

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR TRANSITION OF CARE

This notification applies to the following networks: *Medicare Advantage*.

A listing of all networks can be found on the provider website at

<https://wa-provider.kaiserpermanente.org/communications/letters>

Effective January 1, 2024, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating the Transition of Care criteria.

Explanation of the change:

Effective January 1, 2024, Kaiser Permanente is updating the Transition of Care criteria for Medicare members to align with the CMS final rule change that will allow for up to a 90-day transition of coverage period for new enrollees who are undergoing an active course of treatment. The 2024 CMS final rule can be found at: <https://www.federalregister.gov/documents/2023/04/12/2023-07115/medicare-program-contract-year-2024-policy-and-technical-changes-to-the-medicare-advantage-program>

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?

- Medicare Advantage: Prior authorization is not required.

Questions: Contact Provider Assistance Unit at 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>

Provider Communications, RCR-A3W-04

PO Box 34262, Seattle, WA 98124-1262



FIRST CLASS MAIL
PRESORTED
US POSTAGE PAID
SEATTLE, WA
PERMIT NO. 5203

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>
<TITLE>
<COMPANY>
<ADDRESS LINE 1>
<ADDRESS LINE 2>
<CITY> <STATE> <ZIP>