

January 2023

### Business Updates

#### Updated visiting member process

When caring for Kaiser Permanente members from other regions, many questions can arise about providing their care. We have developed [Visiting Member Guidelines](#) that provide step-by-step instructions on how to handle these claims. We thank you for providing care to these members and hope this instruction guide is useful.



#### 2023 pre-authorization grids now available

The [2023 Preauthorization Requirements Grid](#) and the [2023 PPO Prior Authorization Requirements and Management Guidelines](#) are now available on the Kaiser Permanente provider site. Please contact the Provider Assistance Unit at 1-888-767-4670 if you have any questions.

#### Reminder regarding Eligibility & Inquiry tool on Affiliate Link

As you know, we introduced the ability to view member contracts on the provider portal under Eligibility & Benefits Inquiry last year. We wanted to remind you that there will be a short delay in your ability to view the contracts as we load the new 2023 contracts. The expected timetable for viewing new contracts will be:

- 50% of contracts will be available by January 31<sup>st</sup>
- 95% of contracts will be available by February 28<sup>th</sup>
- The remaining 5% of contracts will be available by March 31<sup>st</sup>



Please note that self-funded plans are not viewable on this tool due to the approval process under these plans. Thank you for your patience as we add the new contracts to our system. If you have any questions or concerns, please call the Provider Assistance Unit at 1-888-767-4670.

#### Kaiser Permanente First-Fill plan expansion in place



Effective January 1, 2023, Kaiser Permanente's first-fill plan requires that, after the first fill, maintenance drugs must be filled at a Kaiser Permanente pharmacy or through the Kaiser Permanente mail-order service to ensure plan coverage. **This initiative does not apply to our Medicare Advantage networks.** While first-fill, maintenance drugs must be filled at a Kaiser Permanente

January 2023

pharmacy or through the Kaiser Permanente mail-order service, there are no restrictions on fills for non-maintenance drugs for acute medical situations or for medications Kaiser Permanente cannot mail. These non-maintenance medications may be filled within the member's retail contracted network. For geographic areas without Kaiser Permanente retail pharmacies, members will be required to use mail-order for their medications.

To ensure your patients continue to receive their full pharmacy benefit, please direct them to fill their maintenance medications at Kaiser Permanente. If your Kaiser Permanente patient has asked that their prescriptions be transferred to our mail order service, please respond to the request as soon as possible so that we may keep the member on their established medication schedule. Thank you for your assistance with the transfers, ensuring high quality care for our members. For more information about transferring prescriptions, please contact us at 877-939-8778.

### **Audio-only Telemedicine Established Relationship**

In October 2022, the OIC finalized rule making regarding the requirement under RCW 48.43.735(1)(a)(v) and WAC 284-170-433(1)(b) regarding what constitutes an established relationship between a provider and a patient regarding telemedicine services. Effective 1/1/2023, every participating provider contract must require that a covered person has an established relationship with a provider prior to receiving telemedicine services. Please refer to RCW 48.43.735(9)(d) for the full text of the new ruling.



This requirement regarding an established relationship between the telemedicine provider and patient must be clearly communicated to providers because they vary by service. Therefore, we will administer an amendment to contracted providers in Q3 2023. Per the conformity provision within your provider agreement, this notice constitutes the effectiveness of the established relationship contractual requirement.



### **New Fax Number for Durable Medical Equipment prior authorization**

Please be aware that we have a new toll-free fax line dedicated to prior authorization requests for durable medical equipment. **Please 1-855-370-4624, effective immediately.** Thank you for updating your systems to ensure timely processing of your requests.

January 2023

### **Clinical chart validation short stay reviews to begin January 2023**

In our ongoing efforts to achieve greater payment accuracy, Kaiser Permanente Washington in partnership with Cotiviti will be expanding the Clinical Chart Validation (CCV) reviews to include Short Stay reviews (1 to 3 day stays). The Short Stay reviews are similar to the DRG reviews and will be performed on a prospective (prepay) basis. As with the CCV DRG reviews, Cotiviti will send medical records requests for selected claims, along with clear instructions on how to submit the records directly to them. Once the review is complete, you will receive a determination letter and if you wish to dispute their findings, instructions will be provided on how to submit a reconsideration request.



