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### Business Updates



#### Call for Participants - Diagnostic Excellence Program Pilot

Kaiser Permanente has always had and maintains an acute focus on ensuring all our members have access to the highest quality care and have outstanding care experiences regardless of whether the care is delivered by a Kaiser Permanente professional or one of our contracted network providers. An essential component of this high-quality care includes complete and accurate documentation and coding of a patients' chronic and complex conditions, leading to well-informed decision-making, continuity of care, and establishing the disease burden of a practitioner's patient panel.

Kaiser Permanente's Diagnostic Excellence Program is designed to ensure our Medicare Advantage members get high-quality care with outstanding care experiences, helping them to live healthier lives. Beginning in the first quarter of 2025, and for a period of 6-12 months, we are initiating a pilot with a limited number of contracted network providers to provide them with practice and patient level data, referred to as Alert Files, that provide information regarding previously identified and suspected chronic conditions the member may have, and reward providers for improvements in their address rate of previously identified and suspected chronic conditions for Medicare Advantage members.

If you are interested in participating in this pilot, please contact [Bradley Pope, MD, District Medical Director](#).



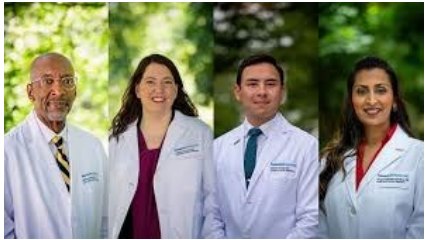
#### New Federal No Surprises Act requirements regarding balance billing

The recent passage of the Federal No Surprises Act implements the requirement that commercial plan members can only be billed for in-network cost shares (copay, coinsurance, and/or deductible) by non-contracted providers for the following services:

- Emergency room
- Emergency room to inpatient admit to post-stabilization
- Air ambulance only, not ground ambulance
- Certain non-emergency care received at in-network facilities

The non-contracted provider is not allowed to balance bill the member for costs relating to these services. This new requirement does not apply to Medicare Advantage members. Please see our [Provider Reconsideration Process](#) provider manual page for more details.

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### **New Welcome Team supports connection with our contracted network primary care providers**

Kaiser Permanente's New Member Welcome (NMW) Team is available to assist with engagement of all its new members. New members will receive an automated welcome call and are given the option to connect with the NMW team professionals. We offer to assist with reviewing their benefits, providing pharmacy transfer options, website assistance, and connecting them with a network provider. For members needing a primary care physician, the NMW team will help the member find a network provider in their area, assist with the online provider directory (if needed) and connect the new member to their preferred network medical office to schedule their first appointment. The NMW team can also assist with initiating medication transfer if the new member will be using the Kaiser Permanente Mail Order Pharmacy.

The New Member Welcome Team is open and available to assist Monday – Friday from 8:00 AM – 5:00 PM. New members should call 206-630-0029 (local) or 888-844-4607 (toll-free) for assistance. We look forward to connecting our new members with you.

## Clinical Updates



### **Statin Therapy for Patients with Cardiovascular Disease**

Kaiser Permanente cares for thousands of patients with a history of Atherosclerotic Cardiovascular Disease (ASCVD), an umbrella term encompassing a variety of disease states generally caused by plaque buildup in arterial walls. Specific categories of ASCVD include:

1. Heart disease (e.g., myocardial infarction / MI)
2. Cerebrovascular disease (e.g., stroke, transient ischemic attack (TIA), or carotid stenosis)
3. Peripheral artery disease (e.g., claudication)
4. Aortic disease (e.g., aortic aneurysm)

Efforts to treat known ASCVD and prevent mortality or additional morbidity (e.g., subsequent MI or stroke) are referred to as secondary prevention. One of the most potent and best-supported tools for secondary prevention of ASCVD is lipid lowering therapy, most commonly with medications known as statins.

