Provider Services Department



August 2023

Business Updates

Claims address change for select self-funded plans

Kaiser Permanente recently migrated some of its self-funded plans to its third-party administrator, Health Plan Services (HPS). Since we will be transitioning more self-funded plans to HPS next year, we would like to provide further information to ease this transition.



This change in administrator requires a change in the claims P.O. Box number and electronic payor identification number for submitting claims for these designated self-funded members. We ask that you refer to the back of members' physical or digital insurance ID card(s) for the most current information and update your systems accordingly with the appropriate mailing address, electronic payor id and customer service phone number.

To assist you with this transition, please refer to our <u>Kaiser Permanente plan/network crosswalk</u> for a list of self-funded group names and numbers. The address, electronic payor id and customer service number for these groups is:

Claims Administration Address for affected self-funded employer groups:

Health Plan Services Claims Administrator P.O. Box 30547 Salt Lake City, UT 84130-0547 Electronic Payor ID: 94320 1-877-721-2199

We know this transition will take time as you update your records with members' newly issued cards. We will forward claims sent to our standard KFHPWA claims address on to HPS for you, and we will notify you via letter when we have done so (note that these notification letters are auto generated to be sent to the address from which the claim originated, so we are not able to update the address where the notice is sent). Please be assured your claims will be received and processed accurately whether you send them to the standard KFPHWA address & payor ID or to the address & payor ID noted below.

We hope this helps you with the transition and appreciate your understanding. If you have any questions, please contact HPS at 1-877-721-2199.

Provider Services Department



August 2023



MAC prior authorization requirements to be removed

As you may have seen in our <u>recent communications</u> to you, we are sharing the news of our intent to remove the prior authorization requirements for Monitored Anesthesia Care (MAC) for commercial members (commercial HMO, POS, and PPO) as of September 1, 2023.

Our current clinical criteria require prior authorization for members with commercial insurance. This requirement has been based upon our interpretation of the best available science that a majority of commercial members do not require MAC and are able to safely undergo their procedures with standard conscious sedation (Fentanyl and Versed) at a much lower cost. For further details on our current position and a summary of the science, please refer to our Monitored Anesthesia Care (MAC) for Gastrointestinal Endoscopic Procedures clinical criteria.

We heard from many of you that you have broadly adopted MAC as part of your standard clinical processes and care. Members can get caught in the middle when we issue a denial for non-medically necessary MAC when your practice administers it to all patients. Therefore, after a discussion of the costs and the need to reduce the confusion and abrasion for our members, we have made the decision to sunset the prior authorization requirement, effective September 1, 2023.

Thank you for the care you provide to our members.

Clinical Review fax number

We have noticed a high rate of fax failures when sending information for clinical review. You may have an outdated local fax number for our Clinical Review Unit programmed into your system. Using the local fax number often results in a fax failure, so we implemented the use of a toll-free number for these faxes. Please use **844-660-0717** when faxing our Clinical Review Unit to ensure we receive your information.



Optum® Prepay Reviews Beginning Soon



Kaiser Permanente of Washington is committed to continuously improving its overall payment integrity solutions. As such, we are partnering with Optum for Pre-Pay claim reviews, which will include medical record reviews to verify that the documentation supports the services billed.

Healthcare professionals may be asked for medical records and billing documents that support the charges billed via a written request from

Provider Services Department



August 2023

Optum, along with detailed instructions on how to submit records. Several methods will be offered; however, the preferred and quickest method for records submission is electronic.

Upon completing the medical record review, if any part of the associated claim is denied, you will receive an initial review findings letter from Optum. This letter will state the reason for denial and provide instructions for filing an appeal if you choose to do so. Your remittance advice will also indicate an Optum review, along with contact information for Optum.

Should you need to call and discuss a medical record request or review findings, please contact Optum directly at 877-687-2062.

Member Workshop Notice

Better Choice, Better Health program discontinued

We are discontinuing the Better Choices, Better Health program as of October 31, 2023. The final day to enroll your Kaiser Permanente members will be September 19, 2023.



Provider Notices



Please check our provider site on a regular basis for provider manual changes and updates. We communicate changes to the <u>Provider Manual</u> in the <u>Provider eNews</u> and in our <u>Provider Updates</u> for your convenience. However, it is your responsibility to remain updated on our changes by visiting our site regularly for updates on our policies and procedures. Thank you for your partnership in the care of our members.

