

## Latest Integration Updates & Webinars

Stay updated on the progress we have made since bringing Harvard Pilgrim Health Care and Tufts Health Plan together under the parent organization, Point32Health — and on what's ahead in 2023, by:

- Reading our updated [FAQ that provides information on what is coming in 2023](#) where you can learn about our more unified product portfolio, behavioral health model, new pharmacy benefit manager, our aligned approach for Medical Benefit Drugs utilization management and more.
- Signing up for one of our provider webinars aimed at helping you and your staff stay apprised of the latest news and updates.

### Updates to our FAQ

We are keeping [our integration FAQ](#) updated with the latest information on our integration and with answers to new questions that we receive. We recently added information on the following:

- **Behavioral health (BH) continuity of care** for members who are moving from a Tufts Health Plan Commercial product to a Harvard Pilgrim Health Care Commercial product as part of integration. Refer to the behavioral health section of the FAQ for details on how we are working to ensure that providers who do not currently participate in the Optum/United Behavioral Health network, which will continue to provide BH services to Harvard Pilgrim members through June 30, 2023, will be able to continue providing uninterrupted BH care to migrating members.
- **New information on medical drugs obtained through a specialty pharmacy.** For medical benefit drugs, our current network of specialty pharmacies remains available. For Harvard Pilgrim Commercial members, in-network specialty pharmacies for medical benefit drugs include CVS Caremark, Accredo, Eversana LifeScience Services, and others. For Tufts Health Plan Commercial, Medicare, and Tufts Health Direct, medical drugs are available at Accredo and CVS Caremark. For additional information, please refer to the pharmacy section of the FAQ.

### Register for a webinar today!

We encourage you and your office staff to sign up for one of the following sessions. To register, simply click the session of your choice:

[Wednesday, Dec. 7 from 8:30–10 a.m. ET](#)

[Wednesday, Dec. 14 from noon–1:30 p.m. ET](#)

[Tuesday, Dec. 20 from 2-3:30 p.m. ET](#)

The sessions will cover key changes for 2023 including product changes and continuity of care, pharmacy benefit manager, medical benefit drug utilization management, behavioral health, and more.

We'll continue to offer sessions in early 2023 — and will be offering dedicated behavioral health webinars in 2023 as well — so watch for more information in upcoming issues of the provider newsletter. For more, please visit our [Provider Training and Events webpage](#). ♦

## Point32Health Recognized for Ongoing Commitment to Health Equity

Point32Health (the parent company of Harvard Pilgrim Health Care and Tufts Health Plan) is delighted to announce that both Harvard Pilgrim Health Care's Commercial plans and Tufts Health Public Plans have earned Health Equity Accreditation from the National Committee for Quality Assurance (NCQA) — positioning us as the very first health plans in New England, and among the first in the entire nation, to receive this honor.

Receiving this distinction recognizes us as a leader in health equity and highlights our steadfast commitment to quality of care for all people.

“Health equity is a top priority for Point32Health and we are incredibly honored by this recognition from the NCQA, in our second year as a combined organization,” said Cain Hayes, president and CEO of Point32Health. “Point32Health will continue to develop new and innovative programs and initiatives to drive health equity and help fulfill our purpose of ensuring our communities have access to equitable, high-quality and affordable health care.”

Point32Health’s health equity vision is that all people have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance. We work to invest in the resources, infrastructure, and programs to address inequities and disparities, and have developed more than 70 initiatives thus far to address health equity across the organization.

### **There is more work to be done**

Still, we acknowledge that this vital work is far from done. Our dedication to furthering the goal of equitable care for all is ongoing. One area of focus for improvement (among many others in the world of medicine) is the underrepresentation of BIPOC (black, indigenous, and people of color) patients in clinical trials.

