

October 2021

Business Updates

CMS awards Kaiser Permanente 5 stars for its Medicare Advantage plans



Kaiser Permanente Washington celebrates achieving 5 out of 5 Stars, the highest rating from the Centers for Medicare & Medicaid Services (CMS), for all of our region's 2022 Medicare Advantage health plans. CMS has awarded every region of Kaiser Permanente with 5 out of 5 Stars.

It's exciting that CMS is shining the light on how well our integrated system serves our patients. We send our thanks to our contracted provider network for working alongside us to achieve this rating by keeping members healthy, managing chronic conditions, and providing high quality, affordable care, all in the midst of a pandemic.

Medicare-eligible people can enroll in individual Medicare Advantage and Part D plans during the Medicare open enrollment period, which begins on October 15 and runs through December 7, 2021. Medicare-eligible individuals who have a 5-star Medicare health plan available in their area can also take advantage of a special enrollment period that runs from December 8, 2021, through November 30, 2022. During that time, they can join or switch to a plan with a 5-star quality rating (one plan change allowed per special enrollment period). Medicare beneficiaries can learn more about Kaiser Permanente's highly rated Medicare health plans and historical star ratings by visiting kp.org/medicarestars.

Kaiser Permanente's employee vaccination efforts

The COVID-19 pandemic has taken the lives of more than 700,000 Americans since it began 19 months ago; that is 1 in 500 people. During this time, Kaiser Permanente has cared for more than 1.1 million COVID-19 patients; sadly, many of them have been our employees, friends, and family. The highly contagious delta variant continues to challenge us through a fourth surge, with even more lives lost and continued impact to our patients, our members, and our communities.



Widespread vaccination is the best way to bring about an end to this ongoing suffering caused by COVID-19. That is why, on August 2, we called on all our employees and physicians to be vaccinated or apply for medical or religious exemption by September 30. We are pleased to report that more than 92% of our employees have been vaccinated and our physician vaccination rates have reached 97%. Nearly 98% of our active employees have responded through our verification process and the remaining 2% of our employees have been placed on unpaid administrative leave as of October 1 and have until December 1, 2021, to receive their vaccination and return to work. Vaccination exemption requests are

October 2021

being reviewed thoroughly and thoughtfully, and those with medical and religious exemptions will be required to follow regulatory safety requirements while at work.

Closing the vaccination gap reduces transmission of the virus and lowers the chance for more dangerous variants to emerge. Kaiser Permanente's data shows 0.69% of our fully vaccinated patients have experienced COVID-19 infection and 0.03% required hospitalization. No matter what lies ahead, more vaccination means more safety for our world.

Use of ivermectin as a COVID-19 preventive or treatment is not approved and not covered



There has been a surge of requests at Kaiser Permanente network pharmacies for ivermectin for the prevention of COVID-19 after exposure and for treatment. Based on the data available at this time, ivermectin tablets should not be used for the treatment or prevention of COVID-19 in adult or pediatric patients.

To date, there have been no published, sufficiently powered, randomized controlled trials (RCTs) demonstrating the effectiveness of ivermectin in the treatment or prevention of COVID-19, and the FDA, CDC, NIH, WHO, and IDSA do not support use of ivermectin for COVID outside of a study. Unproven and dangerous doses of ivermectin for use in animals is being promoted without evidence in use by humans to prevent or treat COVID. It is possible to overdose on ivermectin, which can cause nausea, vomiting, diarrhea, hypotension (low blood pressure), allergic reactions (itching and hives), dizziness, ataxia (problems with balance), seizures, coma and even death. Ivermectin can also interact with other medications, like blood-thinners.

Effective October 20, 2021, Kaiser Permanente will require a prior authorization requiring FDA indication use for ivermectin to ensure this drug is being used within approved FDA guidelines. Ivermectin is not currently FDA-approved for the treatment or prevention of any viral infection, including SARS-CoV-2. Ivermectin tablets are approved by the FDA to treat people with intestinal strongyloidiasis and onchocerciasis, two conditions caused by parasitic worms. In addition, some topical forms of ivermectin are approved to treat external parasites like head lice, scabies and for skin conditions such as rosacea.

