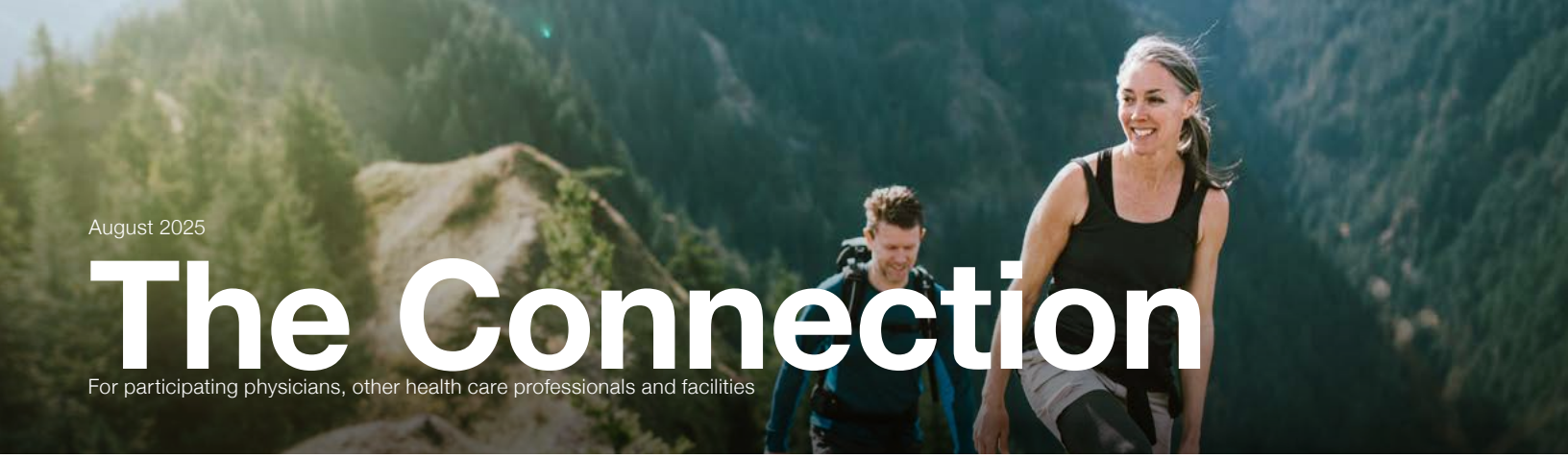

August 2025

# The Connection

For participating physicians, other health care professionals and facilities

## In this issue

### Provider Reporting Insights & Analytics (PRIA)

See how one provider used PRIA, a self-service business intelligence and analytics platform, to improve hypertension management. PRIA helps alternative payment model providers create and execute data-driven population health management interventions that improve quality while reducing the cost of care.

### Timely physical medicine pre-authorization approvals

Did you know physical, occupational and speech therapy services performed on the same day as an evaluation require authorization? Check out tips and resources for submitting requests.

### Important update for adalimumab product coverage

In 2026, our preferred adalimumab products will be adalimumab-aaty (unbranded) and Hadlima. Learn more about authorizations, when we'll notify members taking a non-preferred product and what to do if these products aren't suitable for your patient.

### Screening for eating disorders

Equip Health (Equip) has compiled essential information about eating disorder screening tools, including the strengths and limitations of each tool.

### Using our website

When you first visit **asuris.com**, you will be asked to select an audience type (individual, employer, producer or provider) and enter a ZIP code for your location. This allows our site to display content relevant to you.

## Contents

■ Critical article
● Radiology
‡ Cardiology
▲ DME
★ Star Ratings/Quality



ASURIS NORTHWEST HEALTH


Asuris Northwest Health

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# Get the latest news

We publish the latest news and updates in the What's New section on the homepage of our provider website.

Subscribe to receive email notifications when new issues of our publications are available.

*The Connection*

This publication includes important news, as well as notices we are contractually required to communicate to you.

