

network news

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.

March 2024



Contents

New Online Affiliate Feature: Pharmacy Weight Management Service Referral.....	2	Online Affiliate Radiology/Lab Order Entry.....	17
VA and MD Medicaid Pharmacists as Providers....	4	Member Rights and Responsibilities.....	18
EDC Analyzer Implementation for MD Hospitals....	6	Diversity.....	22
Optima Health Rebranding to Sentara Health.....	7	Pharmaceutical Management Information and Updates.....	24
New/Emerging Technologies & MCP Update.....	8	Provider Access to Health Education Materials...26	
UM Affirmative Statement.....	15	Provider Directory Validation Surveys.....	27
Policy Reminder: Multiple Procedure Payment Reduction (MPPR).....	16	Keeping Your Provider Data Updated.....	27
		Sample Provider Data Update Form Letter.....	28

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.

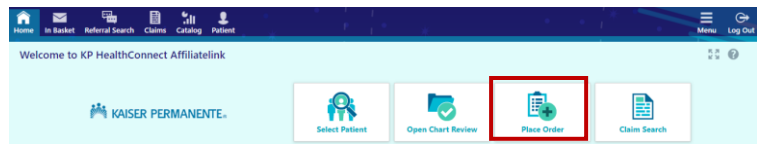
Before prescribing an injectable weight loss medication, providers should enter a referral into the Pharmacy Weight Management Service for evaluation of appropriateness of injectable weight loss medication.

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.

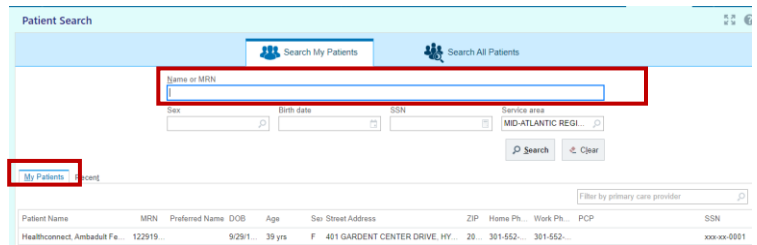
Please follow the instructions below to refer patients to KPMAS Pharmacy Weight Management Service:

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

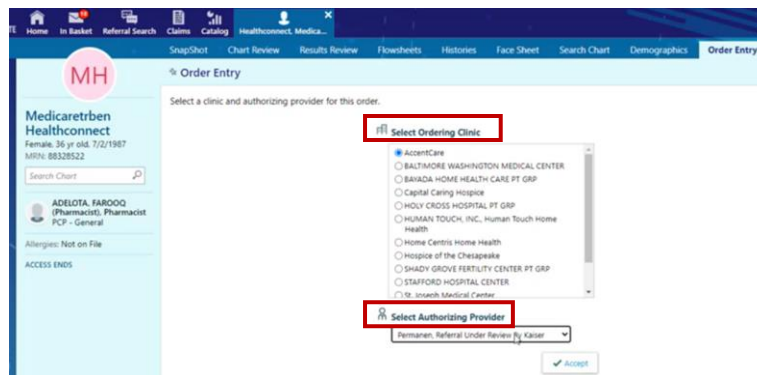
2. On the “Home” screen, select “Place Order.”



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

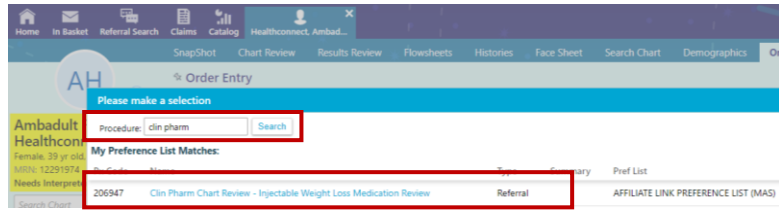


4. Select the appropriate “Ordering Clinic” and “Authorizing Provider.”



Online Affiliate Pharmacy Weight Management Service Referral – Continued from page 2

