

## HPHCURRENT EVENTS

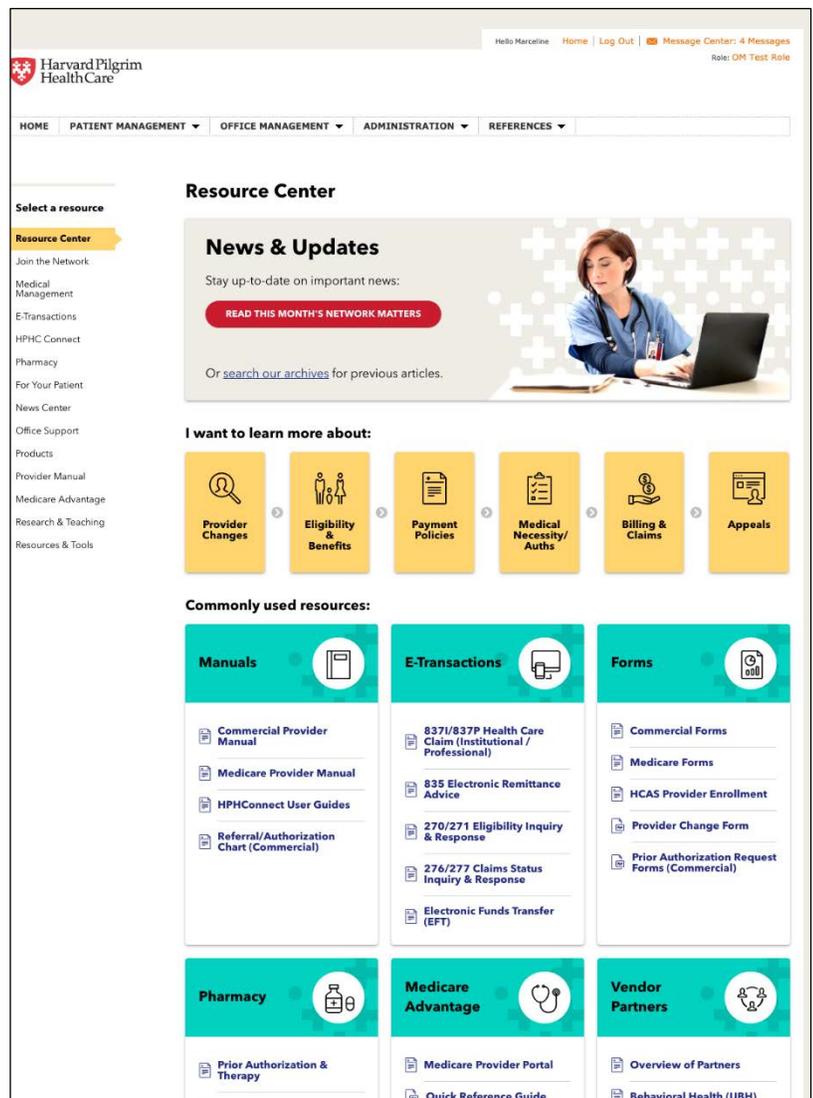
### HPHConnect: New Resource Page & Referral Update

We've upgraded HPHConnect to make it even more robust and easy to use, including introducing a new Resource Page and referral submission/status functionality for May 1 and new electronic authorization functionality in July ([see separate article](#)).

#### New Resource Page

We've transformed the references section of HPHConnect. The new Resources page is a one-stop shop for providers and office staff, putting important materials at your fingertips. You'll find all the information you need to access most frequently on the same, easy-to-navigate page, including:

- Forms (including provider change, authorization request, and claim review forms)
- Billing, claims, and appeals information
- Payment and medical policies
- Provider Manuals
- Medicare Advantage policies, forms, and quick reference guide
- Pharmacy drug tier lookup and authorization information
- eBusiness user guides and resources
- Links to policies, portals and other vendor partner resources



All this information and more is available in a streamlined, clean design that's optimized for use on a desktop, tablet or phone.