In the table of contents on page 1, this symbol indicates articles that include critical updates: ■. Click on article titles to go directly to that page, and return to the table of contents by clicking the link at the bottom of each page.

We publish issues of *The Connection* on the first of February, April, June, August, October and December.

The information in this newsletter does not guarantee coverage. Verify members' eligibility and benefits via Availity Essentials.

*The Bulletin*

Published monthly, *The Bulletin* summarizes updates to medical and reimbursement policies, including policy changes we are contractually required to communicate to you.

# Transforming hypertension management with PRIA

A Washington state accountable care organization (ACO) has launched an innovative remote-monitoring initiative powered by Provider Reporting Insights and Analytics (PRIA) that's changing how patients with hypertension manage their condition. The ACO's program, which began May 1, 2023, serves approximately 3,000 members across commercial and Medicare Advantage plans.

### PRIA analytics: The foundation for success

At the heart of this innovative program is the strategic implementation of PRIA analytics. This powerful tool has enabled the ACO's care management team, which specializes in chronic condition management, to develop new, sophisticated, data-driven approaches to patient identification and engagement.

Using PRIA analytics, the team developed a prioritized patient list based on concurrent risk scores, creating a precision-targeted outreach strategy that focuses resources on the most medically complex patients within their hypertension population. This approach ensures care managers connect with individuals who would benefit most from intensive monitoring and support, maximizing the program's clinical impact and resource efficiency.

### Comprehensive home-monitoring solution

Participants receive a complete monitoring kit delivered directly to their homes, including a blood pressure cuff, digital scale and pulse oximeter.

Patients may keep these devices for up to six months while actively participating in the program. The onboarding process includes personalized education on proper equipment use, followed by collaborative care planning between each member and their care manager.

What distinguishes this program is its real-time monitoring capability. Participants record vital measurements using their provided devices, which sync with a tablet that transmits data immediately to the care management team. This allows for prompt intervention according to established clinical protocols when readings fall outside target ranges.

Beyond monitoring, the program incorporates ongoing education about hypertension management fundamentals. Participants receive guidance about medication timing and effectiveness, dietary approaches to control blood pressure, and how physical activity impacts cardiovascular health and blood oxygen levels.

### Measuring success through data

The organization plans to closely track outcomes and engagement metrics throughout the year. The same analytical approach that launched the program will be used to assess its effectiveness, measuring clinical improvements, member satisfaction and potential health care utilization changes to inform future enhancements.

## Correct coding updates

Providers are expected to follow correct coding guidelines. We are providing courtesy notice that our pre-pay correct coding editors will apply denials for claims received on or after August 15, 2025, for incorrect reporting or reporting not supported by a related claim for the following modifiers:

- AS (non-physician assisting at surgery), 80 (assistant at surgery by another physician) or 62 (co-surgeons)
- 50 (bilateral procedures) or 51 (additional procedures or services)
- 25 (evaluation & management [E&M] services)

These reviews are supported by industry standards, our *Correct Coding Guidelines* (Administrative #129) reimbursement policy and modifier reimbursement policies. View our *Reimbursement Policy Manual* on our provider website: Policies & Guidelines>Reimbursement Policy.

## Risk adjustment medical record reviews and audits

Risk adjustment helps estimate the cost to treat patients based on their specific health needs and ensures providers are paid fairly for the members they serve.

To support this process, we conduct regular medical record reviews that validate diagnosis codes are accurate and properly documented. These reviews help ensure the diagnosis data we submit to CMS reflects our members' true health status.

This summer, we launched several targeted review campaigns, working with our partners Advantmed, Datavant and Episource to collect medical records. These reviews are scheduled for completion by March 2026 and include:

- **HHS RADV**: Risk Adjustment Data Validation audit by the U.S. Department of Health and Human Services (HHS) for 2024 dates of service
- **CON-RADV**: Contract Risk Adjustment Data Validation audit by HHS for dates of service from 2018-2024
- **Medicare Advantage and commercial**: Medical record reviews for 2024 dates of service

Learn more about risk adjustment on our provider website: Programs>Risk Adjustment.