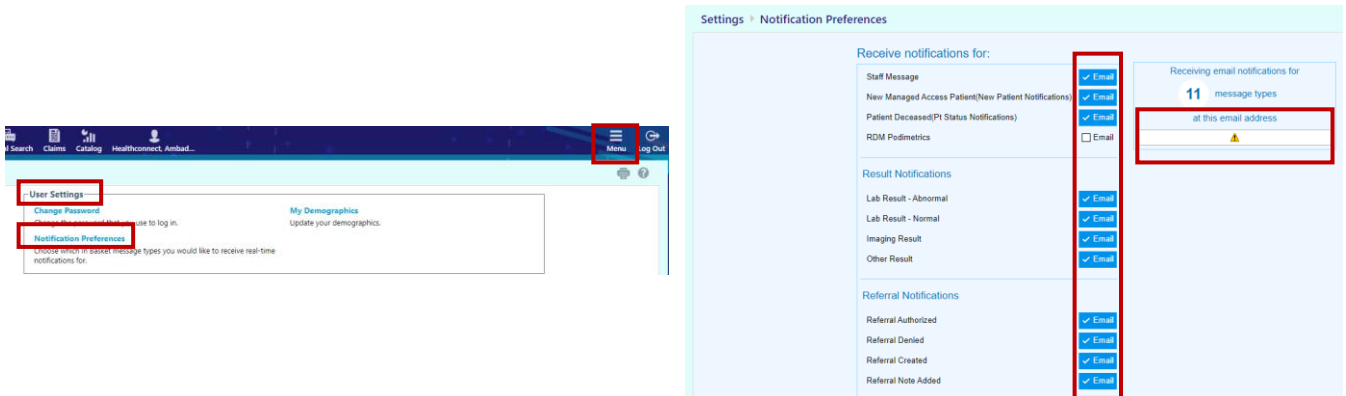
- In the “New Procedure” field, type “clin pharm,” and then select “Clin Pharm Chart Review – Injectable Weight Loss Medication Review.”



- 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.

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](#).

Virginia and Maryland Medicaid Pharmacists as Providers

Effective January 1, 2024, Virginia Medicaid-enrolled and Maryland Medicaid-enrolled pharmacists may contract with Kaiser Permanente as providers to be reimbursed for limited services provided or supervised.

Maryland Medicaid-enrolled Pharmacists

To be eligible, pharmacists must meet all Medicaid and Board of Pharmacy (Board) requirements as described in COMAR 10.09.21 and the requirements of Health Occupations Article 12 of the Pharmacy Act.

Pharmacists interested in contracting with Kaiser Permanente must be enrolled with MD Medicaid via ePREP before submitting an application. Pharmacists can enroll in ePREP at <https://eprep.health.maryland.gov/sso/login.do>. Please direct all ePREP questions to the ePREP Call Center at 1-844-463-7768. Applications to be included in Kaiser Permanente's network of providers can be found on the "Forms" page of our Community Provider Portal at www.kp.org/providers/mas.

Pharmacists who are contracted with Kaiser Permanente will be able to bill for the following:

CPT Code	Description
90460	Immunization administration through 18 years of age of free vaccines via the Vaccines for Children (VFC) program (only for pharmacies enrolled in the VFC program)
96372	Injection of drug under the skin into the muscle
99202	Office or other outpatient visit for the E&M of a new patient lasting 15-29 min (for contraceptive purposes only)
99211	Office or other outpatient visit for the E&M of an established patient lasting up to 9 minutes (for contraceptive purposes only)
99406	Smoking cessation counseling visit 3-10 minutes
99407	Smoking cessation counseling visit greater than 10 minutes
99605	Medication Therapy Management (MTM) new patient 8-15 minutes
99605	MTM established patient 8-15 minutes
99607	MTM additional 8-15 minutes

A member may qualify for MTM coverage if they meet one or more of the following criteria:

- The participant has three (3) or more of the following chronic diseases: diabetes, COPD/asthma, substance use disorder, hypertension, or cardiovascular disease; and
- The participant is taking ten (10) or more maintenance medications

MTM encounters must be face-to-face in an outpatient setting. No more than one encounter per day per participant is allowed. In addition, the following are not covered: MTM group visits, broken or missed appointments, time required for preparation, and follow-up/reminder telephone calls.

