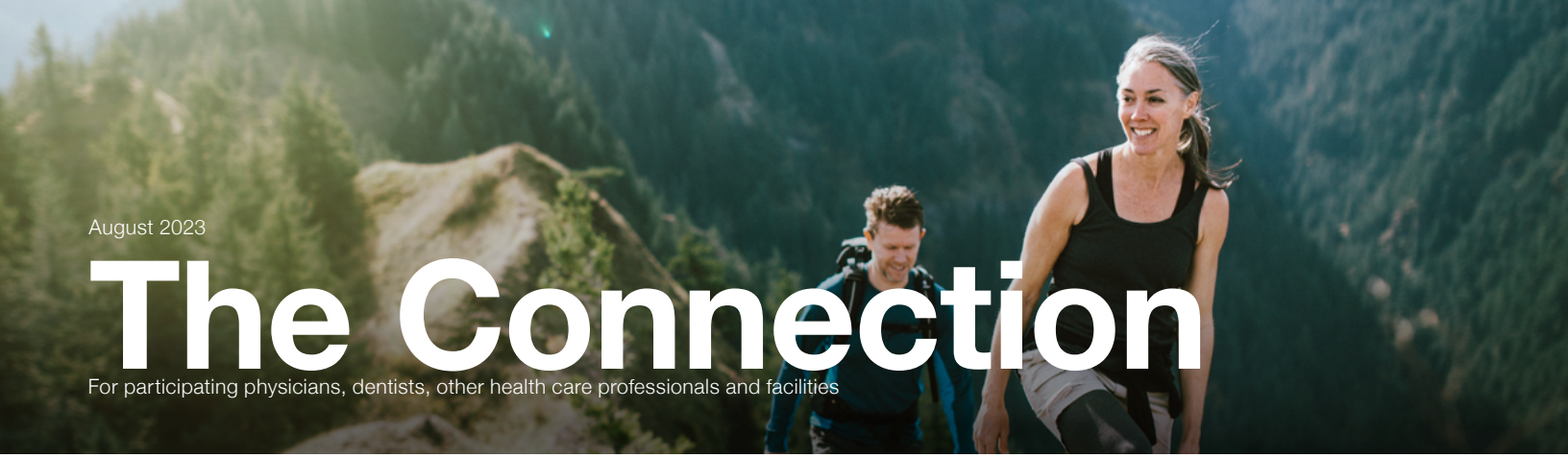

August 2023

The Connection

For participating physicians, dentists, other health care professionals and facilities

Share the path to care with your patients

It can be hard for patients to decide where to go when they have a sudden medical situation—especially when their PCP is unavailable or they need after-hours help.

Convenient care options

In-person care

- Share your office hours with your patients, especially if you offer extended hours.
- If your patient does not have a PCP, encourage them to use the Find a Doctor tool on our website or call Customer Service at the phone number on the back of their member ID card for help finding an in-network provider.

High-acuity, in-home medical care (available in the Spokane area)

- With DispatchHealth—an in-network provider—members can receive urgent medical care, hospital alternative care and post-discharge care in the comfort of their home to avoid a trip to an urgent care clinic or the emergency department (ED). They are available 7 days a week, including holidays, from 8 a.m. to 10 p.m. **Related**: See *High-acuity, in-home medical care for your patients* on page 17.

Virtual care

- If you offer telehealth services, share information with your patients about how they can schedule a virtual appointment with you. To indicate whether you offer telehealth services, update your provider directory information on our provider website: Contact Us> Update Your Information.
- Our members have access to in-network telehealth vendors and behavioral health providers.

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Easily find information

Did you know that you can search for words in this newsletter by holding down the **Ctrl** key on your keyboard and then the letter **F**? A pop-up window will appear asking if there's a word or phrase you need to find.

Subscribe today

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

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.

Stay up to date

View the What's New section on the home page of our provider website for the latest news and updates.

ASURIS NORTHWEST HEALTH

Asuris Northwest Health

528 East Spokane Falls Blvd, Suite 301
Spokane, WA 99202

Contents

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

We encourage you to read the other articles because they may apply to your specialty.

Click on a title to read the article.

About *The Connection*

This publication includes important news, as well as notices we are contractually required to communicate to you, including updates to our policies (medical, dental, reimbursement, medication) and pre-authorization lists. In the table of contents, this symbol indicates articles that include critical updates: ■. To save you time, you can click on the titles to go directly to specific articles. You can also return to the table of contents from any page by clicking on the link at the bottom of each page.

Issues are published on the first of the following months: February, April, June, August, October and December.

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

The Bulletin

We publish a monthly bulletin as a supplement to this bimonthly provider newsletter. *The Bulletin* provides you with updates to medical and reimbursement policies, including changes we are contractually required to communicate to you.

Share your feedback

Are our publications meeting your needs? Send us your feedback at **provider_communications@asuris.com**.

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Urgent care

- Remind patients to consider urgent care clinics for illnesses and injuries beyond the scope of virtual care, such as migraine; abdominal pain; sprains, strains and cuts; and severe cold and flu symptoms. Many urgent care clinics are conveniently located and more accessible than EDs, allowing members to save time and money.

ED care

- Remind patients to go to the ED if they are experiencing acute or life-threatening symptoms, such as chest pain, shortness of breath, signs of a possible stroke, uncontrollable bleeding, severe burns, head injuries (especially loss of consciousness) or seizures.
- To help our members have a better understanding of their care options, our care advocates contact members who had three or more ED visits in a six-month period or who had one or more avoidable ED visits to provide information about alternative treatment options.

Resources for providers and members

Our Care Options Toolkit includes:

- Information for providers about members' care options, including virtual medical and specialized behavioral health providers, our 24/7 nurse line, urgent care and more.
- A link to the *Understand your care options* member flyer with information about the symptoms that can be treated, cost of treatment and average wait times when seeking virtual, in-person (including urgent care centers) or emergency care.

Administrative Manual updates

The following updates were made to the manual on August 1, 2023:

Facility Guidelines

- Revised statement regarding certificates of medical necessity (CMN)
- Simplified prosthetics statement

Medical Management

- Added nuclear medicine imaging to the list of services included in our radiology program

Our manual sections are available on our provider website: Library>Administrative Manual.

Outpatient claims audits to begin

Beginning November 1, 2023, Performant will conduct post-payment review of outpatient claims on our behalf. The audits will review services delivered on or after November 1, 2022, for pricing and payment accuracy.