Ivermectin Information Resources:

- [CDC Ivermectin Safety Notice](#)
- [Washington Medical Commission Statement Regarding COVID-19 Misinformation](#)
- [FDA Statement Regarding Ivermectin as a COVID-19 Treatment](#)

October 2021

New provider resources for self-administered medications and for biosimilars

Kaiser Permanente works to ensure that our coverage policies for medications are visible and clear for providers. Many of these can be found on the [pharmacy overview](#) page of our provider site.



We have added a new policy for [self-administered medications](#). This policy clarifies the criteria that Kaiser Permanente uses to identify that a medication is self-administered and provides a list of medications that are not covered under the medical benefit. We have also developed an [FAQ for biosimilars](#). This reference includes an explanation of Kaiser Permanente's management strategy for biosimilars and Kaiser Permanente's preferred biosimilar products.

Changes to home infusion and ambulatory infusion suite place of service coding for prior authorizations and billing



Effective January 1, 2022, Kaiser Permanente members will have in-network benefit coverage for select home-infused medications and supplies only when the medicines and supplies are provided by Kaiser Permanente Specialty Home Infusion. There is no out-of-network benefit coverage for home infusion. This benefit change applies to most Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. members, and does not apply to Medicare Advantage members. Please note that members are not required to use home infusion; this benefit change only affects members currently in home infusion or members who choose to do home infusion in the future. Please see our [home infusion specialty pharmacy page](#) for more information, including a [billing guidance document](#).

Kaiser Permanente Ambulance Services payment policy reminder

Kaiser Permanente's [Ambulance Services](#) payment policy requires that claims must be billed in accordance with CMS guidelines. Per those guidelines, supplies utilized during transport on the same day by the same provider are not separately billable from the ambulance base rate. Please see the [Medicare Claims Processing Manual, Chapter 15 - Ambulance](#) for more details. If you have any questions, please contact the Provider Assistance Unit at 1-888-767-4670.



October 2021

Modifier SS added to Kaiser Permanente Modifier payment policy



Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is making a commercial benefit change which restricts where select home-infused medications and supplies can be obtained and by whom they can be administered when the medicines and supplies are provided in the home setting. To ensure a smooth transition for these upcoming changes, we request that all infusion providers begin using the SS modifier when appropriate.

Starting January 1, 2022, Kaiser Permanente will require use of the SS modifier to identify home infusion services performed in the infusion suite. The SS modifier is defined as “Home infusion services provided in the infusion suite of the iv-therapy provider.” Use of modifier SS will not impact the provider reimbursement amount. However, it is important to use the SS modifier when applicable, as the absence or presence of the SS modifier may impact Kaiser Permanente members’ cost shares. Please review the [Modifiers](#) payment policy for details. For questions regarding this change, please contact the Provider Assistance Unit at 1-888-767-4670.

Personal injury protection vs. medical payments – what’s the difference?

So, you have a patient who’s been injured in an auto accident, and they’ve filed either a personal injury protection (PIP) or a medical payments (Medpay) claim with their auto insurance carrier. What’s the difference?



There are both similarities and differences to these two types of coverage. Both are considered “no fault,” meaning that they pay their insured’s medical bills regardless of whether they caused their own injury or it was caused by someone else. They are both a limited benefit depending on the policy purchased by the policy holder. Additionally, some policies will include both coverages -- although this is less common.

The main difference between the two types of coverage is that Medpay covers medical bills only, but PIP has multiple benefits, each with its own individual limit. For example, PIP not only covers medical bills, but may also pay for lost wages, essential services (housekeeping, grocery shopping, yard care, etc.), funeral expenses, and transportation.

If you are treating a patient for an injury, and they are reluctant to file a claim under their PIP or Medpay coverage, it’s helpful to explain the benefits of both, as they may not be aware. However, they should refer to their auto insurance policy or contact their insurance agent to obtain a full description of benefits.

