

# network

For practitioners and providers of Kaiser Permanente  
Produced by Kaiser Foundation Health Plan of the Mid-Atlantic States,  
Inc. in partnership with the Mid-Atlantic Permanente Medical Group, P.C.

June 2024

# news



## Contents

New “Medication Change Request” Form.....	2
Updated Maryland Medicaid Pharmacy Copays....	3
Virginia Medicaid Rate Increases.....	4
New Online Affiliate Feature – Pharmacy Weight Management Referral.....	5
New/Emerging Technologies & MCP Update.....	7
UM Affirmative Statement.....	15
DMAS Required PRSS Enrollment/Revalidation..	16

Member Rights and Responsibilities.....	16
Diversity.....	20
Provider Access to Health Education Materials...	22
Provider Directory Validation Surveys.....	23
Keeping Your Provider Data Updated.....	23
Sample Provider Data Update Form Letter.....	24

# New “Medication Change Request” Form

The “Medication Change Request” form (previously called the “Request for Prescription Change” form) has been enhanced to improve communication between network providers and Kaiser Permanente Clinical Pharmacy for therapeutic interchange requests initiated by Clinical Pharmacy.

When a network provider prescribes a medication that is nonformulary or nonpreferred, our Clinical Pharmacy team may fax this form to providers to request a change from nonformulary to a formulary/preferred alternative therapy.

## Providers who receive this “Medication Change Request” should complete both required steps outlined on the form:

1. Fax the completed form to clinical pharmacy; AND
2. Submit an electronic prescription directly to the pharmacy (if you approve the conversion).
  - a. Website link to up-to-date pharmacy contact information is listed on the form ([www.kp.org/mas/communityproviders/pharmacy](http://www.kp.org/mas/communityproviders/pharmacy))

### Best Practices:

- Upon receiving the “Medication Change Request” form, please complete it as soon as possible (e.g., approve or decline drug change/reason, signature) and fax the form to Clinical Pharmacy. This form does not act as a prescription.
- If you approve of the medication change request, please also submit an electronic prescription to the patient’s desired pharmacy.



Mid-Atlantic States Pharmacy Services

### MEDICATION CHANGE REQUEST

#### Provider Instructions: (Please complete **both** steps)

1. FAX completed form as soon as possible to Clinical Pharmacy – Fax#: 844-785-2802
2. SEND new prescription now to the pharmacy if accepting drug change. Electronic prescription preferred; \*For KP pharmacies contact information, go to [www.kp.org/mas/communityproviders/pharmacy](http://www.kp.org/mas/communityproviders/pharmacy) and go to the Kaiser Permanente pharmacies section. Please have your office inform patient of the drug change.

To: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Prescribing Provider)

From: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
(Pharmacist)

Patient Name: \_\_\_\_\_ MRN#: \_\_\_\_\_ DOB: \_\_\_\_\_

#### Reason for Medication Change Request:

- Non-formulary drug prescribed  Non-preferred formulary drug prescribed  
 Formulary can be viewed online at: [www.kp.org/formulary/mas](http://www.kp.org/formulary/mas)  
 Preferred alternative(s): \_\_\_\_\_
- Drug Shortage  Other: \_\_\_\_\_

#### PROVIDER ACTION REQUESTED: \*Check either ACCEPT & send Rx, or DECLINE & select reason.

- ACCEPT** drug change & send in new Rx now to Pharmacy  
 Discontinue: \_\_\_\_\_  
(Drug name/strength/directions): \*Drug will be deactivated in patient’s Kaiser Permanente chart once new Rx is received.
- Start (new drug): \_\_\_\_\_  
(Drug name/strength/directions/quantity/# of refills):
- OR**
- DECLINE** drug change, and select reason: \*For non-formulary medications, please document medical necessity; otherwise, the patient may be charged full price.
- Use of formulary drug is contraindicated in patient (allergy/adverse reaction to formulary drug). Provide rationale.
- Patient has failed an appropriate trial of formulary or related medication. Provide rationale.
- Patient requests non-formulary product and will pay full member rate.
- Other/rationale: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider Print Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Please Note: This document contains confidential information, including protected health information, intended for a specific individual and purpose. The information is private and legally protected by law, including HIPAA. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. Please notify sender if document was not intended for receipt by your facility.

For Internal KP Use Only: Send form to Health Information Management Service (HIMS)

# Updated Maryland Medicaid Pharmacy Copays

Beginning May 1, 2024, Maryland Medicaid (HealthChoice) members will be charged pharmacy copays when picking up their prescription drugs from both Kaiser Permanente pharmacies, and network pharmacies. Currently, Maryland Medicaid members are not charged any prescription copays when picking up their medication. This benefit change, driven by the Maryland Department of Health, is to align with guidelines outlined in the [Mental Health Parity and Addiction Equity Act of 2008](#).

Effective May 1, 2024, the following copays apply to Maryland Medicaid members receiving prescription drugs:

Copayment Charge	Prescription Type	Applies To:
\$3.00 per prescription	New and refill <i>non-preferred brand name</i> drugs.	<ul style="list-style-type: none"> <li>30-day supply (outpatient pharmacies)</li> <li>90-day supply at Mail Order (when applicable)</li> </ul>
\$1.00 per prescription	New and refill <i>preferred brand name</i> drugs; and All <i>generic</i> drugs – new and refill prescriptions (both preferred and non-preferred generic drugs); and HIV/AIDS drugs – new and refill prescriptions.	