Performant will contact your office if your claim is selected for this review:

- To validate the services billed on the claim
- To verify the pricing method applied is correct
- To verify the payment rendered is appropriate to the member's benefits

If you disagree with Performant's findings, you can appeal to Performant. Their contact information will be provided in the determination letter.

If Performant determines we overpaid a claim, we will request recoupment via adjustment of a future claim payment.

The audit will review commercial and Medicare Advantage claims.

Reconcile overpayments faster

If you receive a refund request letter or have a claim that needs to be adjusted, you can now email us to have the overpayment voucher deducted.

- Download a copy of the *Overpayment/Voucher Deduction Request* form, available on our provider website: Library>Forms> Claims & Payment>Overpayment Recovery.
- Attach the completed form, along with any backup documentation that you have to expedite the process, and email the documents to: **Overpayment_Recovery@asuris.com**.

Using this form can save your office time because you no longer need to write checks, print out backup documentation and mail them. It also eliminates the possibility of your office sending in a check at the same time the overpayment voucher is deducted.

If you prefer, you can mail or fax a copy of the form and backup documentation to the number on the *Overpayment/Voucher Deduction Request* form.

Update your directory information

Accurate provider directories are essential to help members find providers who best meet their health care needs and individual preferences. When information is missing or inaccurate, members may be denied care or receive unexpected medical bills.

The Consolidated Appropriations Act (CAA), 2021, requires health plans to establish a process to verify and update provider directory information no less frequently than every 90 days. Accurate provider directories are also a requirement for compliance with the Centers for Medicare & Medicaid Services (CMS), the Affordable Care Act (ACA) and your agreement as a network provider with Asuris.

Our *Provider Directory Attestation Requirements for Providers* policy requires:

- Providers to review for accuracy and submit all updated information about their practice at least every 90 days
- Providers to continue to notify us promptly of changes to directory information
- All participating providers who are eligible to display in directories based on their specialty and current credentialing status to be displayed in our provider directories
- All participating providers to comply with our policies and procedures related to furnishing information necessary to ensure provider directories are up-to-date, accurate and complete pursuant to federal and state law, including 45 C.F.R. 156.230(b); this information includes, but is not limited to, accepting new patients, provider practice location, contact information, specialty, medical group and other institutional affiliations
- Providers to review, update and return roster validation requests

Please follow the instructions to verify your directory information on our provider website at least every 90 days: Contact Us>Update Your Information.

As part of your routine review of provider directory information, also review your National Provider Identifier (NPI) data in CMS' National Plan & Provider Enumeration System (NPPES). Visit NPPES help for more information: **nppes.cms.hhs.gov**.

Pre-authorization updates

Effective November 1, 2023, select codes will require pre-authorization for Individual commercial members. The codes will be included on the commercial pre-authorization list on our provider website: Pre-authorization>Commercial.

Commercial

Procedure/medical policy	Added codes effective July 1, 2023
Circulating Tumor DNA and Circulating Tumor Cells for Management (Liquid Biopsy) of Solid Tumor Cancers (Laboratory #46)	- 0388U, 0397U
Expanded Molecular Testing of Cancers to Select Targeted Therapies (Genetic Testing #83)	- 0391U
Procedure/medical policy	**Adding codes effective October 1, 2023**
Definitive Lower Limb Prostheses (Durable Medical Equipment #18)	- L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5968
Procedure/medical policy	**Adding codes effective November 1, 2023**
Air Ambulance Transport (Utilization Management #13)	- A0431, A0436 and S9961 will be reviewed post-service for select Individual members
Enteral and Oral Nutrition Therapy in the Home Setting (Allied Health #05)—*policy applies only to select Individual members*	- B4034-B4036, B4081-B4083, B4087, B4088, B4105, B4150, B4152, B4153, B4155, B4157-B4162, B9002, B9998, S9433, S9435
Hysterectomy (Surgery #218)—*policy applies only to select Individual members*	**Editor's note, August 3, 2023**: Revised codes to match our Commercial Pre-authorization List. - 58150, 58152, 58180, 58260, 58262, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58294, 58541-58544, 58550, 58552-58554, 58570-58573 for select diagnosis codes
Radiology: Carelon Medical Benefits Management	- 78012-78016, 78018, 78070-78072, 78075, 78102-78104, 78185, 78195, 78201, 78202, 78215, 78216, 78226, 78227, 78230-78232, 78258, 78261, 78262, 78264-78266, 78278, 78290, 78291, 78300, 78305, 78306, 78315, 78445, 78456-78458, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78700, 78701, 78707-78709, 78725, 78740, 78761, 78800-78804, 78830-78832

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Medicare Advantage

Procedure/medical policy	Added codes effective July 1, 2023
Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products (Medicine #170)	- Q4272-Q4278, Q4280-Q4284
Genetic and Molecular Diagnostics – Next Generation Sequencing, Genetic Panels, and Biomarker Testing (Genetic Testing #64)	- 0387U-0389U, 0391U, 0393U, 0395U, 0397U-0399U
Leadless Pacemaker (Surgery #217)	- 0795T-0804T
Sacroiliac Joint Fusion (Surgery #193)	- 0809T
Transcatheter Heart Valve Procedures (Surgery #221)	- 0805T, 0806T
Procedure/medical policy	**Adding codes effective October 1, 2023**
Definitive Lower Limb Prostheses (Durable Medical Equipment #18)	- L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5968
Procedure/medical policy	**Adding codes effective November 1, 2023**
Radiology: Carelon Medical Benefits Management	- 78012-78016, 78018, 78070-78072, 78075, 78102-78104, 78185, 78195, 78201, 78202, 78215, 78216, 78226, 78227, 78230-78232, 78258, 78261, 78262, 78264-78266, 78278, 78290, 78291, 78300, 78305, 78306, 78315, 78445, 78456-78458, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78700, 78701, 78707-78709, 78725, 78740, 78761, 78800-78804, 78830-78832

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 pre-authorizations through the Availity Essentials Electronic Authorization application.

Nuclear imaging codes to require pre-authorization

Effective November 1, 2023, select nuclear medicine imaging codes will require pre-authorization as part of our radiology program, managed by Carelon Medical Benefits Management (Carelon) for commercial and Medicare Advantage members.

Check whether a radiology service requires pre-authorization through Availity Essentials' Electronic Authorization application or Carelon's ProviderPortal: **providerportal.com**.

Learn more about the radiology program on our provider website: Programs>Medical Management>Radiology.