According to the National Comprehensive Cancer Network (NCCN), “the best management for any patient with cancer is in a clinical trial.” Yet, as indicated by the [American Society of Clinical Oncology \(ASCO\)](#): “With the notable exception of pediatric oncology, participation levels in cancer CTs has historically been far lower and less diverse than the actual demographics of patients living with cancer and the prevalence of the disease. Racial and ethnic minority populations, sexual and gender minorities, and older adults, are all dramatically underrepresented in CTs, often despite equal or higher cancer incidence rates compared to the general population.”

There are many potential reasons for the lack of diversity in clinical trials, stemming from all levels of health care, from system-level to individual. Barriers to enrollment can include, among many others, limited access to care, literacy-related barriers, overly exclusionary eligibility criteria, or lack of patient or provider awareness of the availability of clinical trials.

### **Support for clinical trials**

As identified in the legacy organizations’ respective Medical Necessity Guidelines for Clinical Trials: Routine Costs, [Harvard Pilgrim Health Care](#) and [Tufts Health Plan](#) cover routine costs for qualified individuals enrolled in approved clinical trials, in accordance with the Patient Protection and Affordable Care Act, and prior authorization is not required.

In addition, members may be covered for treatment from otherwise out-of-network providers when enrolled in a clinical trial, which may help lessen the impact of a common barrier to enrollment that can adversely affect the BIPOC patient population.

Point32Health recommends the U.S. National Library of Medicine’s [ClinicalTrials.gov](#), a database of privately and publicly funded clinical studies conducted around the world, as a useful reference tool for clinical trials that may be available to your patients.

Representation in clinical trials is one of several areas of focus for ongoing improvement in health equity, and our work in this domain is far from finished. Look to future issues of our provider newsletters as

Point32Health continues to assess opportunities to reduce gaps in care and promote access for all people. ◆

## **Point32Health 2023 Fee Schedule Updates**

Fee schedules — including facility, professional (medical and behavioral) and ancillary/allied — are reviewed regularly to ensure that they are comprehensive and consistent with industry standards.

### **Commercial Professional Fee Schedules**

Commercial Professional schedules will continue to be updated in a manner consistent with prior years.

- For Tufts Health Plan, the updated fee schedules will become effective on Jan. 1, 2023.
- For Harvard Pilgrim Health Care updates to the commercial Physician Fee Schedules for 2023 will occur on April 1, 2023.

The updated fee schedules will incorporate the most current code sets as well as various components of the final CMS relative values.

### **Behavioral Health Fee Schedules:**

- For both Tufts Health Plan and Harvard Pilgrim Health Care, an integrated Behavioral Health Fee schedule will be adopted on July 1, 2023.

### **Additional information**

Additional and sample fee schedules will be shared as soon as practicable. Detailed information about changes to existing professional fee schedules will be distributed to provider organizations and hospital leadership. Independent physicians who have questions about fee schedule changes should contact our Network Contracting Department at 888-880-8699, ext. 52169. ◆

## **Reminder: Pharmacy Changes for 2023**

As we've noted in previous issues of the newsletter, we are launching several enhancements to our pharmacy program, effective Jan. 1, 2023. This includes selecting OptumRx as our pharmacy benefit manager (PBM) for all products and streamlining utilization management for pharmacy and medical benefit drugs across Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.

OptumRx will support the delivery of convenient and affordable access to prescription medications to Harvard Pilgrim Health Care and Tufts Health Plan members through a comprehensive retail, specialty, and mail-order pharmacy network that includes more than 67,000 pharmacies nationwide, including all major chains such as CVS. OptumRx will also be administering pharmacy claims payment, providing specialty pharmacy and mail-order services, and managing the pharmacy network across both legacy organizations.

Point32Health will continue to develop and manage the prescription drug formularies and will manage the intake and review of pharmacy and medical drug prior authorization requests.

Our [What's Ahead at Point32Health: Integration Updates page](#) has a handy chart in the Pharmacy section, which notes the key pharmacy changes for each legacy organization.

### New formularies for 2023

We are retiring our 2022 formularies and introducing new pharmacy formularies for 2023. Our [2023 prescription drug formularies](#) as well as our [pharmacy medical necessity guidelines](#) and our [medical benefit drug necessity guidelines](#), are now available on [our provider website](#).