October 2021

Additionally, PIP and Medpay coverage is primary to all Kaiser Permanente plans. Failure to file a PIP or Medpay claim may result in a denial of medical benefits under the Kaiser Permanente plan per the “General Exclusions” and “Subrogation and Reimbursement Rights” sections of their plan contract.

Please contact the Other Party Liability (OPL) Department at Kaiser Permanente if you have questions pertaining to your patients’ auto accident-related claims or coverage at (866) 783-9594.

Clinical Guideline Updates

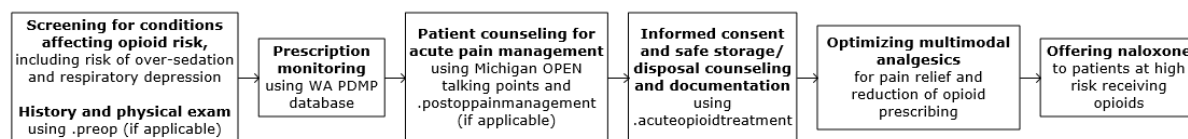
New safety guideline aims to decrease excess opioid prescribing following surgery, other procedures



Kaiser Permanente’s new [Acute Opioid Prescribing Safety Guideline](#) has been developed to decrease excess prescribing of opioids for acute pain in opioid-naïve patients in surgical and office settings. Special considerations are included for children, patients over age 65, pregnant patients (post-delivery), patients at increased risk of respiratory depression or overdose, and patients with alcohol or substance use disorders.

The guideline provides specific recommendations for acute opioid prescribing for control of post-surgical pain by type of surgery, as well as for common office procedures. General guidance is also provided based on the speed of expected recovery. This guidance was adopted from the Michigan Opioid Prescribing Engagement Network (OPEN) available from <https://www.opioidprescribing.info/>.

A flowchart illustrates the steps that are **required** before opioids can be prescribed for acute pain. (See [WAC 246-919-865](#).)



General principles

- Preferentially prescribe nonopioid analgesic therapies (non-pharmacologic and pharmacologic) rather than opioids as the initial treatment of acute pain.
- Optimize multimodal analgesic therapy—the administration of two or more drugs that act by different mechanisms to improve pain relief while reducing opioid prescribing (e.g., ibuprofen and acetaminophen).

If prescribing opioids,

- Prescribe the lowest effective dose of short-acting opioids (avoiding long-acting opioids).

October 2021

- Prescribe a quantity no greater than that needed for the expected duration of pain severe enough to require opioids. **Three days or less** will often be sufficient; more than 7 days will rarely be needed.
- Do not routinely prescribe, or knowingly cause to be co-prescribed, a simultaneous course of opioids and benzodiazepines or other muscle relaxants/sedative-hypnotics for treatment of acute pain.
- Check the patient's record in the Washington State Prescription Drug Monitoring Program (PDMP) database every time controlled substances are prescribed to determine whether the patient is receiving opioid dosages or dangerous combinations that put them at high risk.
- Offer naloxone if the patient is at high risk for respiratory depression or overdose.

Questions?

[Angie Sparks, MD](#), Medical Director, Clinical Knowledge Development & Support

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

[Robin Moore, MS, PA-C](#), Emergency Services

Colorectal Cancer Screening Guideline updated; coverage in place for persons aged 45-49 years

The Kaiser Permanente [Colorectal Cancer Screening Guideline](#) has been reviewed and updated.

The primary change is the adoption of the recent U.S. Preventive Services Task Force recommendation that **the initial age for colorectal cancer screening (CRCS) be expanded to include all persons aged 45–49, regardless of their level of risk.**



- Patients aged 45–49 who are at average risk may now be advised that coverage policies have been updated, and that Kaiser Permanente will be able to accommodate them for screening.
- Due to pandemic-related backlogs, FIT testing may be the timeliest screening option for these patients, although colonoscopy is also an option.
- Any positive FIT test result should be followed up by contacting the patient and referring them to Gastroenterology for colonoscopy.
- Under most plans, follow-up colonoscopy after a positive FIT is fully covered as part of the initial screening.