## Updates to chiropractic guidelines

Effective November 1, 2025: We are revising the chiropractic billing guidelines and treatment information in the Alternative Care section of our Administrative Manual to:

- Clarify that chiropractors may perform and bill for problem-focused evaluation and management (E&M) services and traditional X-rays
- Address when follow-up, low-complexity and high-level E&M services are appropriate, as well as information about providing requested documentation and using modifier 25
- State that diagnosis must support the level of chiropractic manipulative treatment (CMT)
- Remove information about timed codes and supplies
- Add that chiropractors may order foot orthotics when medically necessary
- Add that the following are not reimbursable when ordered or performed by a chiropractor:
  - Wellness visits
  - Durable medical equipment (DME)
    - **Exception**: Foot orthotics
- Advanced radiology services
    - **Exception**: Traditional X-rays
    - **Note**: Reviewing prior radiology imaging is considered an inclusive component of CMT codes.

View the revised Alternative Care section of the Administrative Manual, available on the homepage of our provider website

## *Administrative Manual* updates

**Effective November 1, 2025**: Chiropractic services information will be updated in the Alternative Care section.

Our Administrative Manual is available on the homepage of our provider website.

# Pre-authorization updates

## Commercial

| Procedure/medical policy | Added codes effective July 1, 2025 |
|---|---|
| Circulating Tumor DNA and Circulating Tumor Cells for Management (Liquid Biopsy) of Solid Tumor Cancers (Laboratory #46) | 0562U, 0571U |
| Gender Affirming Interventions for Gender Dysphoria (Medicine #153) | 15839, 21270 |
| Preimplantation Genetic Testing of Embryos (Genetic Testing #18) | 0552U |

## Medicare Advantage

| Procedure/medical policy | Added codes effective July 1, 2025 |
|---|---|
| Genetic and Molecular Diagnostics – Next Generation Sequencing, Genetic Panels, and Biomarker Testing (Genetic Testing #64) | 0320U, 0557U, 0563U, 0564U |
| Biochemical and Cellular Markers of Alzheimer's Disease (Laboratory #22) | 0568U |
| Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products (Medicine #170) | Q4368, Q4370-Q4373, Q4375-Q4380, Q4382 |
| Genetic and Molecular Diagnostics – Testing for Cancer Diagnosis, Prognosis, and Treatment Selection (Genetic Testing #83) | 0558U-0561U, 0565U, 0566U, 0569U, 0571U-0573U |
| Long-Term Sub-Scalp Electroencephalography Monitoring Systems (Surgery #239) | 0956T-0960T |
| Magnetic Resonance (MR) Guided Focused Ultrasound (MRgFUS), and High Intensity Focused Ultrasound (HIFU) Ablation, and Transurethral Ultrasound Ablation (TULSA) (Surgery #139) | 0950T |
| Percutaneous Laser Ablation of Benign and Malignant Breast Tumors (Surgery #240) | 0970T, 0971T |
| Responsive Neurostimulation (Surgery #216) | 0968T, 0969T |

| Procedure/medical policy | Adding codes effective November 1, 2025 |
|---|---|
| Extravascular (Substernal) Implantable Cardioverter-Defibrillator (Surgery #17) | 0571T-0580T, 0614T |

Our complete pre-authorization lists are available in the Pre-authorization section of our provider website. Please review the lists for all updates and pre-authorize services accordingly. You can submit standard medical and behavioral health pre-authorizations through the Availity Essentials Electronic Authorization application.

# Provider write-off for medical necessity denials

**Effective November 1, 2025**: We will not reimburse services that fail to meet medical necessity requirements. If a provider's pre-authorization request is denied based on medical necessity, the provider must write off the denied services and other services related to the denial.

The provider cannot balance bill the member for services that do not meet medical necessity.

# Tips to ensure smooth physical medicine pre-authorization requests

Understanding pre-authorization requirements helps prevent delays in care and reduces providers' administrative burden. The following tips from EviCore will help you receive prompt and timely decisions for physical, occupational and speech therapy services.

