

Insights and Updates for Providers

March 2025

Content centralized to Point32Health provider website

All products

As you've likely read in previous issues of *Insights and Updates for Providers* — most recently in the [December 2024 issue](#) — one of our priorities has been moving content from our legacy Harvard Pilgrim Health Care and Tufts Health Plan provider websites onto the centralized Point32Health provider website to promote a streamlined provider experience.



We're delighted to share that this work is officially complete! All the information and tools you reference on a daily basis are now hosted in one location, so instead of navigating between multiple websites to find the resources you need to provide exceptional care to our members, you can access it all right where you already are — at www.point32health.org/provider.

View the new electronic services pages

The latest content relocated to the integrated Point32Health provider website includes our [electronic services landing page](#), where you'll find everything you need to do business with us as efficiently as possible in one handy spot.

We recommend leveraging our electronic options whenever possible for their ease of use, and everything you need to do so lives here, from information and resources related to [Electronic Funds Transfer](#) and [Electronic Data Interchange](#), to the registration pages for our [Harvard Pilgrim](#) and [Tufts Health Plan](#) secure online provider portals, as well as links to the portals themselves ([Harvard Pilgrim](#), [Tufts Health Plan](#)).

Bookmark the Point32Health provider site

Please keep in mind that with the completion of this initiative to move all pertinent content to the Point32Health provider website, we will be decommissioning the respective provider websites specific to legacy Harvard Pilgrim and Tufts Health Plan in the coming months. While those website URLs will redirect to the Point32Health site for a time, we encourage you to bookmark the [integrated Point32Health provider website](#) to quickly and conveniently locate all the resources available to you and your practice.

We hope you find that our new-and-improved provider website suits your needs more concisely and completely than ever before! ▲

Skilled nursing care: prior authorization update

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

Point32Health previously announced new prior authorization requirements to take effect on March 1, 2025 for Tufts Medicare Preferred members only, pertaining to skilled nursing facility care and long-term acute care.

After further consideration, we are amending this policy decision, and the prior authorization requirement will only pertain to long-term acute care. The prior authorization requirement for skilled nursing facility care will not be applied for this member population at this time — we will continue to cover these services, when medically necessary,

without prior authorization. The notification requirement and concurrent review process remain unchanged and will continue to be in effect.

In addition, prior authorization continues to be required for acute inpatient rehabilitation and non-emergent medical transportation for members of our Tufts Medicare Preferred and Tufts Health Plan Senior Care Options plans, [as also announced](#) in prior issues of Insights and Updates for Providers.

For more information, please refer to the Medicare Benefit Policy Manual and Point32Health's [prior authorization resources page](#). ▲

New medication adherence Star Measure tip sheet

Tufts Medicare Preferred | Tufts Health Plan Senior Care Options

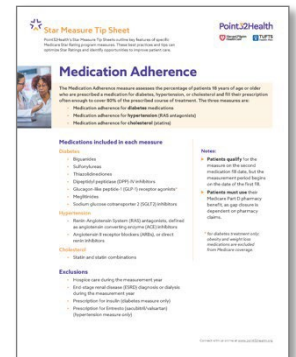
Point32Health has developed a new Star Measure tip sheet for the [Medication Adherence](#) measure.

The Medication Adherence measure assesses the percentage of patients 18 years of age or older who are prescribed a medication for diabetes, hypertension, or cholesterol and fill their prescription often enough to cover 80% of the prescribed course of treatment. Three measures are included:

- Medication adherence for **diabetes** medications
- Medication adherence for **hypertension** (RAS antagonists)
- Medication adherence for **cholesterol** (statins)

Point32Health's Star Measure tip sheets outline key features of specific Medicare Star Rating program measures. These best practices and tips can identify opportunities to improve patient care and optimize Star Ratings.

For the full collection of Point32Health Star Measure and HEDIS tip sheets currently available, refer to the [HEDIS and Star Rating tip sheets page](#) on our provider website. And 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). ▲

Commercial migration reminder: avoid duplicate claims

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial

As part of our Commercial product integration, we have been migrating Tufts Health Plan Commercial members to Harvard Pilgrim Health Care Commercial plans. Much of this work has been completed, and we expect to migrate the remaining Commercial accounts by June 2025, with the exception of US Family Health Plan which remains through December 2025.

When submitting claims for members who have switched plans, please remember to submit claims to the health plan based on the member's eligibility on the date of service. To avoid incorrect claims processing or rejections/denials, do not submit claims for the same service to both organizations.