The nuclear medicine imaging codes are published in the Pre-authorization section of our provider website.
Related: See *Pre-authorization updates* on page 5.

Tip for osteogenesis stimulators requests

Osteogenesis stimulators (HCPCS E0748 and E0749) require pre-authorization review under our Physical Medicine program, managed by eviCore healthcare (eviCore). When requesting these devices:

- On the Request an Authorization screen, select **Musculoskeletal Management** instead of Durable Medical Equipment (DME).
- On the Requested Services + Diagnosis screen, in the Select a Procedure by CPT Code or Description dropdown options, choose **Spine** and then **Spine Surgery**.

Lab panel code to deny as investigational

For services delivered on or after November 1, 2023, lab panel CPT 87633 will deny as investigational. We announced changes to respiratory pathogen panel testing in the August 1, 2023, issue of *The Bulletin* as part of updates to our *Identification of Microorganisms Using Nucleic Acid Probes* (Genetic Testing #85) commercial medical policy.

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 2023 issue of *The Bulletin* about changes to the following medical policies, which are effective September 1, 2023:

- *Genetic Testing for Hereditary Breast and Ovarian Cancer and Li-Fraumeni Syndrome* (Genetic Testing #02)
- *Negative Pressure Wound Therapy in the Outpatient Setting* (Durable Medical Equipment #42)
- *Transcranial Magnetic Stimulation as a Treatment of Depression and Other Disorders* (Medicine #148)
- *Tumor Treatment Field Therapy* (TTFT) (DME #85)

We provided 90-day notice in the July 2023 issue of *The Bulletin* about changes to the *Definitive Lower Limb Prostheses* (DME #18) commercial and Medicare Advantage medical policies, which are effective October 1, 2023.

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>Recent Updates.

Reimbursement policy updates

No reimbursement policies in the June 2023 or July 2023 issues of *The Bulletin* required 90-day notice. View our *Reimbursement Policy Manual* on our provider website: Library>Policies & Guidelines>Reimbursement Policy.

October 1 change to preferred GLP1 agonist-containing medications

In August 2023, we will notify impacted members of a change to our *Preferred GLP1 Agonist-Containing Medications* (dru 750) medication policy effective October 1, 2023. For new or refilled prescriptions beginning October 1, 2023, we will require pre-authorization and limit coverage to those with type 2 diabetes.
Related: See *Medication Policy updates* on page 9.

Dental policy updates

We review our dental policies on an annual basis. Included below are changes to our policies. The following policies were recently reviewed with no changes made:

- *Assessment of Salivary Flow by Measurement* (Diagnostic #72)
- *Biopsy of Oral Tissue* (Oral and Maxillofacial Surgery #47)
- *Blood Glucose Level Test* (Diagnostic #71)
- *Cone Beam Computed Tomography (CT)* (Diagnostic #74)
- *Dental Restorations* (Restorative #77)
- *Frenulectomy* (Oral and Maxillofacial Surgery #53)
- *HbA1c In-Office Point of Service Testing* (Diagnostic #69)
- *Pulp Vitality Tests* (Diagnostic #05)
- *Pulpal Debridement* (Endodontics #22C)

The following policies were reviewed with changes:

Dental policy	Description of changes
Dental Radiographs (Diagnostic #78)	Updated the description with no change to intent
Dental Accident (Miscellaneous #67A)	Updated the definition with no change to intent
Non-reimbursable Dental Services (Miscellaneous #70)	Made minor changes with no change to intent

The effective date of these policies has been updated to July 1, 2023.

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

Medication policy updates

Listed below is a summary of medication policy additions and changes. Links to all medication policies, medication lists and pre-authorization information for our members, including real-time deletions from our pre-authorization lists, are available on our provider website: Programs>Medical Management>Pharmacy. **Note**: Policies are available online and pre-authorization requests can be submitted on the effective date of the addition or change, but not before.

Pre-authorization: Submit medication pre-authorization requests through **covermymeds.com**.

Expert feedback: We routinely assess our medication policies based on updated medical literature, national treatment guidelines, practicing provider feedback and pharmaceutical market changes. If you'd like to provide feedback or be added to our distribution list, please email us at **AsurisRxMedicationPolicy@asuris.com** and indicate your specialty.

New U.S. Food & Drug Administration (FDA)-approved medications: New-to-market medications are subject to pre-authorization based on their FDA-labeled indication, pivotal trial criteria and dosage limitations until we complete a full medication review and develop a coverage policy.

Product not available (PNA) status: We allow a 90-day grace period to use any existing supply for medications that CMS has designated as PNA before they become ineligible for reimbursement. See our *Non-Reimbursable Services* (Administrative #107) reimbursement policy on our provider website: Library> Policies & Guidelines>Reimbursement Policy.

Effective July 1, 2023	Description
New policies	
Drugs for chronic inflammatory diseases, dru444	- Updated preferred adalimumab options to include Humira (adalimumab), Hadlima (adalimumab-bwwd) and Amjevita (adalimumab-atto) with NDCs beginning with 55513 - Added coverage for Rinvoq (upadacitinib) as a level 2 self-administered option for Crohn's disease, a new FDA-approved indication - Expanded coverage of Cibinqo (abrocitinib) for atopic dermatitis to include ages 12 and older based on an updated FDA-approved indication - Added coverage for Kevzara (sarilumab) for polymyalgia rheumatica (PMR), a new FDA-approved indication
Monoclonal antibodies for asthma and other immune conditions, dru538	- Added newly FDA-approved Tezspire single-use autoinjector to policy as a non-preferred self-administered treatment option
trientine-containing products, dru417	- Added trade name Clovique (a trientine HCl product) to policy

Effective July 15, 2023	Description
New policies	
Adstiladrin, nadofaragene firadenovec-vncg, dru743	- Coverage is limited to patients with high-risk, BCG-unresponsive non-muscle invasive bladder cancer with carcinoma in situ either with or without papillary tumors as a monotherapy who are not eligible for or who have elected not to undergo cystectomy
Elevidys, delandistrogene moxeparvovec-rokl, dru754	- Use is considered investigational in the treatment of all conditions, including Duchenne muscular dystrophy (DMD); the available clinical trial data is insufficient to demonstrate a clinical benefit