The following groups are *excluded* from pharmacy copays:

- Individuals under the age of 21
- Pregnant individuals
- Individuals in long-term care facilities
- Native Americans

There continues to be *no copay* for the following drug classes:

- Family planning drugs
- FDA approved adult vaccines and their administration

For additional information, please see the [copay requirements transmittal](#) released by the Maryland Department of Health.



# Virginia Medicaid Rate Increases

Effective January 1, 2024, the Department of Medical Assistance Services (DMAS) increased rates for a wide range of Virginia Medicaid services including the following:

- **Early Intervention Services Increase:** An increase of 12.5% was made to early intervention services. This increase aligns with the 12.5% already effective for other case management services. The full list of rate increases can be found at the following link: <https://vamedicaid.dmas.virginia.gov/bulletin/early-intervention-rate-update-effective-january-1-2024>.
- **Mental Health Partial Hospitalization and Intensive Outpatient Increases:** The mental health partial hospitalization per diem was increased from \$250.62 to \$500.00 and the intensive outpatient per diem was increased from \$159.20 to \$250.00. Procedure codes H0035 and S9480 were subject to these adjustments. The full list of rate increases can be found at the following link: <https://vamedicaid.dmas.virginia.gov/bulletin/behavioral-health-service-rate-updates-effective-january-1-2024>.
- **Community-Based Behavioral Health Services Increase:** A 10% increase was effective for community-based behavioral health services. The full list of rate increases can be found at the following link: <https://vamedicaid.dmas.virginia.gov/bulletin/behavioral-health-service-rate-updates-effective-january-1-2024>.
- **Personal Care Services Increase:** An increase of 5% was made to reimbursement for personal care and respite care services. This adjustment impacted services provided under the Child EPSDT COS. The full list of rate increases can be found at the following link: <https://vamedicaid.dmas.virginia.gov/bulletin/personal-care-rate-update-effective-january-1-2024>.

More information, including memos and bulletins about these rate increases can be found on the DMAS provider portal at <https://vamedicaid.dmas.virginia.gov/provider>.



# New Online Affiliate Feature – Pharmacy Weight Management Service Referral

Effective February 6, 2024, Kaiser Permanente’s Online Affiliate platform offers providers an electronic method to refer patients to KPMAS Pharmacy Weight Management Service. This service will ensure appropriate and safe prescribing of injectable weight loss medication therapy (e.g. GLP-1 RAs), and help our patients fill their prescriptions seamlessly.

**Note:** This referral is only for evaluation of appropriateness of injectable weight loss medications for adults ages 18 or older; it is NOT for diabetes management. Some GLP-1 RAs medications may have utilization criteria; please review the [utilization criteria](#) prior to placing the referral.

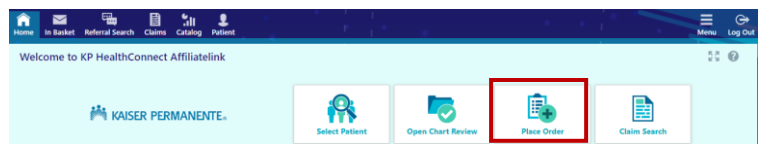
Before prescribing an injectable weight loss medication, providers should enter a referral into the Pharmacy Weight Management Service for evaluation of appropriateness of injectable weight loss medication.

If a patient meets the criteria, they will be enrolled into the service, and the clinical pharmacist will contact the provider for an injectable weight loss medication order. Patients who do not meet the criteria will not be enrolled, and alternative therapies will be recommended.

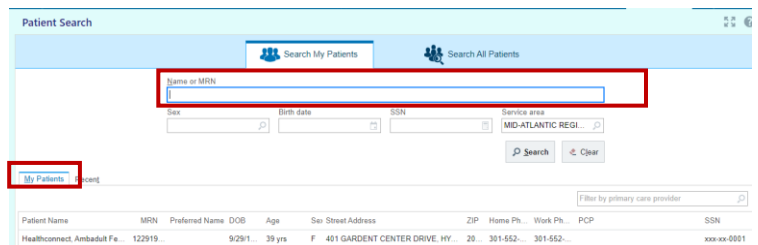
Please follow the instructions below to refer patients to KPMAS Pharmacy Weight Management Service:

1. Sign into Online Affiliate:  
<https://epiclink.kp.org/MAS/epiclink>

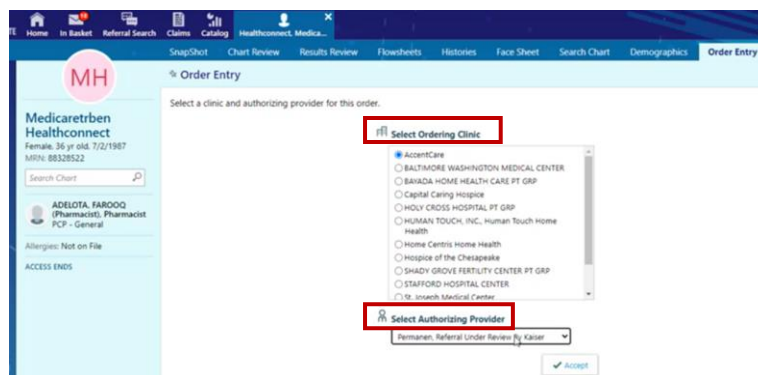
2. On the “Home” screen, select “Place Order.”