Questions?

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

[John Dunn, MD, MPH](#), Medical Director, Preventive Care

October 2021



Diabetes guidelines: eGFR added to kidney health monitoring, screening age dropped to 35 for patients at risk for type 2

The Kaiser Permanente guidelines for [type 1 diabetes](#) and [type 2 diabetes](#) have been revised as follows:

Annual monitoring of estimated glomerular filtration rate (eGFR) is now recommended for all patients with diabetes (types 1 and 2) to be in compliance with the HEDIS[®] Kidney Health Evaluation for Patients with Diabetes (KED) measure. Previously, microalbumin/creatinine ratio was the only recommended lab test for monitoring kidney health.

It is now recommended that **type 2 diabetes screening for patients with overweight/obesity start at age 35**, to be in alignment with new 2021 U.S. Preventive Services Task Force recommendations. Previously, screening was recommended for such patients starting at age 45.

Questions?

[Avantika Waring, MD](#), Program Chief, Diabetes Care

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

Gestational Diabetes Guideline updates: Metformin first for some patients, nutritional counseling for all

The Kaiser Permanente [Gestational Diabetes Screening and Treatment Guideline](#) has been reviewed and updated.



Metformin is now first-line treatment for patients whose GDM is not controlled by diet and exercise and who have a fasting blood sugar below 126 mg/dL. Previously, insulin was the first line-treatment for this population.

- New evidence from high-quality studies suggests that metformin has advantages over insulin for several maternal and neonatal outcomes, including reducing maternal weight gain, pregnancy-induced hypertension, neonatal hypoglycemia, macrosomia, and NICU admission.
- Insulin, with or without metformin, along with diet and exercise, is still the first-line treatment for patients with a fasting blood sugar of 126 mg/dL or higher.

Pregnant patients who are taking metformin for **polycystic ovarian syndrome (PCOS)** are advised to stop taking metformin by the end of their first trimester unless they have a history of hyperglycemia prior to pregnancy or are found to be hyperglycemic at their first OB visit. Previously, there was insufficient evidence on which to base recommendations for continuing metformin during pregnancy for the management of PCOS.

All patients with GDM should be referred to a **registered dietitian (RD) for nutritional counseling.**

Provider E-News

Provider Services Department



October 2021

A new **screening and treatment flowchart** has been added that reflects these changes.

Questions?

[Avantika Waring, MD](#), Program Chief, Diabetes Care

[Andrew Warner, MD](#), Obstetrics/Gynecology

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

Provider Payment Policy Updates and 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.

Recently updated [payment policies](#):

- [Chromoendoscopy and Narrow Band Imaging](#)
- [Allergen Immunotherapy](#)

Provider Notices:

[Brivaracetam \(Briviact\) updated prior authorization criteria](#)

Effective December 1, 2021, Brivaracetam (Briviact) will be added to the non-Medicare list of office-administered drugs requiring prior authorization. This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication in a physician's office.

[Irinotecan liposome \(Onivyde\) updated prior authorization criteria](#)

Effective December 1, 2021, Irinotecan liposome (Onivyde) will be added to the non-Medicare list of office-administered drugs requiring prior authorization. This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication in a physician's office.

October 2021

[Abatacept \(Orencia\) updated prior authorization criteria](#)

Abatacept (Orencia) is on the non-Medicare list of office-administered drugs requiring prior authorization.

Effective December 1, 2021, the quantity limit for abatacept (Orencia) has been updated to specify the frequency used during induction. This letter is a notification of the change in prior authorization criteria required before administering this medication in a physician's office.

[Tocilizumab \(Actemra\) updated prior authorization criteria](#)

Tocilizumab (Actemra) is on the non-Medicare list of office-administered drugs requiring prior authorization.

Effective December 1, 2021, the quantity limit for tocilizumab (Actemra) has been updated to specify the frequency of use for cytokine release syndrome. This letter is a notification of the change in prior authorization criteria required before administering this medication in a physician's office.