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Effective July 15, 2023	Description
New policies (continued)	
Lunsumio, mosunetuzumab-axgb, dru745	- Coverage is limited to patients with grades 1-3a, recurrent follicular lymphoma (FL) who have received at least two prior systemic therapies - Prior therapy must have included both an alkylating agent and an anti-CD20-directed monoclonal antibody
Skysona, elivaldogene autotemcel, dru711	- Coverage is limited to early, active, genetically confirmed cerebral adrenoleukodystrophy in those stable enough for an allo-HSCT, but without an available HLA-matched donor
Zynyz, retifanlimab-dlwr, dru751	- Coverage is limited to patients with recurrent locally advanced or metastatic Merkel cell carcinoma who have not had prior systemic therapy for advanced disease when used as monotherapy
Revised policies	
Adcetris, brentuximab vedotin, dru264	- Added coverage criteria for pediatric patients with previously untreated high risk classical Hodgkin lymphoma (cHL), a newly FDA-approved indication
Blood Factors for Hemophilia A, high-cost extended-half-life (EHL) products, dru549	- Added Altuviio to policy, a newly FDA-approved extended half-life product
Enzyme Replacement Therapies, dru426	- Added newly FDA-approved Lamzede (velmanase alfa-tycv) to policy; limits coverage to alpha-mannosidosis, confirmed by a positive gene mutation and/or deficiency in the alpha mannosidase enzyme, when prescribed by or in consult with a specialist
Keytruda, pembrolizumab, dru367	- Added coverage for adjuvant use in resected non-small cell lung cancer aligned with label, a newly FDA-approved indication
Libtayo, cemiplimab-rwlc, dru565	- Added coverage criteria for first-line treatment of locally advanced or metastatic non-small cell lung cancer with no EGFR, ALK or ROS1 aberrations, a newly FDA-approved indication
Medications for Sickle Cell Disease, dru623	- Removed step therapy requirement through Adakveo for Oxbryta
Tecentriq, atezolizumab, dru463	- Added coverage criteria for unresectable or metastatic alveolar soft part sarcoma (ASPS), a newly FDA-approved indication; limits coverage to patients with ASPS after surgery, unless not a surgical candidate
Trodelvy, sacituzumab govitecan-hziy, dru645	- Added coverage criteria for HER2-negative breast cancer, a newly FDA-approved indication; limits coverage to hormone receptor-positive (HR+), HER2-negative unresectable or metastatic breast cancer when used as monotherapy after there has been disease progression on anticancer endocrine therapy, a CDK4/6 inhibitor, and at least two lines of chemotherapy, one of which was a taxane, and at least one of which was used in the metastatic disease setting
Archived policies	
Blood Factors for Hemophilia A, high-cost extended-half-life (EHL) products, dru549	- Afstyla no longer requires pre-authorization - The other products in dru549 continue to require pre-authorization

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Effective September 1, 2023	Description
New policies	
Daybue, trofinetide, dru755	- The use of Daybue is considered investigational, and therefore will not be covered, because of a lack of high-quality evidence of a clinically meaningful health benefit - Clinical benefits—such as overall survival, impact on the associated co-morbidities and quality of life—have not been established
Filspari, sparsentan, dru752	- Will limit coverage to patients with biopsy confirmed IgAN at a high risk of progression, when managed by a specialist, despite three months of optimized supportive therapy, and a previous course of systemic steroids
Orserdu, elacestrant, dru747	- Will limit coverage to postmenopausal women or adult men with ESR1-mutated, ER-positive, HER2-negative advanced or metastatic breast cancer when used as monotherapy who have had disease progression on at least two prior endocrine therapies and which must have included each of the following (either alone or in combination): A CDK4/6 inhibitor, an aromatase inhibitor and fulvestrant
Revised policies	
BRAF inhibitors, dru728	- Will add coverage criteria for Tafinlar in the treatment of pediatric patients with low-grade glioma (LGG) with a BRAF V600E mutation who require systemic therapy, a newly FDA-approved indication - Will limit coverage to patients with LGG after surgery, unless not a surgical candidate
Bruton's tyrosine kinase (BTK) inhibitors, dru691	- Will add coverage of Jaypirca (pirtobrutinib), a newly FDA-approved non-covalent BTK inhibitor, in mantle cell lymphoma (MCL) after at least two prior therapies have been ineffective, including prior therapy with a covalent BTK inhibitor (Brukinsa, Calquence or Imbruvica) - Will add coverage criteria for Brukinsa in chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) in patients who have not experienced disease progression on prior BTK-inhibitor therapy, a newly FDA-approved indication - Will remove coverage of Imbruvica (ibrutinib) in MCL and marginal zone lymphoma because manufacturer voluntarily withdrawing these indications, which were initially FDA-approved via the accelerated process
CDK4/6 Inhibitors for Breast Cancer, dru611	- Will remove requirement for Ki67 score for Verzenio because it was removed from FDA indication and NCCN guideline (not an accurate measure for tumor activity)

Effective September 1, 2023	Description
Revised policies (continued)	
Deutetrabenazine, dru501	- Will add newly FDA-approved Austedo XR (deutetrabenazine ER) to policy
High-cost medications for chronic constipation, dru519	- Will remove Zelnorm (tegaserod) from policy because of market withdrawal - Will remove step therapy requirement of linaclotide (Linzess) from Ibsrela (tenapanor)

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Medications for Phenylketonuria (PKU), dru551	- Will add trade name Javygtor (a generic sapropterin product) to policy
Mitogen-activate extracellular signal regulated kinase (MEK) Inhibitors, dru727	- Will add coverage criteria for Mekinist in the treatment of pediatric patients with low-grade glioma (LGG) with a BRAF V600E mutation who require systemic therapy, a newly FDA-approved indication; limits coverage to patients with LGG after surgery, unless not a surgical candidate
Monoclonal antibodies for asthma and other immune conditions, dru538	- Will add newly FDA-approved Tezspire single-use autoinjector to policy as a non-preferred self-administered treatment option
Non-Preferred SGLT2-Inhibitor-Containing Medications, dru543	- Will add newly FDA-approved Brenzavvy (bexagliflozin) to policy as non-preferred
Self-administered CGRP antagonists and 5-HT 1f agonists, dru635	- Will add newly FDA-approved intranasal Zavzpret (zavegepant) to policy for acute migraine treatment
Sodium oxybate-containing medications, dru093	- Will add newly FDA-approved Lumryz (sodium oxybate ER) to policy - Will add step therapy requirement for Xyrem and Lumryz through sodium oxybate authorized generic
trientine-containing products, dru417	- Will add trade name Clovique (a trientine HCl product) to policy
Tukysa, tucatinib, dru646	- Will add coverage criteria for colorectal cancer, a newly FDA-approved indication; limits coverage for Tukysa combination with trastuzumab in patients with RAS wild-type, HER2-positive unresectable or metastatic colorectal cancer (CRC) when there has been disease progression on or after fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy
Archived policies	
Direct Acting Antivirals for HCV, dru599	- The direct-acting antivirals for hepatitis C virus will no longer require pre-authorization
Egrifta, tesamorelin, dru233	- Egrifta will no longer require pre-authorization

Effective October 1, 2023	Description
New policies	
Preferred GLP1 Agonist-Containing Medications, dru750	- Will limit coverage to those with a diagnosis of type 2 diabetes - In August 2023, we will notify members who are impacted by this change

Asuris EquaPathRx reminders

We are launching Asuris EquaPathRx™ January 1, 2024, as both a holistic provider-administered medication benefit for specific drugs and as a provider network solution that keeps the provider-patient relationship intact while keeping costs of care predictable for members.