In addition, for greater simplicity and an improved member and provider experience, we've unified our pharmacy medical necessity guidelines within product lines and our Commercial formularies. For example, our 2023 Commercial formularies apply for both Harvard Pilgrim and Tufts Health Plan Commercial members, and the same pharmacy medical necessity guidelines will apply for Harvard Pilgrim and Tufts Health Plan Commercial members alike. Guidelines may vary across product lines, however (for example, Commercial and Public Plans policies may differ). Refer to the Pharmacy and Medical Drug sections of our [What's Ahead at Point32Health: Integration Updates page](#), as well as the medical necessity criteria, for more information.

### Online prior authorization submissions

In addition to having a single point of contact for pharmacy and medical drug benefit prior authorization requests, we're making things even easier. Beginning Jan. 1, you will have access to PromptPA, a new online prior authorization submission tool for pharmacy and medical drugs. With PromptPA, you can submit both pharmacy and medical benefit drug prior authorization requests using the same platform. Through online submission, you can easily view drug specific criteria questions, attach clinical information, and receive a response more quickly.

We also encourage the use of electronic prior authorization (ePA) through EMR, CoverMyMeds, or Surescripts. Alternatively, you can submit prior authorization requests via FAX using the corresponding request forms. Updated forms — with new fax numbers — will be available in the pharmacy sections of our provider websites by Jan. 1.

For more information on our pharmacy program, refer to our [Quick Reference Guide](#) with an overview of what to expect in 2023.

Beginning Jan. 1, you'll be able to access PromptPA on our secure portal, HPHConnect. Look for more on PromptPA in future issues of *Network Matters*.

### Changes to note for Commercial Members

While you should refer to formularies and pharmacy medical necessity guidelines for complete information, the following is an overview of some key changes that take effect on Jan. 1, 2023 for Commercial members.

For information on specific pharmacy program changes for Stride<sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, please refer to the dedicated Stride article in this newsletter. Commercial changes include:

- **Tier changes & low-cost generic drugs** — Certain drugs are changing tiers (higher or lower tier) or will move to non-formulary status. In particular, tier changes were applied to low-cost generic drugs. We encourage providers to refer to the formulary for lower copay alternatives, when available.
- **Vaccine access** — Select preventive vaccines — such as COVID, influenza, and Shingrix vaccines — will be made available through pharmacies. All preventive vaccines are covered under the medical benefit.
- **Exclusions** — The following will be excluded from the pharmacy benefit:

- Drug Efficacy Study Implementation (DESI) drugs assigned code 5 or 6 by the Centers for Medicare and Medicaid Services (i.e., drugs that are not approved as both safe and efficacious by the Food and Drug Administration)
- Bulk chemicals
- Surgical supplies
- General anesthetics (including midazolam injection and oral syrup)
- Coverage of repackaged products, clinic packs, and institution packs
- Medical benefit drugs
- **Long-acting opioids** — We will require prior authorization for all long-acting opioids for Commercial members initiating a new course of treatment. Members who are currently taking a long-acting opioid will not require an authorization for those medications until Sept. 30, 2023. For criteria, refer to the [Pharmacy Medical Necessity Guidelines for Opioid Analgesics](#).
- **Authorization for ADHD medications for members age 25 and older** – We will require prior authorization for all stimulant medications used to treat attention deficit hyperactivity disorder (ADHD) for Commercial members 25 years and older who are newly starting these medications. Examples of these medications include, but are not limited to, amphetamine salts, methylphenidate, and Vyvanse. For criteria, please refer to the [Pharmacy Medical Necessity Guidelines for Attention Deficit Hyperactivity Disorder Drugs](#).
- **Drugs Moving to Non-Formulary Status** — We will no longer cover brand medications with interchangeable generics and select brand name medications with therapeutic alternatives. Please refer to the formulary for complete information. For brand-name drugs moving to non-formulary status, generic equivalents, if available, will remain covered. For a patient to continue one of these non-formulary medications, the prescribing provider must request coverage as an exception through the medical review process subject to the [Medical Necessity Guidelines for Non-Formulary Exceptions](#).
- **Changes in Utilization Management (UM) Programs** — Changes include requiring prior authorization and step-therapy for certain drugs. Prior authorization is being added to a number of drugs/drug classes, including, but not limited to, the following commonly utilized drugs:

<b>Prior Authorization Required for Commercial Members as of Jan. 1, 2023</b>		
<ul style="list-style-type: none"> <li>● Acne Agents: Adapalene, Tazarotene, Tretinoin Products</li> <li>● ADHD Stimulants for members aged 25 and older (new starts only)</li> <li>● Antidepressants For Members Aged 12 And Younger (new starts only)</li> <li>● Antipsychotics: Symbyax, Lybalvi, Rexulti</li> <li>● Aspirin-Omeprazole Tab Delayed Release</li> <li>● Bylvay</li> <li>● Denavir Cream</li> <li>● Difacid</li> <li>● Doxycycline Cap 40mg</li> <li>● Doxylamine/Pyridoxine</li> <li>● Drugs For Parkinson’s Disease: Inbrija, Kynmobi, Apokyn, Rytary</li> </ul>	<ul style="list-style-type: none"> <li>● Hepatitis C Drugs</li> <li>● HSDD Medications: Vyleesi, Addyi</li> <li>● Juxtapid</li> <li>● Kerendia</li> <li>● Korlym</li> <li>● Lidocaine Patches 5% (new starts only)</li> <li>● Livmarli</li> <li>● Livtency</li> <li>● Metformin Extended Release</li> <li>● Mircera</li> <li>● Mulpleta</li> <li>● Non-Preferred Insulins: Soliqua</li> <li>● Nuedexta</li> <li>● Ocaliva</li> <li>● Ophthalmic Agents: Bimatoprost, Zioptan,</li> </ul>	<ul style="list-style-type: none"> <li>● Ravicti</li> <li>● Relistor</li> <li>● Reyvow</li> <li>● Rezurock 200mg</li> <li>● Sedative Hypnotics</li> <li>● Sirturo</li> <li>● Tavneos</li> <li>● Testosterone Products</li> <li>● Topical Corticosteroids: Amcinonide, Clobetasol, Desonide, Desoximetasone, Diflorasone, Fluocinolone, Cordran, Fluticasone, Halcinonide, Halog, Lexette, Halobetasol, Etc. (new starts only)</li> <li>● Upravi</li> <li>● Viberzi</li> </ul>

<ul style="list-style-type: none"> <li>• Endocrine Agents; Myfembree, Synarel</li> <li>• Febuxostat</li> <li>• Gattex</li> </ul>	<p>Travatan, Rhopressa, Rocklatan</p> <ul style="list-style-type: none"> <li>• Long-acting opioid Analgesics (new starts only)</li> <li>• Oral Antifungals</li> <li>• Oral Oncology Drugs: Flutamide, Zykadia, Scemblix, Tafinar, Zelboraf, Nexavar, Caprelsa, Mekinist (new starts only)</li> <li>• Proton Pump Inhibitors (PPIs): select formulations</li> </ul>	<ul style="list-style-type: none"> <li>• Wakefulness Agents: Xywav</li> <li>• Xifaxan</li> <li>• Xolair</li> <li>• Zorbtive</li> <li>• Zubsolv</li> </ul>
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**Reminder: Coverage of Free At-Home COVID-19 for Stride**

As a reminder, Harvard Pilgrim’s Stride<sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage plans will no longer provide coverage for over-the-counter at-home [FDA-approved or Emergency Use Authorized (EUA) antigen & molecular] COVID-19 tests purchased after Dec. 31, 2022.