Pharmacists who contract with Kaiser Permanente may bill using the billing and coding information provided, via paper billing (CMS-1500) or electronic billing (837). For more details about billing, please refer to Kaiser Permanente's Maryland HealthChoice Manual (Section VI) which can be found on the "Provider Information" page of our Community Provider Portal at www.kp.org/providers/mas.

If you have questions, or would like more information, please email mdh.pharmacistsprofservices@maryland.gov.

Virginia and Maryland Medicaid Pharmacists as Providers – Continued from page 4

Virginia Medicaid-enrolled Pharmacists

The Virginia Department of Medical Assistance Services (DMAS) requires that pharmacists must be enrolled in Provider Services Solution (PRSS) to satisfy and comply with Federal requirements in the 21st Century Cures Act.

Pharmacists interested in contracting with Kaiser Permanente must be enrolled with DMAS via PRSS before submitting an application. Pharmacists can enroll in PRSS through the PRSS Enrollment Portal at <https://virginia.hppcloud.com>. Please direct all PRSS question to Gainwell via email at vamedicaidproviderenrollment@gainwelltechnologies.com or by calling 1-888-829-5373.

Applications for consideration into Kaiser Permanente’s network of providers can be found on the “Forms” page of our Community Provider Portal at www.kp.org/providers/mas.

Effective January 1, 2024, pharmacists who meet these requirements will be able to bill for the following:

- Naloxone
- Epinephrine
- Prenatal Vitamins
- Tobacco Cessation
- Vaccines

Effective May 1, 2024, the following will also be eligible for billing:

- TB Tests
- PrEP and PEP
- CLIA Waivered Tests
- COVID 19 Testing
- Injectable or self-admin birth control

Pharmacists may only bill for in-person services. They can bill for the medication at POS in addition to E/M code via the CMS-1500 Form or the 837P Form. Medical claims require ICD-10 and E/M codes. The following are billable E/M codes:

CPT/HCPCS Codes	Description
99202	Office or other outpatient visit for the E&M of a new patient lasting 15-29 min.
99211	Office or other outpatient visit for the E&M of an established patient lasting up to 9 minutes
99212	Office or other outpatient visit for the E&M of an established patient lasting 10-19 minutes
99213	Office or other outpatient visit for the E&M of an established patient lasting 20-29 minutes

For more details about billing, please refer to the Sentara Health and Kaiser Permanente Virginia Medicaid Manual (Chapter 8) which can be found on the “Provider Information” page of our Community Provider Portal at www.kp.org/providers/mas.

More information about this initiative can be found in the Pharmacists as Providers supplement to the DMAS Pharmacy Provider Manual at https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-12/PAP%20Supplement_%28updated%2012.26.23%29_Final.pdf.

EDC Analyzer Implementation for Maryland Hospitals

On January 1, 2024, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and Mid-Atlantic Permanente Medical Group (MAPMG) made changes regarding the review of services for Emergency Department Claim Evaluation and Management (E/M) Codes at Maryland facilities

To ensure coding accuracy and for claims received on or after January 1, 2024, Kaiser Permanente is using the Optum EDC Analyzer tool for outpatient emergency department claims that are submitted with levels 3 through 5 E/M codes 99283 through 99285. For more information on this review, go to www.EDCAnalyzer.com.

The Kaiser Permanente Participating Provider Manual, Section 8.4, details these changes. You may access and/or download the Provider Manual from our Community Provider Portal at www.kp.org/providers/mas.

If you would like reconsideration of a claim adjustment, payment or denial, disputes may be filed online through our Online Affiliate Portal. Non-registered users may register for access to Online Affiliate at www.kp.org/providers/mas.

Thank you for participating with Kaiser Permanente to provide quality healthcare services to our members. If you have any questions, please contact the Provider Experience Department by phone at 877-806-7470 or by email at Provider.Relations@kp.org.



Optima Health Has Rebranded to Sentara Health

We want to remind you of a branding change affecting Kaiser Permanente Virginia Medicaid members. On January 1, 2024, Optima Health Plan rebranded to Sentara Health Plan. Under this new name, they continue to provide our members with the same excellent service and benefits.