Beginning January 1, 2024, we'll require certain specialty medications administered for members through Asuris EquaPathRx to be fulfilled using Prime Therapeutics' IntegratedRx® - Medical Network.

To ensure that you are added to the network by January 1, 2024, please complete the credentialing and contracting process with Prime by October 31, 2023.

Notes:

- Each provider group or facility that administers specialty medications will need to be credentialed and contracted as a dispensing provider with Prime Therapeutics.
- If your organization operates a specialty pharmacy that you want included in this network, the specialty pharmacy will need to complete the credentialing and contracting process to be included, even if they have an existing pharmacy contract with Prime Therapeutics.
- Your contract with Prime will have a reimbursement schedule that includes the medications in the Asuris EquaPathRx program.

How the new benefit will work

Effective January 1, 2024, for members included in Asuris EquaPathRx, we'll no longer provide coverage for select provider-administered medications except when pre-authorized and obtained through the new IntegratedRx - Medical Network.

If you don't join the IntegratedRx - Medical Network, you'll need to use a participating IntegratedRx - Medical Network specialty pharmacy to fill medications for members with the Asuris EquaPathRx benefit in 2024.

The list of medications (with HCPCS and NDC codes) that will be included in this program effective January 1, 2024, is on our provider website: Programs>Medical Management>Pharmacy.

Coming soon

We'll share more information about Asuris EquaPathRx in upcoming issues of this newsletter. Look for these communications:

- The October 2023 issue of *The Connection*℠ will include more information about Asuris EquaPathRx, including medication policy changes and product updates for 2024.
- The October 2023 issue of *The Bulletin* will include any related updates to reimbursement or medical policies.
- The December 2023 issue of *The Connection* will include information to help you successfully submit claims for the new benefit.

For more information about Asuris EquaPathRx, please refer to the April 2023 and June 2023 issues of this newsletter, available on our provider website: Library>Newsletters.

Behavioral health corner

About behavioral health corner

This section highlights the articles that affect behavioral health providers. We also recommend you use the search function (**Ctrl + F**) on your computer to search for keywords that concern your practice.

Additionally, the following recurring articles often have policy updates that may affect your practice:

- Update your directory information
- *Administrative Manual* updates
- Pre-authorization updates
- *The Bulletin* recap
- Medication policy updates

Screening for behavioral health conditions in primary care

Reminder: We reimburse PCPs for behavioral health screening and encourage them to screen patients for behavioral health conditions.

Because some patients may not schedule routine wellness exams, we recommend that PCPs also include behavioral health screening during non-preventive encounters. View the new recommendations from the U.S. Preventive Services Task Force (USPSTF) regarding screening for anxiety, depression and suicide risk in adults: **uspreventiveservicestaskforce.org/uspstf**.

We have expanded our network of behavioral health providers to treat members with positive screening results, and we continue to broaden the number of network providers, resources and treatment options available to our members.

Our networks include specialized virtual behavioral health providers with diverse areas of focus to treat a variety of age ranges, from age 6 through adulthood, including:

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

Find out more about these providers, including contact information, in the Resources section of the Behavioral Health Toolkit on our provider website: Behavioral Health>Behavioral Health Toolkit.

To find in-network behavioral health providers, members should call Customer Service at the number on their member ID card or use the Find a Doctor tool on our member website, **asuris.com**.

Behavioral health corner

Tools for PCPs

We recognize that PCPs serve a vital role in discussing, diagnosing and treating behavioral health conditions.

Our Behavioral Health Toolkit includes condition-specific screening tools and trusted resources for 12 diagnoses or challenges, as well as information about:

- In-network virtual care providers
- Ongoing condition management
- Our care management services, including case management
- Determining the best path forward in the early stages of a patient's evaluation and treatment

The toolkit is available on our provider website: Behavioral Health>Behavioral Health Toolkit.

Additionally, you can help close health equity gaps by collecting and tracking social determinants of health (SDoH) information about our members. This information helps us understand barriers to care and support equitable access to quality health care and health education. Our *Social determinants of health Z codes* flyer is available on our provider website: Library>Printed Material.

Related: See *Screening for behavioral health conditions in primary care* on page 14 and *Social determinants of health resources* on page 16.

Help parents check in with teens

The latest data from the Centers for Disease Control and Prevention (CDC) on youth mental health is startling. In 2021, more than 4 in 10 students reported feeling persistently sad or hopeless, and more than 1 in 5 students have seriously considered suicide. This follows the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the U.S. Surgeon General declaring a national emergency in child and adolescent mental health.

Washington ranked as the 32nd worst state for prevalence of mental illness in the U.S., according to the *2023 State of Mental Health in America Report* from Mental Health America.

The pandemic exacerbated mental health issues that continue today, especially for our youth, many of whom were left isolated and turned to social media to connect with friends and family.

Share these resources to help parents check in with teens:

- Our networks include specialized virtual behavioral health providers who treat teens.
  - Charlie Health provides intensive outpatient mental health treatment for teens and young adults, as well as their families: **charliehealth.com**.
  - Equip treats eating disorders in kids as young as 6 and includes a care team consisting of a therapist, a physician, a family mentor, a peer mentor and a dietician: **equip.health**.
  - Talkspace offers mental health counseling 24/7/365 via text, audio or video messaging for ages 13 and older: **talkspace.com/partnerinsurance**.
- View the CDC report: **cdc.gov/healthyyouth/mental-health/index.htm**.
- If your patient or their loved one is experiencing a mental health crisis, call, text or chat 988 to reach the National Suicide Prevention Lifeline. The lifeline provides free, confidential, 24/7 support to anyone who's depressed, needs to talk or is thinking about suicide.

