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Utah Department of
Health & Human Services
Integrated Healthcare

MEDICAID INFORMATION BULLETIN

Medicaid Information: 1-800-662-9651 | medicaid.utah.gov

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Unless otherwise noted, all changes take effect on May 1, 2023

23-18 PRISM Launch

On April 3, 2023, the Department of Health and Human Services (DHHS) successfully converted and launched the new Medicaid claims payment system, known as the Provider Reimbursement Information System for Medicaid (PRISM). PRISM replaces previous operating systems that served the state for more than 40 years. The new PRISM system is customer-centered and aligns with DHHS's vision to build a seamless system of services and programs.

The new system includes essential components such as provider enrollment, claims adjudication and payment, prior authorizations, managed care processes, and a member web portal. This launch impacts healthcare providers across the state that are enrolled with Medicaid, Medicaid managed care plans, and DHHS staff. Examples of system advancements and efficiencies that reduce administrative burden include:

- An interface that is user-friendly and more accessible as a web-based system.
- The ability for providers and their staff to now check the status of a claim online and see the adjudication results, instead of having to call the Medicaid office and rely on staff to look up the information.
- The capability for providers to enter their own prior authorization request through direct data entry (DDE) instead of sending it via fax, allowing provider offices to operate more efficiently.

To help providers prepare for the launch and navigate this new system, DHHS staff have spent months providing regular and ongoing training for all users. DHHS staff provided and will continue to provide pre-recorded PRISM trainings, eLearnings, desktop guides, and other resources to providers and the public, which are all available on the PRISM website.

The new system was developed by state staff and a contractor, CNSI. The system has already successfully completed the federal Centers for Medicare and Medicaid Services Operational Readiness Certification Review and is anticipated to complete the remaining certification activities in 2024.

23-19 835 Remittance Advice (RA)

We have identified some issues that have prevented the 835 Remittance Advices (RAs) in PRISM to generate. Some of the 835 RAs were not generated due to a system defect that has been identified. While the defect is being worked on, we have created paper RA's which have been loaded as PDF documents, viewable in My Inbox or in the Attached Documents of the adjudicated claims. We thank you for your patience as we resolve this issue.

Additionally, some 835 RAs were not generated due to a missing Electronic Data Interchange (EDI) transaction type and/or missing Trading Partner Number (TPN). As a reminder, all billing providers must complete their PRISM EDI enrollment in the business process wizard steps: *Mode of Claim Submission, Associate Billing Agent, 835/ERA Enrollment Form,* to ensure claims are accepted into the PRISM system for adjudication. Providers must mark the appropriate mode of submission for claims as well as any other EDI transactions they plan to submit. If PRISM is not updated with accurate trading partner information, the HIPAA transaction(s) that are not correctly associated will be rejected by the PRISM system. The rejection(s) will be returned to the clearinghouse/billing agent or agency that owns the TPN that originally sent the claim.

23-20 PRISM Document Management Portal

With the implementation of the PRISM system on April 3, 2023, all documentation required for the following programs must be faxed to the correct fax number:

- Consent Forms
- Manual Review
- Emergency Only Program
- Provider Preventable Conditions
- Timely Filing

If documentation is not sent to the correct fax number, it will be discarded with no notification. Medicaid staff are not able to move documentation from one queue to another.

The Fax Coversheet, located in the Document Management Portal, must be filled out accurately and completely. The Fax Coversheet needs to be included in the fax submission.

Please refer to the Document Management Portal Quick Reference Guide for Providers for instructions on how to access the Fax Coversheet at:

https://medicaid.utah.gov/wp-content/uploads/2023/04/DMPquickReferenceGuideProviders.pdf.

Fax numbers are listed below:

Consent Forms – 801-237-0745
Manual Review – 801-536-0463
Emergency Only Program (EOP) – 801-536-0475
PPC and Timely Filing – 801-536-0974
Other – 801-536-0164

23-21 Provider Revalidations

During the COVID-19 Public Health Emergency (PHE), the Centers for Medicare and Medicaid Services (CMS) approved a waiver request submitted by Utah Medicaid to temporarily cease revalidation of healthcare providers. The federal government has declared an end to the PHE, effective May 11, 2023, and Utah Medicaid is reinstituting the revalidation requirements contained in the Code of Federal Regulation, 42CFR 424.515. Providers must revalidate their enrollment with the Utah Medicaid at intervals not to exceed five years, or less, depending on provider type.