For services that span the date the member migrates to a new plan, such as inpatient care, you may submit the claim to the health plan based on the admission date. We will review the claim and ensure that it is processed accordingly by the appropriate health plan.

If you have questions or need additional support, please contact Harvard Pilgrim's Provider Services at 800-708-4414. ▲

Insourcing chronic kidney disease care management

Tufts Health Direct

Beginning April 1, 2025, chronic kidney disease (CKD) care management services for Tufts Health Direct members will be insourced within Point32Health's integrated care management program. Previously, Tufts Health Direct members may have been receiving CKD care management services through Monogram Health.

Tufts Health Direct members who were receiving care management services through Monogram Health will be notified, and our staff has been working to ensure that these members have a smooth transition into our program. ▲

Reminder: One Care training requirement

Tufts Health One Care

The Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS) require providers and office staff to complete comprehensive training on the One Care (Medicare-Medicaid dual eligible) program.

As we shared in November, our online resources make it easy for you to comply with training requirements. Simply visit the [Training section of our Point32Health website](#) and click on Begin the training under the Tufts Health One Care provider trainings section.

The program has two tracks — [a general training series](#) developed by MassHealth via UMass Medical School, as well as a [plan-specific Tufts Health One Care training](#). Providers must complete both tracks in order to meet One Care requirements. Once you've concluded both training tracks, be sure to complete the attestation. Point32Health will record and submit your participation to EOHHS and CMS.

For track one, the following recorded webinars are required:

- One Care: An Introduction for One Care Plans
- Engaging One Care Enrollees in Assessments & Care Planning
- Americans with Disabilities Act (ADA) Compliance
- Principles of Cross-Cultural Competence
- Promoting Wellness for People with Disabilities
- Contemporary Models of Disability: Beyond the Medical Model (Independent Living, Self-Determination and Recovery Model)
- Identifying Potential Abuse and Neglect of One Care Members
- Caring for Individuals with Co-Occurring Mental Health & Substance Use Disorders in One Care

The track one general series features additional trainings including: integrating virtual health care; providing support for members as parents; navigating housing instability; addressing social isolation and many more.

To learn more about the Tufts Health One Care program and working with us, refer to the [Tufts Health One Care chapter](#) and other relevant sections of the Public Plans [Provider Manual](#). ▲

Members' rights and responsibilities

All products

Point32Health's Harvard Pilgrim Health Care and Tufts Health Plan members are notified of their respective plans' members' rights and responsibilities upon enrollment and annually thereafter, and all clinicians also receive a copy at the time of contracting and credentialing and annually thereafter.

Periodically, Point32Health will include this information in our provider newsletter. Please take a moment to familiarize yourself with the documents below, found in the Provider Manuals specific to our various Harvard Pilgrim and Tufts Health Plan lines of business.

Because this information may vary among states, product lines, etc., please be sure to read each section that pertains to patients you treat.

Harvard Pilgrim Health Care

- Rights and Responsibilities policy in the [Member Care section](#) of the Commercial Provider Manual

Tufts Health Plan

- Members' Rights and Responsibilities sections of the:
 - [Members chapter](#) in the Commercial Provider Manual
 - [Rights and Responsibilities chapter](#) in the Tufts Health Public Plans Provider Manual
 - [Members chapter](#) in the Senior Products Provider Manual

Copies of this information can also be mailed upon request by calling Provider Services. ▲

Coordinating care for medical and behavioral health

All products

Point32Health recognizes that communication and collaboration among primary care physicians, behavioral health care providers, emotional health therapists, 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 co-occurring, patients rely on multiple health care providers working together to accurately diagnose and comprehensively treat them.

The role of primary care providers is integral to a patient's overall care plan, from screening for behavioral health issues during yearly visits, to coordinating care with behavioral health specialists. At the same time, both primary care and behavioral health care providers can ensure that baseline and annual metabolic monitoring — screening for diabetes and elevated lipids — is conducted for children, adolescents, and adults in their care, especially those taking antipsychotic medications who are at greater risk for developing diabetes, abnormal cholesterol and triglyceride levels, and obesity.

Coordinating care for a shared patient

Regular communication among medical and behavioral health care providers working with a shared patient supports whole-person care and 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 Commercial members

If you have 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 with significant behavioral health or complex care needs, MassHealth's Community Partners (CP) Program offers enhanced care coordination services. Participating partner organizations have been designated to provide behavioral health (BH) services to certain members (age 18+) with significant needs, including those with serious mental illness and addiction. CP organizations also provide long-term services and supports (LTSS) to children and adults (ages 3-64) with complex needs resulting from physical and developmental disabilities and brain injuries.