**Referral reminder**

We're also unveiling our improved referral pages in HPHConnect for providers on May 1, as we [announced in last month's issue](#) of the newsletter. The new design will make it even quicker and easier for you and your office staff to submit and check on referral requests.

Keep in mind that the referral process itself remains the same; you'll be submitting the same information as you do today. The only change is that we've revamped our referral page to make it even simpler to use. Refer to the [HPHConnect Referrals Page Update Presentation](#) for sample images and a step-by-step explanation of the new screens.

Because the referral section was redesigned to be intuitive and easy to navigate, it's likely that you'll find that submitting and checking on a referral is simpler than ever before. Still, we have plenty of resources available to answer any questions.

We've posted the following materials on the [Updated HPHConnect Referral Page](#) section of our provider website: [the training presentation](#), [Referrals User Guide](#) and [Quick Reference Guide](#), and [an FAQ](#). If you missed our April webinars, you can sign up for one of the following one-hour sessions in May in which we'll walk you through the electronic referral process and answer your questions (click the link to register):

- [Thursday, May 2 at 10 a.m.](#)
- [Monday, May 6 at 9 a.m.](#)
- [Tuesday, May 7 at 1 p.m.](#)
- [Wednesday, May 8 at 10 a.m.](#)
- [Thursday, May 9 at 1 p.m.](#)

In addition, our eBusiness team is offering drop-in conference calls. If you have a question about the updated referrals page, join us between 9–9:30 a.m. any Tuesday or Thursday throughout May by calling 240-454-0887 and entering access code 162 317 66. ◆

**Updates to Electronic Authorization & Use of InterQual®**

In addition to the HPHConnect enhancements we've announced (new home and resource pages, as well as referral page updates), Harvard Pilgrim is updating our electronic authorization screens and expanding our use of InterQual® criteria and tools beginning on July 15, 2019.

Our electronic authorization screens will be updated with a more streamlined look that is even easier for users to navigate and added functionality to support the changes detailed below.

## **InterQual® criteria and tools**

Harvard Pilgrim will be expanding our use of InterQual® criteria and tools for select commercial prior authorization policies. In some cases, we are adopting existing InterQual® criteria and in others the criteria more closely, or entirely, reflects our existing Harvard Pilgrim criteria.

Additionally, for all the policies noted below, we have partnered with InterQual® to create electronic authorization questionnaires (a variation of InterQual's PDF Smartsheets). When providers or office staff enter their request for authorization electronically in HPHConnect, they will be brought automatically to the electronic questionnaire to answer a series of questions to help determine medical necessity.

Having this information available at the time of the request enables a quicker, more efficient authorization determination. For some services, providers may need to submit images, photographs, or clinical documentation in addition to completing the questionnaire.

While Harvard Pilgrim encourages providers to request authorization electronically, we will continue to accept authorization requests by phone (800-708-4414) or fax (800-232-0816).

## **Affected medical policies**

For dates of service beginning July 1, 2019, the following commercial prior authorization policies will be updated as part of this initiative:

- [Breast Surgeries](#)
- [Bronchial Thermoplasty](#)
- Cosmetic, Reconstructive, and Restorative Procedures
  - [Chest Wall Deformities](#)
  - [Eye Procedures](#)
  - [Nasal Procedures](#)
  - [Panniculectomy/Removal of Redundant Tissue](#)
  - [Skin Procedures](#)
- [Gynecomastia](#)
- [Endoscopic Sinus Surgeries](#)

Please select the policy above to view the medical criteria; note, however, that any proprietary InterQual® information will appear on HPHConnect rather than the policy

displayed on our public provider website. You may access this information as follows: Log in to [HPHConnect](#) and then select Resources and the InterQual® link. Or you may contact the commercial Provider Service Center at 800-708-4414.

**New feature for submitting documentation launches on July 1**

As noted above, for these and other policies, providers are sometimes required to submit photographs, images or clinical documentation for Harvard Pilgrim to make a medical necessity determination. Beginning July 1, you'll be able to submit your clinical documentation through a new Clinical Upload feature. When entering your authorization request, you'll see the "Clinical Upload" button, which will enable you to easily attach any required images or clinical documentation.