## Online submission

Submitting requests online is not only faster than by phone or fax, it also results in faster decisions and offers these additional benefits:

- Available 24/7
- Saves your progress if you need additional information to submit a request
- Ability to view and print pre-authorization information
- Real-time access to clinical criteria, member eligibility
- Electronic exchange of clinical information

## Same-day evaluation and treatment

Therapy evaluations do not require prior pre-authorization through EviCore, but **any treatment performed on the same date as the evaluation does require authorization**. If you provide treatment the same day as the evaluation, you have a 7-calendar-day grace period to request authorization.

**Best practice**: Submit pre-authorization requests following the therapy evaluation to ensure a comprehensive picture of the member's current condition and therapeutic needs.

## Selecting the proper NPI is critical

When submitting pre-authorization requests for therapy services in an office setting, providers should:

- Select the individual treating practitioner's NPI as the Requesting Provider.
- Use the same individual treating practitioner's NPI when selecting the Site of Service (Rendering provider).

**Important**: Provider network participation is tied to the individual NPI. To ensure appropriate decisions, it is important to select the correct provider record associated with the network information.

## Learn more

EviCore offers resources designed to streamline the pre-authorization process:

- Provider portal trainings designed for specialty therapy providers and offered twice per quarter
  - To register, visit EviCore's training page, click the **Upcoming** tab, enter **Therapy** in the search bar, and complete the registration form.
- FAQ for specialty therapy providers
- Musculoskeletal (therapies) clinical worksheets to help you prepare for case submissions
- Musculoskeletal clinical guidelines
- **Additional questions?** Contact EviCore at 1 (800) 575-4517.

Additional resources are available on our provider website.

- Learn more about EviCore's program: Programs>Medical Management>Physical Medicine.
- Affected services are listed on the Pre-authorization pages.

## Day 1 records requirement

Beginning September 1, 2025, clinical documentation will be due within 24 hours of medical inpatient admission for all lines of business.

When we fax acknowledgment of admissions notification, we will no longer include a separate deadline for clinical records.

- **If you use PointClickCare (PCC) and grant electronic medical record (EMR) access**: No process change
- **If you don't grant EMR access**: Must fax complete clinical records (not just face sheet/ diagnosis) within 24 hours
  - If you're interested in connecting your EMR, contact your provider relations executive

Failure to submit records within 24 hours may result in administrative denial as provider liability.

## *The Bulletin* recap

We publish updates to medical policies and reimbursement policies in our monthly publication, *The Bulletin*. You can read issues of *The Bulletin* or subscribe to receive an email notification when issues are published on our provider website: Library>Bulletins.

### Medical policy updates

We provided 90-day notice in the June 2025 issue of *The Bulletin* about changes to the following medical policies, which are effective September 1, 2025:

- *Histotripsy for Hepatic or Renal Tumor Treatment* (Medicine #178)—Medicare Advantage
- *Identification of Microorganisms Using Nucleic Acid Probes* (Genetic Testing #85)—commercial
- *Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services* (Medicine #149)—Medicare Advantage
- *New and Emerging Medical Technologies and Procedures* (Medicine #149)—commercial
- *Patient Lifts and Seat Lifts* (Durable Medical Equipment #23)—commercial
- *Travoprost Drug-eluting Ocular Implants for the Treatment of Glaucoma* (Surgery #237)—commercial and Medicare Advantage

No medical policies in the July 2025 issue of *The Bulletin* required advance notice.

The *Medical Policy Manual* includes a list of recent updates and archived policies and is available on our provider website: Library>Policies & Guidelines>Medical Policy.

### Reimbursement policy updates

No reimbursement policies in the June and July 2025 issues of *The Bulletin* required advance notice.

View our *Reimbursement Policy Manual* on our provider website: Library>Policies & Guidelines> Reimbursement Policy.