The Health Effectiveness Data and Information Set (HEDIS) includes the appropriate use of statins for secondary prevention as one of the quality measures tracked within the "Effectiveness of Care" domain: HEDIS<sup>®</sup> quality measure

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### Statin therapy for patients with cardiovascular disease (SPC)

Percentage of males 21-75 years of age & females 40-75 years of age identified as having clinical atherosclerotic cardiovascular disease and who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.



### Statin Intensity

An analysis of patients seen at Kaiser Permanente clinics with ASCVD reveals:

- Clinics with the highest usage rate of **atorvastatin** and **rosuvastatin** (for which all strengths are moderate to high intensity) achieved the best rates of secondary prevention and highest HEDIS SPC performance.
- When statins other than atorvastatin or rosuvastatin are used, 1/3 of the time insufficient (i.e., low intensity) dosing is used, resulting in suboptimal risk reduction and failure to meet the SPC metric.
- Accordingly, we are encouraging providers taking care of patients with ASCVD to preferentially use atorvastatin or rosuvastatin whenever possible (thereby assuring adequate statin intensity). Both medications are on formulary, are cost-effective, and were the statins of choice in many major outcomes-based studies.
- If using a non-preferred statin, please take note of the dosing thresholds for moderate and high intensity in the table below.

Statin	Low Intensity dose	Moderate Intensity dose	High Intensity dose
<b>Atorvastatin</b>		<b>10mg-20mg</b>	<b>40mg-80mg</b>
<b>Rosuvastatin</b>		<b>5mg-10mg</b>	<b>20mg-40mg</b>
Simvastatin	<i>10mg</i>	<b>20mg-40mg</b>	<b>80mg</b>
Pravastatin	<i>10mg-20mg</i>	<b>40mg-80mg</b>	
Lovastatin	<i>20mg</i>	<b>40mg</b>	
Fluvastatin	<i>20mg</i>	<b>40mg-80mg</b>	
Pitavastatin		<b>1mg-4mg</b>	

As an additional reminder, intermittent or reduced frequency dosing (i.e., less than daily—e.g., 3x/week) of atorvastatin or rosuvastatin is still superior to NO statin—and HEDIS-compliant if patients are faithful to how the prescription is scripted. Additional opportunities to improve SPC performance include confirming the accuracy of ASCVD diagnoses when adding diagnosis codes to visits and annual reassessment and coding of statin myopathy when appropriate for patients who are unable to tolerate statins because of a current or prior history of this reaction.

### Additional Resources:

- [Kaiser Permanente Atherosclerotic Cardiovascular Disease \(ASCVD\) Primary Prevention Guideline](#)

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- [Kaiser Permanente Atherosclerotic Cardiovascular Disease \(ASCVD\) Secondary Prevention Guideline](#)
- [Table 1, Statin Dosing and ACC/AHA Classification of Intensity - Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: A Systematic Review for the U.S. Preventive Services Task Force - NCBI Bookshelf \(nih.gov\)](#)

### Questions about this article?

[Bradley Pope, MD, District Medical Director](#)



### **Pneumococcal conjugate vaccine (PCV20): new adult recommendations and coverage updates**

#### Expanded age range

The Advisory Committee on Immunization Practices (ACIP) and the CDC now recommend that **adults aged 50 years and older who have**

**never been vaccinated with pneumococcal conjugate vaccine or who have an unknown vaccine status** should receive a dose of either PCV20, PCV21, or PCV15 plus PPSV23. The preferred vaccine for Kaiser Permanente is **Prevnar 20 (PCV20)**.

Coverage for PCV20 has been expanded to include Medicare and non-Medicare members aged 50 years and older. KP members who meet the criteria may schedule vaccination with PCV20.

HEDIS<sup>®</sup> measure

**The HEDIS Adult Immunization Status (AIS) measure** is the percentage of members who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal, and hepatitis B.