3. On the “Order Entry” screen, select your patient using the search function or the “My Patients” list.

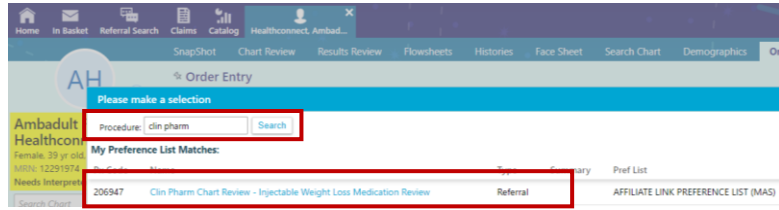


4. Select the appropriate “Ordering Clinic” and “Authorizing Provider.”



## Online Affiliate Pharmacy Weight Management Service Referral – Continued from page 5

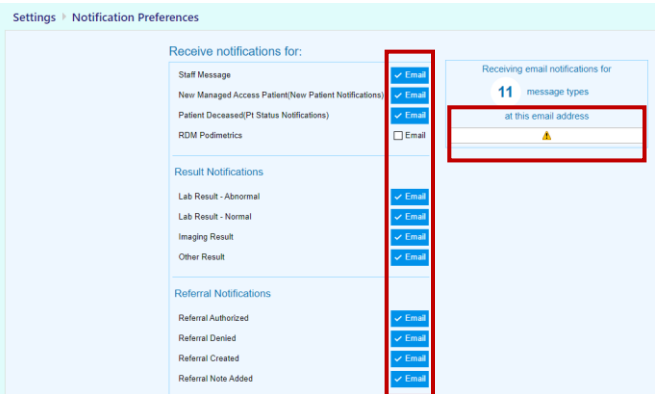
- In the “New Procedure” field, type “clin pharm,” and then select “Clin Pharm Chart Review – Injectable Weight Loss Medication Review.”



- Complete the referral form and then click “Accept,” making sure to fill out the required fields indicated by stop signs. Click on the “Sign Orders” button on the following screen to submit the referral.

Answer	Comment
1. What is the primary reason for this referral?	Injectable Weight Loss Med
↳ Last Documented Weight:	<input type="text"/>
↳ BMI:	<input type="text"/>
2. Patient has documented intolerance, contraindication, or has tried and failed EACH of the following for at least 3-months (Alli (orlistat) and Phentermine and Qsymia (phentermine-topiramate) and Contrave (naltrexone+bupropion).	<input type="text"/>
3. Currently enrolled in and/or following a lifestyle intervention program, such as the KP Diabetes Prevention Program or external programs (e.g. Weight Watchers, Noom, Jenny Craig, etc.)	<input type="radio"/> Yes <input type="radio"/> No
4. Patient's BMI?	<input type="text"/>
5. Patient's weight?	<input type="text"/>
6. Phone Number (Number where doctor can be reached, if there are questions.)	<input type="text"/>
7. Fax Number	<input type="text"/>
8. Ordering Provider Name: (If ordering provider can't be found use 257209 - REFERRAL UNDER REVIEW, BY KAISER PERMANENTE and type the name and NPI of your provider)	<input type="text"/>

To ensure that you receive messages from the Kaiser Permanente Healthcare team, click on “Menu” and select “Settings.” On the following screen, update your preferences under “Notification Preferences” and type in your preferred email address to receive those selected notifications.



If you have questions about Online Affiliate, please email [KP-MAS-OnlineAffiliate@kp.org](mailto:KP-MAS-OnlineAffiliate@kp.org).

If you would like to request a call back or training regarding this referral process, please fill out the [KPMAS Drug Use Management intake form](#).

# New/Emerging Technologies and Medical Coverage Policy Update: 2024

The following Kaiser Permanente Mid-Atlantic Medical Coverage Policies (MCPs), and Transplant Patient Selection Criteria were approved between February 2024 and April 2024.

We develop MCPs in collaboration with specialty service chiefs and clinical subject matter experts. MCPs specify clinical criteria supported by current peer reviewed literature and are used to guide decisions related to request for health care services such as devices, drugs, and procedures. The policies are reviewed and updated annually, reviewed for approval by the Regional Utilization Management Committee (RUMC), and are periodically reviewed by regulatory and accrediting agencies. Except where noted, our MCPs are primarily applicable only to commercial members.

## New and Updated Medical Coverage Policies

### A. Medical Coverage Policy

1. **Fetal Echocardiogram**  
Effective date: 02/21/24
  - References were updated
2. **Dental Services Under Medical Benefit**  
Effective date: 02/21/24
  - “Section II. Dental Services coverage under medical benefit” - Updated
  - References were updated
3. **MRI, Open MRI, and Wide Bore**  
Effective date: 02/21/24
  - References were updated
4. **Home Care**  
Effective date: 02/21/24
  - References were updated
5. **Cranial Remodeling Bands and Helmet**  
Effective date: 02/21/24
  - Utilization alert was updated
  - References were updated
6. **Home UVB Phototherapy**  
Effective date: 02/21/24
  - References were updated

## New/Emerging Technologies and Medical Coverage Policy Update: 2024 – Continued from page 7

### 7. Pharmacogenetic Testing

Effective date: 02/21/24

- “Section II. Coverage/Exclusion” - Updated
- References were updated

### 8. Blepharoplasty

Effective date: 03/19/24

- References were updated

### 9. Pectus Excavatum Surgery

Effective date: 03/19/24

- “Section IV. Indications for Referral” - Updated
- References were updated

### 10. Panniculectomy

Effective date: 03/19/24

- Title updated from “Panniculectomy” to “Redundant Skin Surgery including Panniculectomy”
- “Section III. Coverage Criteria” – New section added: “Section E: Criteria on Redundant Skin Surgery”
- “Section V. Exclusions” – Deleted *“resection of other areas of redundant skin and fat”*
- References were updated

