Harvard Pilgrim Health Care | TUFTS Health Plan

Massachusetts Association of Patient Account Management (MAPAM)

Annual All Payer Meeting

May 26, 2022

a Point32Health company

Harvard Pilgrim Health Care and Tufts Health Plan Have Combined

- The name of our parent organization is **Point32Health.**
- Inspired by the 32 points on a compass, **Point32Health** represents the role the organization plays in helping people find their version of healthier living through a broad range of health plans and tools that make navigating health and wellbeing easier.
- While **Point32Health** is the name of our parent organization, the Harvard Pilgrim Health Care and Tufts Health Plan brands will continue to appear in the marketplace.
- **Continue to follow the existing processes for each heritage brand.**
- We are currently reviewing our payment policies to assess opportunities for consistency.

Point32Health

Harvard Pilgrim Health Care

TUFTS Health Plan

Point32Health

Our purpose is to guide and empower healthier lives for everyone, by working differently.

			
Improved Access for All	**Innovation**	**Enhanced Experiences**	**Healthier Living**
Offering commercial, senior and public plans that deliver accessible and affordable quality care to everyone — no matter their age, health or income.	Improving health care by creating new concepts that improve health outcomes, increase affordability, impact policy and help more people.	Rethinking existing standards to make every part of the health care experience simpler, smarter and more seamless from start to finish.	Holding an all-encompassing view of health and health care to help support and guide members and communities to their best version of well-being.

Our Integrated Behavioral Health Program

We recognize the critical importance of behavioral health to the well-being of our members and how appropriate behavioral health care contributes to overall health.

- Both heritage organizations offer successful behavioral health programs by operating different models to meet our members' needs. Currently, Tufts Health Plan operates its own network of behavioral health providers, while Harvard Pilgrim Health Care offers behavioral health services through a contract with Optum/United Behavioral Health.

- To achieve our primary goal of creating a best-in-class program for our combined membership, Point32Health will offer an insourced behavioral health program.

- With an anticipated effective date of July 1, 2023, behavioral health coverage and programs, including utilization and care management, will be delivered through Point32Health's own internal functions and behavioral health team.

- There are no immediate policy or procedural changes for our behavioral health providers.

OptumRx Will Be Point32Health's Pharmacy Benefit Manager - Effective January 1, 2023

- Point32Health has selected OptumRx as the pharmacy benefit manager for all products, effective January 1, 2023.
- OptumRx will offer convenient and affordable access to prescription medications to members through a comprehensive retail, specialty and home delivery pharmacy network.
- Point32Health will continue to manage its own pharmacy programs, including drug formularies and the development of utilization management criteria.
- For more information, please refer to this press release.
- As the effective date nears, updated information will be available on each heritage brand's provider website and published in *Network Matters* and *Provider Update*.

Point32Health Community Engagement

- Point32Health Foundation builds on the rich tradition of service and giving demonstrated by the Harvard Pilgrim Health Care Foundation and the Tufts Health Plan Foundation.

- Corporate citizenship, philanthropic grants, community engagement, supporting colleagues in their giving and volunteering as well as leading on issues that matter to our members remain priorities for Point32Health.

- Point32Health Foundation is working with communities in Connecticut, Maine, Massachusetts, New Hampshire and Rhode Island to support, advocate and advance healthier lives for everyone.

- Learn more at point32healthfoundation.org

Point32Health Foundation

Combination Information for Providers

- Visit the provider websites for each heritage brand for more information and answers to frequently asked questions about the combination.

harvardpilgrim.org/provider/combination-information-for-providers

tuftshealthplan.com/documents/providers/general/combination-faqs

Harvard Pilgrim HealthCare

TUFTS Health Plan

Point32Health

New Corporate Address and P.O. Box Changes

- Point32Health, the parent organization of Harvard Pilgrim Health Care and Tufts Health Plan, has a new corporate address: **1 Wellness Way, Canton, MA 02021-1166**
- Harvard Pilgrim Health Care's Wellesley, MA and Tufts Health Plan's Watertown, MA locations have closed. Correspondence that was previously mailed to these locations should now be directed to the Canton address.
- Harvard Pilgrim Health Care's paper claims submission addresses remain unchanged. View the Claim Submission Guidelines to obtain the mailing address for each type of claim.
- Tufts Health Plan's P.O. Box numbers have changed.

  Reminder: We strongly encourage electronic claim submission for faster processing.
- Additional information may be found on each heritage brand's provider website and in recent issues of *Network Matters* and *Provider Update*.
- Mail forwarding will be available until December 1, 2022 to give providers time to make updates to their systems.

Harvard Pilgrim Health Care's Claim Submission Addresses

Harvard Pilgrim Health Care's paper claims submission addresses remain unchanged.

Claim Type	Address
• Commercial (HMO, POS, PPO) Medicare Enhance (including ancillary and DME claims) Medicare Supplement Access America (Service performed in MA, ME and NH) HPHC Choice Plus Medicaid Reclamation • Replacement claims • Resubmission (all provider appeals: corrected, duplicate and referral claim appeals, filing limit appeals, clinical and all other administrative appeals)	Harvard Pilgrim Health Care P. O. Box 699183 Quincy, MA 02269-918
All Behavioral Health Claims	United Behavioral Health/Optum P.O. Box 30602 Salt Lake City, UT 84130
Student Insurance	Harvard Pilgrim Health Care/ Student Resources P.O. Box 809025 Dallas, TX 75380-9025
Health Plans, Inc.	Health Plans, Inc. P. O. Box 5199 Westborough, MA 01581
Access America (Service performed outside of MA, ME and NH)	UnitedHealth Integrated Services PO BOX 30783 Salt Lake City, UT 84130-0783
Stride℠ (HMO) Medicare Advantage Plans	HPHC Inc. c/o Stride Claims Processing P.O. Box 93430 Lubbock, TX 79493
Pharmacy claims (excluding drugs paid under a medical benefit)	Optum Rx Manual Claims P.O. Box 29044 Hot Springs, AR 71903

View the Claim Submission Guidelines to obtain the mailing address for each type of claim.

New P.O. Box Numbers for Tufts Health Plan

Additional information, including updated P.O. Box numbers, may be found on Tufts Health Plan's public Provider website and in recent issues of *Provider Update*.

Product	Address
Claims Submission - Commercial	P.O. Box 178 Canton, MA 02021-0178
Claims Submission - Senior Products	P.O. Box 518 Canton, MA 02021-0518
Claims Submission - Tufts Health Public Plans (MA)*	P.O. Box 8115 Park Ridge, IL 60068-8115
Claims Submission – Tufts Health Public Plans (RI)*	P.O. Box 859 Park Ridge, IL 60068-0859
Claims Submission - USFHP	P.O. Box 495 Canton, MA 02021-0495
Provider Payment Disputes - Commercial, USFHP	P.O. Box 251 Canton, MA 02021-0251
Provider Payment Disputes - Senior Products	P.O. Box 478 Canton, MA 02021-0478
Provider Payment Disputes - Public Plans	P.O. Box 524 Canton, MA 02021-0524

*There are no changes to the claims mailing address for Tufts Health Public Plans.

Supported Web Browsers

For the best experience possible when visiting our websites and our secure provider portals, please use the latest version of one of the following browsers:

Firefox 

Chrome 

Microsoft Edge 

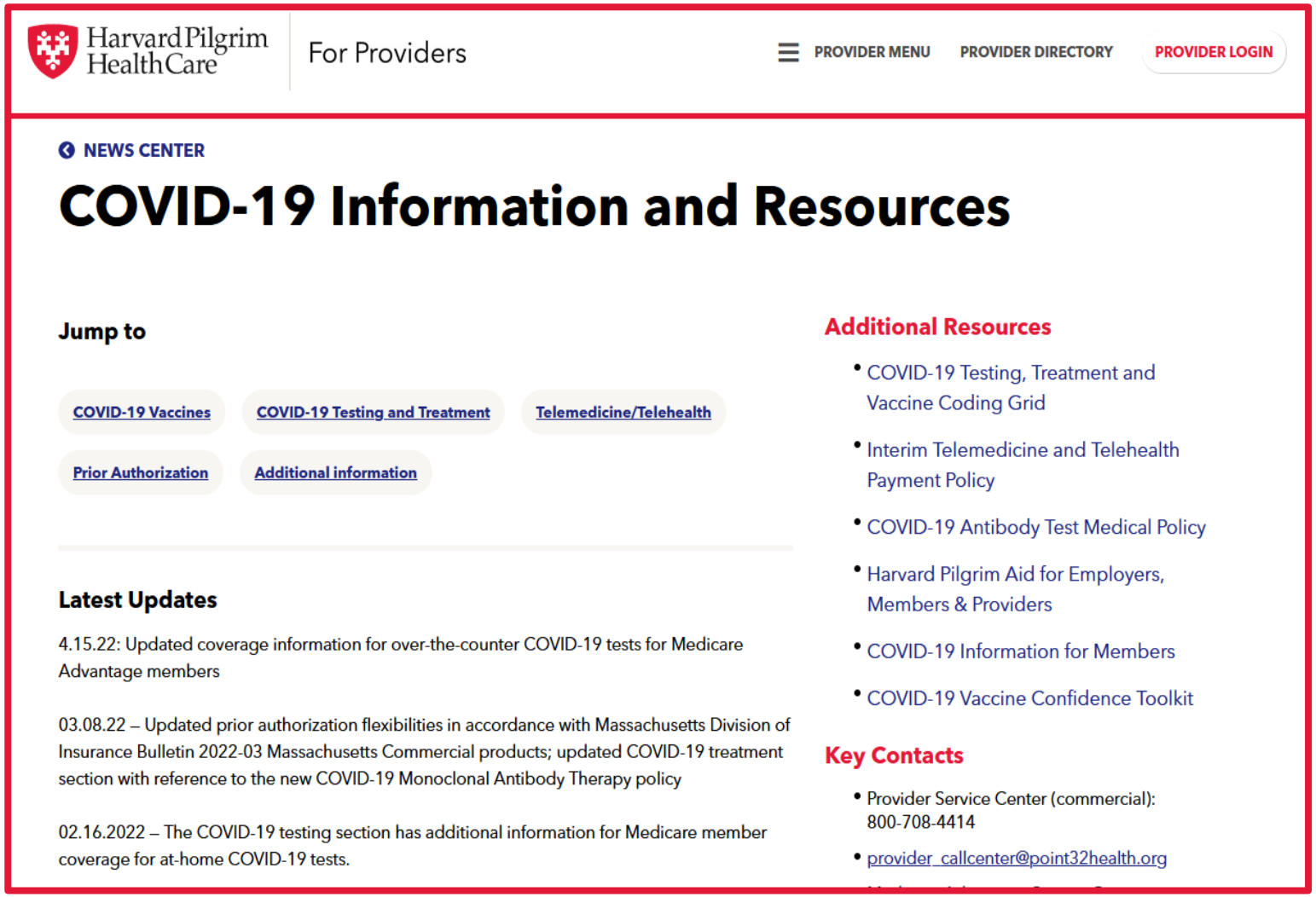
Note: Harvard Pilgrim Health Care and Tufts Health Plan websites are no longer supported by Internet Explorer. Internet Explorer will be retired by Microsoft in June 2022.