Effective January 1, 2024, Optima Health and Kaiser Permanente VA Medicaid members are part of Sentara Health and Kaiser Permanente Medicaid plan. There are no benefit or copay changes as a result of this change, and no action is necessary on your part. You can continue to serve Optima Health and Kaiser Permanente members under the new name of “Sentara Health, Kaiser Permanente.”

Kaiser Permanente and Optima Health have notified our impacted membership of this merger. New membership ID cards have been distributed and can be used by members at any time. For your convenience, a preview of the new Sentara Health Product Member ID card is included below:

		MEDICAID	
KP MEDICAL RECORD NUMBER 5931882	MEDICAID ID NUMBER 795135268728		
PAAY HULEY,ITZELLE M			
CENTER CTMC	PRIMARY CARE PHYSICIAN DAWSON-RICHARDSON,SHANNON M		
MedImpact BIN: 003585 MedImpact PCN & Group: 70000	Transportation: (866) 823-8349 Dental/Smiles for Children: (888) 912-3456		
This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.			
kp.org		03100 - Sentara Health Plans	
If you have a medical emergency, call 911 or go to the nearest emergency room.			
Medical Advice/Appts/Cancel Appts (24 hours a day)		TTY	
Northern Virginia	(703) 359-7878	711	
Outside Northern Virginia	(800) 777-7904	711	
If you are unsure of your condition and require immediate medical advice, call (800) 677-1112.			
Member Services Contact Center:		TTY	
Northern Virginia and toll free	(855) 249-5025	711	
Pharmacy Helpdesk	(800) 788-2949	711	
Behavioral Health Access Line	(866) 530-8778	711	
Claims for services must be submitted to: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. PO Box 371860, Denver, CO 80237-9998			
Providers: For authorizations, contact Utilization Management at (800) 810-4766. Call Medical Advice as soon as possible after you have an emergency hospital admission.			

		FAMIS	
KP MEDICAL RECORD NUMBER 48312846	ID NUMBER 578470999919		
NOORUZI,ARDUNE P			
CENTER SFMC	PRIMARY CARE PHYSICIAN HWANG,DAHYE		
MedImpact BIN: 003585 MedImpact PCN & Group: 70000	Transportation: (866) 823-8349 Dental/Smiles for Children: (888) 912-3456		
This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.			
kp.org		03100 - Sentara Health Plans	
If you have a medical emergency, call 911 or go to the nearest emergency room.			
Medical Advice/Appts/Cancel Appts (24 hours a day)		TTY	
Northern Virginia	(703) 359-7878	711	
Outside Northern Virginia	(800) 777-7904	711	
If you are unsure of your condition and require immediate medical advice, call (800) 677-1112.			
Member Services Contact Center:		TTY	
Northern Virginia and toll free	(855) 249-5025	711	
Pharmacy Helpdesk	(800) 788-2949	711	
Behavioral Health Access Line	(866) 530-8778	711	
Claims for services must be submitted to: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. PO Box 371860, Denver, CO 80237-9998			
Providers: For authorizations, contact Utilization Management at (800) 810-4766. Call Medical Advice as soon as possible after you have an emergency hospital admission.			



New/Emerging Technologies and Medical Coverage Policy Update: 2024

The following Kaiser Permanente Mid-Atlantic Region’s new and emerging technologies, Medical Coverage Policies (MCPs), and Transplant Patient Selection Criteria were approved between November 2023 and January 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 Emerging Technologies

Approved by the KP-MAS Technology Review Implementation Committee (TRIC): December 13, 2023

Approved by the Regional Utilization Management Committee (RUMC): December 21, 2023

INTC Presentation Date	National Interregional New Technology Committee (INTC) Conclusion http://cl.kp.org/pkc/national/cpg/intc/specialty.html	KP-MAS Recommendation - Adopt the use of technology Sufficient evidence	KP-MAS Recommendation – Do not recommend Inconclusive or Insufficient evidence
------------------------	--	--	---

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.