Behavioral health corner

Improving care for patients treated with antipsychotics

We continue to monitor the following Healthcare Effectiveness Data and Information Set (HEDIS®) measures evaluating the care of children, adolescents and adults who are prescribed antipsychotics. Results for each of these measures remain below national benchmarks:

- Metabolic Monitoring for Children and Adolescents on Antipsychotics assesses annual glucose and cholesterol testing for children and adolescents on antipsychotics.
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications assesses annual diabetes screening for people with schizophrenia or bipolar disorder taking antipsychotic medications.
- Diabetes Monitoring for People with Diabetes and Schizophrenia assesses annual glucose and cholesterol monitoring for people with diabetes and schizophrenia.

Collaborating with primary care and behavioral health providers attending our Provider Advisory Council (PAC), we work to identify actions that can improve patient care. When we discussed the metabolic testing and monitoring recommended for patients taking antipsychotics, providers acknowledged that coordination between primary care and psychiatry can require extra steps. The PAC developed these suggestions to improve the safety of care for patients treated with antipsychotics.

Best-practice suggestions for PCPs

- Ensure you are aware of antipsychotic prescriptions by encouraging patients to bring all medications to their scheduled wellness appointments.
- When children, adolescents or adults are taking antipsychotics, ensure recommended annual HbA1c and cholesterol tests are ordered.

Best-practice suggestions for psychiatrists

- When prescribing antipsychotics, communicate with the PCP to confirm roles in ordering tests, reviewing results, following up and managing the patient's health based on lab results.
- Establish a process for ordering labs if you are practicing telehealth exclusively.
- Coordinate care with your patients' PCPs to co-monitor and co-manage abnormalities associated with prescribed psychiatric medications.

Social determinants of health resources

Non-clinical factors can significantly impact the health and wellbeing of your patients. The majority of health outcomes (80%) are driven by the conditions in places where people live, work and play. Known as social determinants of health (SDoH), these powerful factors include housing stability, food security and transportation access, among others.

Connect your patients to:

- **Community resources**: Individuals can find support to address social needs, such as food insecurity, housing instability, transportation access and more by visiting **211.org** or **findhelp.org**.
- **Asuris Customer Service**: Members can call the number on the back of their member ID card for help with SDoH resources, finding a PCP, understanding their benefits and more.

We encourage you to include the SDoH Z codes in your patients' medical records. Including these codes will help us identify opportunities to provide support to our members, such as transportation or in-home care, as well as connections to food banks and other community resources.

View our *Social Determinants of Health Z codes flyer*, which includes a list of the codes that measure social risk factors and social needs, on our provider website: Library>Printed Material.

High-acuity, in-home medical care for your patients

DispatchHealth extends your practice by providing comprehensive and trusted medical care for serious health concerns in the comfort of the patient's home. They treat complex medical issues that are commonly addressed at urgent care or in the emergency department (ED), like urinary tract infections, pneumonia, dehydration, and chronic obstructive pulmonary disease (COPD) exacerbations, and can provide IVs, EKGs, blood tests and more. They are:

- **Accessible**: Their team can bring high-acuity care to your patients from 8 a.m. to 10 p.m. (in most service areas), seven days a week, including holidays, and they're available in the Spokane area.
- **Affordable**:
  - Urgent medical care services cost members the same as an urgent care center visit.
  - Hospital-alternative care visits may have out-of-pocket costs.
  - Post-discharge visits are covered by the member's plan.

Get started

- Watch this short video to learn about their team and services: **dispatchhealth.com/blog/dispatchhealth-perspective-who-we are**.
- See if appointments are available in a member's ZIP code at **dispatchhealth.com/locations**.

DispatchHealth services

DispatchHealth care teams provide in-home urgent medical care, hospital alternative care and post-discharge care.

Urgent medical care

DispatchHealth care teams provide in-home high-acuity, same-day medical care to your patients for urgent illnesses and injuries, such as urinary concerns, extremity injury, swelling, confusion, weakness, nausea, vomiting, diarrhea, rash, cellulitis, abscesses and more.

Hospital-alternative care

Their care team visits patients with complex medical conditions that could otherwise result in a hospital inpatient admission, including cellulitis, pneumonia, exacerbations of congestive heart failure (CHF) or COPD and more. With DispatchHealth's Advanced Care program, you can:

- Improve health outcomes and achieve patient satisfaction
- Drive significant medical cost savings, including a reduction in the 30-day readmission rates
- Reduce unnecessary ED visits, skilled nursing facility (SNF) stays and ancillary service utilization

View this short video about Advanced Care: **dispatchhealth.com/blog/category/partner-resources-tips/advanced-care-for-case-management**.

Post-discharge care

DispatchHealth can provide a one-time visit with a patient within 72 hours after they have been discharged from the hospital to help prevent readmission for conditions such as cellulitis, pneumonia, exacerbations of CHF or COPD and more.

Watch this short video about the program, Bridge Care: **dispatchhealth.com/blog/category/partner-resources-tips/post-hospital-bridge-care-for-the-patient.**

How it works

1. **Request an appointment for your patient**

- Set up an account at DispatchExpress, **dispatchhealth.com/dispatchexpress**, so you can easily request an appointment for your patient and receive visit updates. You can also call DispatchHealth at (425) 651-2473.

2. **A care team is sent to your patient's home**

- A DispatchHealth care team will arrive at your patient's home with everything needed to treat your patient's illness or injury.
- The care team will include a physician associate or nurse practitioner and/or a medical technician, virtually supported by an emergency medicine physician, if necessary.
- All team members wear personal protective equipment and use sterilized equipment.

3. **Follow-up communication and coordination of care**

- DispatchHealth will call in any prescriptions needed, send clinical notes of the encounter back to you, and handle billing directly with Asuris.
- They always direct patients back to you for follow-up care.

Learn more

Visit the Care Options Toolkit in the Toolkits section on the homepage of our provider website for a flyer to share with your office and answers to frequently asked questions.

National immunization month

National Immunization Awareness Month (NIAM), **cdc.gov/vaccines/events/niam/index.html**, is observed each August to highlight the importance of vaccination for people of all ages.

Providers play a key role in educating patients and parents about the importance of vaccination. Your recommendation can help protect your patients against serious diseases, such as COVID-19, HPV, meningitis, shingles and influenza.