Harvard Pilgrim Health Care

COVID-19 Information and Resources

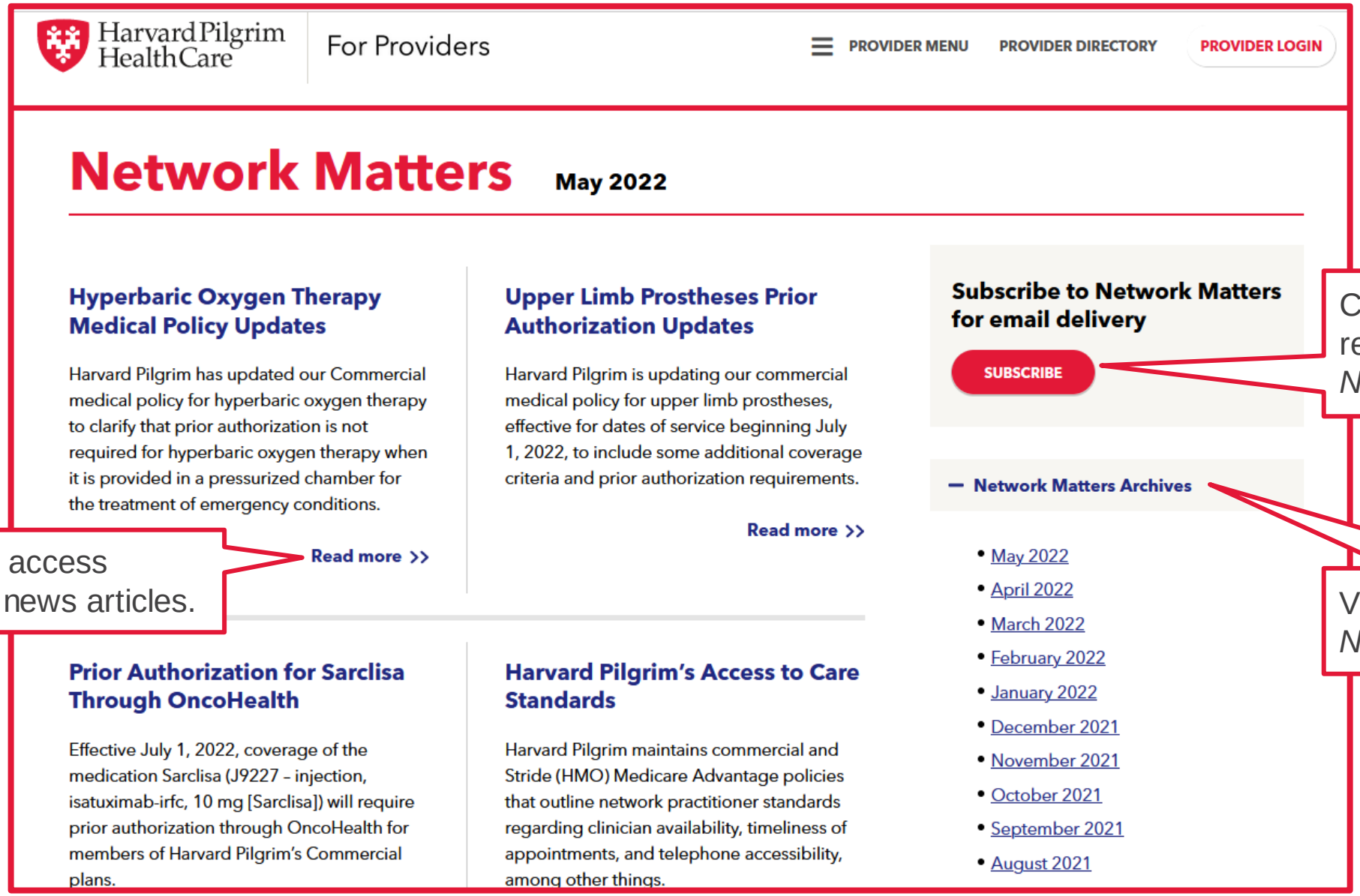
harvardpilgrim.org/provider/news-center/covid-19-information-and-resources/

Visit the COVID-19 Information and Resources page to access valuable information on Harvard Pilgrim Health Care's adapted policies and business operations, aimed at supporting our providers through the COVID-19 public health emergency.



Subscribe to *Network Matters*

harvardpilgrim.org/provider/news-center/network-matters/



Quickly access current news articles.

Click SUBSCRIBE to register to receive *Network Matters* by email.

View past issues of *Network Matters*.

Stride℠ Medicare Advantage

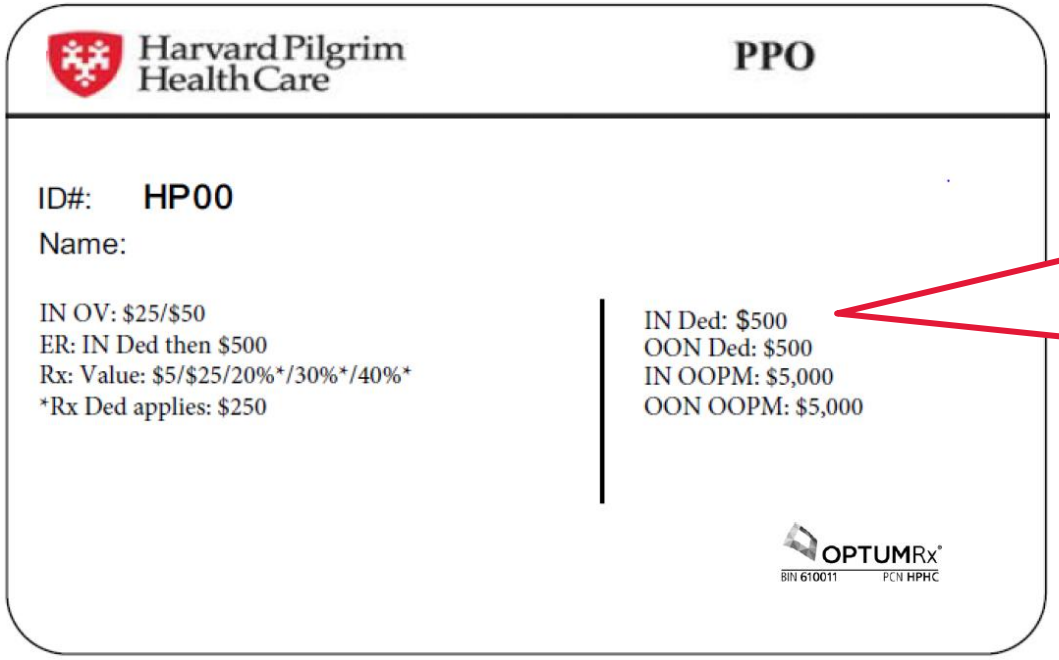
As of January 1, 2022, Harvard Pilgrim Health Care no longer offers Stride℠ Medicare Advantage plans in Massachusetts and Maine.

- Massachusetts Stride members have the opportunity to enroll in Tufts Medicare Preferred HMO, which earned 5 out of 5 stars from the Centers for Medicare and Medicaid Services (CMS) for an unprecedented 7th year in a row.

We continue to offer Stride Medicare Advantage in New Hampshire.

Stride members may seek care from New Hampshire, Massachusetts and Maine providers.