Provider Notices:

- Changes to medical necessity review criteria for Ambulatory Surgery Center (ASC) site of care policy
- Modifiers
- Code Editing
- Changes to medical necessity review criteria for Monitored Anesthesia Care (MAC) for gastrointestinal endoscopic procedures
- Changes to medical necessity review criteria for Bone Anchored Hearing System

Provider Services Department



August 2023

- Changes to medical necessity review criteria for Cervical Spine MRI
- Changes to medical necessity review criteria for Lumbar Spine MRI
- Changes to medical necessity review criteria for Thoracic Spine MRI

Clinical Pearl

Lecanemab for Alzheimer's disease — full FDA approval

Lecanemab-irmb (Leqembi), a monoclonal antibody targeting aggregated beta-amyloid protein, received full U.S. Food and Drug Administration (FDA) approval on July 6, 2023, for treatment of Alzheimer's disease (AD). Full FDA approval was based on a phase 3 clinical trial (Clarity AD) involving patients aged 50 to 90 years with evidence of beta-amyloid on cerebrospinal fluid testing or positron-emission tomography (PET). Lecanemab previously received conditional FDA approval on January 6,



2023. The product labeling specifies that treatment should be initiated in patients with mild cognitive impairment (MCI) or mild dementia due to AD. Broader Medicare coverage is now available and is no longer restricted to enrollment in a randomized controlled trial conducted under an investigational new drug application.

Lecanemab is not a cure for AD, and there is no evidence that lecanemab can restore cognitive function, nor that it is clinically effective. It is administered every 2 weeks by intravenous infusion. Given the risk of amyloid-related imaging abnormalities (ARIA) such as brain swelling and/or bleeding, frequent magnetic resonance imaging (MRI) monitoring is required.

Key points:

- Lecanemab reduces beta-amyloid plaques; however, the correlation between clearance of betaamyloid in the brain and meaningful clinical benefit (cognitive or functional improvement) has not been proven even though it has been extensively studied.
- In the Clarity AD trial, lecanemab reduced cognitive decline measured via Clinical Dementia Rating – Sum of Boxes (CDR-SB) by 0.45 points compared to placebo. Although this treatment difference was statistically significant, it does not meet the minimum clinically significant threshold of 1–2 points that is reported in the literature.
- Compared to donepezil, lecanemab produces less clinical effect, and its potential for harm may be greater.
- Lecanemab caused brain swelling and/or bleeding in 12% to 21.5% of patients over an 18month treatment period in clinical trials.
 - The product labeling for lecanemab has a Boxed Warning—the FDA's most prominent warning—about ARIA, including risk of serious intracerebral hemorrhage.

Provider Services Department



August 2023

 As of July 2023, three patients in the open-label extension phase have died due to brain bleeding within the first 5 months of lecanemab treatment. These deaths may have been caused by lecanemab.

Coverage:

- Medicare members: Per the <u>National Coverage Determination (NCD)</u> by the Centers for Medicare & Medicaid Services, coverage criteria include diagnosis of MCI or mild dementia due to AD, with documented evidence of beta-amyloid plaque as well as prescribers' enrollment in and use of CMS-approved registries.
- KP commercial members: At this time, lecanemab is not covered, as it is considered not medically necessary. Changes to coverage may take place after future Pharmacy & Therapeutics (P&T) Committee review.

Cost

- As of July 2023, the annual cost of treatment with lecanemab is approximately \$26,500 per year for a patient weighing 75 kg. Cost share for patient varies by plan.
- Additional costs may be incurred, including for MRI, PET, cerebrospinal fluid testing, and infusion administration.
- Patients should be directed to Member Services for cost-related information.

Brief update: Other monoclonal antibodies for Alzheimer's disease

Aducanumab-avwa (Aduhelm) is still conditionally FDA-approved, with continued approval contingent upon verification of clinical benefit in confirmatory trial(s). Donanemab has not been approved by the FDA.

Questions about this article?