01/09/23 Wash	PancreGen for pancreatic cysts		X Per INTC and KP-MAS SME review: The evidence is insufficient to determine the clinical validity, and clinical utility of PancreGen. Further research or trials are needed
01/09/23 Wash	Bariatric surgery in patients with obesity-related medical problems in patients with BMI 35-40	X Bariatric surgery improves dyslipidemia/GERD in adults with BMI of 35-40 (low to moderate evidence)	

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

INTC Presentation Date	National Interregional New Technology Committee (INTC) Conclusion http://cl.kp.org/pkc/national/cpg/intc/specialty.html	KP-MAS Recommendation - Adopt the use of technology Sufficient evidence	KP-MAS Recommendation – Do not recommend Inconclusive or Insufficient evidence
01/09/23 Wash	Bariatric Surgery in patients with BMI 30-35 with Type 2 Diabetes Mellitus	X Moderate quality evidence suggests that bariatric surgeries including Roux en Y gastric bypass, sleeve gastrectomy and adjustable lab banding may be safe and effective in attaining partial or complete remission in diabetes and improvement of cardiometabolic outcomes for adult patients with BMI 30-35 and Type 2 Diabetes	
02/10/23 SCPMG	Spatial Frequency Domain Imaging (SFDI) for Foot Ulcer Prediction and Management related to Diabetes Mellitus (DM) and/or Peripheral Artery Disease (PAD)		X Per INTC and KP-MAS review: The certainty of the evidence showing clinical utility and accuracy of this technology is very low.
02/10/23 SCPMG	Remote Foot Temperature Monitoring Smart Socks (Siren Socks, Siren Care Inc.) for the Management and Prevention of Foot Ulcers		X Per INTC and KP-MAS review: The evidence is of limited quality and certainty showing efficacy and usefulness of the reviewed device.

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

New and Updated Medical Coverage Policies

Medical Coverage Policy

1. Ambulance Transportation

Effective date: 11/28/23

- Section III, Non-emergency ambulance transport
 - “Safe transport” defined.

2. Matrix-Induced Autologous Chondrocyte Implantation (MACI) Procedure for Repair of Articular Cartilage of the Knee

Effective date: 11/28/23

- Section IV, B#2. Clinical Indications for Referral
 - #2 Statement modified from *“Patient is skeletally mature, with documented closure of growth plates (age greater than 15 but less than 55 years of age).”*
 - Updated to *“Patient is age 10 or older.”*
- Section VI-B, Contraindication
 - Added: *“Any patient who is not nicotine-free for at least 6 months prior to surgery.”*
- References were updated

3. Vision Therapy

Effective date: 11/28/23

- References were updated



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

4. Gender Affirming Surgical Procedures, Commercial: Maryland, Virginia, and Federal Members

Effective date: 11/28/23

- Section III, D #1. Genital Surgery Clinical Review Criteria
 - Completion or process of hormone therapy edited from 6 to 12 continuous months of treatment.
- Section V, F. Male to Female Chest Surgery, Breast Augmentation Clinical Review Criteria
 - Surgical breast augmentation evaluation for coverage edited from 12 to 6 months of hormonal therapy.
- Section VI. Exclusions
 - VI-A #2. Voice modification deleted as an exclusion from coverage.
 - VI-B. Added a new section on voice modification surgery – remains as an exclusion for other LOB except for Maryland Medicaid members.
- Utilization alert updated
- References were updated

5. Gender Affirming Surgical Procedures, Commercial: DC Situs Members

Effective date: 11/28/23

- Section III, D #1. Genital Surgery Clinical Review Criteria
 - Completion or process of hormone therapy edited from 6 to 12 continuous months of treatment.
- Section V-A. Male to Female Chest Surgery, Breast Augmentation Clinical Review Criteria
 - Surgical breast augmentation evaluation for coverage edited from 12 to 6 months of hormonal therapy.
- References were updated

6. Viscosupplementation

Effective date: 12/21/23

- Section IV-A. Clinical Indications were updated
- References were updated

7. Infertility Diagnoses and Treatment

Effective date: 12/21/23

- Section IV. Definition of Infertility
 - Updated genetic conditions
- Grammatical changes

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

8. Negative Pressure Wound Therapy (Wound Vacuum)

Effective date: 12/21/23

- Minor update to the definition of “Negative Pressure Wound Therapy”
- Grammatical changes
- References were updated