We appreciate your continued efforts to ensure your patients receive necessary vaccinations. Ensuring patients are up to date on all vaccines and other preventive care can protect them and help them maintain good health. This is important because many people, especially children, are behind on regular vaccinations.

Resources

Most of our health plans cover preventive care services at 100%. View our preventive care lists:

- Commercial members (available in English and Spanish): **asuris.com/member/members/preventive-care-list**
- Medicare members: **asuris.com/medicare/resources/preventive-care**

Healthwise's Knowledgebase has helpful information and tools about immunizations. Our Quality Improvement Toolkit has a link to the Healthwise Knowledgebase, where you can search for materials in English and Spanish to share with your patients:

- Immunizations
- Vaccinations
- Or search for specific vaccines (e.g., coronavirus, hepatitis B)

Our provider website includes a COVID-19 Vaccine Toolkit with information about coverage for our members, claims submission and provider reimbursement.

Related: See *Childhood immunizations* on this page and *Flu season is just around the corner* on page 19

Childhood immunizations

On-time vaccination throughout childhood helps provide immunity before children are exposed to potentially life-threatening diseases. Childhood immunization rates for our health plan currently fall below the 50th percentile nationally.

As a PCP, you are a trusted resource and educator to parents and caregivers about the importance of routine checkups and the recommended vaccination schedule. Scheduling office visits in advance can help parents and caregivers ensure their child stays on track.

Vaccine schedules recommended by agencies and organizations, such as the CDC, the American Academy of Pediatrics and the American Academy of Family Physicians, cover up to 14 diseases.

Sometimes, parents and guardians are concerned about the safety of vaccines. To help overcome this hesitancy, it is important to help them understand the United States' long-standing vaccine safety system ensures that vaccines are as safe as possible. Currently, the U.S. has the safest vaccine supply in history.

Here are some tips for talking to parents who are hesitant to vaccinate their children:

- Tailor your message
- Counter any misinformation
- Ask why the parent is hesitant
- Understand the parent's concerns
- Address the parent's fears about side effects
- Prepare your staff to answer questions

Resources

Healthwise's Knowledgebase has helpful information and tools about immunizations and vaccinations to share with your patients. Our Quality Improvement Toolkit has a link to the Healthwise Knowledgebase. Search Healthwise's Knowledgebase for materials in English and Spanish:

- *Childhood Immunization Schedule: Ages 0 to 6 Years*
- *Childhood Immunization Schedule: Ages 7 to 18 Years*
- *Childhood Immunization Schedule: Ages 7 to 18 Years*
- *Why Get Your Child Immunized?* video

Related: See *National immunization month* on this page and *Flu season is just around the corner* on page 19.

Flu season is just around the corner

The CDC estimates that there were at least 9 million flu illnesses, 4 million medical visits, 10,000 hospitalizations and 5,000 deaths from flu during the 2021-2022 flu season. It's difficult to know what the 2023-2024 flu season will bring, so prevention is the best protection.

The CDC recommends that everyone six months and older (with rare exceptions) be vaccinated every flu season to reduce flu illness and serious outcomes. The flu vaccine is especially important for those considered high-risk, including older adults, because they are at a higher risk of getting seriously ill from influenza and serious cases of flu can lead to hospitalization or death.

Tips to consider as we approach flu season:

- Educate support staff about the importance of the flu vaccine.
- Update your standing orders and protocols for the 2023-2024 flu season.
- If you don't currently have standing orders and protocols for vaccines, consider creating them.
- Make resources about the flu vaccine available to patients to encourage informed decision-making.
- If vaccines are not included in your pre-visit planning, consider adding vaccines to your pre-visit workflow.
- With pre-visit planning, consider adding the word "flu" to the appointment note for patients who are due for their vaccine. This will help remind the care team that a patient needs their vaccine when they come in for their appointment.
- Consider hosting flu clinics or outreach campaigns to schedule patients for a vaccination appointment with a nurse or medical assistant.

Patient resources

Educational flyers about the importance of the flu vaccine are available in English and Spanish. You can use these to reinforce the conversation with your patient or make them available for review in the waiting room before an appointment. Look for the **Influenza immunization** category in the Quality Improvement Toolkit, available in the Toolkits section on the homepage of our provider website.

Related: See *National immunization month* and *Childhood immunizations* on page 18

Discussing urinary incontinence with patients

Urinary incontinence can dramatically impact a person's quality of life. It can cause people to avoid activities, such as exercise; limit social outings; increase their risk of falls; impact their mental health; and affect their sleep, among many other things.

Discussing urinary incontinence can be uncomfortable; however, the more often these conversations happen with patients, the easier they become. With repetition, providers and patients can become comfortable discussing the topic.

There are many reasons to include urinary incontinence among the list of topics discussed at primary care visits.

- Many patients may see urinary incontinence as a sign of aging and just accept it as a part of life.
- Patients may hint at having issues with urinary incontinence and may want to have a conversation about it.
- Patients may be waiting for their provider to bring up the subject because they are embarrassed and do not want to bring it up on their own.
- Your patient may plan to discuss the topic when scheduling their appointment but then forget about it as the visit takes place.

Many providers screen for urinary incontinence issues as part of the patient completing an annual health risk assessment for their annual wellness visit. You may also consider discussing issues about urinary incontinence during conversations around fall risk and physical activity because building core strength can help reduce the risk of falling, as well as address incontinence, especially if Kegel exercises are discussed. **Related**: See *Fall prevention: How you can help* on page 20.

Improving Bladder Control is a Medicare Star Ratings measure and a health issue that we closely monitor. This is also an area where we rely on our provider partners to help us improve our scores.

Patient resources

Educational flyers about the importance of managing urinary incontinence are available in English and Spanish. Our *Videos: Ways to support your health as you age* flyer includes QR codes, linking to videos about fall risks, physical activity and urinary incontinence. You can use these to reinforce the conversation with your patient or make them available for review in the waiting room before an appointment. Look for the **Incontinence management** category in the Quality Improvement Toolkit, available in the Toolkits section on the homepage of our provider website.

Fall prevention: How you can help

It's estimated that 25% of people 65 and older will experience a fall this year. Less than half of the people who experience a fall speak to their provider about it.

The Fall Risk Management Medicare Star Ratings measure is included in our 2023 Medicare Advantage Quality Incentive Program (MA QIP). Our score for this measure is based on memorable and impactful conversations you have with your patients regarding falls.