Updates To Member ID Cards



- Deductible and Out-of-Pocket Maximum (OOPM) amounts have been added to the front of the card.
- Updated ID cards are being issued as new members join and as existing groups renew.

- The appearance of member ID cards will vary based on the member's product and employer group. Visit HPHConnect to verify eligibility and benefit information.
- View the Harvard Pilgrim Health Care Member ID Card Guide for details about the information that can be found on member ID cards.

Telehealth Place of Service Codes

Updates to telehealth place of service (POS) coding are intended to better meet overall industry needs through greater specificity. Use POS 02 to report telehealth services rendered in a location other than the patient's home, use POS 10 to report telehealth services rendered in the patient's home. For correct coding, please report all telemedicine/telehealth claims with either POS 02 or POS 10, depending on the setting in which the visit was conducted.

The updated/new descriptions are as follows:

- **POS 02: Telehealth Provided Other than in Patient's Home**
  The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

- **POS 10: Telehealth Provided in Patient's Home**
  The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Telemedicine/Telehealth Modifiers

CMS has developed the following modifiers, which are now available to be used:

- **FQ** – The service was furnished using audio-only communication technology
- **FR** – The supervising practitioner was present through two-way, audio/video communication technology

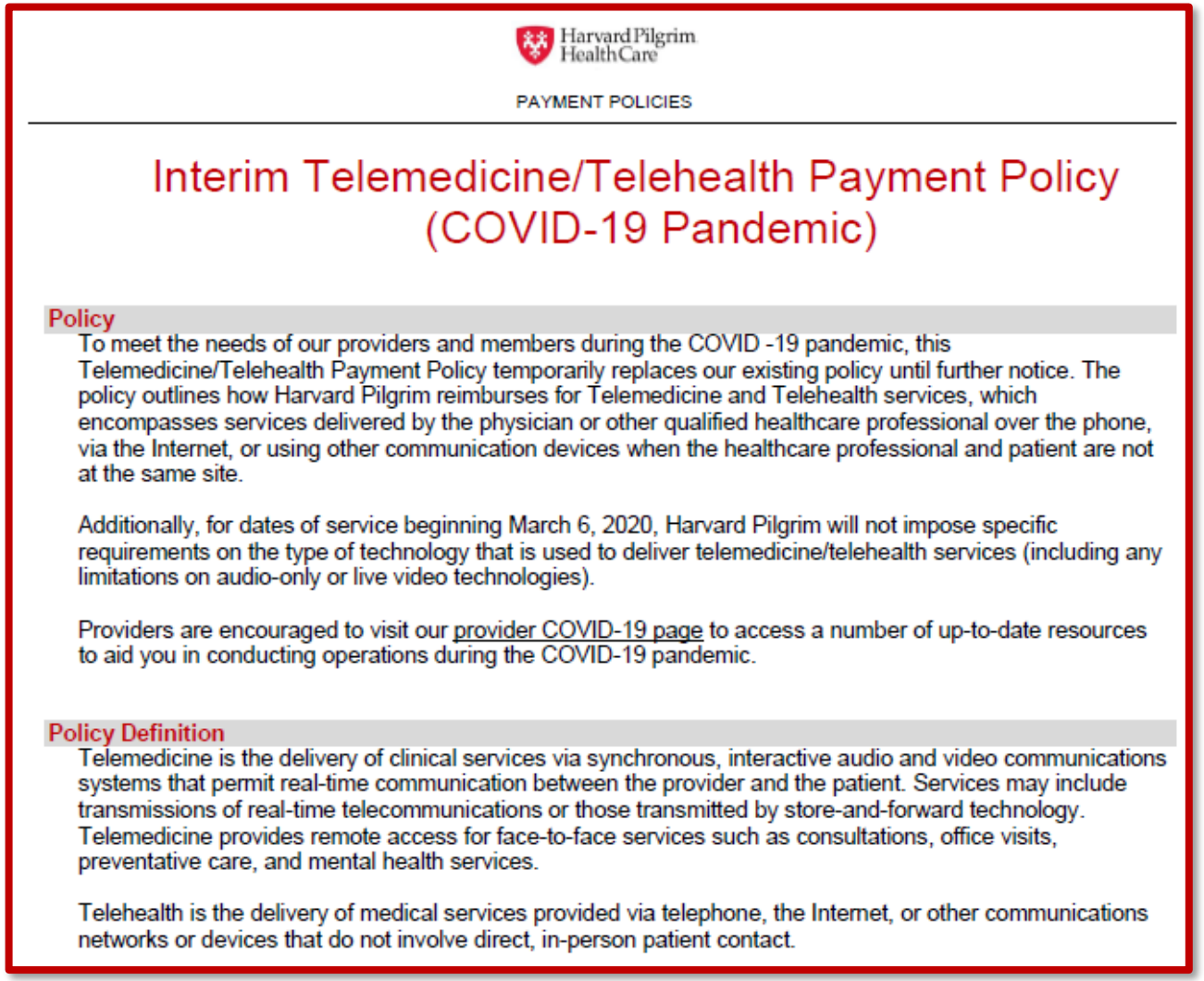
To promote further specificity and an accurate picture of the telehealth encounter, please supplement POS 02 or POS 10 with the appropriate modifier.

For more information, please refer to Harvard Pilgrim Health Care's Interim Telemedicine/Telehealth Payment Policy (COVID-19 Pandemic).

Interim Telemedicine/Telehealth Payment Policy

- You can access the Interim Telemedicine/Telehealth Payment Policy from the COVID-19 Informational Page or the Payment Policy page of our website.

- This policy temporarily replaces our Telemedicine/Telehealth payment policy until further notice.



Harvard Pilgrim Health Care

PAYMENT POLICIES

Interim Telemedicine/Telehealth Payment Policy (COVID-19 Pandemic)

Policy

To meet the needs of our providers and members during the COVID -19 pandemic, this Telemedicine/Telehealth Payment Policy temporarily replaces our existing policy until further notice. The policy outlines how Harvard Pilgrim reimburses for Telemedicine and Telehealth services, which encompasses services delivered by the physician or other qualified healthcare professional over the phone, via the Internet, or using other communication devices when the healthcare professional and patient are not at the same site.

Additionally, for dates of service beginning March 6, 2020, Harvard Pilgrim will not impose specific requirements on the type of technology that is used to deliver telemedicine/telehealth services (including any limitations on audio-only or live video technologies).

Providers are encouraged to visit our provider COVID-19 page to access a number of up-to-date resources to aid you in conducting operations during the COVID-19 pandemic.

Policy Definition

Telemedicine is the delivery of clinical services via synchronous, interactive audio and video communications systems that permit real-time communication between the provider and the patient. Services may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology. Telemedicine provides remote access for face-to-face services such as consultations, office visits, preventative care, and mental health services.

Telehealth is the delivery of medical services provided via telephone, the Internet, or other communications networks or devices that do not involve direct, in-person patient contact.

Group Insurance Commission Products - Effective July 1, 2022

- The 2022-2023 plan year the Group Insurance Commission's (GIC's) Primary Choice HMO and Independence Plan POS begins on July 1, 2022.
- There are no changes to the provider tier assignments for the 2022-2023 plan year. Providers received their tier assignment notifications in February 2022.
  - **Note:** Changes initiated by physicians moving to a different provider organization may result in their tier changing to that of the new organization.
  - **Reminder:** Because Primary Choice is a limited-network product, some of Harvard Pilgrim Health Care's contracted providers do not participate in the Primary Choice network, so it is important to confirm network participation before a Primary Choice member receives treatment.
- For additional product details, please refer to the Tiered Network Plans section of the Learn About Our Products page on our provider website.

Provider Appeals Overview

If a provider disagrees with Harvard Pilgrim Health Care's decision regarding the denial or reimbursement of a claim, the provider has the option to file an appeal for reconsideration.

Please view the appeals section of the *Provider Manual* for the following Provider Appeal Policies:

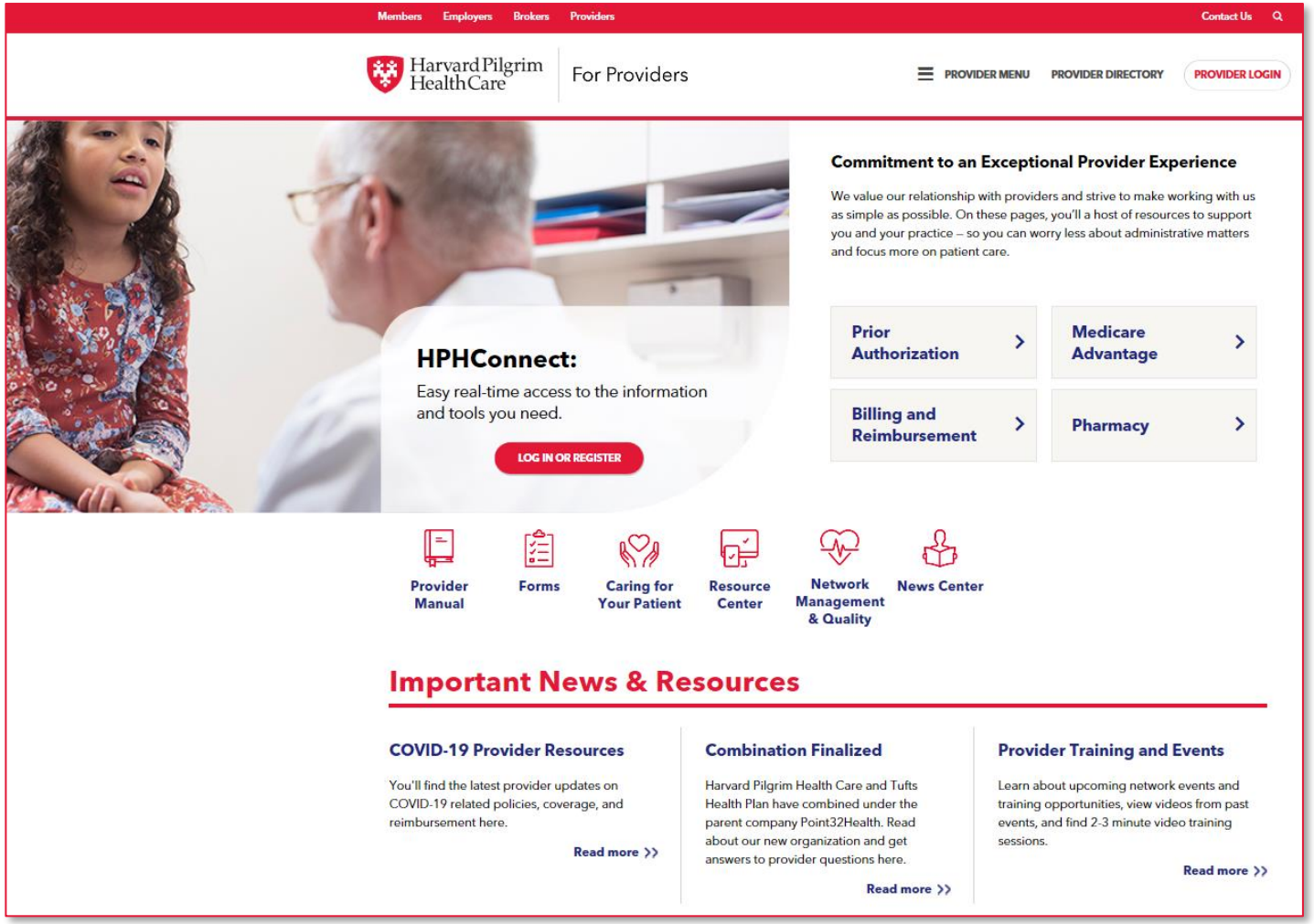
- Filing Limit Appeals
- Referral Denial Appeals
- Duplicate Denial Appeals
- Notification or Prior Authorization Appeals
- Contract Rate, Payment Policy, or Clinical Policy Appeals
- Request for Additional Information Appeals

Provider Website

harvardpilgrim.org/provider

Our public Provider website features:

- Clean, easy-to-navigate design
- Filtering and search functionality
- Intuitive navigability
- Centralized information at your fingertips, including:
  - Payment Policies
  - Medical Policies
  - Provider Manual
  - *Network Matters*



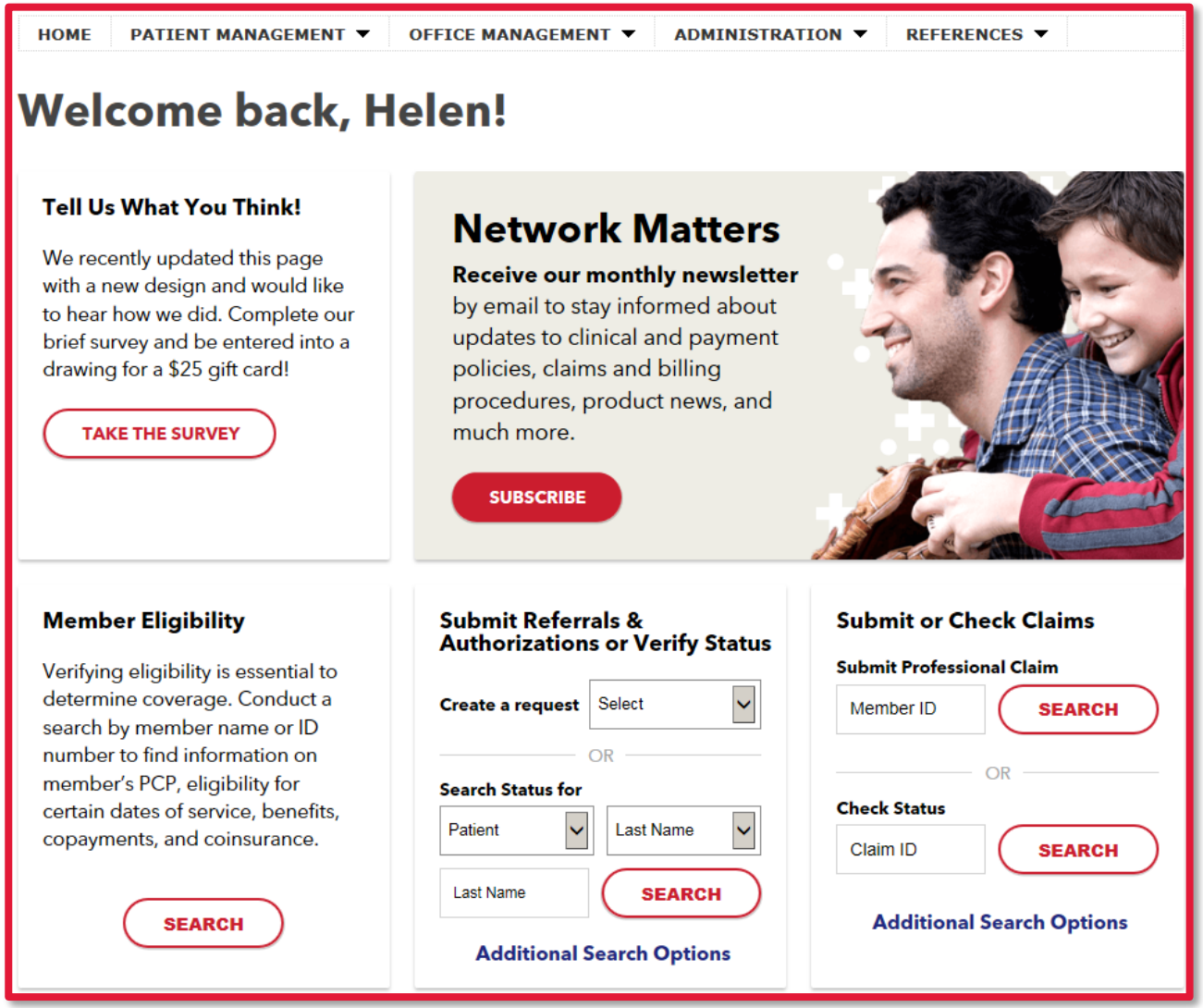
HPHConnect

Our secure provider portal is your primary tool to manage your Harvard Pilgrim Health Care patients.

Enhanced Features:

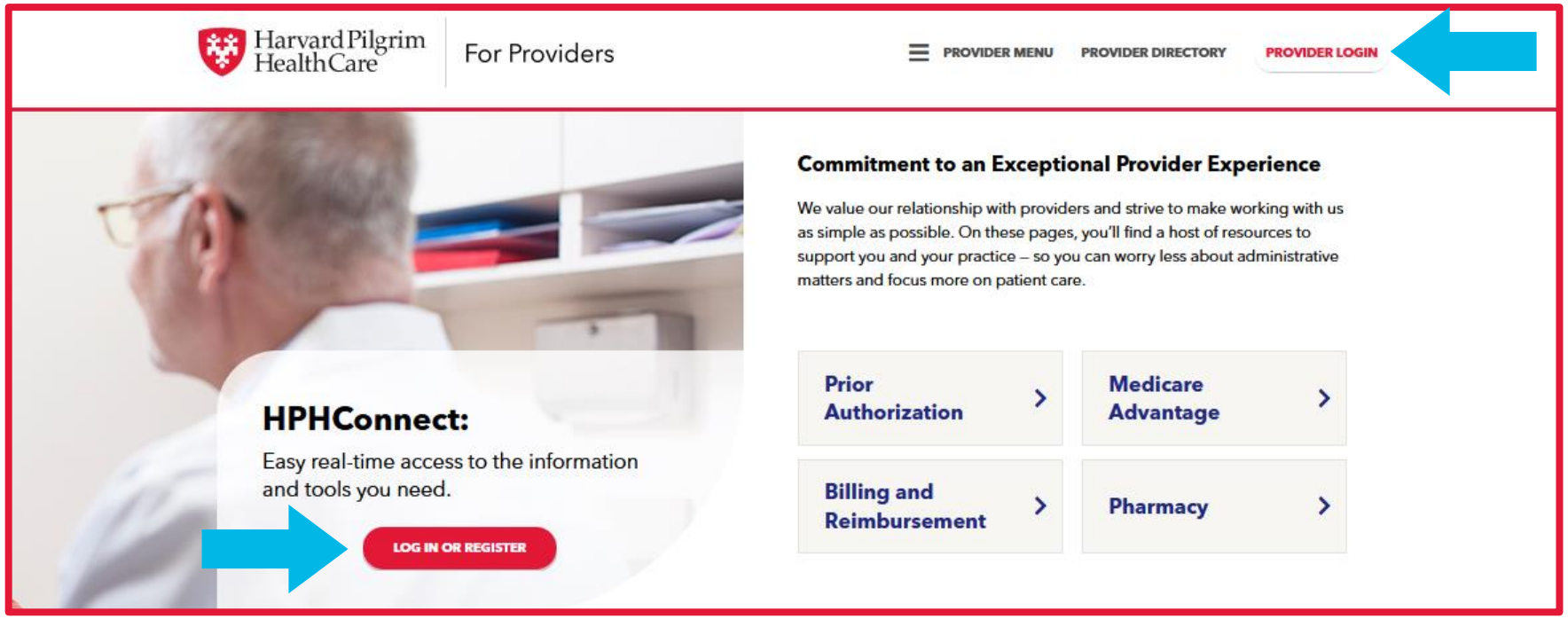
- Quick access to the transactions you use the most
- Centralized resources
- Smooth search capabilities and time saving templates
- Increased usability
- Easy access to information
- PCP changes

Visit harvardpilgrim.org/provider to:
- Access HPHConnect
- Register for an account
- Access user guides and resources



Access HPHConnect Regularly to Keep Your Account Active

To ensure that your account remains active and that you can continue to access HPHConnect's convenient electronic tools and transactions, we recommend logging in regularly.