9. Reauthorization, Spinal Manipulative Therapy (Chiro)

Effective date: 12/21/23

- References were updated

10. Orthosis, Upper Extremity and Soft Goods

Effective date: 12/21/23

- Section IV, A #1. UE Orthosis Clinical Indication.
 - Recent surgery to the upper extremity or cast removal (within 21 days of request) with a need for any of the following:
 - Added: Neuro conditions resulting in increased tone/spasticity
- Section VIII, A #2. Exclusions
 - Orthosis intended to be used as a positioning device.
 - Added: *“except for resting hand splint(s). They are considered to be an essential component of a UE rehab program for a neurological patient with spasticity.”*
- References were updated

11. Sensory Integration Therapy - NEW

Effective date: 12/21/2023

12. Mechanical Stretching Device - NEW

Effective date: 12/21/23

13. Hair Prosthesis – NEW

Effective date: 12/21/23

14. Genetic Testing

Effective date: 01/24/2024

- Utilization alert updated
- References were updated

15. Virtual Colonoscopy: DC, Feds, and VA Jurisdiction

Effective date: 01/24/2024

- Section IV. Clinical Indications for Referral – updated
- Utilization alert updated
- References were updated

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

16. Virtual Colonoscopy: MD Jurisdiction

Effective date: 01/24/2024

- References were updated

17. Corneal Collagen Crosslinking

Effective date: 01/24/2024

- References were updated

18. Autologous Stem Cell Cardiomyoplasty

Effective date: 01/24/2024

- Retired

19. Biofeedback

Effective date: 01/24/2024

- References were updated

20. Equine Therapy

- References were updated

21. Routine Foot Care

Effective date: 01/24/2024

- References were updated



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

22. Habilitative Services, MD Jurisdiction

Effective date: 01/24/2024

- Section I-B. Service Coverage by Age and Diagnosis – Updated
- Section I-C. Eligibility – Updated
- Section II A-D and F. Utilization Review of Behavioral, Psychological and Therapeutic Care for Autism/ASD Conditions – Updated
- Section III. Discontinuation of Habilitative Services – Updated
- Section VI. Treatment Plans for All Habilitative Services - Updated

23. Habilitative Services, DC Jurisdiction

Effective date: 01/24/2024

- Section IV A-D. Referral Management for Autism Spectrum Disorder Services Including ABA – Updated
- Section VI. Discontinuation of Habilitative Services – Updated

24. Habilitative Services, VA Small Grp/KPIF Jurisdiction

Effective date: 01/24/2024

- Section II. Visit Limit for Habilitative Physical, Occupational, and Speech Therapy
 - C. Classification of Targets for Habilitative Services - Updated
- Section III. Specialized services for pediatric and Autism Spectrum Disorder, including ABA therapy according to health plan coverage – Updated
- Section IV. Referral Management for ASD Services, Including ABA – Added
- Section V. Discontinuation of Habilitative Services – Updated



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.

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

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

Marisa R Dionisio, RN

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.

Policy Reminder: Multiple Procedure Payment Reduction (MPPR)

The following is a reminder of Kaiser Permanente's policy regarding MPPR as outlined in our provider manuals:

MPPR:

Kaiser Permanente will reimburse the highest-valued procedure at the full fee schedule or contracted/negotiated rate and will reduce payment for the second and subsequent procedures. The National Correct Coding Initiative (NCCI) policy states, "Most medical and surgical procedures include pre-procedure, intra-procedure, and post-procedure work. When multiple procedures and/or surgeries are performed at the same patient encounter, there is often overlap of the pre-procedure and post-procedure work. The payment methodologies for surgical procedures account for the overlap of the pre-procedure and post-procedure work."

The primary or highest valued procedure will be reimbursed at 100% of the fee schedule value or contracted/negotiated rate. Second and/or subsequent procedures will be reimbursed at 50% of the fee schedule value or contracted/negotiated rate.