### 11. Sipiucel (Provenge)

Effective date: 03/19/24

- References were updated

### 12. Prosthetics, Upper Extremity

Effective date: 03/19/24

- References were updated

### 13. Cervical Traction

Effective date: 03/19/24

- References were updated

### 14. Med Necessity for Pre Auth, Multiple Visit

Effective date: 03/19/24

- References were updated



## New/Emerging Technologies and Medical Coverage Policy Update: 2024 – Continued from page 8

### 15. Med Necessity for Pre Auth, Single Visit

Effective date: 03/19/24

- References were updated

### 16. Continuous Glucose Monitors (Devices)

Effective date: 03/19/24

- “Section III. D: Exclusion” – Added as an exclusion: *“If a member never uses a DME receiver or insulin infusion pump to display CGM glucose data, the supply allowance is not covered by Kaiser”*
- References were updated

### 17. Breast Pump

Effective date: 03/19/24

- “Section II. Indications for coverage of hospital grade breast pumps” – Updated
- “Section IV. Indications for coverage of personal use/non-hospital grade breast pumps” – Updated
- References were updated



**New/Emerging Technologies and Medical Coverage Policy Update: 2024 – Continued**  
from page 9

**18. Cologuard**

Effective date: 04/25/24

- “Section IV. Benefit Coverage” – Update
- “Section V. Clinical Indications” – Medicare and Maryland jurisdiction patients replaced with Medicare and Maryland situs members
- References were updated

**19. Prosthodontics**

Effective date: 04/25/24

- References were updated

**20. Breast Implant Removal and Treatment of Complications**

Effective date: 04/25/24

- References were updated

**21. Fertility Preservation for Latrogenic Infertility**

Effective date: 04/25/24

- References were updated

**22. Sialendoscopy (Salivary Gland Endoscopy)**

Effective date: 04/25/24

- References were updated

**23. Functional Electrical Stimulation (NMES/FES)**

Effective date: 04/25/24

- References were updated

**24. Treatment of Temporomandibular Disorders (TMD) or Temporomandibular Joint Syndrome**

Effective date: 04/25/24

- References were updated

**25. Orthonagtic Surgery**

Effective date: 04/25/24

- “Section III. Clinical Indications for Referral” - Updated
- References were updated

**26. Lymphedema & Lipedema Surgical Treatment**

Effective date: 04/25/24

- References were updated

## New/Emerging Technologies and Medical Coverage Policy Update: 2024 – Continued from page 10

### B. New/Emerging Technology Review and Assessment

Approved by the KP-MAS Technology Review Implementation Committee (TRIC): January 30, 2024

Approved by the Regional Utilization Management Committee (RUMC): February 21, 2024

INTC Presentation Date	National Interregional New Technology Committee (INTC) Conclusion <a href="http://cl.kp.org/pkc/national/cpg/intc/specialty.html">http://cl.kp.org/pkc/national/cpg/intc/specialty.html</a>	KP-MAS Recommendation - Adopt the use of technology Sufficient evidence	KP-MAS Recommendation – Do not recommend Inconclusive or Insufficient evidence
<b>Sufficient evidence:</b> Quality and quantity of evidence is good, should be used in most cases where indications are met.			
<b>Insufficient evidence:</b> Quality and/or quantity is low or moderate, further research or trials are needed. Can be used in selected cases but not for general use for this diagnosis or indication.			
6/13/2023	MILD Procedure for Lumbar Spinal Stenosis		X
06/30/2023	Elecsys CSF-based Test for $\beta$ -Amyloid (1-42) and Phospho-Tau (181P) for Patients Under Evaluation for Alzheimer's Dementia		X
5/19/2023	Scalp Cooling Therapy (SCT) for Chemotherapy-Induced Alopecia (CIA) in Breast Cancer Patients	X	
4/18/2023	Point-of-Care (POC) Handheld Electroencephalograph (BrainScope <sup>®</sup> Device) for Assessment of Concussion or Traumatic Brain Injury (TBI)		X
4/18/2023	i-STAT TBI Plasma Test for Aiding Diagnosis of Traumatic Brain Injury		X
3/31/2023	Repetitive Transcranial Magnetic Stimulation (rTMS) for the Treatment of Bipolar Depression/Disorder (BPD)		X
2/14/2023	Percutaneous Arteriovenous Fistula (pAVF) for Chronic Hemodialysis (HD) Access (Ellipsys and WavelinQ Devices)		X
02/14/2023	Bridge-Enhanced Anterior Cruciate Ligament (ACL) Repair (BEAR <sup>®</sup> ) Implant		X

## New/Emerging Technologies and Medical Coverage Policy Update: 2024 – Continued from page 11

Approved by the KP-MAS Technology Review Implementation Committee (TRIC): February 16, 2024  
Approved by the Regional Utilization Management Committee (RUMC): March 19, 2024