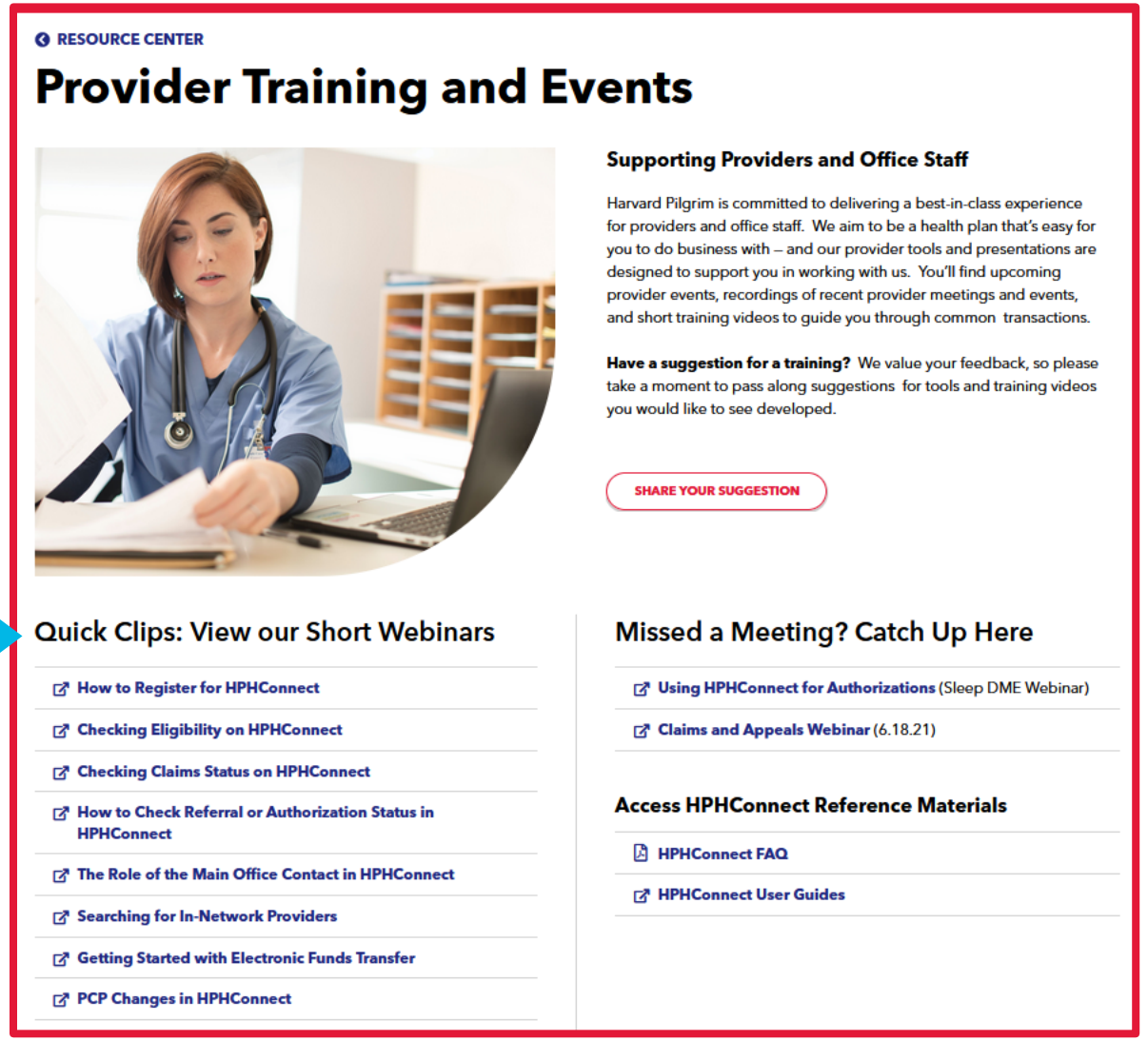
Accounts that have not been logged into for over 120 days are routinely frozen, requiring the user to contact Harvard Pilgrim Health Care's eBusiness team to unlock the account.

Any non-administrative user account that has been inactive for over one or two years (depending on the type of user) is removed from the system. The user will need to re-register or contact an administrator to regain access.

Provider Training and Events

harvardpilgrim.org/provider/resource-center/provider-trainings-and-events/

- Register for upcoming webinars and events.
- View recordings of recent meetings and events in case you missed them.
- Access a collection of short training videos for common transactions.



RESOURCE CENTER

Provider Training and Events

Supporting Providers and Office Staff

Harvard Pilgrim is committed to delivering a best-in-class experience for providers and office staff. We aim to be a health plan that's easy for you to do business with – and our provider tools and presentations are designed to support you in working with us. You'll find upcoming provider events, recordings of recent provider meetings and events, and short training videos to guide you through common transactions.

Have a suggestion for a training? We value your feedback, so please take a moment to pass along suggestions for tools and training videos you would like to see developed.

SHARE YOUR SUGGESTION

Quick Clips: View our Short Webinars

- How to Register for HPHConnect
- Checking Eligibility on HPHConnect
- Checking Claims Status on HPHConnect
- How to Check Referral or Authorization Status in HPHConnect
- The Role of the Main Office Contact in HPHConnect
- Searching for In-Network Providers
- Getting Started with Electronic Funds Transfer
- PCP Changes in HPHConnect

Missed a Meeting? Catch Up Here

- **Using HPHConnect for Authorizations** (Sleep DME Webinar)
- **Claims and Appeals Webinar** (6.18.21)

Access HPHConnect Reference Materials

- HPHConnect FAQ
- HPHConnect User Guides

Provider Contact Information

Harvard Pilgrim Health Care Provider Website: harvardpilgrim.org/provider

Provider Service Center
- Phone: 800.708.4414
- Email: provider_callcenter@point32health.org*

Medicare Advantage Provider Service Center
- Phone: 888.609.0692

Behavioral Health Access Center
- Phone: 888.777.4742

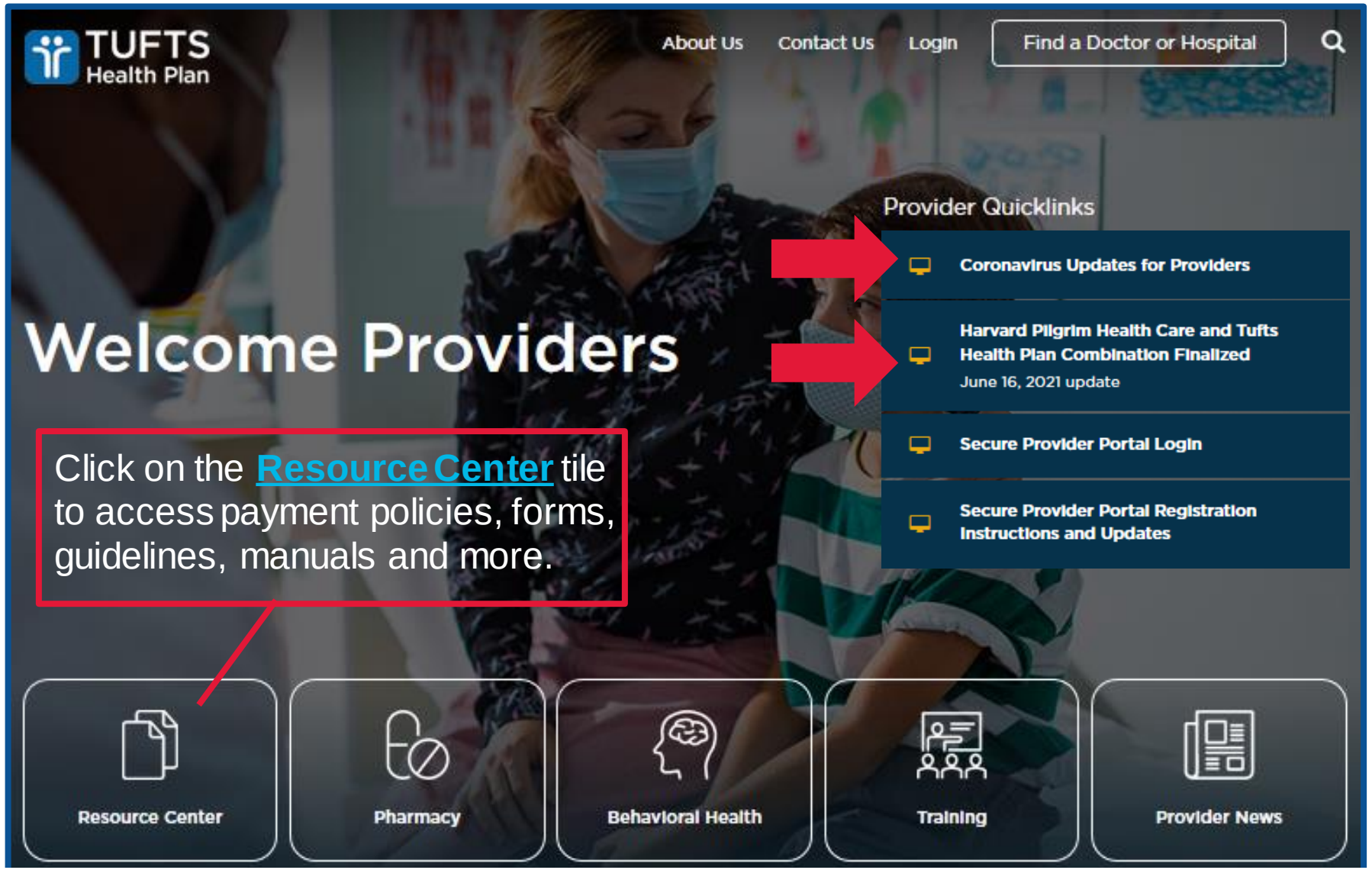
E-Services/HPHConnect Service Center
- Phone: 800.708.4414 (Option 1; then 6)
- Email: Provider_eBusiness_Services@point32health.org*