## Carelon revising guidelines

Effective November 15, 2025, Carelon will revise the following clinical guidelines:

### Cardiovascular

- Diagnostic Coronary Angiography
- Imaging of the Heart

### Musculoskeletal

- Joint Surgery
- Sacroiliac Joint Fusion
- Small Joint Surgery
- Spine Surgery

### Radiology

- Imaging of the Brain
- Imaging of the Extremities
- Imaging of the Heart
- Imaging of the Spine
- Vascular Imaging

### Sleep

- Sleep Disorder Management

Visit the Coming Soon section of Carelon's website to view the revised guidelines.

## Clinical Practice Guideline review

Clinical Practice Guidelines are systematically developed statements on medical and behavioral health practices that help providers make decisions about appropriate health care for specific conditions.

We reviewed our Treatment for Attention Deficit Hyperactivity Disorder in Children and Adolescents guideline, effective June 1, 2025, and continue to endorse the American Academy of Pediatrics Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents.

The guidelines are available on our provider website: Library>Policies & Guidelines>Clinical Practice Guidelines.

# Important update for adalimumab product coverage

Effective January 1, 2026, we're updating our preferred adalimumab products to include only:

- adalimumab-aaty (unbranded)
- Hadlima

All other adalimumab products, including Humira, will be non-preferred and require additional approval.

This change applies to all commercial and Medicare Advantage members on January 1, 2026, and administrative services only (ASO) groups upon plan renewal in 2026. **Note**: Some ASO groups may have different preferred medications.

### What you need to know

- **Pre-authorization will still be required for all adalimumab products** for clinical medical necessity effective January 1, 2026. All non-preferred adalimumab products will require step therapy with the preferred medications.
- **Members must transition to a preferred product by their first fill on or after January 1, 2026**: We'll notify members of this change in October 2025 if they are currently taking adalimumab products other than adalimumab-aaty (unbranded) or Hadlima.
- **We're making this transition as simple as possible for you and your patients**. For those with existing adalimumab pre-authorizations, new pre-authorization requests for adalimumab-atty or Hadlima will not be required. We will automatically convert them to cover adalimumab-atty (unbranded) and Hadlima.
- **Our preferred products are interchangeable biosimilars to Humira**, but some pharmacies may still require a new prescription for adalimumab-aaty (unbranded) or Hadlima.

### When preferred products aren't suitable

If both adalimumab-aaty (unbranded) and Hadlima aren't appropriate treatment options for your patient, you can submit a pre-authorization request for non-preferred medications at CoverMyMeds.

### Medication policy update

Effective January 1, 2026, our medication policy, *Drugs for Chronic Inflammatory Diseases* (*Standard Formulary*) (dru888), medication policy will reflect these changes, available in the *Medication Policy Manual* on our provider website: Library>Policies & Guidelines>Medication Policy.

### Real-time benefit check

Using the real-time benefit check tool from Arrive Health with your EMR system can help you easily identify patient-specific pharmacy benefit information, including pre-authorization and step therapy requirements. Learn more about this tool on our provider website: Programs>Medical Management>Pharmacy.

# Medication policy updates

**Effective September 1, 2025**, we will make changes to the following medication policies:

- *Drugs for Chronic Inflammatory Diseases (Standard Plus, Metallic, Core Formularies)*, dru444
- *Drugs for Chronic Inflammatory Diseases (Standard Formularies)*, dru888

**Effective November 1, 2025**, we will make changes to the following medication policies:

- *Complement Inhibitors*, dru385
- *Denosumab Products for Malignancy-Related Indications*, dru393
- *Denosumab Products for Osteoporosis*, dru223
- *Medications for thrombocytopenia*, dru648
- *Nilotinib-Containing Products*, dru151
- *Provider-Administered Specialty Drugs*, dru764
- *Tolvaptan (generic, Jynarque)*, dru552

We now post required notification and information about medication policy additions and changes on our website: Policies & Guidelines>Medication Policy Updates. Visit this page to see new notifications on the first of the following months: February, April, June, August, October, December. Providers are responsible for obtaining pre-authorization as required in our medication policies.