Healthcare providers are encouraged to submit revalidation information as soon as possible to ensure continuous enrollment with Medicaid. Individual provider revalidation cycle dates can be viewed on the basic information screen in PRISM.

Providers who fail to complete revalidation timely will be closed at the end of their revalidation cycle. Revalidation requirements and the auto-closure process are addressed in Utah Code R414-23.

23-22 Administrative Rules

New administrative rules are effective April 3, 2023:

> R414-24-3. Paper and Electronic Claim Submissions. Medicaid no longer processes paper claims and providers, and their clearinghouses may only submit electronic claims for payment.
>
> R414-24-4. Self-Audited Claims. Providers must identify and report any overpayments within three years of the service date. Providers are responsible for their claim adjustments and must attempt to adjust claims on their own before requesting Medicaid staff to make claim corrections.

This is a summary. Complete details are available in the Health and Human Services Administrative Rules. Rule 24: Claims and Adjustments for the Provider Reimbursement Information System.

23-23 Discontinuation of Retroactive Enrollment into Prepaid Mental Health Plans (PMHPs)

Prepaid Mental Health Plans (PMHPs) are responsible for behavioral health services (inpatient and outpatient mental health services and outpatient substance use disorder services) for their enrolled members. Currently, PMHPs receive premiums for up to 12 months of a Medicaid member's retroactive enrollment in Medicaid.

Beginning July 1, 2023, retroactive enrollment in PMHPs will be discontinued. Instead, individuals who are made retroactively eligible for Medicaid will be covered under Medicaid's Fee for Service Network (FFS) until the month following the Medicaid eligibility determination. The month following Medicaid eligibility determination will be the first month of PMHP enrollment. For example, if an individual is made eligible for Medicaid in July, and is made retroactively eligible for Medicaid back to January 1st, the individual will be FFS January through July. PMHP enrollment will begin August 1.

The Medicaid Eligibility Lookup Tool will reflect the FFS coverage for the retroactive eligibility period. Medicaid providers providing behavioral health services during the Medicaid member's retroactive eligibility period will bill Medicaid FFS.

For questions or concerns regarding this change, please email Medicaidbh@utah.gov.

23-24 2023 Medicaid Statewide Provider Training

Utah Medicaid will be offering the 2023 Statewide Provider Training in an online live webinar format. This year we are hosting a variety of trainings covering specific topics. Providers can sign up to attend multiple trainings. When registering, please provide specific questions you would like addressed during the training. This will assist staff in preparing the slides and obtaining answers ahead of time.

Training Sessions:

- Claims/Billing
- Provider Enrollment
- Pharmacy Program
- Prior Authorization
- Healthcare Policy
- Managed Care & Additional Specialties i.e., Dental, Applied Behavior Analysis, Durable Medical Equipment, Behavioral Health
- Utah Office of Inspector General
- Q&A Session

To register for the 2023 training, please complete the Google Form.

The 2020, 2021, and 2022 statewide provider trainings are available on the Medicaid website. The 2023 trainings will be posted after the trainings conclude.

The following dates and times are scheduled for the 2023 Medicaid Statewide Provider Training.

Date	Time	Training	Description
Tuesday, August 15 Thursday, August 31	10:00 - 11:00 1:00 – 2:00	Claims/Billing	How to process claims, electronic data interchange (EDI), corrected claims, billing modifiers, denials, appeals, coordination of benefits, and new updates.
Wednesday, August 16 Tuesday, August 29	10:00 - 11:00 1:00 – 2:00	Provider Enrollment	How to process new enrollments, retro enrollments, end dating an association, and new updates.
Thursday, August 17 Wednesday, August 30	10:00 - 11:00 1:00 – 2:00	Pharmacy Program	Overview of coverage, billing, opioids, retro-drug utilization review (DUR), medication therapy management (MTM) services, pharmacy prior authorization, and new updates.
Tuesday, August 22 Thursday, September 7	1:00 - 2:00 10:00 – 11:00	Prior Authorization	How to submit a prior authorization, requirements, resources, and new updates.
Wednesday, August 23 Tuesday, September 5	1:00 - 2:00 10:00 – 11:00	Healthcare Policy	Overview of specific and new Medicaid policies.
Thursday, August 24 Wednesday, September 6	1:00 - 2:00 10:00 – 11:00	Managed Care & Additional Specialties (Dental, Applied Behavior Analysis, Durable Medical Equipment, Behavioral Health)	Overview of the Medicaid managed care plans, including how to process claims. This session will also cover specialty providers.
Tuesday, September 12	10:00 - 11:30	Utah Office of Inspector General	Overview of the OIG; common fraud, waste, and abuse schemes; avoiding improper Medicaid payments; and provider tips and resources.
Wednesday, September 13	10:00 – 11:00	Questions & Answers	We will have various subject matter experts on hand to answer provider questions.

