

# Provider Update

News for Kaiser Permanente Washington Contracted Providers • JUNE 2022

## New Advanced Care at Home program: The right care at the right time

**PATIENTS REQUIRING HOSPITALIZATION** for management of an acute illness are vulnerable to many risks and complications beyond those imparted by their underlying condition. Kaiser Permanente’s Advanced Care at Home (ACAH) program is a personalized, patient-centered program that provides acute and restorative care for patients in their homes instead of the hospital.

This alternative to hospitalization promotes high-quality, safe, and affordable health care, while improving patient satisfaction by bringing multidisciplinary medical services to them in their homes.

Provided in partnership with a well-established vendor, Medically Home, ACAH will permit us to leverage our strengths in innovation and our long history of delivering high-quality

care by moving patient care into the home setting.

Eligible Medicare and Commercial Kaiser Permanente members with ambulatory sensitive conditions (e.g., chronic heart failure, chronic obstructive pulmonary disease, pneumonia, and cellulitis), who meet traditional criteria for inpatient hospitalization will be referred to the program primarily through our urgent

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**Provider Update** is published quarterly for Kaiser Permanente contracted providers. Send story ideas and comments to [Provider Communications](#).

Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., referred to as Kaiser Permanente in this publication.

**2022  
Calendar**



**EFT deposit and check mail dates**

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

<b>JUNE</b>	6, 9, 16, 23, 30	<b>OCTOBER</b>	6, 13, 20, 27
<b>JULY</b>	8, 14, 21, 28	<b>NOVEMBER</b>	7, 10, 17, 25
<b>AUGUST</b>	4, 11, 18, 25	<b>DECEMBER</b>	1, 7, 15, 22, 30
<b>SEPTEMBER</b>	1, 8, 15, 22, 29		

**Kaiser Permanente holidays**

- INDEPENDENCE DAY**  
Monday, July 4
- LABOR DAY**  
Monday, September 5
- THANKSGIVING DAY**  
Thursday, November 24
- CHRISTMAS DAY**  
Monday, December 26

**PROVIDER NEWS**

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**New Advanced Care at Home program**

care locations and partner hospital emergency departments.

Additional social stability screening will be performed, and member participation will be entirely voluntary.

Setup for ACAH is state of the art. Technology packages delivered to the home during the initial evaluation by a program nurse are connected to a 24-hour command center, which allows for the same level of medical monitoring afforded in many hospital settings. Their care will be supervised by our Kaiser Permanente physicians via virtual daily rounding, and they will have 24-hour coverage with seamless integration of their medical data into the same medical record that contains all of their outpatient medications and medical history. Additional capabilities will include the ability to provide intravenous medications and fluids, blood draws for labs, mobile radiology, and EKG.

Our ACAH pilot program will begin in Q4 2022. ACAH will be a benefit offered on select Kaiser Permanente Medicare Advantage and commercial plans beginning in 2023. We look forward to sharing more about ACAH later this year.

**Kaiser Permanente recognizes top quality performing clinics**

Congratulations to these network partners that have reached excellence in quality services to our Kaiser Permanente members. Kaiser Permanente appreciates your partnership and all the efforts that you continue to invest to improve the health and lives of patients, including Kaiser Permanente members, under your care.

**MEDICARE 4.5 STARS AND HIGHER**

The Everett Clinic	PeaceHealth Medical Group
Family Care Network	Skagit Regional Health

**COMMERCIAL QUALITY EXCELLENCE**

Family Care Network	Providence Medical Group
Palouse Medical	Walla Walla
	Virginia Mason

Kaiser Permanente is proud to work with the highest quality provider groups in Washington.



## New Neurosurgery service line medical director

**SYED AZEEM, MD, FAANS**, has been named the new service line medical director for Neurosurgery, effective June 1, 2022. Dr. Azeem brings great energy and enthusiasm to this role.

Prior to joining Kaiser Permanente, Dr. Azeem was on the faculty of

several distinguished institutions including UC Davis, Baylor College of Medicine, and the University of Texas/MD Anderson Cancer Center. He also served as director of the Cadence Health Neuro-Oncology Department at Cadence Health in Winfield, Illinois. He received his medical degree from Chicago Medical School, followed by neurosurgery residency at Loyola Medical Center, Chicago and fellowship at the Memorial Sloan-Kettering Cancer Center.