INTC Presentation Date	National Interregional New Technology Committee (INTC) Conclusion <a href="http://cl.kp.org/pkc/national/cpg/intc/specialty.html">http://cl.kp.org/pkc/national/cpg/intc/specialty.html</a>	KP-MAS Recommendation - Adopt the use of technology Sufficient evidence	KP-MAS Recommendation – Do not recommend Inconclusive or Insufficient evidence
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<b>Insufficient evidence:</b> Quality and/or quantity is low or moderate, further research or trials are needed. Can be used in selected cases but not for general use for this diagnosis or indication.			
SCPMG 11/08/23 SCPMG 09/21/20 SCPMG 02/2021	Cesium-131 Brachytherapy for Brain Tumors		X
SCPMG 11/08/23 SCPMG 07/2021 SCPMG 02/2021	Platelet-Rich Plasma for Osteoarthritis of the Knee		X
National 10/25/23 SCPMG 10/25/23	Robotically Assisted Surgery for Endometriosis		X In select cases, robotic surgery has been shown to be beneficial in patients with severe disease requiring dexterity which is not always available in conventional laparoscopic surgery.
National 10/25/23 SCPMG 10/25/23	Robotically Assisted Laparoscopic Abdominal Cerclage (RALAC) for Cervical Insufficiency		X
National 10/25/23 SCPMG, 10/25/23	Trio-smart® Breath Test for Aiding Diagnosis of Small Intestinal Bacterial Overgrowth (SIBO)		X
SCPMG 09/15/23 SCPMG Memo 10/2023	Temperature-Controlled Laminar Airflow Devices for Uncontrolled Severe Asthma		X
National 08/25/23	NavDx Assay for Human Papillomavirus (HPV)-Associated Head and Neck Cancer (HNC)		X
SCPMG 07/21/23 SCPMG Memo 10/2023	Curesight for Amblyopia		X
SCPMG 07/21/23 SCPMG Memo 10/2023	Femtosecond Laser-Assisted Cataract Surgery		X

## New/Emerging Technologies and Medical Coverage Policy Update: 2024 – Continued from page 12

Approved by the KP-MAS Technology Review Implementation Committee (TRIC): February 16, 2024  
Approved by the Regional Utilization Management Committee (RUMC): March 19, 2024

INTC Presentation Date	National Interregional New Technology Committee (INTC) Conclusion <a href="http://cl.kp.org/pkc/national/cpg/intc/specialty.html">http://cl.kp.org/pkc/national/cpg/intc/specialty.html</a>	KP-MAS Recommendation - Adopt the use of technology Sufficient evidence	KP-MAS Recommendation – Do not recommend Inconclusive or Insufficient evidence
<p><b>Sufficient evidence:</b> Quality and quantity of evidence is good, should be used in most cases where indications are met.</p>			
<p><b>Insufficient evidence:</b> Quality and/or quantity is low or moderate, further research or trials are needed. Can be used in selected cases but not for general use for this diagnosis or indication.</p>			
SCPMG 07/21/23 SCPMG Memo 10/2023	Luminopia One for Amblyopia		X In select cases, the current evidence is promising for this noninvasive treatment. Further studies are needed but this could provide alternatives to patching and drops.
INTC 01/31/2024	VIBRANT  Ingestible Vibrating Capsule Devices for the Management of Chronic Constipation (Vibrant® Capsule System, Vibrant Gastro, Inc.)		X Per INTC and KPMAS subject matter experts, there is low evidence supporting both the safety and efficacy of this technology as compared to sham/placebo
INTC 01/31/2024	Endeavor Rx for Pediatric Attention Deficit Hyperactivity Disorder (ADHD)		X Per INTC and KPMAS subject matter experts, there is low quality evidence supporting the safety and efficacy of this technology.

**New/Emerging Technologies and Medical Coverage Policy Update: 2024 – Continued**  
*from page 13*

Approved by the KP-MAS Technology Review Implementation Committee (TRIC): February 16, 2024  
 Approved by the Regional Utilization Management Committee (RUMC): March 19, 2024

<p><b>INTC Presentation Date</b></p>	<p><b>National Interregional New Technology Committee (INTC) Conclusion</b>  <a href="http://cl.kp.org/pkc/national/cpg/intc/specialty.html">http://cl.kp.org/pkc/national/cpg/intc/specialty.html</a></p>	<p><b>KP-MAS Recommendation - Adopt the use of technology</b>  <b>Sufficient evidence</b></p>	<p><b>KP-MAS Recommendation – Do not recommend</b>  <b>Inconclusive or Insufficient evidence</b></p>
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**Sufficient evidence:** Quality and quantity of evidence is good, should be used in most cases where indications are met.

**Insufficient evidence:** Quality and/or quantity is low or moderate, further research or trials are needed. Can be used in selected cases but not for general use for this diagnosis or indication.

<p>INTC 12/01/2023</p>	<p>Aquablation for Benign Prostatic Hyperplasia</p>		<p>X Per INTC and KPMAS There is low certainty of evidence supporting the efficacy and safety of Aquablation for benign prostatic hyperplasia (BPH). Despite the certainty of evidence being low, Aquablation led to clinically significant improvement for BPH symptoms and quality of life, and Aquablation had no negative effect on sexual function. This technology may be of benefit for our members, but more high-quality evidence is needed to support this.</p>
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**Access to MCPs is only two clicks away in Health Connect.**

Medical Coverage Policies can be accessed through the **KP Clinical Library** by using the web link below:

[https://clm.kp.org/wps/portal/cl/MAS/search\\_iframe?query=medical+coverage+policy&x=0&y=0](https://clm.kp.org/wps/portal/cl/MAS/search_iframe?query=medical+coverage+policy&x=0&y=0).