E-Services/EDI-Direct
- Phone: 800.708.4414 (Option 1; then 3)
- Email: EDI_Team@point32health.org*

* Please note our new email addresses

Tufts Health Plan

Welcome Providers



Scroll down the page to access additional tools and resources.

Coronavirus (COVID-19) Updates for Providers

https://tuftshealthplan.com/covid-19/provider/coronavirus-updates-for-providers

The Coronavirus (COVID-19) Updates for Providers page contains the most up-to-date information about Tufts Health Plan's policies and coverage pertaining to COVID-19. Please visit the page regularly.

Coronavirus (COVID-19) Updates for Providers

The website offers resources related to COVID-19 and easy-to-find information about the following topics and more:

- COVID-19 Vaccinations
- COVID-19 Diagnostic Testing and Treatment
- Telehealth/Telemedicine
- Referrals, Prior Authorizations and Notifications
- Billing and Reimbursement Guidelines
- Pharmacy
- Credentialing
- More Information – includes COVID-19 Policies History

Reimbursement for Inpatient Mental Health Services for COVID-19 Positive Members

Billing and Reimbursement Guidelines

Click on the chevron to view detailed information.

Reimbursement for Inpatient Mental Health Services for COVID-19 Positive Members

Per **MassHealth Managed Care Entity (MCE) Bulletin 83** , MassHealth requires Tufts Health Plan to temporarily increase rates for admitted COVID-19 positive Medicaid members effective Jan. 1 through May 1, 2022, or as otherwise directed by Massachusetts Executive Office of Health and Human Services (EOHHS). In order to administer this payment increase in accordance with the Bulletin, providers must complete the **Behavioral Health Services Inpatient Notification Form** when admitting a COVID-19 positive Tufts Health Plan MA Together MCO or ACO member, or when treating a Tufts Health Plan Together member that has become COVID-19 positive within 96 hours of admission. Refer to the form for submission instructions.

Medicare Advantage Reimbursement

Billing and Reimbursement Guidelines

Medicare Advantage Reimbursement - Effective as outlined below

CMS has extended the suspension of the sequestration payment reduction through March 31, 2022 and will phase it back in with a 1% sequester cut from April through June 2022. The 2% cut goes back into effect on July 1, 2022. As such, consistent with this CMS requirement, Tufts Health Plan suspended the reimbursement reductions for Medicare Advantage hospital rates and professional rates for the same time period for acute care hospitals, clinicians, physicians and PCPs. This applies to Tufts Medicare Preferred, Senior Care Options, and Tufts Health Unify.

Telehealth/Telemedicine Information

Click on the chevron to view detailed information.

Temporary COVID-19 Telehealth Payment Policy

Refer to the **Temporary COVID-19 Telehealth Payment Policy** for the following:

- Telehealth guidelines for in-network providers
- Telehealth billing guidelines
- Temporary COVID-19 Telehealth/Telemedicine Code Lists for **Commercial**, **Senior Products** and **Tufts Health Public Plans**

Tufts Health Plan will continue to evaluate market conditions and will inform the network in advance of an end date or further changes to this temporary policy.

Temporary COVID-19 Telehealth Payment Policy - Overview

- Tufts Health Plan covers medically necessary telemedicine services consistent with applicable state mandates and in accordance with the member's benefit plan document.
- All Tufts Health Plan contracting providers, including specialists and urgent care facilities, may provide telemedicine services to members for all medical, behavioral health, ancillary health and home health care visits for both new and existing patients.
- For more information on provider telehealth responsibilities for Massachusetts products, refer to the Telehealth Responsibilities section of the Providers chapter in the Provider Manuals for Commercial and Tufts Health Public Plans.
- Services covered under telehealth should be clinically appropriate and not require in-person assessment and/or treatment.

Telehealth Services Billing

Tufts Health Together, Tufts Health Unify, Tufts Health Plan SCO

MassHealth's Managed Care Entity Bulletin 74 and MassHealth All Provider Bulletin 327 provide guidance on services that are ineligible for telehealth delivery and coding.

Consistent with these bulletins, effective for dates of service on and after April 1, 2022, Tufts Health Plan will deny telehealth claims that are inappropriately billed for services that are considered ineligible for delivery via any telehealth modality.

Additionally, the following coding requirements also apply:

- Providers must include modifier GT when submitting a facility claim for services provided via telehealth.

- Providers must use Place of Service (POS) 02 or POS 10 when submitting a professional claim for services provided via telehealth and must append the appropriate modifier to indicate the type of modality.

- For dates of service beginning April 16, 2022, professional telehealth claims that are missing one of the following modifiers will be denied:
  - Modifier 95 to indicate services rendered via audio-video telehealth
  - Modifier V3 to indicate services rendered via audio-only telehealth
  - Modifier GQ to indicate services rendered via asynchronous telehealth

For more information, please refer to the Temporary COVID-19 Telehealth Payment Policy.

Medical Record Review Program

- Tufts Health Plan Commercial Plans and Tufts Health Public Plans

- We have contracted with Optum to perform prospective and retrospective review of processed claims with the purpose of ensuring that claims, from January 1, 2021 forward, are accurately billed, coded, and documented appropriately given the extent and nature of the services rendered for the patient's condition, and correctly paid.

- As part of this program, you may receive a letter from Optum identifying one or more claims for which Tufts Health Plan is requesting medical record information. The letter will provide instructions on how to submit the requested medical records.

- We appreciate your assistance in providing these records for our review. You can be assured that Tufts Health Plan and Optum staff will maintain confidentiality of all medical information as required by HIPAA regulations.

Substance Use Disorders Detected in the Primary Care Setting

- Substance use disorders (SUDs) are prevalent and far reaching. Early detection in the primary care setting and a comprehensive treatment plan including behavioral health specialty services can set patients on the path to wellness.

- View the Substance Use Disorders in the Primary Care Setting article in the March 2022 issue of *Provider Update* for more information about how primary care providers (PCPs) are being encouraged to assess patients enrolled in all products and appropriately refer them for assistance.

- We encourage you to share our alcohol and substance use brochure as a resource for your patients who may benefit from the information.

Reimbursement Change for Venipuncture Services

Commercial Products, Tufts Medicare Preferred HMO, Tufts Health Plan SCO, Tufts Health Direct, Tufts Health RITogether, Tufts Health Unify

- Effective for dates of service beginning June 1, 2022, Tufts Health Plan will no longer reimburse venipuncture services when they are billed with an evaluation and management (E&M) or lab service, on the same day and for the same member and provider group/tax identification number.

- The collection of blood is considered an integral component of the E&M professional or lab service and should not be separately reimbursed. However, if venipuncture is performed as the sole service in these settings, Tufts Health Plan will continue to reimburse for it, for the products mentioned above.

- Tufts Health Plan will not separately reimburse venipuncture services performed in a facility, as they are considered an integral component of all facility fees — regardless of which other services are billed.

- For more information, refer to the Evaluation and Management Professional Payment Policy and the Laboratory and Pathology Payment Policy.