The discussions you have with our members can help them prevent falls and fall-related injuries. You may want to:

- Conduct regular fall-risk screenings (screening annually or biannually) either during or outside of the annual wellness visit (AWV).
- Implement prompts within your electronic medical record (EMR) to alert providers and staff that a patient is due for a conversation regarding falls and fall prevention.
- Implement the CDC Stopping Elderly Accidents, Deaths & Injuries (STEADI) algorithm within your EMR.
- Consider implementing group visits focused on fall prevention (e.g., Matter of Balance-coached events).
- Know and refer patients to community resources focused on preventing falls (e.g., fall prevention classes, tai chi, Matter of Balance).
- Encourage regular physical activity, focusing on strengthening the core muscles.
- Regularly review and discuss medications with patients; some medications can cause issues with balance.

Patient resources

Educational flyers about the importance of fall prevention are available in English and Spanish. Our *Videos: Ways to support your health as you age* flyer includes QR codes, linking to videos about fall risks, physical activity and urinary incontinence. You can use these to reinforce the conversation with your patient or make them available for review in the waiting room before an appointment. Look for the **Fall risk coaching** category in the Quality Improvement Toolkit, available in the Toolkits section on the homepage of our provider website.

Osteoporosis management in women who had a fracture

The Osteoporosis Management in Women who had a Fracture (OMW) HEDIS Star measure assesses the percentage of Medicare Advantage women ages 67 to 85 who have suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a medication to treat osteoporosis in the six months after their fracture. Multiple organizations recommend that postmenopausal women who experience a fragility fracture be tested or treated for osteoporosis, including the National Osteoporosis Foundation and the U.S. Department of Health and Human Services (HHS).

In-network bone mass measurements are preventive services covered at no cost to the patient as a qualified individual every 24 months or more frequently if medically necessary.

If your patient is interested in receiving a BMD test at home, have them call Customer Service at the phone number on the back of their member ID card to see if this service is available through our partners. Test results are shared with both you and your patient.

Remember, if a BMD test was completed more than two years prior to the fracture, it is time for the patient to get a new one. Always check that fracture codes are not used before a fracture has been confirmed through imaging. Submit a corrected claim to fix fracture codes submitted in error to ensure the patient is removed from the measure.

If your patient has had a fracture, order a BMD test or prescribe osteoporosis treatment within six months for better bone health and long-term prevention.

MA QIP reminders

The following important reminders about the 2023 Medicare Advantage Quality Incentive Program (MA QIP) will help you with gap closure.

Risk adjustment EPB important dates

The risk adjustment early performance bonus (EPB) offers your practice an opportunity to earn $20 per member if you meet both of the following qualifications:

- Close 70% of your members' risk adjustment gaps by 11:59 p.m. (PT) on August 31, 2023
- Close 80% of your members' risk adjustment gaps by 2023 program end

Reminder: Gap closure means completely and accurately capturing the condition profile for the member, which includes both validating and invalidating conditions. Validating conditions should be done via claim submission. Invalidations must be submitted with medical record documentation via the Care Gap Management Application (CGMA).

Learn more about the risk adjustment EPB on our provider website: Programs> Medicare Quality Incentive Program.

Medication reconciliation post-discharge update

HEDIS has clarified the documentation requirements for the Transitions of Care: Medication Reconciliation Post Discharge measure. Documentation to close this gap must state that the patient was hospitalized, admitted or had an inpatient stay. Records that only state emergency department follow-up or post-operative follow-up will not meet the criteria for closing the gap.

New pharmacy reports on CGMA

CGMA users will find the new pharmacy engagement program (PEP) report under Reports on the right-hand side of the screen.

This report offers information related to medication adherence for hypertension, cholesterol and diabetes medications. You can identify which patients are eligible for each medication adherence measure and verify the following:

- The current percentage of days covered year to date (PDC YTD): <.80 = adherent
- Refill due date: Upcoming refill date for each medication
- Last recoverable date: Last refill date to remain adherent
- Last fill days supplied: Days supplied at last dispense
- Pharmacy name and phone number: Name and number of most recent pharmacy used
- 100-day supply opportunity:
  - Y = There is an opportunity to convert to a 100-day supply.
  - N = The prescription is already written for a 100-day supply.

Email **QIPQuestions@asuris.com** if you would like to:

- Learn more about navigating the CGMA PEP Report or about PEP Stars-related resources
- Become a CGMA user

Attribution lock coming October 1

Your MA QIP member roster locks after our last attribution load in CGMA on October 1, 2023. We encourage you to prepare by reviewing your member roster on the CGMA.

- If there is a recycling 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.

On the CGMA, visit the Medicare Frequently Asked Questions (FAQ) article, *How do I Manage my Member Roster?* for information about:

- How to find the recycling bin and lock icons
- How to remove a member from your roster before October 1
- Why you may not be able to remove a member from your roster, even before October 1

Learn about attribution adjustment options by member type on our provider website: Programs>Medicare Quality Incentive Program.

Related: See *New Quality Measures Guide* on page 22.

Help patients during and after pregnancy

As a health care professional, you play a critical role in eliminating preventable maternal mortality. One part of the solution is the CDC's Hear Her campaign, which focuses on hearing a woman's concerns during and after her pregnancy. The campaign also is designed to help providers engage in open conversations with patients to make sure any issues are adequately addressed.

When patients are engaged in their health care, it can lead to improvements in safety and quality. Here are some things you can do to improve outcomes:

- Ask questions to better understand your patient and things that may be affecting their lives.
- Listen to pregnant and postpartum women if they express concerns.
- Teach your patients, and those accompanying them, about urgent maternal warning signs and when to seek medical attention right away. Resources to help with this are available at: **cdc.gov/hearher/maternal-warning-signs**.
- Help patients manage chronic conditions or conditions that may arise during pregnancy, such as hypertension, diabetes or depression.
- Recognize unconscious bias in yourself and in your office. Resources to help with this are available at: **cdc.gov/hearher/healthcare-providers/clinical-resources-tools.html**.
- Visit the CDC's Hear Her campaign website for more information and resources, including a short video about the campaign: **cdc.gov/hearher**.

New *Quality Measures Guide*

We are updating our *Quality Measures Guide* for 2023. The guide includes information about a variety of quality and member experience measures that are reported or monitored most frequently for the following programs and initiatives:

- HEDIS reviews
- Medicare Advantage Quality Incentive Program (MA QIP)
- Total Care Shared Savings/Accountable Health Networks (AHN)

Note: The guide does not include information about all HEDIS or Star-related measures.

The guide will be available on our provider website by August 15, 2023: Library>Printed Material.

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.

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