23-25 P&T Committee Updates

The Pharmacy and Therapeutics (P&T) Committee reviewed anti-obesity treatments in May.

P&T Committee meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/pt-committee.

23-26 DUR Board Updates

The Drug Utilization Review (DUR) Board met in March and April 2023 to review adult and pediatric pulmonary arterial hypertension. In May 2023, the topic was weight management pharmacotherapy. These reviews include disease pathophysiology, treatment guidelines, recommended coverage, and prior authorization criteria.

DUR Board meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/. DUR Board meeting recordings can be found on the YouTube Channel @dmhf_webdohdhhs2.

23-27 Antipsychotics in Children

Effective April 1, 2023, “Antipsychotics in Children” prior authorization requests will no longer require documentation of metabolic monitoring for children receiving antipsychotics. Utah Medicaid strongly supports the American Academy of Child and Adolescent Psychiatry, the American Diabetes Association, and American Psychiatric Association recommendations that measurements be taken prior to or immediately after an antipsychotic prescription and regularly during treatment. However, removing this metabolic testing requirement intends to further enhance access and mental health care services for children served by Medicaid.

Children enrolled in Medicaid receive antipsychotic medications at a substantially higher rate than non-Medicaid pediatric populations. Antipsychotic use in children is frequently "off label" and prescribed before safer, first-line options have been trialed. Antipsychotic medications can have severe side effects including metabolic changes, weight gain, and movement disorders. These side effects can be irreversible. Because of these risks, Utah Medicaid recommends the inclusion of documentation of monitoring of antipsychotic-related side effects or clinical rationale for the lack thereof when submitting the "Antipsychotics in Children" prior authorization.

Reference: Walkup, J. (2009) *Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents.* Volume 48, Issue 9, available at: https://www.sciencedirect.com/science/article/abs/pii/S0890856709601568https://www.aacap.org

23-28 Adult Vaccine Coverage Clarification

Adult vaccines, processed through Fee for Service Utah Medicaid, that are recommended by the Advisory Committee on Immunization Practices are covered with no cost-sharing in accordance with section 11405 of the Inflation Reduction Act of 2022.

23-29 Pharmacy Prior Authorization Processing

Pharmacy prior authorization requests received for pharmacy services, including pharmacy related HCPCS codes, must be complete upon submission. An incomplete submission means required information is missing, which may result in the prior authorization being denied. The Utah Medicaid pharmacy team attempts to contact providers to obtain additional information for the prior authorization request at least two times. Providers and their staff are encouraged to complete the prior authorization request to include the exact medication name the member will be using, or indicate if a substitution is not permissible.

Medication Name/ Strength:	Dose:
❑ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Directions for use:

If a provider's intent is for a member to use a brand product, they will check "Do Not Substitute". In the example below, the request would be reviewed for the non-preferred name brand Percocet 5/325mg.

Medication Name/ Strength: *Percocet 5/325mg*	Dose:
☒ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Directions for use:

If a provider submits a prior authorization request without indicating "Do Not Substitute", the request will be processed for the preferred Generic/Brand equivalent. In the example below, the request would be reviewed for the preferred generic equivalent, Oxycodone/APAP 5/325mg.

Medication Name/ Strength: *Percocet 5/325mg*	Dose:
☐ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Directions for use:

In all cases, providers should submit prior authorization requests using the most current form available on the Utah Medicaid Pharmacy Website, complete all fields legibly, and include all supporting documentation required for the pharmacy service requested.

