

June 2024

Business Updates



Patient FMLA and Washington PFML requests – What are my obligations?

Have you had a request from a patient to fill out an FMLA form? You may wonder which physician/clinic has the responsibility to fill out the form, what guidelines to use, or who should follow up with the patient about it. Here are some guidelines that will help both you and the patient to get the necessary paperwork completed by the right physician/clinic.

FMLA Law

Under the FMLA, a covered employer must grant an eligible employee up to a total of 12 workweeks of unpaid, job-protected leave in a 12-month period for one or more [listed reasons](#). The FMLA also allows eligible employees to take up to 26 workweeks of unpaid, job-protected leave in a “single 12-month period” to care for a covered servicemember with a serious injury or illness. An employer may require that the need for leave for a serious health condition of the employee or the employee’s immediate family member be supported by a certification issued by a health care provider.

New PFML law

Effective June 6, 2024, a new Washington law requires timely certification of a serious health condition for qualifying individuals to begin receiving benefits under [50A.15 RCW](#), the Washington State [Paid Family and Medical Leave \(PFML\) program](#). Under the [new law](#), a provider must complete and submit a [Medical Certification of Serious Health Condition form](#) within seven calendar days of receiving a certification request and authorization to disclose health care information from a patient. Alternatively, an FMLA form may be submitted to Washington State as proof of Serious Health Condition. Providers and facilities are prohibited from charging a fee for completing PFML forms. For more information on the new law, please see [WSHA’s new law implementation guide](#).

Who should fill out the FMLA/PFML certification request?

The attending physician who treated the patient for the condition upon which the patient is seeking leave has the best knowledge to fill out an employer certification. The physician’s clinic staff must consult the physician or the patient’s chart notes to complete the form within seven calendar days of receiving the certification request. If the physician or clinic staff are no longer available to provide this service, appropriate detailed documentation must be provided within the patient’s record to allow the patient’s primary care provider to complete the form. However, unless there are extenuating circumstances, the attending physician or the clinic staff must complete the form as requested by the patient within the seven-calendar day timeframe stated in the new PFML law.

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Improvements to our National Clinical Review prepay review process

We are pleased to share that, as of June, we have implemented several improvements to our national clinical review prepay review process, with the goal of making the claims submission and review process much quicker. These improvements include:

- We will no longer deny the claim requesting an itemization until day 25 if one is not received.
- For claims that have denied hospital days during a stay, we will split the charges out.
- We will no longer deny a claim for a mismatch of the itemization if the charges are <\$50.
- When a corrected claim is received, we will look at the original claim for the itemization and not automatically deny the claim.

If you have any questions, please contact our Provider Assistance Unit at 1-888-767-4670.



Reminder regarding processing times for reconsideration requests

Have you submitted a request for reconsideration based on medical necessity or no preauthorization? Our processing time for these requests is 60 days from the receipt of your request. Please allow the 60-day period to lapse before calling our Provider Assistance Unit for an update. Calling for an update prior to that time will result in further delays.

Clinical Updates



Depression guidelines reviewed and updated

Kaiser Permanente's [Adult and Adolescent Depression Guideline](#) and [Perinatal Depression Guideline](#) have been reviewed and updated. Both guidelines address screening, diagnosis, treatment, and follow-up of major depressive disorder.

Adult and Adolescent Depression

- Electrocardiogram (EKG) monitoring recommendations for patients taking citalopram and escitalopram have been updated and are now based on patient age, risk factors, and medication dose. Previously, EKG monitoring was recommended annually for all patients over age 40, regardless of medication dose.

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- New guideline content has been added on group therapy options and options for treatment-resistant depression.

Perinatal Depression

The shared decision-making section on treating depression with SSRIs during pregnancy and breastfeeding has been updated.

Questions about this article?

- [Ella Miropolski, MD](#), Medical Director, Mental Health and Wellness Quality Program
- [Stanley Shyn, MD, PhD](#), Medical Director, WPMG Population Health
- [Katie Paul, MD, MPH](#), Associate Medical Director, Knowledge and Education
- [Avra Cohen, MN, RN](#), Guideline Coordinator

Kaiser Permanente Washington Health Research Institute News



[COVID risks not meaningfully greater with estrogen-containing medications](#)

A new study has found that current use of estrogen-containing oral contraceptives or hormone therapy did not meaningfully increase the risk of COVID-19 infection or hospitalization.