After July 1, we encourage you to submit your documentation electronically, but clinical information can be supplied in any of the following ways:

- Clinical notes/written documentation — via HPHConnect Clinical Upload or secure fax (800-232-0816)
- Photographs — Photographs — HPHConnect Clinical Upload function, email ([utilization\\_requests@harvardpilgrim.org](mailto:utilization_requests@harvardpilgrim.org)), or mail (Utilization Management, 1600 Crown Colony Dr., Quincy, MA 02169). Please note that photographs should not be faxed as faxed photos cannot be utilized in making a medical necessity determination.

**Education & training**

We will offer a variety of training materials and webinars to walk you and your office staff through these changes and ensure that you have all the information you need — including screenshots, as well as a user guide, quick reference guide, FAQ, and training presentation..

Look to future issues of *Network Matters*, as well as the HPHConnect homepage, for more information. ◆

**Harvard Pilgrim Awards Nearly \$620,000 in Healthy Food Fund Grants**

Harvard Pilgrim is happy to announce that we recently awarded nearly \$620,000 in new Healthy Food Fund grants to 25 not-for-profit community food access initiatives that grow or distribute fresh produce to low-income families and older adults in Connecticut, Maine, Massachusetts, and New Hampshire.

The Healthy Food Fund grants program is funded by the Harvard Pilgrim Health Care Foundation, and these new grants bring the total amount since the program was

launched in 2016 to \$4.6 million. In 2018, more than \$925,000 in grants was distributed to the Healthy Food Fund initiatives within the region.

“Helping families eat in healthier ways, and encouraging support for food system improvements, we believe will lead to healthier people and healthier communities,” said Karen Voci, President of the Foundation.

For more information, including the full list of 2019 Healthy Food Fund Grant recipients by state, please refer to [this press release](#) from the Foundation. ◆

### **Harvard Pilgrim’s Commitment to LGBTQ Equality and Inclusion**

Harvard Pilgrim is proud to announce that for the seventh year in a row, we have received a score of 100 percent on the [Corporate Equality Index \(CEI\)](#), a national benchmarking survey and report on corporate policies and practices regarding lesbian, gay, bisexual, transgender, and queer (LGBTQ) workplace equality. This ranking designates Harvard Pilgrim as a Best Place to Work for LGBTQ Equality.

The CEI is administered by the Human Rights Campaign and evaluates more than 1,000 businesses based on their LGBTQ-related policies and practices, including non-discrimination workplace protections, domestic partner benefits, transgender-inclusive health care benefits, competency programs, and public engagement with the LGBTQ community.

Harvard Pilgrim’s perfect score on the CEI is a reflection of our commitment to equality and inclusion within our organization, as well as in the health care coverage and services we provide for our diverse member community. Harvard Pilgrim developed and implemented internal Workplace Gender Transition Guidelines for our employees, and was the first health plan in the region to offer a comprehensive transgender benefit that includes gender-affirming health services, dedicated nurse care management, and coverage for a host of other necessary treatments that were not historically covered by insurers.

For more information about the coverage Harvard Pilgrim provides for transgender individuals, please refer to our commercial [Transgender Health Services Medical Policy](#).



## **CLINICIAN CORNER**

### **Clinical Documentation Required for Radiology Services**

To ensure that members receive the most appropriate and effective radiology procedure, for dates of service beginning July 1, 2019, Harvard Pilgrim will require requesting providers to submit clinical documentation for additional outpatient advanced imaging services for our commercial members.

**Expansion of existing program**

This is an expansion of our existing clinical validation of records program, which currently applies for select outpatient advanced imaging services. National Imaging Associates, Inc. (NIA), which administers our advanced imaging authorization program, will validate that the patient's medical records indicate that the clinical criteria have been met. These radiology procedures currently require prior authorization and will continue to do so, and the clinical criteria are not changing.

As of July 1, clinical documentation is required when an authorization is being requested for the following radiology services: Brain CT, Sinus CT, Brain MRI, Lumbar Spine CT, Cervical Spine MRI, Hip MRI, Abdomen CT, Abdomen and Pelvis CT, Heart PET Scan, PET Scan. For information on the codes that require clinical documentation, please refer to [this FAQ](#).