Keep in mind, though, that over-the-counter COVID-19 tests are still available through Medicare Part B. Medicare began covering up to eight over-the-counter COVID-19 tests each calendar month, at no cost, on April 4, 2022. This coverage continues until the end of the COVID-19 public health emergency, and is available to anyone with Medicare Part B, including those enrolled in a Medicare Advantage plan. ◆

**Kidney Health Management Program: Sign Up for a Webinar**

**Commercial fully insured products**

As a reminder, Point32Health is collaborating with Monogram Health for in-home chronic kidney disease (CKD stages 3b-5) and end-stage renal disease (ESRD) care management services for commercial fully insured members. Since the program launch earlier this year, we’re happy to see how our members are benefiting. Here’s a look at [some examples](#) and how Monogram Health is supporting our members’ individual needs.

Monogram Health will be hosting several webinars to provide an overview of the program. To register for an upcoming webinar, click on the date below that works best for you and submit the requested information:

- [Thursday Dec. 8 at 12:30 p.m.](#)
- [Tuesday Dec. 13 at 12:30 p.m.](#)

For more information about Monogram Health, visit [www.monogramhealth.com](http://www.monogramhealth.com). If you have questions, contact James Porter with Monogram Health’s Provider Services at 855-529-2778 or [PCPservices@monogramhealth.com](mailto:PCPservices@monogramhealth.com). ◆

## Consumer Assessment of Healthcare Providers and Systems Survey

### All products

Point32Health is participating in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey, which will be administered by the independent research firm SPH Analytics from January through May as a standardized mechanism to measure members' experience with their health plan and the providers who care for them.

Members are selected to participate at random and will be asked for their opinions regarding the quality, timeliness, and availability of care they've received over the past 6-12 months. The results of the survey will be used to help Point32Health enhance services provided, identify opportunities for improvement of clinical care, and provide critical insight on patient-provider relationships.

Providers like you are an integral part of Point32Health's care delivery system, and help drive performance on key CAHPS® quality measures including access to care, communication between patients and providers, care coordination, and customer service. As highly valued partners, we appreciate your support and encourage you to talk to your patients about completing and returning the survey so that we can continue monitoring improvement opportunities and identifying areas of strength.

CAHPS® is a registered trademark of the Agency for Healthcare Quality and Research (AHRQ). ◆

## Reminder: QMB Members Exempt from Part A/B Cost-Sharing

The Qualified Medicare Beneficiary (QMB) program put in place by the Centers for Medicare and Medicaid Services (CMS) assists low-income Medicare beneficiaries with Medicare Part A and Part B premiums and cost-sharing, including deductibles, coinsurance, and copayments. As a reminder, under the QMB program enrollees are exempt from cost-sharing liability, so all providers are prohibited from charging QMB members for Medicare cost-sharing for covered Parts A and B services.

### Identifying members with QMB status

Harvard Pilgrim provides the necessary information to our members and providers regarding QMB eligibility. When we are aware that a Harvard Pilgrim claim is for a member who is a qualified Medicare beneficiary, a message appears on the member's Explanation of Benefits statement, as well as the provider's Explanation of Payment, to identify this status.

In addition, CMS's [HIPAA Eligibility Transaction System \(HETS\)](#) provides Medicare eligibility data to providers and their authorized billing agents (including clearinghouses and third-party vendors) to help verify a patient's QMB status and exemption from cost-sharing charges. Contact your third-party eligibility verification vendor to ask how their products reflect the new QMB information from HETS. Alternatively, you can contact Harvard Pilgrim's Medicare Advantage Provider Service Center at 888-609-0692 to learn the best way to identify the QMB status of your patients.

### More information

For more detailed information about CMS's QMB program, please refer to [this document](#) from the Medicare Learning Network, as well as the [Billing Members](#) policy in Harvard Pilgrim's Medicare Advantage *Provider Manual*. ◆

## Synagis Coverage for the 2022-2023 RSV Season

Harvard Pilgrim would like to remind providers of our policy regarding Synagis (palivizumab), an injection of antibodies used to protect high-risk infants from severe respiratory syncytial virus (RSV) disease for the 2022-2023 season.

Synagis requires prior authorization and should be reserved for infants with a history of pre-term birth and children with chronic lung disease or congenital heart disease. For members who qualify to receive five doses, the first dose is typically administered at the beginning of November and the last dose at the beginning of March to provide protection into April.