Dr. Azeem joined our medical group in 2016 bringing valuable expertise in neuro-oncology, pituitary, and skull base surgery to our neurosurgery service line.

## Summary of Care communications restarting

When we launched Affiliate Link in 2020, we inadvertently interrupted the clinical referral communication, also known as the Summary of Care (SOC), which was automatically sent to a contracted provider when a member paneled at one of our Kaiser Permanente medical centers is referred to that provider. We have now resolved this issue and plan to re-implement these authorized referral communications in June. Please see our [Summary of Care Information tip sheet](#) for more information and how to ensure you receive them.

## New enhancement to Eligibility & Benefits Inquiry tool

### Member contracts are now available on the provider portal under Eligibility & Benefits Inquiry!

Most member contracts will be viewable as of our launch this month. Please note that self-funded plans will not be viewable on this tool due to the approval process under these plans.

During open enrollment each January, there will be a short delay in this new capability as we load the new contracts from January through March. The expected timetable for viewing new contracts will be:

- 50% of contracts will be available by January 31st
- 95% of contracts will be available by February 28th
- The remaining 5% of contracts will be available by March 31st

Thank you for your patience as we add this new functionality to our system. If you have any questions or concerns about this new feature, please call the Provider Assistance Unit at 1-888-767-4670.

## Updated Provider Manual available

Each spring, Kaiser Permanente conducts a comprehensive review of our provider manual for accuracy and updates. While updates are made throughout the year, we also ensure that each page is reviewed at this time.

We have completed the review, and we have made a May 2022 PDF version available if you would like to download an offline copy. However, please note that we make online updates to the provider manual throughout the year, and the PDF version does not reflect subsequent updates.

If you use the offline version throughout the year, please remember to check the corresponding online version of the page you are referring to for any updates.

## Recent letters to providers

### Effective July 1, 2022,

[Changes to medical necessity review criteria for Myocardial Strain Imaging \(PDF\)](#)

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement clinical review criteria for Myocardial Strain Imaging.

[Fracture care in emergency department without manipulation \(PDF\)](#)

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not reimburse fracture care billed without a manipulation procedure code when billed on a professional claim by a physician in the Emergency Department (ED) setting.

[Changes to medical necessity review criteria for left atrial appendage closure therapy \(PDF\)](#)

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for left atrial appendage closure (LAAC) therapy.

[Changes to medical necessity review criteria for Eustachian Tube balloon dilation \(PDF\)](#)

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement clinical review criteria for Eustachian tube balloon dilation.

[Changes to medical necessity review criteria for brain magnetic resonance imaging \(MRI\) \(PDF\)](#)

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement medical necessity criteria for MRI of the brain for non-Medicare patients.

[Modifiers 54 & 57 \(PDF\)](#)

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not reimburse professional surgical services in place of service 23 (emergency room) when billed without modifier 54.

### Effective August 1, 2022

[Changes to medical necessity review criteria for negative pressure wound therapy \(PDF\)](#)

This notification applies to the following networks: Commercial HMO, POS, and PPO

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating criteria for negative pressure wound therapy.

### Effective September 1, 2022

[Site of care prior authorization requirement for oncology medications \(PDF\)](#)

Site of Care prior authorization criteria will apply to the products noted in Table 1 and 2 in the PDF (above). These products are on the non-Medicare list of office-

administered drugs requiring prior authorization. This letter is notification that prior authorization approval is required before administering this medication under the medical benefit.

[Changes to medical necessity review criteria for genetic testing \(PDF\)](#)

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Genetic Testing & Screening related to hereditary ovarian cancer.

[Changes to medical necessity review criteria for high-end imaging site of care \(PDF\)](#)

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for High-End Imaging Site of Care for non-Medicare members.

[Changes to medical necessity review criteria for continuous glucose monitors \(PDF\)](#)

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for continuous glucose monitors (CGM) for non-Medicare members.

### Recently retired criteria

[Admission and Post Stabilization Requirement Payment Policy Retired April 5, 2022](#)

## Clinical Updates



Clinical guidelines are regularly reviewed and updated. Announcements about changes are posted on our provider website.

# Addressing the global shortage of iodinated contrast media

**AS YOU ARE AWARE, THERE IS CURRENTLY A GLOBAL SHORTAGE** of iodinated contrast media at this time. The ACR Committee on Drugs and Contrast Media (ACR), within the ACR Commission on Quality and Safety, has developed [recommendations](#) on how providers may address this situation locally.