[Researchers connect for A CT Symposium, advancing science on dementia, aging](#)

The ACT Study, which began in 1994, follows a volunteer cohort of thousands of Kaiser Permanente Washington members as they age. The resulting long-term data are rich and unique, and have allowed researchers to identify many factors that impact brain aging. The goal of the study is to develop better ways to protect cognitive health in aging and reduce risk of Alzheimer's disease and other causes of dementia.



[Predicting breast cancer risk after a high-risk benign lesion diagnosis](#)

"The clinical management of high-risk benign breast lesions poses a dilemma," said Ellen O'Meara, PhD, a principal collaborative scientist with Kaiser Permanente Washington Health Research Institute (KPWHRI). "Which patients are at high risk of future breast cancer and would benefit from strategies such as enhanced imaging and chemoprevention? Which patients need surgery, and which can be safely managed without it?"

Provider Notices

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Notices can be viewed on our [Provider Notices](#) page on the [Kaiser Permanente provider site](#). 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](#) for your convenience. However, it is your responsibility to remain updated on any changes by visiting our site regularly for updates on our policies and procedures.

- [Changes to medical necessity review criteria for Bariatric Surgery](#)
- [Lymphocyte immune globulin \(Atgam\) will require prior authorization approval](#)
- [Medicare Part B: mirikizumab-mrkz \(Omvoh\) requiring prior authorization](#)
- [Changes to medical necessity review criteria for New and Emerging Technology](#)
- [Changes to medical necessity review criteria for treatments for Lower Limb Prostheses](#)
- [Changes to medical necessity review criteria for treatments for Bone Lengthening Procedures](#)
- [Changes to medical necessity review criteria for treatments for Radiation Therapy for Palmar Fibromatosis](#)
- [Changes to medical necessity review criteria for treatments for Superficial Radiation Therapy](#)
- [Changes to medical necessity review criteria for treatments for Sleep Studies](#)
- [Changes to medical necessity review criteria for treatments for Transcutaneous Electrical Stimulation \(TENS\) devices](#)
- [Changes to medical necessity review criteria for fecal gi infusion for the treatment of c. Difficile infection](#)
- [Changes to medical necessity review criteria for capsule endoscopy](#)
- [Changes to medical necessity review criteria for treatments for urinary incontinence](#)
- [Changes to medical necessity review criteria for treatments for renal sympathetic nerve ablation](#)
- [Changes to medical necessity review criteria for treatments for infrared thermography](#)
- [Changes to medical necessity review criteria for transcranial magnetic stimulation](#)
- [Changes to medical necessity review criteria for treatments for chelation therapy](#)
- [Changes to medical necessity review criteria for PET scans](#)
- [Changes to medical necessity review criteria for genetic screening and testing](#)

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EFT Deposit & Check Mailing Dates



EFT Deposit & Check Mail Dates

Provider reimbursement checks are scheduled to be deposited ACH or mailed on the following dates. Mailed checks should arrive within approximately 3 business days.

January 1, 19, 25

July 5, 11, 18, 25

February 1, 7, 15, 23, 29

August 1, 7, 15, 22, 29

March 7, 14, 21, 28

September 6, 12, 19, 26

April 4, 11, 18, 25

October 7, 10, 17, 24, 31

May 7, 9, 16, 23, 31

November 7, 14, 21, 29

June 6, 13, 20, 27

December 5, 12, 19, 27

Kaiser Permanente Holidays

New Year's Day
Monday, January 1

Martin Luther King Jr. Day
Monday, January 15

Presidents' Day
Monday, February 19

Memorial Day
Monday, May 27

Independence Day
Thursday, July 4

Labor Day
Monday, September 2

Thanksgiving
Thursday, November 28

Christmas
Wednesday, December 25

Provider Resources



Submit a [Provider Update Form](#) to inform us of changes to your practice.



View our [Provider Directory](#).



Learn more about our [Specialty Services](#).



Read our latest [Formulary Decision Highlights](#).



View our 7 formularies on our [Formulary](#) page or [ePocrates](#).



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