Click on the Clinical Library section on the right side of the KPHC Home page and then type in “medical coverage policy” in the search box. All medical coverage policies will be displayed.

**Please contact the Utilization Management Operations Center (UMOC) at 1-800-810-4766 to receive a copy of the UM guidelines or criteria related to a referral.**

*All Practitioners have the opportunity to discuss any non-behavioral health and or/behavioral health Utilization Management (UM) medical necessity denial (adverse) decisions with a Kaiser Permanente Physician reviewer (UM Physicians).*

If you have clinical questions on use of our criteria, please feel free to contact:

Christine Assia, M.D.

Physician Director of Medical Policies, Benefits and Technology Assessment

Emergency Physician, Advanced Urgent Care/ECM/UMOC

[Christine.C.Assia@kp.org](mailto:Christine.C.Assia@kp.org)

If you have administrative questions concerning accessing or using our criteria, please contact:

Marisa R Dionisio, RN

[Marisa.R.Dionisio@kp.org](mailto:Marisa.R.Dionisio@kp.org)

## 2024 Utilization Management Affirmative Statement

Kaiser Permanente practitioners and health care professionals make decisions about which care and services are provided based on the member’s clinical needs, the appropriateness of care and service, and existence of health plan coverage.

Kaiser Permanente does not make decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits. The health plan does not specifically reward, hire, promote, or terminate practitioners or other individuals for issuing denials of coverage or benefits or care.

No financial incentives exist that encourage decisions that specifically result in denials or create barriers to care and services or result in underutilization. In order to maintain and improve the health of our members, all practitioners and health professionals should be especially diligent in identifying any potential underutilization of care or service.

## DMAS Required PRSS Enrollment

In accordance with Federal requirements in the 21<sup>st</sup> Century Cures Act, all Virginia Medicaid managed care providers must enroll directly with DMAS through PRSS. Licensed Providers and Healthcare Professionals in the Commonwealth of Virginia can register with PRSS at the following link: <https://virginia.hppcloud.com/>. Providers must include valid National Provider Identifier (NPI), Tax ID, and Office Location information for successful enrollment.

Providers who fail to enroll in PRSS will be terminated as Virginia Medicaid MCO network providers and will no longer receive payments for Virginia Medicaid members enrolled in managed care.

Should you have any questions, please call the PRSS Provider Enrollment Helpline at 804-270-5105 or email [vamedicaidproviderenrollment@gainwelltechnologies.com](mailto:vamedicaidproviderenrollment@gainwelltechnologies.com).

## Member Rights and Responsibilities: Our Commitment to Each Other

Kaiser Permanente is committed to providing you and your family with quality health care services. In a spirit of partnership with you, here are the rights and responsibilities we share in the delivery of your health care services.

### Member rights

As a member of Kaiser Permanente, you have the right to do the following:

### **RECEIVE INFORMATION THAT EMPOWERS YOU TO BE INVOLVED IN HEALTH CARE DECISION MAKING**

This includes your right to do the following:

- a. Actively participate in discussions and decisions regarding your health care options.
- b. Receive and be helped to understand information related to the nature of your health status or condition, including all appropriate treatment and non-treatment options for your condition and the risks involved – no matter what the cost is or what your benefits are.
- c. Receive relevant information and education that helps promote your safety in the course of treatment.
- d. Receive information about the outcomes of health care you have received, including unanticipated outcomes. When appropriate, family members or others you have designated will receive such information.



## **Member Rights and Responsibilities – Continued from page 16**

- e. Refuse treatment, provided that you accept the responsibility for and consequences of your decision.
- f. Give someone you trust the legal authority to make decisions for you if you ever become unable to make decisions for yourself by completing and giving us an advance directive, a durable power of attorney for health, a living will, or another health care treatment directive. You can rescind or modify these documents at any time.
- g. Receive information about research projects that may affect your health care or treatment. You have the right to choose to participate in research projects.
- h. Receive access to your medical records and any information that pertains to you, except as prohibited by law. This includes the right to ask us to make additions or corrections to your medical record. We will review your request based on HIPAA criteria to determine if the requested additions are appropriate. If we approve your request, we will make the correction or addition to your protected health information. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement. You or your authorized representative will be asked to provide written permission before your records are released, unless otherwise permitted by law.

## **RECEIVE INFORMATION ABOUT KAISER PERMANENTE AND YOUR PLAN**

This includes your right to the following:

- a. Receive the information you need to choose or change your primary care physician, including the names, professional levels and credentials of the doctors assisting or treating you.
- b. Receive information about Kaiser Permanente, our services, our practitioners and providers, and the rights and responsibilities you have as a member. You also can make recommendations regarding Kaiser Permanente's member rights and responsibility policies.
- c. Receive information about financial arrangements with physicians that could affect the use of services you might need.
- d. Receive emergency services when you, as a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.
- e. Receive covered, urgently needed services when traveling outside the Kaiser Permanente service area.
- f. Receive information about what services are covered and what you will have to pay and examine an explanation of any bills for services that are not covered.
- g. File a complaint, a grievance, or an appeal about Kaiser Permanente, or the care you received, without fear of retribution or discrimination; expect problems to be fairly examined; and receive an acknowledgement and a resolution in a timely manner.

## **RECEIVE PROFESSIONAL CARE AND SERVICE**

This includes your right to the following:

- a. See plan providers; get covered health care services; and get your prescriptions filled within a reasonable period of time and in an efficient, prompt, caring and professional manner.