**Submitting documentation**

Requested clinical documentation is required before NIA can make a final authorization determination; if the necessary clinical information is not provided in a timely manner (typically up to 15 days), NIA will deny the authorization request.

You can submit the required documentation either electronically or by fax. If you use [www.radMD.com](http://www.radMD.com) to submit your authorization request, the system will automatically specify what information is needed and prompt you to upload it.

If you are requesting authorization by phone (1-800-642-7543), NIA will fax you a document specifying which records are necessary and will include a bar-coded customized fax coversheet for your use.

For additional information, please refer to the FAQ or visit [www.radMD.com](http://www.radMD.com) for clinical guidelines and other resources. ◆

**Cardiac Prior Authorization Program for Non-Emergent Tests & Procedures**

For dates of services beginning July 1, 2019, Harvard Pilgrim will require prior authorization for commercial members for the following non-emergent cardiac diagnostic tests and interventional procedures through National Imaging Associates, Inc. (NIA):

- Cardiac Resynchronization Therapy (CRT)
- Implantable Cardioverter Defibrillator (ICD)

- Pacemaker Insertion
- Transthoracic Echocardiography (TTE)
- Transesophageal Echocardiography (TEE)
- Stress Echocardiography
- Heart Catheterization

This is in addition to cardiac studies that are currently part of our existing diagnostic imaging authorization program with NIA, including cardiac computed tomography angiographies (CCTA), multi-gated acquisition (MUGA) scans, and myocardial perfusion imaging (MPI)/nuclear stress tests.

Harvard Pilgrim applied [this change for our Medicare Advantage members](#) on Jan. 1, 2019.

## **About the program**

The primary aim of the program is to promote the optimal use of diagnostic modalities in the assessment and treatment of cardiac diseases, with a focus on minimizing radiation exposure for patients through the use of the most efficient and least invasive testing options available. Program components include:

- Evidence-based clinical guidelines and proprietary algorithms to support clinically appropriate diagnostic options for each patient
- Consultations with cardiologists with expertise in elective cardiac diagnostic imaging and interventional procedures when peer-to-peer review is required

For complete details, please refer to [NIA's clinical guidelines](#) and the [Utilization Review Matrix](#) for coding information.

## **Requesting authorization and submitting claims**

Ordering physicians may request authorization via the NIA website ([www.RadMD.com](http://www.RadMD.com)) or by phone at 800-642-7543. NIA will begin accepting authorization requests on June 24, 2018. Providers can check on the status of their authorization requests easily through [www.RadMD.com](http://www.RadMD.com) (log in and select the "My Exams Requests" tab).

Please continue to send claims directly to Harvard Pilgrim as you do today (see the [Billing and Reimbursement section](#) of our commercial Provider Manual).

To ensure appropriate reimbursement, it is important that the rendering provider/facility confirms that authorization has been obtained prior to performing the procedure, as Harvard Pilgrim will deny payment if any of the above listed cardiac studies are performed without prior authorization. Members cannot be balance billed for such procedures.

## Sign up for a webinar

NIA is offering educational webinars for providers who would like more information on this program and the authorization process. To register for one of the following sessions, click on the link below:

- [Tuesday, June 18 at 8 a.m. EST](#)
- [Wednesday, June 19 at noon EST](#)
- [Tuesday, June 25 at noon EST](#)
- [Thursday, June 27 at 8 a.m. EST](#)
- [Wednesday, July 10 at noon EST](#)
- [Tuesday, July 16 at 8 a.m. EST](#)

Please refer to [this webinar flyer](#) for complete details on how to sign up for and log into one of these educational sessions.