[Vedolizumab \(Entyvio\) updated prior authorization criteria](#)

Vedolizumab (Entyvio) is on the non-Medicare list of office-administered drugs requiring prior authorization.

Effective December 1, 2021, the quantity limit for Vedolizumab (Entyvio) will be updated to specify the frequency of use. This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication in a physician's office.

[Ustekinumab \(Stelara\) updates to coverage under the medical benefit](#)

Effective December 1, 2021, ustekinumab (Stelara) subcutaneous vial and syringes will **NOT** be covered under the medical benefit. **This letter is a notification of the upcoming change in coverage for this medication under the medical benefit.** Pharmacy benefit coverage remains available for members who meet prior authorization criteria but Stelara will **no longer be covered** under the medical benefit for self-administration formulations.

[Benralizumab \(Fasenra\) and Mepolizumab \(Nucala\) will not be covered under the medical benefit](#)

Effective December 1, 2021, Benralizumab (Fasenra) and Mepolizumab (Nucala) will **NOT** be covered under the medical benefit. **This letter is a notification of the upcoming change in coverage for this medication under the medical benefit.** Pharmacy benefit coverage remains available for members who meet prior authorization criteria but Fasenra and Nucala will **no longer be covered** under the medical benefit.

October 2021

[Changes to medical necessity review criteria for eating disorders and outpatient mental health services](#)

Effective December 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating criteria for medical necessity reviews for Eating Disorders Treatment and Outpatient Mental Health services.

[Changes to medical necessity review criteria for bariatric surgery](#)

Effective November 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Bariatric Surgery for non-Medicare members. Additionally, **effective January 1, 2022**, requests for bariatric surgery for PEBB members will be reviewed using the Kaiser Permanente non-Medicare criteria.

[Changes to medical necessity review criteria for Positron Emission Tomography \(PET\) Scan](#)

Effective November 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for PET scans for non-Medicare members.

Medicare Part D Benefit Coverage Updates – Product removal

During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List). As a participating Network Provider in the Kaiser Permanente Part D program, the list below is intended to inform you of these changes.

Product Removal: Intelence Tabs, Kaletra Tabs, Perforomist Nebulizer, Soolantra Cream

Effective October 1, 2021, the brand-name drug Intelence Tabs will be removed from the Kaiser Permanente Medicare Part D Drug List as generic alternative is now available.

Effective October 1, 2021, the brand-name drug Kaletra Tabs will be removed from the Kaiser Permanente Medicare Part D Drug List as generic alternative is now available.

Effective October 1, 2021, the brand-name drug Perforomist Nebulizer will be removed from the Kaiser Permanente Medicare Part D Drug List as generic alternative is now available.

Effective October 1, 2021, the brand-name drug Soolantra Cream will be removed from the Kaiser Permanente Medicare Part D Drug List as generic alternative is now available.

October 2021

Affected members who were prescribed these drugs prior to each effective date will be grandfathered, meaning members will continue to receive the removed product under their Part D benefit and continue to receive the product, except for members who have been converted to the generic alternatives.

The following table lists all products recently removed from the Medicare Part D Formulary.

Reason for change	Drug Name/Description	Date and Type of Change:	Alternate Drug (Note: Over-the-counter (OTC) drugs are not covered under the Medicare Part D benefit)
Generic Available	INTELENCE TABS 100 MG, 200 MG	October 1, 2021 Brand drug to be replaced with generic	ETRAVIRINE TABS 100 MG, 200 MG
Generic Available	KALETRA TABS 100-25 MG, 200-50 MG	October 1, 2021 Brand drug to be replaced with generic	LOPINAVIR-RITONAVIR TABS 100-25 MG, 200-50 MG
Generic Available	PERFOROMIST NEBU 20 MCG/2ML	October 1, 2021 Brand drug to be replaced with generic	FORMOTEROL FUMARATE NEBU 20 MCG/2ML
Generic Available	SOOLANTRA CREA 1 %	October 1, 2021 Brand drug to be replaced with generic	IVERMECTIN CREA 1 %
Generic Available	BEPREVE SOLN 1.5%	September 1, 2021 Brand drug to be replaced with generic	BEPOTASTINE BESILATE SOLN 1.5 %
Generic Available	LYRICA CR TB24 82.5 MG, 165 MG, 330 MG,	July 1, 2021 Brand drug to be replaced with generic	PREGABALIN ER TB24 82.5 MG, 165 MG, 330 MG