The Centers for Disease Control and Prevention has encouraged broader testing for RSV among patients presenting with acute respiratory illness who test negative for SARS-CoV-2, the virus that causes COVID-19. Further details can be found in this [CDC Health Alert](#).

### **Requesting authorization through Dec. 31, 2022**

To obtain Synagis for a commercial member between now and Dec. 31, 2022, prescribing providers should contact CVS Health—NovoLogix to request authorization. To view the Synagis criteria and access prior authorization forms, please visit our [medical drug prior authorization web page](#). You may request authorization through CVS Health—NovoLogix via phone (844-387-1435) or fax (844-851-0882).

### **Requesting authorization on or after Jan. 1, 2023**

Beginning on Jan. 1, 2023, Harvard Pilgrim will manage medical drug prior authorization in-house. Refer to the 2023 Synagis Medical Necessity Guidelines (MNG) on the Medical Benefit Drug: MNG page. In addition, prescribing providers should request authorization for Synagis via PromptPA — the new online tool Point32Health (the parent company of Harvard Pilgrim Health Care and Tufts Health Plan) has developed to enable quick, easy submission of prior authorization requests for both pharmacy and medical benefit drugs.

As of Jan. 1, you will be able to access PromptPA through our provider portals ([Harvard Pilgrim Health Care](#) and [Tufts Health Plan](#)).

Online submission will enable you to easily view drug specific criteria questions, attach clinical information, and receive a response more quickly. Alternatively, you can submit prior authorization requests via fax using the corresponding request forms. Updated forms will be available on the [Medical Benefit Drug: MNG page](#) by Jan. 1.

As of Jan. 1, 2023, providers can continue to obtain Synagis from CVS/Specialty pharmacy, and members are responsible for their appropriate cost share. If any of your Harvard Pilgrim Health Care patients have questions about their cost share for Synagis, please direct them to the Harvard Pilgrim Health Care Member Services phone number on the back of their ID card.

If you have any further questions, please call the Provider Service Center at 800-708-4414. ◆



Medical Necessity Guideline Updates

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Effective Date	Summary
<a href="#">Osteogenesis Stimulators</a>	Commercial	Feb. 1, 2023	Associated InterQual criteria revised to require prior authorization for CPT codes 20974 and 20979.
<a href="#">Implantable Neurostimulators</a>	Commercial	Feb. 1, 2023	Clinical coverage criteria revised.
<a href="#">Diabetes Management Devices</a>	Stride <sup>SM</sup> (HMO) Medicare Advantage	Dec. 1, 2022	MNG simplified to refer to applicable Centers for Medicare and Medicaid Services (CMS) guidelines, National Coverage Determinations (NCD), and/or Local Coverage Determinations (LCD) for medical necessity determination.  Prior authorization no longer required for CPT code 95250.
<ul style="list-style-type: none"> <li>• <a href="#">Adcetris</a></li> <li>• <a href="#">Blincyto</a></li> <li>• <a href="#">Empliciti</a></li> <li>• <a href="#">Kadcyla</a></li> <li>• <a href="#">Opdivo</a></li> <li>• <a href="#">Tecentriq</a></li> <li>• <a href="#">Yervoy</a></li> <li>• <a href="#">Cyramza</a></li> </ul>	Commercial	Dec. 1, 2022	Annual review of criteria for select drugs included in our oncology prior authorization review program managed by OncoHealth.  No changes related to Adcetris, Blincyto, Empliciti, Kadcyla, Opdivo, Tecentriq, or Yervoy.  Criteria for Cyramza updated to allow coverage for non-small cell lung cancer treated in combination with pembrolizumab.
<a href="#">Temporary Total Artificial Heart</a>	Commercial	Dec. 1, 2022	New MNG with dedicated clinical coverage criteria for medical necessity review related to the SynCardia™ Temporary Total Artificial Heart System with the Freedom Portable Driver as a bridge to transplant.  No changes to current coverage, and prior authorization is not required for the applicable codes listed on the MNG.



