial	1/1/2025	Criteria updates to align with most up-to-date National Comprehensive Cancer Network guidelines and literature.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
Home Health Care Services for Tufts Together, Tufts Health RITogether, and Tufts Health One Care	Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2025	MNG reformatted and criteria updated for additional clarity and to reflect MassHealth requirements.
In-Home Therapy Services for Tufts Health Together	Tufts Health Together	1/1/2025	New in-house Point32Health MNG to reflect MassHealth criteria.
In-Home Behavioral Services for Tufts Health Together	Tufts Health Together	1/1/2025	New in-house Point32Health MNG to reflect MassHealth criteria.
Intensive Care Coordination for Tufts Health Together	Tufts Health Together	1/1/2025	New in-house Point32Health MNG to reflect MassHealth criteria.
Mobile Crisis Intervention for Tufts Health Together	Tufts Health Together	1/1/2025	New in-house Point32Health MNG to reflect MassHealth criteria.
Community Support Programs	Tufts Health Together, Tufts Health One Care, Tufts Health Plan Senior Care Options	1/1/2025	Criteria updated to align with MassHealth guidance.
Acute Hospital Care at Home	All products	1/1/2025	New MNG outlining criteria and notification requirements.



Prior authorization requirements for cardiac services

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

As you may know, Point32Health has a partnership with Evolent to oversee prior authorization programs for certain services, including cardiac diagnostic tests and interventional procedures; high-tech diagnostic imaging; select joint procedures; spine surgery and cervical spine procedures; and outpatient interventional spine pain management services.

Effective for dates of service beginning March 1, 2025, Point32Health and Evolent are adding prior authorization requirements for a number of additional cardiac services for Tufts Health Direct, Tufts Health Plan Together, Tufts Health Plan RITogether, and Tufts Health One Care (these services already require prior authorization through Evolent for Harvard Pilgrim Commercial and Tufts Health Plan Commercial plans):

- **Fractional Flow Reserve CT** (CPT code 75580)
- **Cardiac Resynchronization Therapy (CRT)** (CPT codes 33221, 33224, 33225, 33231)
- **Implantable Cardioverter Defibrillator (ICD)** (CPT codes 33230, 33240, 33249)
- **Pacemaker** (CPT codes 33206, 33207, 33208, 33212, 33213)
- **Transthoracic Echocardiology (TTE)** (CPT codes 93303, 93304, 93306, 93307, 93308, as well as the add-on codes +93320, +93321, +93325, +93356)
- **Transesophageal Echocardiology (TEE)** (CPT codes 93312, 93313, 93314, 93315, 93316, 93317, 93318, and the add-on codes +93320, +93321, +93325)

- **Stress Echocardiography** (CPT codes 93350, 93351, and the add-on codes +93320, +93321, +93325, +93352, +93356)
- **Heart Catheterization** (CPT codes 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, and the add-on codes +93462, +93463, +93464, +93565, +93566, +93567, +93568)

For more information, including guidance on how to request prior authorization and access utilization review matrices, please refer to the resources identified on the [Evolut vendor page](#) on Point32Health’s Provider website.



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
Palonosetron	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J2468).	1/1/2025
Pemetrexed	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9292).	1/1/2025

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Complement Inhibitors – Medicare Complement Inhibitors –Commercial, RITogether	Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care Prior authorization is now required for PiaSky (HCPCS J1307), approved by the FDA in June 2024 for the treatment of adult and pediatric patients 13 years and older with paroxysmal nocturnal hemoglobinuria and body weight of at least 40 kg.	1/1/2025
Kisunla (donanemab-azbt)	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care Prior authorization is now required for Kisunla (HCPCS J0175), approved by the FDA in July 2024 for the treatment of Alzheimer’s disease.	1/1/2025

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Rytelo (imetelstat)	<p>Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care</p> <p>Prior authorization is now required for Rytelo (HCPCS C9399, J3490), approved by the FDA in April 2024 for the treatment of adult patients with low- to intermediate-1 risk myelodysplastic syndromes with transfusion-dependent anemia requiring 4 or more red blood cell units over 8 weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents.</p>	1/1/2025
<p>Tremfya (guselkumab) intravenous</p> <p>Targeted Immunomodulators – Skilled Administration</p>	<p>Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care</p> <p>Prior authorization is now required for Tremfya IV (HCPCS J1628), approved by the FDA in September 2024 for the treatment of adult patients with moderately to severely active ulcerative colitis.</p>	1/1/2025
Medicare Part B Step Therapy	<p>Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care</p> <p>Prior authorization is now required for Pavblu (HCPCS J3590), Nypozi (HCPCS C9173), and Hercessi (HCPC Q5146). These agents are non-preferred products within their respective therapeutic categories.</p>	1/1/2025
Medical Benefit Step Therapy	<p>Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together</p> <p>Prior authorization is now required for Pavblu (HCPCS J3590), approved by FDA in August 2024 for neovascular (wet) age-related macular degeneration, macular edema following retinal vein occlusion, diabetic macular edema, and diabetic retinopathy.</p>	1/1/2025
Trastuzumab Products	<p>Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether</p> <p>Prior authorization is now required for Hercessi (HCPCS Q5146), approved by the FDA approved in April 2024 for metastatic gastric cancer.</p> <p>Kanjinti and Trazimera are the preferred trastuzumab products and are available without prior authorization.</p>	1/1/2025
Short-acting Colony Stimulating Factors	<p>Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether</p> <p>Prior authorization is now required for Nypozi (HCPCS C9173), approved in June 2024 for patients with cancer receiving myelosuppressive chemotherapy, patients with acute myeloid leukemia receiving induction or consolidation therapy, patients with cancer undergoing bone marrow transplantation, patients undergoing autologous peripheral blood progenitor cell collection and therapy, patients with severe chronic neutropenia, and acutely exposed to myelosuppressive doses of radiation (hematopoietic syndrome of acute radiation syndrome).</p> <p>Zarxio is the preferred Short-Acting Colony Stimulating Factor and does not require prior authorization.</p>	1/1/2025