## Resources to assist you

For more information on this change, please refer to the following provider education materials:

- [Cardiac Checklist](#)
- [Cardiac Frequently Asked Questions](#)
- [Cardiac Quick Reference Guide](#)
- [Cardiac Tip Sheet](#) ◆

## Reminder: NICU Program Begins June 1

As we announced [in last month's \*Network Matters\*](#), Harvard Pilgrim is partnering with ProgenyHealth, which specializes in neonatal care management services for the first year of life, to promote healthy outcomes for newborns who are premature and have medically complex cases. Beginning June 1, 2019, ProgenyHealth's neonatologists, pediatricians, and neonatal nurse case managers will work closely with neonatal intensive care unit (NICU) physicians, nurses, and facilities to perform care management, review of level of care, and discharge planning for babies receiving NICU care.

This program applies for members of our commercial products. There is no change in the NICU notification process for providers; please continue to notify Harvard Pilgrim of all non-routine newborn care (Level II-IV), including all NICU admissions, as outlined in our [Non-Routine Newborn Care NICU Admission Notification Policy](#). Notification may be

done electronically through HPHConnect or NEHEN or via fax (800-232-0816) or phone (800-708-4414).

After receiving notification, Harvard Pilgrim will inform ProgenyHealth, and their clinical staff will contact the appropriate staff at the NICU facility. Harvard Pilgrim will mail information about the program to contracted facilities with NICUs this month.

This program takes a collaborative approach with care providers, working with NICU physicians and nurses to share best practices and achieve the best possible outcomes. ProgenyHealth will serve as a liaison for Harvard Pilgrim, providing inpatient review services and assisting with the discharge planning process to ensure a smooth transition to the home setting.

In addition, ProgenyHealth offers services to families including a dedicated case manager to support them, as well as access to an extensive online information library and an on-call staff member available 24 hours a day/7 days a week.

For additional information please refer to [this FAQ and NICU Review Information Guide](#) and visit [www.progenyhealth.com](http://www.progenyhealth.com). ◆

### **Reminder on Medical Drugs Obtained through Specialty Pharmacy**

As a reminder, beginning on July 1, 2019, if you would like to utilize the specialty pharmacy for one of [these medications](#), which require prior authorization, please contact [CVS Health-NovoLogix](#) for prior authorization, rather than MedImpact.

In addition, we recently provided members taking any of these medications with information regarding their plan and benefit design. If any of your Harvard Pilgrim patients have questions about their cost share for these medications, please direct them to the member services phone number on the back of their Harvard Pilgrim ID card. ◆

### **Updates to Commercial Hemlibra Prior Authorization Policy**

Harvard Pilgrim is updating our commercial prior authorization policy for the drug Hemlibra (J7170 – Injection, emicizumab-kxwh, 0.5 mg), effective for dates of service beginning July 1, 2019. Hemlibra is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients with hemophilia A.

Prior authorization will continue to be required. The updated policy outlines the criteria that must be met for coverage of Hemlibra in patients who have hemophilia A with and without inhibitors. Additionally, authorizations will be granted for six months, as opposed to 12, as of July 1.

To request authorization, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). For more information, please refer to Harvard Pilgrim’s updated [Hemlibra Medical Review Criteria](#) and [prior authorization request form](#). ♦

### **Khapzory Now Covered with Prior Authorization for Commercial Plans**

Harvard Pilgrim now covers the medication Khapzory, a levoleucovorin product approved by the FDA in October 2018, for members of our commercial plans. Like Fusilev, Khapzory (J3590 – unclassified biologics) requires prior authorization and is used to prevent the harmful effects of chemotherapy in certain individuals.

You can find the complete list of covered indications and coverage criteria on Harvard Pilgrim’s updated Fusilev and Khapzory prior authorization policy.

To request authorization, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). For more information, please refer to Harvard Pilgrim’s [Fusilev and Khapzory Medical Review Criteria](#) and [prior authorization request form](#). ♦

### **Identifying and Treating Postpartum Depression**

Postpartum depression, which affects nearly 15 percent of new mothers, can be a debilitating and long-lasting condition that interferes with the well-being of both mother and baby. Postpartum depression can be identified with proper screening and early detection in the pediatric, OB/GYN and primary care settings. Mothers can be referred to behavioral health specialist(s) for follow-up care as appropriate.