Help Us Keep Directory Information Up to Date

The Centers for Medicare & Medicaid Services and other regulatory bodies, as well as the federal [No Surprises Act of 2021](#), require health plans to maintain and update data in provider directories — and we rely on providers to review their data and notify us of changes as they happen to ensure that members have access to accurate information. Provider demographic information in our [Provider Directory](#) must reflect accurate data at all times and should mirror the information members may receive directly from the practice or via patient appointment call centers.

On at least a quarterly basis, providers should review and verify the accuracy of their demographic data displayed in our Provider Directory. Any changes to data should be reported via the [CAQH ProView DirectAssure®](#) tool for those who have implemented it. If your practice has not yet implemented CAQH, please submit a Provider Change Form to Harvard Pilgrim's Provider Processing Center by email at [PPC@point32health.org](mailto:PPC@point32health.org) to report changes to demographic data or to your address, panel status (open or closed) for each individual provider, institutional affiliations, phone number, or other practice data.

Consistent with provisions related to the federal No Surprises Act of 2021, failure to review and update demographic information at least quarterly may result in suppression from Harvard Pilgrim's Provider Directory until the information is validated. In addition, if Harvard Pilgrim identifies potentially inaccurate provider information in the directory, we may outreach to your practice to validate or obtain accurate information. If we are unable to obtain a timely response, the provider's applicable location may be subject to suppression in the directory until up-to-date information is received.

In addition, please keep the following in mind:

- **Practice location** — As new providers join your practice, it is important that only practice locations where the provider regularly administers direct patient care are submitted for inclusion in the Harvard Pilgrim provider directory. Locations in which a provider may occasionally render indirect care — such as interpretation of tests or inpatient-only care — should be specified to ensure the location information is included in the provider's demographic profile, but not in the provider directory.
- **Timely notice** — As a reminder, notification of address, acceptance of new patients, provider terminations, and other demographic information changes should be submitted at least 30 days in advance.
- **CAQH information** — For more information about CAQH ProView DirectAssure, including benefits, how the process works, and a demonstration video on how to use it, visit the [DirectAssure](#) page on CAQH's website.

For questions, call the commercial Provider Service Center at 800-708-4414 or the Medicare Advantage Provider Service Center at 888-609-0692. ◆

## Well-Child Visits and Vaccines for Adolescents

During the onset of the COVID-19 pandemic, many patients fell behind schedule with well-child visits and vaccinations, which makes seeing patients regularly more important than ever. Regular well visits promote healthy behaviors, prevent risky behaviors, and can detect conditions that could affect adolescents' development.

Well-child visits are as important for adolescents as younger patients, and annual appointments are recommended for this age group (12-21). The teen years are a time of transition, exploration, and rule testing. They can feel isolated in families as they develop their own ways of thinking about themselves and their identities. Teens may struggle with social media, challenging family or social dynamics, school pressures, emerging sexuality and identity, as well as the usual changes. Because the adolescent years set the stage for health habits that extend into adulthood, your ability to reach, connect with and offer a safe place for teens to ask questions and begin to trust professionals is critical.

Referrals to appropriate behavioral health (BH) providers for positive BH screenings is strongly encouraged.

For some useful strategies for increasing well-child visits for adolescents, visit the [School Based Health Alliance](#) and scroll to the Frequently Asked Questions section.

## Improving vaccination rates

Adolescents are not as likely to receive recommended vaccinations as younger children. The CDC outlines [systems and strategies for improving vaccination rates](#) and recommends the following vaccines for adolescents:

- HPV vaccine
- Tdap
- Meningitis B
- Meningitis ACWY
- COVID-19

For more information, refer to the [CDC Immunization Schedule](#).

We appreciate your commitment to adolescents and teens. Although they may look grown up, they can benefit from your wisdom and attention in ways many other patients cannot. ♦

***Network Matters*** is a monthly newsletter for the Harvard Pilgrim provider network

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