- For **measurement year 2025**, the HEDIS-specified age range for pneumococcal vaccinations has moved to age 65 years and older (the low end was previously 66 years).
- The HEDIS range will likely move to age 50 years and older in 2026 at the earliest.
- In the KPWA internal delivery system, we are currently meeting or exceeding the current HEDIS targets.

Frequently asked questions

#### **Will we be using PCV21 in the near future?**

- Our preferred Prevnar PCV20 is under contract for the next few years.
- There are no comparative studies that show PCV21 has better protection than PCV20.

#### **How many KPWA members qualify for PCV20 vaccination under the new recommendations?**

- There are approximately 130,000 KPWA members aged 50–64 years.
- We will set a target of 25% vaccination rates for 2025–26, or about 30,000 members.

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### Will we be reaching out to members to remind them about the new recommendations?

- To manage capacity and costs, there will be a phased rollout to complete Health Maintenance outreach this year.

### Resources

- [Expanded Recommendations for Use of Pneumococcal Conjugate Vaccines Among Adults Aged ≥50 Years: Recommendations of the Advisory Committee on Immunization Practices - United States, 2024.](#)
- Evidence for age expansion: [ACIP Jan 6, 2025](#)

### Questions about this article?

- [Dan Kent, PharmD, CDCES, Coordinator, Pharmacy Clinical Programs](#)

## Kaiser Permanente Washington Health Research Institute News



### [Study measures risks of screening colonoscopies for older adults](#)

Colonoscopies are one of the most effective screening methods for detecting early colorectal cancer as well as precancerous polyps. A [new study](#) sheds light on the potential harms of screening colonoscopies for adults ages 76 to 85, finding a small increase in risk for hospitalization and death in the weeks after the procedure.



### [Improving pain care by restoring patient-clinician trust](#)

Since 2019, the Center for Accelerating Care Transformation at KPWHRI has been working alongside patients and clinicians to design, implement, and evaluate a new approach to providing long-term pain care. A new paper explores how health systems can improve opioid prescribing safety with patient-centered care.

# Provider E-News

## Provider Services Department



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### Provider Notices



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 low vision aides & devices](#)
- [Changes to medical necessity review criteria for PSMA PET](#)
- [Changes to medical necessity review criteria for bunionectomy](#)
- [Changes to medical necessity review criteria for treatments for GERD](#)
- [Changes to medical necessity review criteria for radiofrequency neurotomy](#)
- [Changes to medical necessity review criteria for restorative and cosmetic procedures](#)
- [Changes to medical necessity review criteria for psychoanalysis for mental health disorders](#)
- [Changes to medical necessity review criteria for sacral nerve stimulator](#)
- [Changes to medical necessity review criteria for responsive neurostimulation for treatment of epilepsy](#)
- [Changes to medical necessity review criteria for single photon emission computed tomography \(SPECT\)](#)
- [Changes to medical necessity review criteria for transthyretin amyloidosis genetic testing](#)
- [Leuprolide acetate \(Fensolvi\) will require prior authorization approval](#)
- [Site of care prior authorization requirement for oncology medications](#)

# Provider E-News

## Provider Services Department



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### EFT Deposit & Check Mailing Dates



#### 2025 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 9, 16, 24, 30

July 8, 10, 17, 24, 31

February 6, 13, 21, 27

August 7, 14, 21, 28

March 6, 13, 20, 27

September 5, 11, 18, 25

April 5, 10, 17, 24

October 2, 9, 16, 23, 30

May 3, 8, 15, 22, 30

November 6, 13, 20, 28

June 5, 12, 19, 26

December 4, 11, 18, 26

#### Kaiser Permanente Holidays

**New Year's Day**  
Monday, January 1

**Martin Luther King Jr. Day**  
Monday, January 20

**Presidents' Day**  
Monday, February 17

**Memorial Day**  
Monday, May 26

**Independence Day**  
Thursday, July 4

**Labor Day**  
Monday, September 1

**Thanksgiving**  
Thursday, November 27

**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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