#### **Symptoms and risk factors**

Postpartum depression should not be confused with the significantly more common and less severe “baby blues,” which affect many new mothers and are characterized by feelings of worry, sadness, irritability, and fatigue in the few days or weeks following childbirth. While the “baby blues” may subside, the symptoms of postpartum depression are more persistent and can hinder a mother’s ability to properly care for herself and her baby. Although all women are at risk of postpartum depression, the following factors can heighten risk:

- A personal history of depression, postpartum depression, or other mental health/substance use disorders
- A lack of support from family and friends
- Anxiety or negative feelings about the pregnancy; an unplanned or unwanted pregnancy
- Social determinants of health including financial issues, transportation barriers, etc.

Symptoms of postpartum depression include:

- Feeling sad, tearful, hopeless, and overwhelmed
- Loss of interest in activities the mother once enjoyed
- Trouble sleeping, even when the baby is sleeping, or sleeping more than usual
- Having little energy
- Difficulty concentrating and making decisions
- Feeling restless, irritable, or anxious
- Withdrawal from family and friends
- Feeling overly worried about the baby or feeling distant and detached from the baby

### **Detecting postpartum depression**

Early detection and treatment of postpartum depression is vital in preserving the health of mother and child. The [Edinburgh Postnatal Depression Scale \(EPDS\)](#) is a reliable tool for detecting postpartum depression. This ten-item questionnaire inquires about mood symptoms and self-destructive thoughts, and can be used in many settings, including pediatric, OB/GYN primary care, and behavioral health practices. Additionally, the [Patient Health Questionnaire \(PHQ-9\)](#) is a useful, efficient tool for assessing the severity of all types of depression. The PHQ-9 can be administered by the aforementioned specialty provider or primary care physician and completed by the mother in minutes and serves as a base for diagnosing depression and coordinating follow-up care.

### **Referrals for behavioral health treatment**

Treatment options in the initial stages of postpartum depression depend on the severity of the symptoms. The care for a mother diagnosed with postpartum depression may involve collaboration between the pediatrician, OB/GYN, primary care physician and behavioral health practitioners, and may consist of referring the mother for psychotherapy, prescribing antidepressants, or a combination of both. While some new mothers have concerns about whether it is safe to take antidepressant medications while breastfeeding, experts generally agree that women do not need to stop breastfeeding when taking selective serotonin reuptake inhibitors to treat postpartum depression. Additionally, encouraging mothers to seek out a support system including a post-partum depression group can also be helpful.

For assistance with behavioral health referrals, call Optum/UBH at 888-777-4742.

### **Additional Resources:**

- National Women's Health Information Center
  - <http://www.4woman.org>
  - 1-800-994-WOMAN (9662)
- Postpartum Support International

- <http://www.postpartum.net>



## **Reminder: Naloxone and Narcan Nasal Spray Coverage**

In light of the nation's ongoing opioid addiction crisis, Harvard Pilgrim would like to remind providers of our coverage for generic naloxone and Narcan nasal spray. These medications, known as opioid antagonists, are used to counter the effects of opioid overdose.

Harvard Pilgrim supports the prescribing of opioid antagonists to patients who are considered at high risk for opioid overdose. We encourage providers to issue accompanying prescriptions for appropriate naloxone products to patients who are prescribed opioids and display factors that increase the risk of overdose, such as a history of substance abuse.

### **Generic naloxone coverage**

Harvard Pilgrim covers generic naloxone syringes and vials at no member cost share on our Premium and Value formularies, with a quantity limit of four units per 30 days. Naloxone syringes and vials are covered at Tier 2 on our Medicare Advantage formulary. Naloxone syringes are most commonly used with an atomizer attachment for nasal administration.

### **Narcan nasal spray**

Harvard Pilgrim also covers Narcan (naloxone hydrochloride) nasal spray with no member cost share on our Premium and Value formularies. Narcan is covered at Tier 2 on our Medicare Advantage formulary. The efficiency and ease of administration offered by Narcan nasal spray present a tremendous advantage in the emergency treatment of known or suspected overdose. Narcan nasal spray is covered with a quantity limit of two packages (four inhalers) per 15 days for commercial members, and two packages per 30 days for Medicare Advantage members.