ACR's recommended risk mitigation strategies during an iodinated contrast shortage include:

- Utilize alternative studies to answer the clinical question such as non-contrast CT, MR with or without gadolinium-based contrast media, ultrasound with or without ultrasound contrast agents, nuclear medicine, or PET/CT, when feasible. Please refer to the [ACR Appropriateness Criteria® guidelines](#) for indicated alternative studies as needed. Scroll down to AC Portal and use the "Explore by scenario" icon.
- Look for alternative versions of contrast agents, which may be marketed under a different brand name or intended clinical use. Note: U.S. market availability may differ from global availability.
- Source contrast from other vendors, if able, and consider having at least two vendor formulary.
- If you currently have access to higher

volume single-use vials, contact your institutional pharmacy to determine if it is possible to repackage vials in smaller aliquots to reduce waste (institution level).

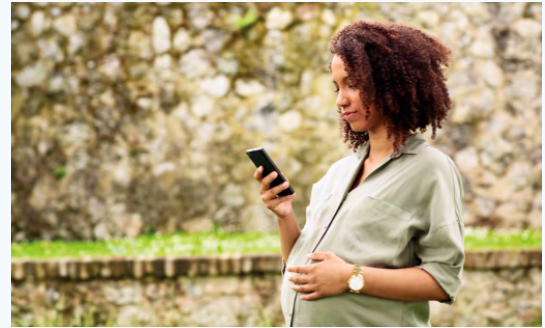
- Minimize individual doses administered to reduce waste. Some options include:
  - Weight-based dosing for CT in available aliquots/vial sizes to avoid waste.
  - Reducing dose in conjunction with low kVp protocols that improve contrast conspicuity.
  - Reducing dose and acquire studies with dual-energy protocols (where available) that improve contrast conspicuity.
- Reserve higher concentration (mg iodine / ml) agents for angiographic studies and multiphase studies, which require optimal vascular visualization.
- Use alternatives to nonionic contrast for oral, rectal, genitourinary administration (examples: iohalamate meglumine or diatrizoate). Consider barium-based products for oral opacification in CT and PET/CT, as well as alternative iodine-based agents (ionics). Please refer to the ACR Contrast Manual [Appendix A: Contrast Media Specifications Table](#) for oral contrast agents.
- Work with other departments, such as Urology, Radiation Oncology, Pain Management, Gastroenterology, Vascular Surgery and Cardiology, which utilize iodinated contrast to prioritize limited supply usage.



ARTICLES OF INTEREST

## Kaiser Permanente Washington Health Research Institute

- **New report supports value of COVID-19 drugs.** A team led by KPWHRI's Kai Yeung, PharmD, PhD, reviewed trial results to assess the clinical effectiveness and value of 3 treatments. [Read more](#)
- **Researchers begin clinical trial to assess schistosomiasis vaccine.** Participant in KPWHRI trial has first-ever injection of SchistoShield vaccination. [Read more](#)
- **New findings on treating hypertension in pregnancy.** A study led by Dr. Sascha Dublin finds similar outcomes for 3 hypertension medications, filling an evidence gap. [Read more](#)



PHARMACY NEWS

## Updates to opioid naïve definitions

**DUE TO HIGH RATES OF OVERDOSE WITHIN THE UNITED STATES**, many organizations, including Kaiser Permanente of Washington, continue to work towards safer prescribing practices for controlled substances. Health Plan edits provide key opportunities to identify atypical prescribing patterns and reinforce appropriate standards of care. Kaiser Permanente will be updating the edit logic on two opioid based formulary health plan edits to enhance and ensure safe prescribing for our members.

### Changes beginning July 1, 2022

For short-acting opioids\*, the current and new definitions for opioid naïve are as follows:

**CURRENT CRITERIA**

Opiate naïve is defined as  $\leq 7$  day supply of opiate within the last 180 days



**NEW CRITERIA**

Opiate naïve is defined as  $\leq 7$  day supply of opiate within the last **90** days

\*Please note: short-acting opioid (SAO) quantity limits for members identified as opioid-naïve continue for the first two opioid fills. Currently, these limits are as follows and do not preclude the potential for future changes:

For members age 21 or older: 5-day supply not to exceed 42 tablets/ capsules or 210mL of SAO.

For members less than 21 years of age: 5-day supply not to exceed 18 tablets/capsules or 90 mL of SAO.