23-30 Pharmacy Policy, Coverage, Prior Authorization and HCPCS Codes

The Utah Medicaid Preferred Drug List is updated monthly and is the most up-to-date source of information pertaining to drug specific pharmacy coverage, limitations, and policies, in addition to the Utah Medicaid State Plan, Utah Administrative Rule, Utah Medicaid Provider Manuals and Medicaid Information Bulletins, and Pharmacy prior authorization forms.

Pharmacy prior authorization forms and pharmacy related HCPCS codes are reviewed and updated at a minimum annually, but may be updated more frequently as drug labels are expanded.

Per the Utah Medicaid Provider Manual Section I: General Information, 2-3 Member Eligibility Verification, Providers who administer and bill Utah Medicaid for pharmacy related HCPCS codes shall verify member eligibility. Pharmacy related HCPCS code coverage and the HCPCS NDC Crosswalk shall be used together to verify coverage, reimbursement, and covered NDC's for pharmacy related HCPCS.

To access the most recent pharmacy resources, go to https://medicaid.utah.gov/, click on Healthcare Providers, Medicaid Pharmacy Program.

23-31 Rehabilitative Mental Health and Substance Use Disorder Services Provider Manual Update

The *Rehabilitative Mental Health and Substance Use Disorder Services* provider manual has been updated as follows:

- Chapter 2-5 *Psychotherapy,* has been updated to remove subchapter "Prolonged Services Add-on Codes." This change is made in alignment with the American Medical Association (AMA) removal of prolonged service codes.
- Chapter 2-8 *Pharmacologic Management,* (Evaluation and Management [E/M] Services) has been updated to remove the following subchapters to align with correct coding and to remove redundancies already found in CPT coding requirements:
    - Office or Other Outpatient Services E/M Codes
    - Subsequent Nursing Facility Care E/M Codes
    - Established Patient Codes
    - Home Services E/M Codes
    - Established Patient Codes
    - Prolonged Services Add-on Codes 99354-99357 and 99417
    - Office or Other Outpatient Services E/M codes and Home Services E/M codes
    - Prolonged Services Add-on Code 99417
    - Subsequent Nursing Facility Care E/M codes (and any inpatient-based E/M codes in the event the E/M service is provided to a patient in an inpatient setting)

23-32 Code Updates

The following HCPCS codes have had the quantity limits removed:

A4605- Tracheal suction catheter, closed system, each
A4606- Oxygen probe for use with oximeter device, replacement
A4618- Breathing circuits
A4624- Tracheal suction catheter, any type other than closed system, each
A4625- Tracheostomy care or cleaning starter kit
A6021- Collagen dressing, sterile, size 16 sq in or less, each
A6022- Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in, each
A6023- Collagen dressing, sterile, size more than 48 sq in, each

A6024- Collagen dressing wound filler, sterile, per 6 in
A6196- Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing
A6197- Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing
A6198- Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing
A6199- Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in
A6209- Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing
A6210- Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing
A6212- Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing
A6213- Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing
A6215- Foam dressing, wound filler, sterile, per g
A6216- Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing
A6231- Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing
A6232- Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq in but less than or equal to 48 sq in, each dressing
A6233- Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing
A6234- Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing
A6235- Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing
A6237- Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing

A6238- Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing
A6240- Hydrocolloid dressing, wound filler, paste, sterile, per oz
A6241- Hydrocolloid dressing, wound filler, dry form, sterile, per g
A6242- Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing
A6243- Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing
A6245- Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing
A6246- Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing
A6248- Hydrogel dressing, wound filler, gel, per fl oz
A6251- Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing
A6252- Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing
A6254- Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing
A6255- Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing
A6257- Transparent film, sterile, 16 sq in or less, each dressing
A6258- Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing
A6259- Transparent film, sterile, more than 48 sq in, each dressing
A6261- Wound filler, gel/paste, per fl oz, not otherwise specified
A6443- Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 3 in and less than 5 in, per yd
A6444- Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in, per yd
A6445- Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd

A6446- Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd
A6454- Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd
A7028- Oral cushion for combination oral/nasal mask, replacement only, each
A7029- Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030- Full face mask used with positive airway pressure device, each
A7031- Face mask interface, replacement for full face mask, each
A7032- Cushion for use on nasal mask interface, replacement only, each
A7033- Pillow for use on nasal cannula type interface, replacement only, pair
A7034- Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035- Headgear used with positive airway pressure device
A7036- Chinstrap used with positive airway pressure device
A7037- Tubing used with positive airway pressure device
A7038- Filter, disposable, used with positive airway pressure device
A7039- Filter, non-disposable, used with positive airway pressure device
E0431- Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0443- Portable oxygen contents, gaseous, 1 month's supply = 1 unit