As a resource for both providers and members, CPs work to engage patients in the program, support transitions in care, and connect members with community resources and services aimed at improving their health. Providers with patients who would like to engage in the program and may benefit from participating, are encouraged to reach out with the patient's name, date of birth, ID number or MassHealth ID number, and short summary of their needs to CPProgram@point32health.org.

Contact numbers for additional guidance

As a partner 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. ▲

Pharmacy split fill program for select oral oncology drugs

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

Point32Health is implementing a pharmacy split fill program, effective March 1, 2025, for new starts on select oral oncology drugs for members of the following products: Tufts Health Direct, Harvard Pilgrim Health Care and Tufts Health Plan fully insured Commercial members, and those on the Commercial Exchange.

The oncology split fill program aims to improve medication adherence among our member population while managing drug costs and reducing drug wastage. Oral oncology drugs are vital for treating many types of cancer but can cause severe side effects that may require the patient to change their dosage or stop the medication therapy altogether and select an alternative.

Because finding the right dose can take a few months and obtaining a full month's supply before determining the right dose can be needlessly expensive if changes are ultimately needed, we're allowing eligible members to prevent unnecessary costs by receiving partial fills for select oral oncology drugs (evaluated using evidence-based criteria).

These members will receive split fills for the first three months on a new oral oncology drug. If cost share (copay/coinsurance) is applicable, members will pay a pro-rated cost share per claim. Once the member can tolerate the medication, the regular cost share amount will apply for the fourth month's fill and every fill thereafter. ▲

Correct coding reminders

All products

We're offering reminders of correct coding practices to keep in mind when completing a UB-04 claim, as well as when billing for services rendered at an ambulatory surgical center. Because errors are common in these billing

scenarios, we want to support our provider partners in billing appropriately to enable claims to be priced and paid properly.

Billing UB-04 claims

It's important to follow industry standard billing guidance when completing a UB-04 form or its electronic equivalent, the 837 institutional claim transaction. As a reminder, facility providers should not bill both medical and behavioral health services together on the same claim. In addition, to identify members discharged/transferred to a psychiatric hospital or a psychiatric distinct part unit (DPU) of a hospital, it's mandatory to include discharge status code 65 on the claim.

We've updated our Commercial Behavioral Health and Substance Use Disorder Payment Policy for additional clarity around this requirement. For general billing guidance pertaining to the UB-04 form or the electronic 837 institutional claim transaction, you can refer to the [Billing & Reimbursement section](#) of our Harvard Pilgrim Health Care Commercial Provider Manual, as well as the Claim Requirements, Coordination of Benefits and Payment Disputes sections of our [Tufts Health Plan Commercial](#), [Senior Products](#), and [Public Plans](#) Provider Manuals.

Billing for ambulatory surgical center services

When billing for services rendered at an ambulatory surgical center on a CMS-1500 form or an 837 professional claim transaction, please remember to include the modifier SG in order to apply the correct benefit configuration (e.g., cost sharing, deductible). When applicable, always submit a modifier that reduces the fee schedule/allowable amount in the primary modifier position, and modifier SG in the secondary position. ▲

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
Gender Affirming Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	3/1/2025	Prior authorization is no longer required for the following CPT codes associated with adjacent tissue transfer or rearrangement. These codes are open to pay for all medically necessary indications: 14040, 14041, 14301, 14302
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 diagnostic ultrasound procedure codes 76981, 76982, and 76983 will be covered when they are billed with one of the ICD-10 diagnosis codes identified on the MNG, as appropriate. If billed with any other diagnosis code, they will continue to deny as experimental/investigational.
Intensity-Modulated Radiation Therapy (IMRT)	All products	1/1/2025	Prior authorization is no longer required for CPT codes 77301 and 77338.



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
Datroway (Datopotamab deruxtecán-dInk)	Harvard Pilgrim Commercial Prior authorization is required for coverage of Datroway (HCPCS J9999) for use in patients with previously treated metastatic HR-positive, HER2-negative breast cancer.	3/1/2025



Pharmacy coverage changes

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

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Non-Formulary Exceptions	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	5/1/2025	Non-Formulary Exceptions For formularies subject to non-formulary review, added coverage criteria for Zepbound's supplemental indication for moderate to severe obstructive sleep apnea in obesity.



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 May 12, 2025. 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. ▲

***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.**

Read *Insights and Updates for Providers* online, and subscribe for email delivery, at www.point32health.org/provider.
For questions or comments about this newsletter, contact provider_communications@point32health.org.

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