### **HEDIS<sup>®</sup> Medical Record Review Season: February – May 2023**

From February through mid-May 2023, Kaiser Foundation Health Plan of Washington will be conducting HEDIS medical record reviews on members enrolled in a Kaiser Permanente plan in 2022 to measure the quality of care provided to our members. Our medical record reviewers will be contacting your office to request remote access to your electronic medical record system (preferred), and/or request that medical records are faxed or mailed. We appreciate your assistance in providing access to the medical information as requested. Your prompt response will ensure that your group's HEDIS measures accurately represent the high quality of care that you provide to our members.

### **Kaiser Permanente Washington Health Research Institute News**

We are pleased to share some of the latest news from the [Kaiser Permanente Washington Health Research Institute](#). We invite you to visit their informative website to learn more about their latest research and studies.

#### **[Researchers begin trial for mRNA flu vaccine](#)**

The investigational vaccine is in the third phase of trials and targets flu strains expected to circulate this winter. Researchers are now recruiting volunteers aged 65 and older who haven't yet had this season's flu vaccine.



January 2023

### Clinical Updates

#### 2023 brings major changes to pharmacological treatment of type 2 diabetes

The Kaiser Permanente [Type 2 Diabetes Guideline](#) has received an interim update to reflect new evidence on the use of SGLT2 and GLP1 agents in patients with type 2 diabetes presented at the December 2022 Pharmacy & Therapeutics Committee meeting. (For details, see the [Formulary Decision Highlights](#) for December 2022.) The Pharmacy Prior Authorization criteria for these medications have been updated as of January 1, 2023, and the guideline treatment algorithm has been extensively revised:



- **Metformin** remains the appropriate first-line agent for glucose lowering in type 2 diabetes.
- Due to the risk of hypoglycemia, **insulin** is now recommended **only** for those patients with type 2 diabetes who **require an HbA1c reduction of  $\geq 2\%$** .
- For patients with type 2 diabetes who are close to goal (requiring an HbA1c reduction of  $< 2\%$ ):
  - **SGLT2 inhibitors** are now considered second-line add-on therapy in:
    - Those with established atherosclerotic cardiovascular disease (ASCVD), chronic kidney disease (CKD), or heart failure (HF), and
    - Those aged  $\geq 55$  years **plus** at least two of the following: hypertension (on medication), BMI  $\geq 30$ , dyslipidemia.This recommendation is based on strong evidence that SGLT2 inhibitors improve cardiovascular disease, heart failure, and renal disease outcomes.
- **GLP-1 receptor agonists** are now considered third-line add-on therapy in those who a) have established ASCVD, b) have a contraindication, intolerance, or failure of SGLT-2 inhibitors, and c) have tried metformin. This recommendation is based on moderate evidence that GLP-1 receptor agonists improve cardiovascular outcomes.

**Note:** The recommendations in this interim guideline update apply primarily to **new starts, patients transferring in, or those whose HbA1c is not yet well controlled**. Providers do **not** need to make any changes for patients whose diabetes is already well controlled on their current regimen.

A full review of the KPWA Type 2 Diabetes Guideline is scheduled for 2023, and additional changes to care recommendations are anticipated.

#### Questions?

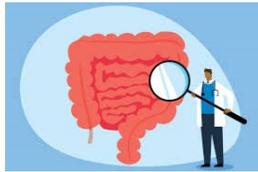
[Dan Kent, PharmD, CDES](#), Clinical Specialty Program Coordinator

[John Dunn, MD, MPH](#), Medical Director, Clinical Knowledge & Implementation

[Avra Cohen, MN, RN](#), Guideline Coordinator

January 2023

### **Colorectal Cancer Screening Guideline updated**



The Kaiser Permanente [Colorectal Cancer Screening Guideline](#) has been reviewed and updated, and has only minor differences from the previous (2021) version. The 2022 evidence review included five new questions to the literature; while several newly published high-quality studies were identified and reviewed, none led to a change in the guideline recommendations.