# Behavioral health corner

## About behavioral health corner

This corner has content dedicated to behavioral health providers. As with any specialty, other content in this newsletter will apply to your practice. We recommend reviewing the articles listed here, as well as using the search function (**Ctrl + F**) on your computer to search for keywords that concern your practice.



## Expedite your clinical workflow with Availity Essentials

When patients need substance use treatment or mental health treatment, timing can be the difference between recovery and relapse. Submitting pre-authorizations for behavioral health facilities through Availity Essentials can simplify your process and save you time by reducing manual work.

### Focus on clinical work, not paperwork

Availity Essentials allows you to focus on what matters most—providing high-quality care to your patients.

- **Receive fast responses to authorization requests for behavioral health and substance use services, with some requests receiving automated approval.** Requests are processed in real time.
- **Reduce wait times for care,** allowing patients to receive the care they need when they need it most.
- **Track all authorizations** in one centralized dashboard. Quickly check whether services require pre-authorization and submit a request. Then view the status of all requests in the Auth/Referral Dashboard.
- **Reduce manual work for your clinical team**. Using Availity Essentials eliminates the need to fax records. It also makes it easier to track and manage patient care—perfect for complex cases requiring multiple levels of care.

### Coming soon

We are continually making improvements to our electronic authorization tools for a better provider experience. Later this year, we're introducing **enhancements that will automate approvals for all levels of care**—from intensive outpatient programs to residential treatment. Our behavioral health team will continue to review cases that aren't auto-approved.

### Resources

- Training through Availity Essentials
  - Availity's registration process makes it easy to sign up. Watch a recording that walks you through the steps.
  - Sign in to find training: Help & Training>Get Trained>Catalog>Authorization Request - Training Demo.
  - Once you enroll in the authorization training, you'll find a quick reference guide in the content section that includes instructions and screenshots to help you through the electronic authorization process.
- Learn more about electronic authorization or view our step-by-step guide on our provider website: Pre-authorization>Electronic Authorizations.

# Behavioral health corner

## Virtual behavioral health care without a referral

**Editor's note, 8/5/25**: Updated list of providers in chart below.

As your patients' trusted first point of contact, you understand the critical role mental health plays in overall wellness. Virtual behavioral health care ensures members get the care they need when they need it—all without a referral.

When you identify mental health concerns during appointments, you can confidently guide our members to in-network, virtual providers who specialize in a variety of challenging conditions, including:

- Eating disorders
- Obsessive compulsive disorder (OCD)
- Substance use disorders (SUD)
- Comprehensive therapy programs for all ages

### Confirming in-network status

Members can contact these providers directly to schedule treatment. To confirm a provider is in-network, members can:

- Search the provider directory on our member website, asuris.com
- Chat online with Customer Service
- Call the Customer Service number on the back of their member ID card

### Strengthening the continuum of care

By encouraging members to consider using these virtual behavioral health providers, you help:

- Reduce wait times for specialized mental health and/or addiction treatment
- Increase the likelihood of patient follow-through
- Maintain continuity of care with collaborative specialists
- Address mental health concerns before they escalate

The complete list of in-network, virtual provider groups is available in the In-Network Providers section of our Behavioral Health Toolkit, available on the homepage of our provider website.

| Telehealth provider | Specialty area |
|---|---|
| AbleTo | - Structured, eight-week series of one-on-one cognitive behavioral therapy (CBT) by phone or video with digital tools |
| Array Behavioral Care | - One of the largest telepsychiatry providers in the country, employing psychiatry and behavioral health clinicians with diverse specialties; ages 5+ |
| Boulder Care | - Addiction treatment that includes medication-assisted treatment (MAT) for opioid and alcohol use disorders (OUD and AUD), peer coaching, care coordination and other recovery tools |
| Equip | - Family-based treatment of eating disorders that includes a five-person care team; all ages<br>- **Related**: See *New resources for screening eating disorders* on page 10 |
| Headway | - Local clinicians with diverse specialties available in the next few days for telehealth and/or in-person visits; ages 1+ |
| NoCD | - Specialized care for OCD using exposure and response prevention (ERP) treatment; ages 5+ |
| Talkspace | - Live video sessions and messaging via text, audio or video; medication management for ages 18+, and counseling for ages 13+ |

# Behavioral health corner

## New resources for screening eating disorders

Our Behavioral Health Toolkit now features essential information about eating disorder screening tools compiled by Equip.

