

CHANGES TO TRANSITION OF CARE POLICY

This notification applies to the following networks: HMO, POS, and Medicare Advantage

A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>

Effective June 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating criteria in the Transition of Care policy.

Explanation of the change:

The qualifying situation for pregnancy related services has been revised to specify that a member who is at 32 weeks or beyond in their pregnancy at the time of their enrollment or at the time their current provider changes network status will be permitted to continue coverage with their previously established obstetric provider for the remainder of her pregnancy and postpartum period.

Clinical review criteria can be found on the Kaiser Permanente provider website at: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/transition_of_care.pdf.

What will I need to do differently for my patients with the following Kaiser Permanente health plans?

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage.
- Medicare Advantage: Prior authorization is required.

Questions: Please contact Provider Assistance Unit at 509-241-7206 or 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

<CONTRACT MANAGER NAME>

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