If you would like more information about Harvard Pilgrim pharmacy programs and medication policies, please visit our [Pharmacy website](#). ◆

## **Cost-Effective Treatments for Seasonal Allergies**

With springtime upon us, your patients may inquire about methods for treating their seasonal allergy symptoms. As a first line of defense, Harvard Pilgrim recommends encouraging patients to try one of the many relatively low-cost and easily accessible over-the-counter (OTC) allergy treatment options available on the market, as well as

preventative measures such as strategic avoidance of situations that may exacerbate symptoms.

Seasonal allergies develop when the immune system overreacts to something in the environment, such as airborne mold spores or pollens from trees, grasses or weeds. Symptoms range from mild to severe and commonly include: sneezing; stuffy or runny nose; itchy and watery eyes; itchy sinuses, throat, or ear canals; and ear congestion.

Many patients can successfully control symptoms by taking preventative measures to limit exposure, such as monitoring pollen counts (there are websites and even phone applications available for download to assist with this), staying inside on dry, windy days when pollen counts are high, and wearing a pollen mask when working outside.

In addition to taking preventative measures to lower exposure to outdoor allergens, Harvard Pilgrim recommends advising patients to look for affordable OTC medications to treat their specific allergy symptoms while managing medical expenses. There are several options available on the market as single agents or combination products, including:

- Antihistamines, which are available as oral and ophthalmic formulations and prevent and treat symptoms associated with allergic rhinitis such as itching, sneezing, and rhinorrhea.
- Decongestants, which are available in nasal sprays and oral formulations, work by thinning nasal secretions, and may lessen inflammation and nasal discomfort.
- Steroid nasal sprays, which aid in the prevention and treatment of inflammation, itching, and nasal discharge.
- Cromolyn sodium nasal spray, which prevents and treats symptoms associated with allergic rhinitis such as itching, sneezing, and rhinorrhea.

Sinus rinses are another good OTC option. Rinsing sinuses with distilled, sterile saline is a quick and effective method to clear out allergens and mucus in the nasal passage ways.

If your patient has extreme seasonal allergy symptoms that cannot be controlled by preventive measures or OTC options, visit Harvard Pilgrim's [Pharmacy website](#) to read about pharmacy programs and medication coverage. ◆

## **OFFICE ASSISTANT**

### **Reimbursement for Modifiers SA & AS**

Harvard Pilgrim is updating our reimbursement rates for services billed with the modifiers AS (Physician billing for non-physician practitioner for assistant at surgery) and

SA (Physician billing for non-physician practitioner) for dates of service beginning July 1, 2019.

Harvard Pilgrim will reimburse services appended with modifier AS at 14% of the applicable fee schedule/allowable rate. Services appended with modifier SA will be reimbursed at 85% of the supervising physician rate.

For more information, please refer to Harvard Pilgrim's commercial [Certified Nurse Midwives, Certified Professional Midwives, Nurse Practitioners and Physician Assistants Payment Policy](#). ◆

### **Payment Policy Updates: Anesthesia and Pain Management**

Effective for dates of service beginning July 1, 2019, Harvard Pilgrim will no longer reimburse CPT codes 00300; 00400; 00600; 01935-01936; 01991-01992; 99152-99153; and 99156-99157 for anesthesia or moderate sedation services for members 18 years of age or older when billed with a pain management service, unless a surgical procedure is also billed.

The American Society of Anesthesiologists (ASA) and the International Spine Intervention Society recommend only local anesthesia under most routine circumstances for minor pain management procedures such as epidural steroid injections, epidural blood patch, trigger point injections, sacroiliac joint injection, bursal injections, occipital nerve block, and facet injections.

As a reminder, ASA codes are only reimbursed for providers with a specialty of anesthesia.

For more information, please refer to Harvard Pilgrim's updated [Anesthesia](#) and [Pain Management for Non-Anesthesiologists](#) Payment Policies. ◆

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

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