The list of screening options provides an overview of eating disorder screeners, as well as the strengths and limitations of each tool. It also includes links to the screeners, which can be used to evaluate for the following disorders:

- Anorexia nervosa (AN)
- Avoidant/restrictive food intake disorder (ARFID)
- Binge-eating disorder (BED)
- Bulimia nervosa (BN)
- Other specified feeding & eating disorder (OSFED)
- Pica
- Rumination disorder

Equip is an in-network provider offering family-based treatment for patients of all ages. Their program:

- Is 100% virtual
- Has no waitlist
- Treats all eating disorders
- Includes a five-person care team consisting of a therapist, a physician, a family mentor, a peer mentor and a dietician

The screening options are available in the Eating Disorders section of our Behavioral Health Toolkit, available on the homepage of our provider website.

## Quality in Action articles

The Quality in Action section on our provider website is an extension of this publication.

Read the following recently published articles to improve your patients' experience and health outcomes:

- *Addressing urinary incontinence with your patients*
- *Childhood immunizations*
- *Closing a critical gap in antipsychotic care*
- *Convenient care options to optimize UTI care*
- *eGFR and uACR testing in diabetes care*
- *Fall prevention: How you can help*
- *Getting ready for flu season*
- *National Immunization Awareness Month*
- *Osteoporosis management Addressing urinary incontinence with your patients*

# Medicare Advantage incentive program reminders

The following important reminders about the 2025 Medicare Advantage incentive programs will help you with gap closure.

### Attribution lock coming October 1

Your Medicare Advantage member roster locks after our last attribution load in the Care Gap Management Application (CGMA) on October 1, 2025. We encourage you to prepare by reviewing your member roster on the CGMA.

- If there is a recycle bin icon next to a member's name on the member roster, you can remove the member from your roster if they are not one of your patients.
- If there is a lock icon, the member cannot be removed because of program rules that may include contractual obligations.

Learn about attribution adjustment options by member type in the *Medicare Advantage Incentive Programs Rules* document on our provider website: Programs>Medicare Advantage Incentive Programs.

### Preventive care visits

We encourage you to see every member every year for an annual wellness visit (AWV) or preventive care visit (PCV). PCVs and AWVs are the perfect visits at which to address your patient's care gaps, as well as documenting the status of their chronic conditions. Conducting these visits increases gap closure rates for many measures at the same time. See the Preventive Visits Guide under Resources on our provider website: Programs>Medicare Advantage Incentive Programs.

Reminders:

- Codes that close the PCV gap:
  - CPT 99381-99387
  - CPT 99391-99397
  - HCPCS G0402
  - HCPCS G0438
  - HCPCS G0439
- The PCV gap can only be closed via claims submission.
- Members who have an in-home assessment are still eligible for an AWV/PCV.
- An in-home assessment conducted by a vendor does not close the PCV gap for the attributed PCP.
- Most preventive visits are covered without a member copay; check Availity Essentials for member eligibility.
- We cover AWVs and PCVs billed once per calendar year; there is no requirement to wait 11 months between visits.
- We will give credit for PCV visits completed in 2025, even if the member had other health plan coverage at the time of service. Please email our QIP team evidence of the previously performed PCV.

### 2024 program year

If you participated in our 2024 Medicare Advantage Quality Incentive Program (QIP), payout checks have been mailed. If you did not receive your payment, email our QIP team.

### Resources for you

Use our Self-Service Tool, available 24/7, to review helpful answers to our most frequently asked questions and quickly navigate our provider website resources.

### Publications team

Written, designed and edited by the Provider Communications team.