Provider E-News

Provider Services Department



October 2021

Generic Available	AZOPT SUSP 1 %	July 1, 2021 Brand drug to be replaced with generic	BRINZOLAMIDE SUSP 1 %
Removed from Drug List	GLUCAGON EMERGENCY KIT 1 MG (Eli Lilly and Company)	June 1, 2021 Removed from Drug List	GLUCAGON EMERGENCY KIT 1 MG (Amphastar Pharmaceuticals, Inc.)
Generic Available	NORTHERA CAPS 100 MG, 200 MG, 300 MG	June 1, 2021 Brand drug to be replaced with generic	DROXIDOPA CAPS 100 MG, 200 MG, 300 MG
Generic Available	VIVLODEX CAPS 5 MG, 10 MG	May 1, 2021 Brand drug to be replaced with generic	MELOXICAM CAPS 5MG, 10 MG
Generic Available	TRUVADA TABS 100-150 MG, 133-200 MG, 167-250 MG	May 1, 2021 Brand drug to be replaced with generic	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABS 100-150 MG, 133-200 MG, 167-250 MG
Removed from Drug List	LOTEPREDNOL ETABONATE GEL 0.5 %	May 1, 2021 Removed from Drug List	LOTEMAX GEL 0.5%
Generic Available	ADVAIR DISKUS AEPB 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	May 1, 2021 Brand drug to be replaced with generic	WIXELA INHUB AEPB 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE
Generic Available	EMTRIVA CAPS 200MG	April 1, 2021 Brand drug to be replaced with generic	EMTRICITABINE CAPS 200 MG
Generic Available	ATRIPLA TABS 600-200-300MG	April 1, 2021 Brand drug to be replaced with generic	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABS 600-200-300 MG

Provider E-News

Provider Services Department



October 2021

Generic Available	LIBRAX CAPS 5-2.5 MG	March 1, 2021 Brand drug to be replaced with generic	CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG
Generic Available	MONUROL PACK 3 GM	February 1, 2021 Brand drug to be replaced with generic	FOSFOMYCIN TROMETHAMINE PACK 3 GM
Generic Available	KERYDIN SOLN 5 %	February 1, 2021 Brand drug to be replaced with generic	TAVABOROLE SOLN 5 %
Generic Available	TIMOPTIC OCUDOSE SOLN 0.5 %	February 1, 2021 Brand drug to be replaced with generic	TIMOLOL MALEATE PF SOLN 0.5 %
Generic Available	TRUVADA TABS 200-300 MG	February 1, 2021 Brand drug to be replaced with generic	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABS 200-300 MG

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](#). You will find several helpful links on that page to provide us with information.

On this page, you will be able to:

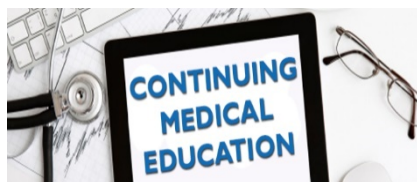
- Add new practitioners or term practitioners, including advanced registered nurse practitioners, physician assistants, and locum tenens

October 2021

- 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.

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!

Upcoming CME Courses

Courses presented live via MS Teams

Contact: Christopher.J.Scott@kp.org

[Course Information and Registration](#)

DATE

October 21, 2021

January – December 2021

January 26, 2022

COURSE

Diabetes for Primary Care 2021

Suicide Prevention 2021 (online - free)

Orthopedics and Sports Medicine for Primary Care