Andrea Grace, MD, CMD, MS Palliative, Geriatrics and Palliative Care J. Chau, PharmD, Clinical Pharmacy Programs

Kaiser Permanente Washington Health Research Institute News

We are pleased to share a sample of <u>Kaiser Permanente Washington Health Research Institute's</u> latest research and studies:



How do you make sense of a mountain of evidence?

KPWHRI researchers answer questions about systematic reviews and their impact on health care guidelines.

Provider Services Department



August 2023



Digital tool could help people change smoking habits

A mobile application designed to engage smokers who are ambivalent about quitting shows promising results.



Meet KPWHRI's collaborative scientists

The division contributes to research across the institute with methodological and subject matter expertise.

EFT Deposit & Check Mailing Dates

2023 Calendar



EFT deposit and check mail

Provider reimbursement checks are scheduled to be deposited ACH or mailed on the following dates. Mailed checks should arrive within approximately three business days.

AUGUST 7, 10, 17, 24, 31

SEPTEMBER 8, 14, 21, 28

OCTOBER 5, 12, 19, 26

NOVEMBER 7, 9, 16, 24

DECEMBER 1, 7, 14, 21, 29

Holidays

INDEPENDENCE DAY

Tuesday, July 4

LABOR DAY

Monday, September 4

THANKSGIVING DAY

Thursday, November 23

CHRISTMAS DAY

Monday, December 25

Provider Services Department



August 2023

CME and Workshop Opportunities

KPWA 2023 CME CALENDAR

Save the Date and Register now!

KPWA CME Catalog – CME Home Page



Medication Update for Primary Care – Thursday, September 14, 2023 (Virtual)

SCLT-2 inhibitors and Sacubitril/Valsartan, Hyperlipidemia, SMART therapy for asthma, Gender affirming HRT, HIV update, Pharmacotherapy for weight loss, Case presentations.



Pediatrics for Primary Care – Friday, October 13, 2023 (Virtual)

Obesity, Eating Disorders, Activity/Sports Medicine, Vaccinations, Asthma, Mental Health, URI Surge, ACE's and Social Determinants of Health, Gender Affirming Care, Dermatology



HIV & PrEP Update - Thursday, October 26, 2023 (Virtual)

HIV/PrEP Program, HIV Treatments, Anal Dysplasia, Methamphetamine Use disorder, STI Mgmt, Hep C & HIV Nephrology



Radiology for Primary Care – Thursday, November 9, 2023 (Virtual)

Radiography 101, Breast Lumps, Musculoskeletal, Ordering Neuroimaging Studies, Headache and Back Pain, Body CT Basics



<u>Skills & Procedure Workshop</u> – Wednesday, December 13, 2023 – IN-PERSON LIVE ACTIVITY

Suturing, Incision and Drainage, Excision, Punch/Shave Biopsies, IUD's, Knee & Shoulder Injections, Casting & Splinting



<u>Hurt, Tired, and Stuck: Strategies for Central Sensitivity</u> (*New*) – Thursday, February 15, 2024 (Virtual)

Introduction to Central Sensitivity Syndrome, Illness Anxiety and Somatization, Non-pharmacologic Treatment of Chronic Pain, Managing High-risk Medications, Psychopharmacology Through CSS Lens, Ambiguous Headache, Pelvic Pain, Chronic Back and Neck Pain, Itch, Movement as Medicine

Provider Services Department



August 2023

Additional CME & Educational Resources

On Demand CME Presentations – Narrated PowerPoint presentations

KPWA CME Past Presentations – Slide decks/recordings of past conference presentations

Medical Q&A – Upcoming topics and slide decks/recordings of past presentations

KPWA CME Catalog

Provider Demographic Updates

Have you made any recent changes to your practice?



Please let us know about any changes to your practice so we can maintain an accurate <u>Provider Directory</u>. On our <u>Provider Update Forms</u> page, you will be able to:

- Add new practitioners or term practitioners, including advanced registered nurse practitioners, physician assistants, and locum tenens
- Submit staff changes: in case we must adjust our records of clinic staff with Kaiser Permanente Electronic Medical Record (EMR) access.
- Submit demographic and business updates, including:
 - Clinic/services location updates
 - o Close a clinic location
 - o Remit/billing "Pay to" address updates
 - o Tax ID update / Tax ID address update / 1099 address update

Thank you for your assistance to ensure our Provider Directory accurately reflects your information.