## Member Rights and Responsibilities – *Continued from page 17*

- b. Have your medical care, medical records and protected health information handled confidentially and in a way that respects your privacy.
- c. Be treated with respect and dignity.
- d. Request that a staff member be present as a chaperone during medical appointments or tests.
- e. Receive and exercise your rights and responsibilities without any discrimination based on age; gender; sexual orientation; race; ethnicity; religion; disability; medical condition; national origin; educational background; reading skills; ability to speak or read English; or economic or health status, including any mental or physical disability you may have.
- f. Request interpreter services in your primary language at no charge.
- g. Receive health care in facilities that are environmentally safe and accessible to all.

### Member responsibilities

As a member of Kaiser Permanente, you have the responsibility to do the following:

#### **PROMOTE YOUR OWN GOOD HEALTH**

- a. Be active in your health care and engage in healthy habits.
- b. Select a primary care physician. You may choose a doctor who practices in the specialty of internal medicine, pediatrics, or family practice as your primary care physician.
- c. To the best of your ability, give accurate and complete information about your health history and health condition to your doctor or other health care professionals treating you.
- d. Work with us to help you understand your health problems and develop mutually agreed-upon treatment goals.
- e. Talk with your doctor or health care professional if you have questions or do not understand or agree with any aspect of your medical treatment.
- f. Do your best to improve your health by following the treatment plan and instructions your physician or health care professional recommends.
- g. Schedule the health care appointments your physician or health care professional recommends.
- h. Keep scheduled appointments or cancel appointments with as much notice as possible.
- i. Inform us if you no longer live or work within the plan service area.



## Member Rights and Responsibilities – Continued from page 18

### KNOW AND UNDERSTAND YOUR PLAN AND BENEFITS

- a. Read about your health care benefits and become familiar with them. Detailed information about your plan, benefits and covered services is available in your contract. Call us when you have questions or concerns.
- b. Pay your plan premiums and bring payment with you when your visit requires a copayment, coinsurance, or deductible.
- c. Let us know if you have any questions, concerns, problems, or suggestions.
- d. Inform us if you have any other health insurance or prescription drug coverage.
- e. Inform any network or nonparticipating provider from whom you receive care that you are enrolled in our plan.

### PROMOTE RESPECT AND SAFETY FOR OTHERS

- a. Extend the same courtesy and respect to others that you expect when seeking health care services.
- b. Ensure a safe environment for other members, staff and physicians by not threatening or harming others.



## Diversity

Members have the right to free language services for health care needs. We provide free language services including:

- **24-hour access to an interpreter.** When members call to make an appointment or talk to their personal physician, if needed, we will connect them to a telephonic interpreter.
- **Translation services.** Some member materials are available in the member's preferred language.
- **Bilingual physicians and staff.** In some medical centers and facilities, we have bilingual physicians and staff to assist members with their health care needs. They can call Member Services or search online in the medical staff directory at [kaiserpermanente.org](https://www.kaiserpermanente.org).
- **Braille, large print, or audio.** Blind or vision impaired members can request for documents in Braille or large print or in audio format.
- **Telecommunications Relay Service (TRS).** If members are deaf, hard of hearing, or speech impaired, we have the TRS access numbers that they can use to make an appointment or talk with an advice nurse or member services representative or with you.
- **Sign language interpreter services.** These services are available for appointments. In general, advance notice of two or three business days is required to arrange for a sign language interpreter; availability cannot be guaranteed without sufficient notice.
- **Video Remote Interpretation (VRI).** VRI provides on-demand access to American Sign Language & Spoken Language interpretation services at medical centers for members. It meets the need in the care experience of walk-in deaf patients and those in need of urgent care.
- **Educational materials.** Health education materials can be made available in languages other than English by request. To access Spanish language information and many educational resources go to [kp.org/espanol](https://kp.org/espanol) or [kp.org](https://kp.org) to access La Guía en Español (the Guide in Spanish). Members can also look for the ñ symbol on the English language Web page. The ñ points to relevant Spanish content available in La Guía en Español.
- **Prescription labels.** Upon request, the Kaiser Permanente of the Mid-Atlantic States pharmacist can provide prescription labels in Spanish for most medications filled at the Kaiser Permanente pharmacy.
- **After Visit Summary (AVS).** AVS can be printed on paper and available electronically via [kp.org](https://kp.org) for KP members after their appointment. If the member's preferred written communication is documented in KP HealthConnect for a non-English language, the AVS automatically prints out in that selected language. This includes languages such as Spanish, Arabic, Korean, and several others.

At Kaiser Permanente, we are committed to providing quality health care to our members regardless of their race, ethnic background or language preference. Efforts are being made to collect race, ethnicity and language data through our electronic medical record system, HealthConnect®. We believe that by understanding our members' cultural and language preferences, we can more easily customize our care delivery and Health Plan services to meet our members' specific needs.

## Diversity – Continued from page 20

Currently, when visiting a medical center, members should be asked for their demographic information. It is entirely the member's choice whether to provide us with demographic information. The information is confidential and will be used only to improve the quality of care. The information will also enable us to respond to required reporting regulations that ensure nondiscrimination in the delivery of health care.

We are seeking support from our practitioners and providers to assist us with the member demographic data collection initiative. We would appreciate your support with the data collection by asking that you and your staff check the member's medical record to ensure the member demographic data is being captured. If the data is not captured, please take the time to collect this data from the member. The amount of time needed to collect this data is minimal and only needs to be collected once. Recommendation for best practices for collecting data is during the rooming procedure.