The guideline continues to recommend routine colorectal cancer screening for all adults aged 45 through 75 years, and further recommends that family history be reviewed in younger individuals aged 30 through 44 years to identify patients at increased risk for colorectal cancer or at high risk for inherited cancer syndromes. *Note:* Colonoscopy remains the only screening option for higher-risk patients with a personal or family history of colorectal cancer or related conditions, as defined in Table 4 of the guideline.

#### **Questions?**

[Maggie Chin, MD](#), Cancer Screening Quality Champion, Family Medicine

[John Dunn, MD, MPH](#), Medical Director, Clinical Knowledge & Implementation

[Avra Cohen, MN, RN](#), Guideline Coordinator, Clinical Improvement & Prevention

### **Pulmonary Embolism Guideline updates: DOACs now first-line for most patients**

The Kaiser Permanente [Pulmonary Embolism Diagnosis & Treatment Guideline](#) has been fully reviewed and updated. The guideline provides evaluation, diagnosis, and treatment recommendations for three populations with suspected PE—general (non-pregnant) adults, pregnant adults, and adults with cancer—as well as guidance to help identify the population of patients who can be safely managed on an outpatient basis.



#### **Major changes:**

- Direct-acting oral anticoagulants (DOACs) are now recommended over warfarin as first-line treatment for both initial and long-term treatment of pulmonary embolism (PE) in adult patients, excluding those who are pregnant or have cancer.
- A follow-up visit 3 months after initiation of treatment is now recommended to assess duration of anticoagulation. If treatment is continued beyond 3 months, clinicians may consider reducing the dose of certain anticoagulants after 6 months for patients at high risk of bleeding.
- Weight-based limitations on DOAC use have been removed due to lack of evidence.

#### **Questions?**

Clinical expert: [Scott Ekin, MD](#), Urgent Care Quality Medical Program Director

Clinician lead: [Katie Paul, MD, MPH](#), Associate Medical Director, Clinical Knowledge & Education

Guideline coordinator: [Avra Cohen, MN, RN](#), Clinical Improvement & Prevention

# Provider E-News

## Provider Services Department



January 2023

### Provider Notices



Please check our provider site on a regular basis for provider manual changes and updates. We communicate changes to the [Provider Manual](#) in the [Provider eNews](#) and in our [Provider Updates](#) 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:

- [Tralokinumab-ldrm \(Adbry\) updated prior authorization criteria](#)
- [Ravulizumab-cwvz \(Ultomiris\) updated prior authorization criteria](#)
- [Medicare Part B: Rituximab-Abbs \(Truxima\) requiring step therapy](#)
- [Medicare Part B: Difelikefalin \(Korsuva\) requiring prior authorization](#)
- [Changes to medical necessity review criteria for Monitored Anesthesia Care \(MAC\) for Gastrointestinal Endoscopic Procedures](#)
- [Changes to medical necessity review criteria for Neonatal Intensive Care Unit \(NICU\) admissions](#)

### Please remember to advise your Provider Services Consultant

#### Have you made any recent changes to your practice?



Don't forget to let us know so we can update our [Provider Directory](#). On our [provider site](#) home page, click on Provider Support, and choose Provider Demographic and/or Practice Changes to take you to our [Provider Update Forms](#) page. You will find several helpful links on that page to provide us with information.

On this 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
  - Close a clinic location
  - Remit/billing "Pay to" address updates
  - Tax ID update / Tax ID address update / 1099 address update

Thank you for helping us maintain a compliant and accurate provider directory.

January 2023

### CME and Workshop Opportunities

#### Continuing Education Opportunities

Kaiser Permanente Washington offers a variety of continuing medical education courses throughout the year, detailed on our [CME Catalog page](#). Check out current opportunities below.



Jan 26, 2023	Hematology – Oncology for Primary Care
Mar 17, 2023	Medication Update 2023
Apr 28, 2023	Dermatology for Primary Care