23-33 Peripheral Nerve Neurostimulators

The prior authorization requirements for peripheral nerve stimulators are removed from the following CPT codes:

64553- Percutaneous implantation of neurostimulator electrode array; cranial nerve
64561-Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

64568- Open implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator
64569- Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64575- Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) generator
64580- Open implantation of neurostimulator electrode array; neuromuscular generator
64581- Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64582- Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64583- Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
64585- Revision or removal of peripheral neurostimulator electrode array
64590- Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595- Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

The following CPT codes are open for coverage:

64555- Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

64566- Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming

23-34 Manual Pricing of Durable Medical Equipment Supplies

In general, Medicaid has set rates for durable medical equipment (DME) and other medical supplies. However, Medicaid will need to manually price codes for certain DME and supplies where fixed rates are not established. To align with Attachment 4.19-B, page 11 of the Utah State Plan, items without a fixed rate will be priced based on the methodology outlined below.

To apply this policy accurately, providers seeking reimbursement for these items will need to provide their actual acquisition cost (AAC).

Rates = (AAC x 1.2) + Shipping

As described in the Utah State Plan, this model applies but is not limited to codes identified as miscellaneous, not otherwise specified (NOS), and not otherwise classified (NOC). In conjunction with these described items, the following codes are priced with the same process:

D5999
D7999
D8999
D9999
E0240
E0641
E0642
E8000
E8001
E8002
E2512
L1101
L9900
T2101
V2599
V5336

23-35 School Based Skills Development Policy Update

Effective July 1, 2023, the School Based Skills Development Program will no longer utilize the bundled service code T1018. A specific CPT/HCPCS code list will be used in place of code T1018. The School Based Skills Development Provider Manual will include a list of all applicable service codes, along with a separate list of applicable audiology codes. School Based Skills Development providers will use the appropriate code(s) from this list when submitting claims to Medicaid.

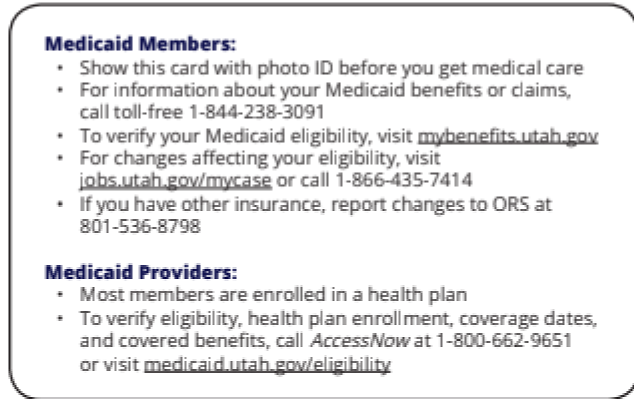
The School Based Skills Development Provider Manual will be updated to reflect information supporting the use and reporting of the listed codes. The manual can be found on the Medicaid Website at https://medicaid.utah.gov/utah-medicaid-official-publications/.

23-36 New Medicaid Card

On July 1, 2022, the Utah Department of Health (UDOH) and Department of Human Services consolidated and became one agency, the Department of Health and Human Services (DHHS) with a new logo and colors.

Beginning May 1, 2023, DHHS will issue a new Medicaid card to replace the existing UDOH card for new Medicaid members. The new Medicaid Member Card will have the DHHS branding standards with the member’s name, Medicaid ID number, and date of birth. The card will be used whenever the member is eligible for Medicaid. Each new Medicaid member will get their own card. Existing members will continue using their old UDOH Medicaid card. Please accept both DHHS and UDOH Medicaid cards.

Below is a sample of the front and back of the new Medicaid card:



23-37 Federal Public Health Emergency Ended

The federal public health emergency (PHE) ended on May 11, 2023. This ended coverage for the COVID-Uninsured Coverage Medicaid group, who were able to access COVID testing and medications during the PHE. Certain benefit flexibilities also ended. For more information, please see the following document PHE Unwinding Benefit Flexibilities.