In conclusion, research has shown that medical treatment is more effective when the patient's race, ethnicity and primary language are considered.

To access organization-wide population data on language and race, please access the reports via our Community Provider Portal at [kp.org/providers/mas](https://kp.org/providers/mas) under *News and announcements*.

To obtain your practice level data on language and race, please email the Provider Experience Department at [Provider.Relations@kp.org](mailto:Provider.Relations@kp.org).



## Provider Access to Health Education Materials

Kaiser Permanente physicians and network providers have access to all health education materials to provide to patients as part of the After-Visit Summary and secure email communications, or to supplement discussion from the patient visit.

Content can be viewed through the centralized internal “Clinical Library” which is an electronic inventory of health education information that can be used for all visit types. Health education content and links to education videos, education webpages, and other resources are also embedded into KP HealthConnect for inclusion in the member After Visit Summary, sent via secure messaging, or mailed directly to patient’s addresses. For health education programs, providers can:

- Direct members to [kp.org/appointments](https://kp.org/appointments) to register for classes.
- Use KP HealthConnect, After Visit Summaries, or hard copy flyers to provide members with information on how to self-register for programs.

Additional information on health education programs, tools, and resources is available by:

- Visiting [kp.org/healthyliving/mas](https://kp.org/healthyliving/mas).
- Contacting the Health Education automated line at 301-816-6565 or toll-free at 800-444-6696.



## Provider Directory Validation Surveys

The Kaiser Permanente provider directory validation survey is designed to adhere to the Center for Medicare and Medicaid Services (CMS) regulations and the new Consolidated Appropriations Act of 2021, also known as the No Surprises Act. The objectives of both are to ensure that members have access to accurate provider information. The survey not only addresses directory accuracy but also accuracy of our other provider data systems.

In accordance with these regulations, provider data must be validated at least every 90 days. Therefore, Kaiser Permanente sends this provider directory validation survey each quarter, and providers are required to respond. Instructions are contained along with the survey, and **providers are reminded to return all pages with their response before the stated deadline.**

If you have any questions or concerns, please contact Provider Experience at 1-877-806-7470 or email us at [provider.demographics@kp.org](mailto:provider.demographics@kp.org) with the subject line: "Provider Directory Validation."

Thank you for communicating all data changes in a timely manner. We appreciate your cooperation!

## Keeping Your Provider Data Updated

Keeping Kaiser Permanente updated with changes, adds, and terminations to your practice will ensure that our directory and data systems are accurate and help us provide an excellent healthcare experience to our members.

It is imperative that you ensure your information is current by notifying us in a timely manner of demographic changes, provider terminations, and/or provider additions to your practice. **If a provider is being added to your practice, your information must be communicated and updated in our system before treating our members.**

Please utilize the provider update form to submit updates throughout the year. For your convenience, the form can be found on the following page as well as on our Community Provider Portal at the following link:

<https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/community-providers/mas/ever/sample-add-change-letter-en.pdf>.

These updates may be submitted to Provider Experience via:

Fax: 855-414-2623  
 Email: [Provider.Demographics@kp.org](mailto:Provider.Demographics@kp.org)  
 Mail: Kaiser Permanente  
 Provider Experience  
 2101 East Jefferson St., 2 East  
 Rockville, MD 20852

# Sample Provider Data Update Form Letter

## Company Letterhead Logo

<<Date>>

Requestor:

Requestor's Correspondence Address:

Requestor's Phone #:

Requestor's Email:

Tax ID#:

Effective date of change(s):

Reason for the request:

### **\*PLEASE DELETE SECTIONS NOT NEEDED**

#### **Address change (Specify if practice location or billing address is changing)**

- Specify if adding or deleting address
- Include **old** and **new** demographic information when sending request (Street Address, City, State, Zip, Phone, Fax, **Tax ID** and **NPI**)
- Billing/Payment Address/Tax ID/NPI
- Management Correspondence Address (include Phone & Fax Number)

#### **Practice location addition**

- Include **new** demographic information when sending request (Street Address, City, State, Zip, Phone, Fax, **Tax ID** and **NPI of Location**)
- Billing/Payment Address/Tax ID/NPI

#### **Adding a provider to or deleting a provider from an existing group**

- Specify if adding or deleting provider
- Include the information listed below if adding or deleting a provider:
  - First Name, Middle Initial, and Last Name
  - Gender
  - Title (*MD, CRP, CRNP, PA etc.*)
  - Date of Birth
  - NPI #
  - CAQH #
  - UPIN or SSN
  - Medicare #
  - Medicaid Participation State(s)
  - Medicaid #
  - Practicing Specialty
  - **Practicing Location(s) (include phone & fax numbers)**
    - Indicate whether practicing location is hospital based or office based
  - Billing/Payment Address (*include W-9*)
  - Management Correspondence Address (*include phone & fax number*)
  - Hospital Privileges
  - Foreign Languages
  - Effective Date
  - Provider Panel Status: Open or Closed
- **A copy of provider licenses in all practicing states is required**

#### **Changing the Tax Identification Number and/or the name of an existing group**

- Include **old** and **new** tax ID number and/or group name
- Include effective date of the new tax ID number and/or group name
- Include NPI number
- Include a signed and dated copy of the new W-9
- Billing/Payment Address
- Management Correspondence Address (include phone & fax number)