MPPR for Diagnostic Imaging Services:

Adhering to CMS guidelines, Kaiser Permanente will apply reductions to the secondary and subsequent technical component for diagnostic imaging procedures when multiple services are furnished at the same facility to the same patient in the same session on the same day. The technical component is for the use of equipment, facilities, non-physician medical staff, and supplies. The imaging procedure with the highest technical component is paid at 100% of the contractual allowable and the technical components for additional less-technical services in the same code family will be reduced by 50% of the contractual allowable.

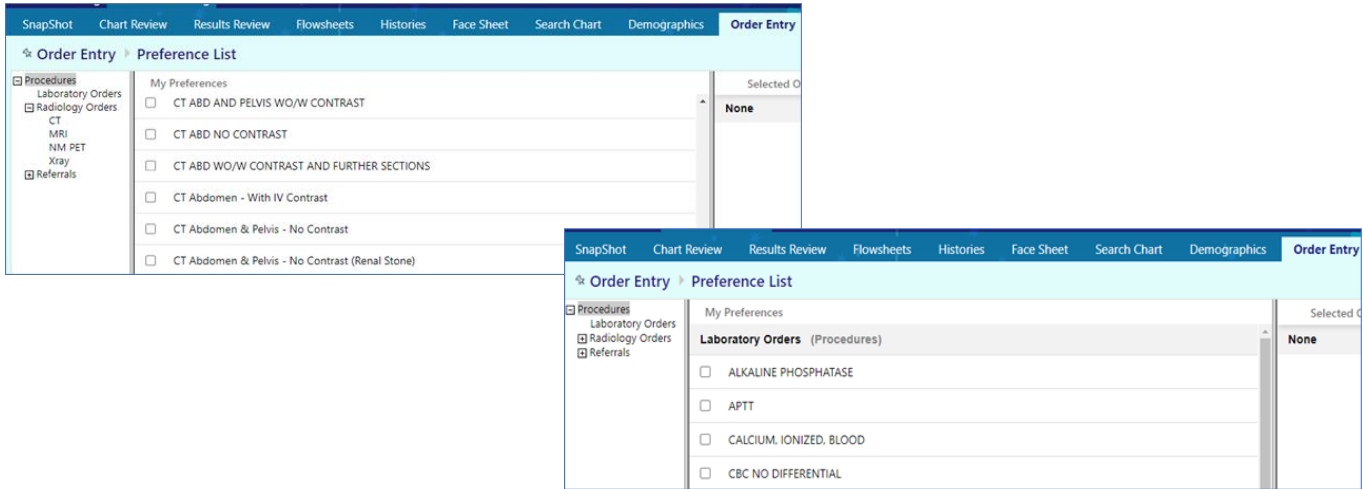
You can find more details about MPPR outlined in Kaiser Permanente's provider manuals – Commercial Manual (Chapter 8), Virginia Medicaid Manual (Chapter 8), and Maryland HealthChoice Manual (Section VI). You may access these manuals on our Community Provider Portal at www.kp.org/providers/mas.



Online Affiliate - Radiology and Lab Order Entry

Kaiser Permanente’s Online Affiliate offers a wealth of time-saving tools. Through this convenient online portal, providers can view eligibility and benefits, submit claims and appeals, as well as much more.

Online Affiliate allows external providers to request radiology and lab orders directly through the portal. Providers can select up to 16 laboratory options and over 50 radiology procedures via the order entry screens (pictured below):



Any questions about Online Affiliate can be directed to the Online Affiliate team at KP-MAS-OnlineAffiliate@kp.org.



Member Rights and Responsibilities: Our Commitment to Each Other

For your information and reference, here are Kaiser Permanente's "Member Rights and Responsibilities," providing guidance on Kaiser Permanente's members' engagement with their health care providers and health plan staff:

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 18*

- 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 19*

- 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 20*

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 or large print.** 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 patient 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 or 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 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.



Diversity – *Continued from page 22*

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.

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 www.providers.kp.org/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**.

Pharmacy Updates – Formulary Information

The KPMAS Regional Pharmacy & Therapeutics (P&T) Committee approves drug formularies for all lines of business, Commercial, Marketplace/Exchange, Medicare, Optima Health (VA Medicaid) and MD HealthChoice (MD Medicaid).