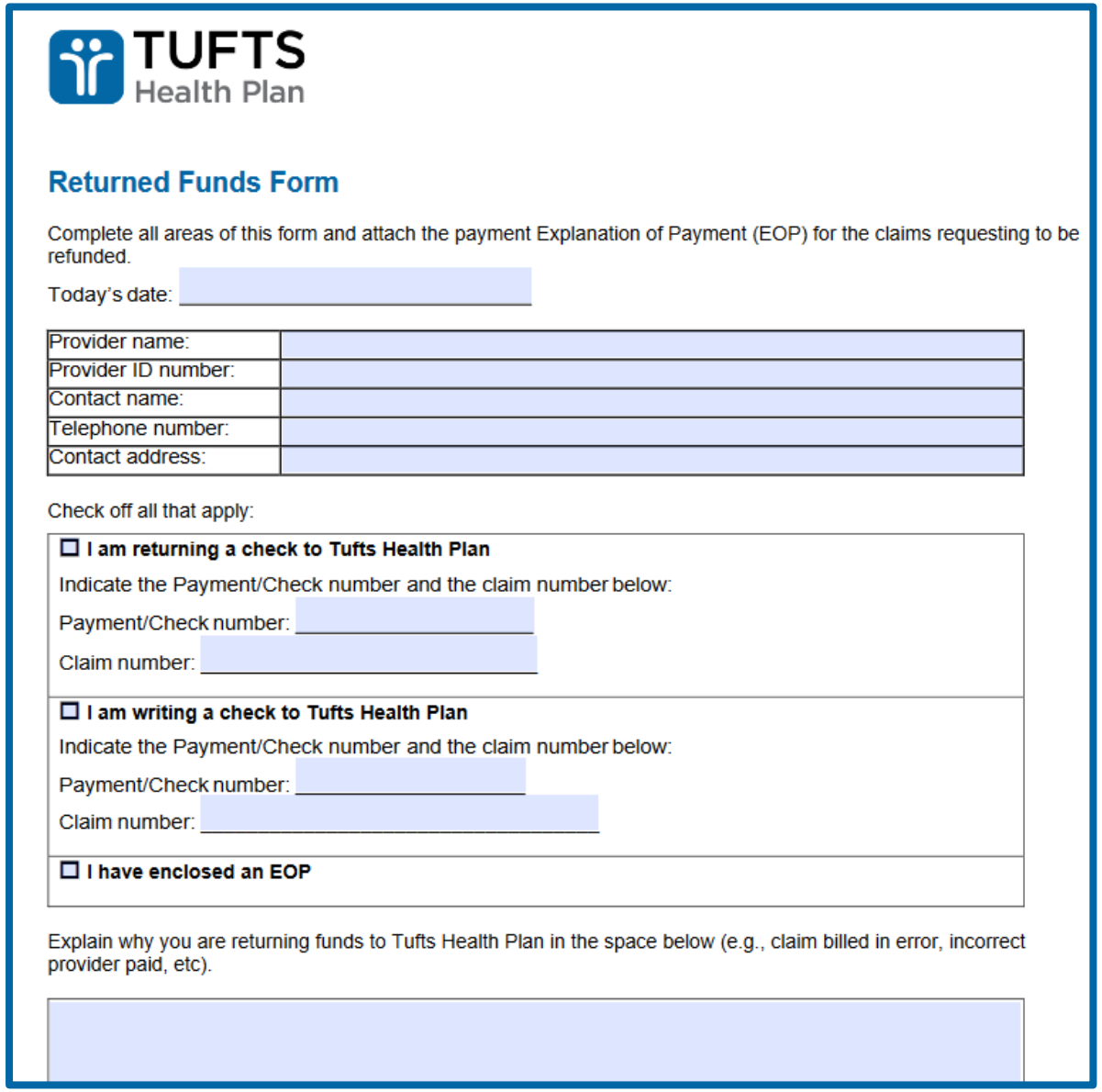
Use the Returned Funds Form to Return Funds to Tufts Health Plan

- When returning funds due to overpayment and/or incorrect payments, providers must complete and mail the Returned Funds Form and supporting documentation to the Finance Services Team at:

  Tufts Health Plan
  Attn: Finance Services Team
  1 Wellness Way
  Canton, MA 02021-1166

- Submitting funds without the form and supporting documentation can delay the process of having the funds allocated back to the appropriate account.

- Refer to the Claims Requirements, Coordination of Benefits and Payment Disputes chapter of the applicable provider manual for additional information.



TUFTS Health Plan

Returned Funds Form

Complete all areas of this form and attach the payment Explanation of Payment (EOP) for the claims requesting to be refunded.

Today's date: _____

Provider name:	
Provider ID number:	
Contact name:	
Telephone number:	
Contact address:	

Check off all that apply:

☐ **I am returning a check to Tufts Health Plan**
Indicate the Payment/Check number and the claim number below:
Payment/Check number: _____
Claim number: _____

☐ **I am writing a check to Tufts Health Plan**
Indicate the Payment/Check number and the claim number below:
Payment/Check number: _____
Claim number: _____

☐ **I have enclosed an EOP**

Explain why you are returning funds to Tufts Health Plan in the space below (e.g., claim billed in error, incorrect provider paid, etc).

New Email Box for Provider Appeals

Tufts Medicare Preferred HMO, Tufts Health Plan SCO

As part of our ongoing efforts to improve efficiency and enhance provider experience, an email box has been established for providers to submit their appeals for certain claim denials for **Senior Products**.

- Disputes for Senior Products claims that have denied for lack of prior authorization or notification and for compensation/reimbursement appeals may submitted by email. Providers may email the Request for Claim Review Form, a copy of the EOP and appropriate documentation to SP_Provider_Appeals@point32health.org.
- For all other disputes, providers should continue to mail to the appropriate address listed on the Request for Claim Review Form and Mailing Information page.
- View to the Claims Requirements, Coordination of Benefits and Payment Disputes chapter of the Senior Products Provider Manual and the Provider Payment Dispute Policy for additional information.

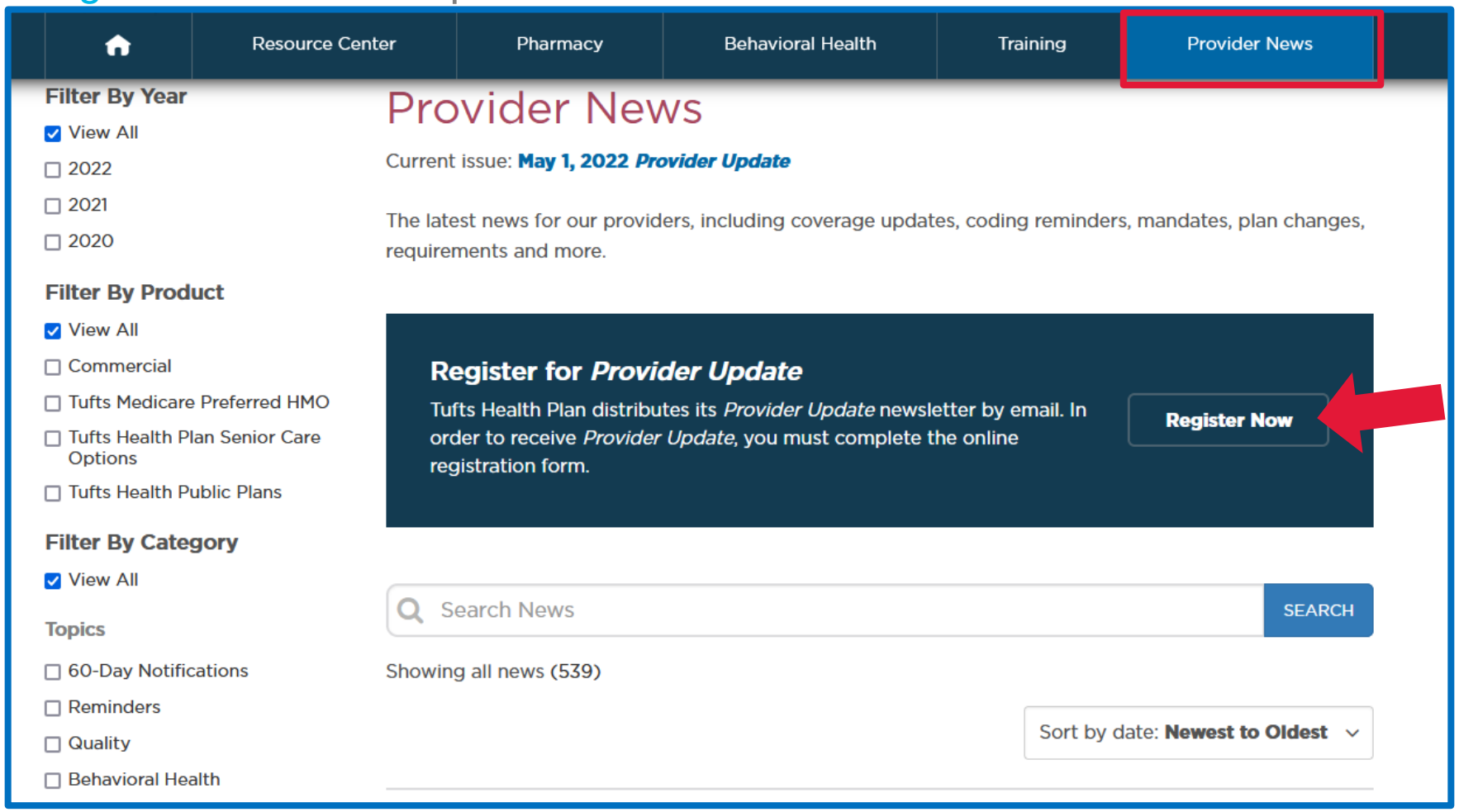
Provider Payment Dispute Overview

Providers have the right to file a payment dispute if he or she disagrees with the denial or compensation of a claim. Providers may submit disputes and corrected claims online through the secure Provider portal or by using the Request for Claim Review Form.