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Abecma (idecabtagene vicleucel) Breyanzi (lisocabtagene maraleucel) Carvykti (ciltacabtagene autoleucel) Kymriah (tisagenlecleucel) Tecartus (brexucabtagene autoleucel) Yescarta (axicabtagene ciloleucel)	All products We will no longer require prior authorization for harvesting, preparation, and administration of chimeric antigen receptor T-cell therapy medications. However, the medications themselves will continue to require prior authorization Refer to this article for more information.	1/1/2025
Lyfgenia Casgevy Zynteglo Roctavian Hemgenix	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care We've incorporated criteria updates to align with MassHealth guidance and FDA labels.	1/1/2025
Casgevy Lyfgenia	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care Minor criteria changes.	1/1/2025
Casgevy Skysona	Tufts Health Together Criteria updated to reflect guidance from MassHealth, including adding criteria for treatment dependent beta thalassemia and adding a question pertaining to sickle cell disease.	1/6/2025



Prior authorization update for administration of CAR T-cell drugs

All products

In light of provider feedback, we've received, effective Jan. 1, 2025, we will no longer require prior authorization for the preparation and administration of the following chimeric antigen receptor (CAR) T-cell therapy medications:

- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Carvykti (ciltacabtagene autoleucel)
- Kymriah (tisagenlecleucel)
- Tecartus (brexucabtagene autoleucel)
- Yescarta (axicabtagene ciloleucel)

Please note that the medications themselves will continue to require prior authorization. However, prior authorization is no longer required for the harvesting, receipt and preparation, and administration of CAR T-cell therapy drugs (formerly represented by codes 0537T, 0538T, 0539T, and 0540T but replaced as of Jan. 1, 2025 with codes 38225, 38226, 38227, and 38228.)

In addition, we have expanded the initial authorization window for these drugs from three months to six months. We hope this change minimizes the administrative complication associated with needing to re-request a CAR T-cell drug after the initial authorization window runs out.

For prior authorization criteria associated with these CAR T-cell medications, please refer to their respective [Medical Drug Medical Necessity Guidelines](#). ▲

Pharmacy coverage changes

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

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Repatha, Praluent, Nexletol, Nexlizet	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	3/1/2025	Lipid Lowering Agents
Quantity Limit Exceptions	Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, Tufts Health Direct	3/1/2025	Quantity Limit Exceptions

Bowel preparations used for colorectal cancer screening

Applicable to Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct

In alignment with recommendations from the United States Preventive Services Task Force (USPSTF), Point32health covers the full cost of generic bowel preparation agents for members ages 45 to 75. Generic bowel prep agents have the same clinical efficacy as branded formulations and offer a lower-cost alternative. To support the use of lower-cost alternatives and to protect members from cost-sharing, we encourage health care providers to prescribe generic bowel preparation agents for colorectal cancer screening.

When a branded formulation is medically necessary, a coverage exception request must be submitted. To request an exception, the prescribing provider must request coverage through the medical review process, subject to our [Non-Formulary Exceptions Pharmacy Medical Necessity Guidelines](#).

The following bowel preparation medications are moving to non-formulary, effective for dates of service beginning April 1, 2025:

- Clenpiq
- Osmoprep



Updated billing instructions for Adult Day Health providers

Tufts Health Plan Senior Care Options

Point32Health covers medically necessary home- and community-based services (HCBS), including adult day health (ADH), adult foster care (AFC), and personal care attendant (PCA) services, in accordance with members' benefits and applicable state regulations.

We've updated Point32Health's Home- and Community-Based Services Payment Policy to clarify and reinforce the claim submission process for certain ADH providers. Effective for dates of service beginning March 1, 2025, if you are an ADH provider and providing services within the ASAP's service area, please submit claims for your services directly to the ASAP indicated on the Adult Day Health Referral form—rather than to Point32Health. ADH providers who participate with Tufts Health Senior Care Options but are not contracted with an ASAP, or caring for members outside the contracted ASAP area, may continue to submit claims directly to Point32Health for approved services.

If you are an ADH provider, be sure to follow the appropriate claim submission process. Please keep in mind that if you bill incorrectly, your claim may be denied.

For additional information, refer to the [Home- and Community-Based Services Payment Policy](#). ▲

***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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