The Regional P&T Committee, with expert guidance from various medical specialties, evaluates, appraises, and selects from available medications those considered to be the most appropriate for patient care and general use within the region. The purpose of the formulary is to promote rational, safe, and cost-effective drug use.

The formularies are updated monthly with additions and/or deletions approved by the Regional P&T Committee. The most recent information on drug formulary updates or changes can be accessed via the online Community Provider Portal for affiliated practitioners available at <https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/community-providers/pharmacy#formulary>. To view the P&T Memos, you will be redirected to the KPMAS Clinical Library, a secured network, and asked to sign in and/or register for access. Once logged in, click on “Browse” to see available resources (Go to Clinical Specialties>Pharmacy>Drug Information>Pharmacy and Therapeutic Committee Decisions).

A printed copy of each drug formulary is available upon request from the Provider Relations department, which can be contacted via email at Provider.Relations@KP.org.



Hazardous Drug Compounding Outsourcing to Network Compounding Pharmacy

Effective 11/01/2023, there are updated USP 800 and USP 797 standards regarding requirements for pharmacies that compound hazardous drugs (HD). USP 800 provides standards for safe handling of HDs to minimize the risk of exposure to health care personnel, patients, and the environment.

Due to these changes, Kaiser Permanente Mid-Atlantic States (KPMAS) region has identified a list of nonsterile compounds (see below) which can no longer be prepared at our Kaiser Permanente outpatient pharmacies. Kaiser Permanente is working to secure a preferred vendor to outsource the preparation of these HD drug compounds.

In the interim, **East Pines Pharmacy** is able to prepare these HD compounds for our members (**Address:** 6003 66th Ave, Riverdale, MD 20737; **Phone:** 301-459-6211; **Fax:** 301-459-6217). They are located in Riverdale, Maryland but can ship these HD compounds to Maryland, Virginia, and the District of Columbia. The prescription may be ordered electronically (if applicable) or faxed to East Pines pharmacy. Once the prescription is received, East Pines Pharmacy will reach out to the member to obtain necessary payment, delivery, or other information as needed for order processing. Alternatively, upon request, the member may take the hard copy prescription to a pharmacy of their choice and may submit for reimbursement (this will depend on their coverage plan).

Prescriber Required Actions:

1. Please send ALL refills and new-start prescriptions for an HD compound to a network pharmacy (such as East Pines Pharmacy), effective 11/01/2023.
2. Please note - updated information regarding preferred vendor will be sent in a future communication.

Hazardous Drug Outsource Compounds List

1. amphotericin B – chloramphenicol – hydrocortisone – sulfamethoxazole otic capsules (CSmF/HC capsules for the ear)
2. amphotericin B – chloramphenicol – hydrocortisone otic capsules (CF/HC capsules for the ear)
3. azathioprine 10 mg/mL oral suspension
4. clonazepam 0.1 mg/mL oral suspension
5. spironolactone – HCTZ 5mg/5mg/mL oral suspension
6. tacrolimus 1 mg/mL oral suspension
7. temozolomide 10mg/ml oral suspension
8. testosterone propionate 2% in petroleum ointment topical
9. topiramate 6 mg/mL oral suspension
10. thioguanine 20 mg/mL oral suspension
11. hydroxyurea 100 mg/mL suspension

For any questions, please contact Kaiser Permanente pharmacy at 1-800-733-6345.

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 discussions from 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 are also embedded into KP HealthConnect for inclusion in the member After Visit Summary, sent via secure messaging, or mailed directly to the patient’s address. For health education programs, providers can:

- Refer or direct book members into some health education programs through the KP Consult system.
- 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
- 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 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

Be sure to submit any changes to your practice to Kaiser Permanente. Keeping Kaiser Permanente updated will ensure that our provider directory and data systems are accurate and help us to provide an excellent healthcare experience to our members. To access our provider directory online, go to kp.org. For your convenience, a sample form letter can be found on our Community Provider Portal at www.providers.kp.org/mas and on the following page. Utilize the sample to submit updates throughout the year.

Updates may be submitted to Provider Experience via:

Fax: 855-414-2623

Email: 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)