- Commercial: Provider Payment Dispute Policy
- Tufts Health Public Plans: Provider Payment Dispute Policy
- Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options: Provider Payment Dispute Policy

Register to Receive *Provider Update* by Email

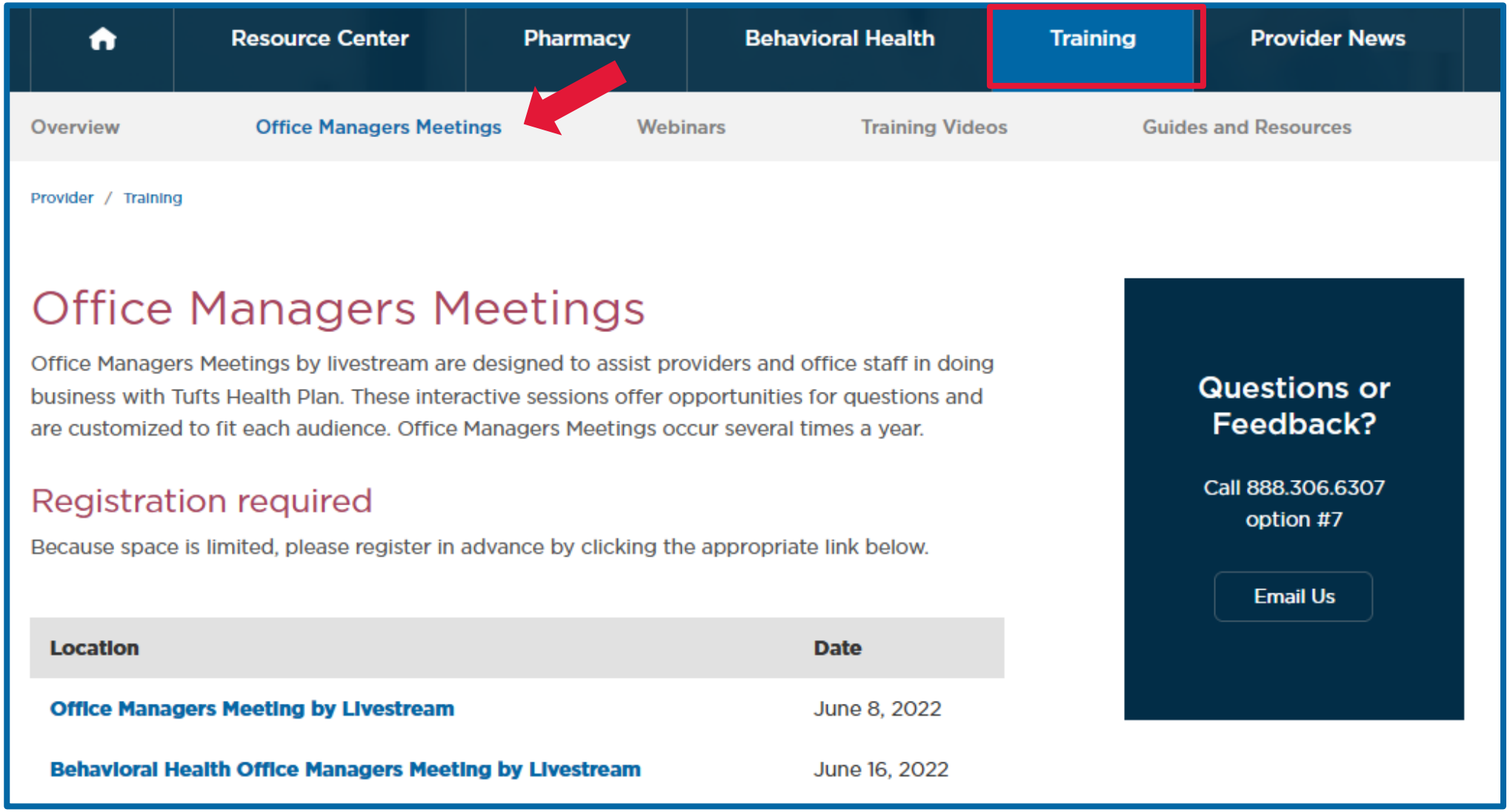
The registration form can be accessed on the Provider News section of the website. Click "Register Now" to complete and submit the short online form.



Note: Email addresses are only used for required notifications and other pertinent business communications. It will not change or grant login credentials to the secure Provider portal.

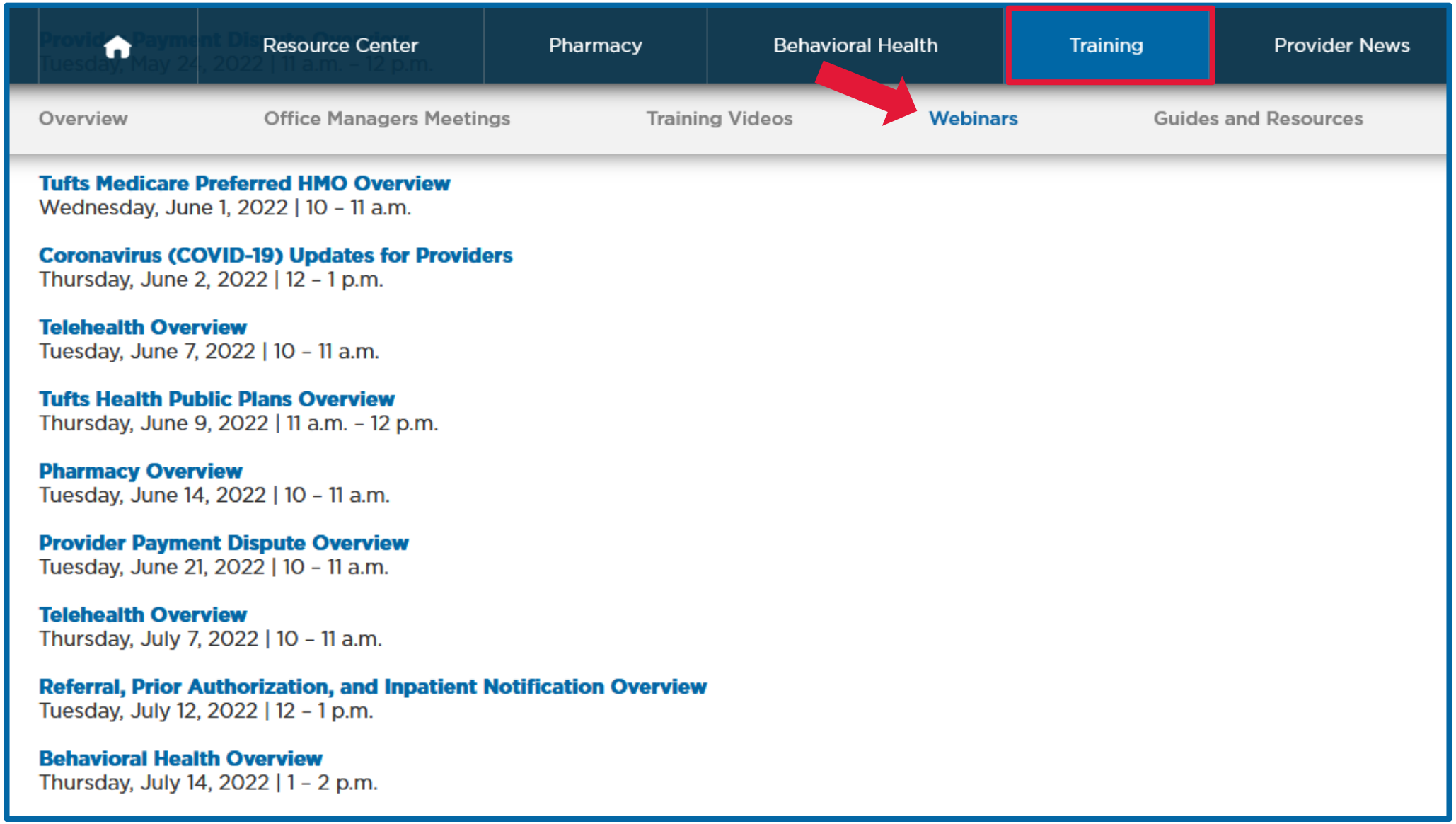
Office Managers Meetings

tuftshealthplan.com/provider/training/office-managers-meetings



Webinars

tuftshealthplan.com/provider/training/webinars



Provider Contact Information

Tufts Health Plan Provider Website: tuftshealthplan.com/provider

Provider Services:

- Tufts Health Plan Commercial Provider Services: 888.884.2404
- Tufts Health Public Plans Provider Services (MA): 888.257.1985
- Tufts Health Public Plans Provider Services (RI): 844.301.4093
- Tufts Health Plan Medicare Preferred HMO and Tufts Health Plan Senior Care Options Provider Relations: 800.279.9022

Commercial and Senior Products Behavioral Health Department: 800.208.9565

Technical Inquiries: Tufts_Health_Plan_Provider_Technical_Support@point32health.org *

Provider Education: Provider_Education@point32health.org *

* Please note our new email address