For long-acting opioids, the current and new definitions for opioid naïve are as follows:

**CURRENT CRITERIA**

Not covered if patient is opiate naïve. Patient must have a history of  $\geq 7$  day supply of opiates in the last 180 days unless patient has cancer or hospice related pain.



**NEW CRITERIA**

Not covered if patient is opiate naïve. Patient must have a history of  $\geq 30$  days supply of opiates in the last **42** days unless patient has cancer or hospice related pain.

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## Updates to opioid naïve definitions

### Why these changes?

The update to the **short-acting opioid** quantity limit aligns with opioid reporting metrics and logic utilized by other health plans. The update to the **long-acting opioid** authorization criteria will ensure opioid tolerance before long-acting formulations are used, reducing patient risk of opioid overdose.

### What does this mean for prescribers and members?

For members who infrequently used opioids, these changes may encourage renewed discussion about length of therapy, dosing, and appropriateness of opioid use to ensure member safety. Exclusions for cancer pain, hospice, and palliative care will continue to apply to these edits.

### Resources for clinicians

Kaiser Permanente Clinical Guidelines:  
[Chronic opioid therapy for chronic non-cancer pain \(PDF\)](#)

# Kaiser Permanente 2022 drug formularies

**THE KAISER PERMANENTE DRUG FORMULARIES** are the cornerstone of medication therapy, quality assurance, and cost containment. The formularies are developed by the Pharmacy and Therapeutics (P&T) Committee.

You can find [formulary decision highlights](#) from the most recent P&T Committee meetings on the Kaiser Permanente provider website.

### Kaiser Permanente has 7 formularies

The table below outlines some of the major differences in these formularies. A closed formulary design describes a formulary in which preferred medications are covered and non-preferred (non-formulary) medications are generally not covered. Coverage of non-preferred medications is available through an exception process. An open formulary design describes a formulary in which both preferred and

non-preferred medications are covered; however, preferred medications are available at a lower cost share for patients.

### How to view the Kaiser Permanente formularies

- On the [Kaiser Permanente provider website](#).
- On [ePocrates](#), register free of charge.

If you have questions about formulary status of a drug or prior authorization, please contact our Pharmacy Help Desk toll-free at 800-729-1174 or by fax toll-free at 866-510-1765.

### Medicare Part D Formulary updates

Notifications about drug removals from the Medicare Part D Formulary are now posted online on the [pharmacy page](#) of our provider website.

MEDICARE	INDIVIDUAL & FAMILY / SMALL GROUP	LARGE GROUP AND FEDERAL EMPLOYEE HEALTH BENEFIT				
Closed Design	Open Design	Closed Design	Closed Design	Open Design	Open Design	Open Design
<b>Six tiers:</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Non-preferred generic</li> <li>• Preferred brand</li> <li>• Non-preferred brand</li> <li>• Specialty</li> <li>• Injectable Part D vaccines</li> </ul>	<b>Four tiers:</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Specialty</li> <li>• Non-preferred generic &amp; brand</li> </ul> <b>PLUS:</b> <ul style="list-style-type: none"> <li>• Self-administered oncology</li> <li>• Medical benefit</li> </ul>	<b>Two tiers:</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> </ul>	<b>Three tiers:</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Preferred specialty</li> </ul>	<b>Three tiers:</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Non-preferred</li> </ul>	<b>Four tiers:</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Non-preferred generic &amp; brand</li> <li>• Specialty</li> </ul>	<b>Five tiers:</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Non-preferred generic &amp; brand</li> <li>• Preferred specialty</li> <li>• Non-preferred specialty</li> </ul>

### Save these dates



Kaiser Permanente Washington offers a variety of continuing medical education courses throughout the year, detailed on our [CME catalog page](#).

**SUBOXONE HALF-HALF BUPRENORPHINE WAIVER COURSE**  
July 12, 2022

**CARDIOLOGY FOR PRIMARY CARE**  
September 9, 2022

**OBESITY THROUGH THE LENS OF EVIDENCE-BASED MEDICINE**  
September 20, 2022

**MENTAL HEALTH FOR PRIMARY CARE**  
October 13, 2022

**GERIATRICS FOR PRIMARY CARE**  
December 1, 2022

### Register

Check out the [CME catalog page](#) to register and get course details.

### COVID-19 notice

Please note courses will be presented as live virtual sessions using Microsoft Teams.

### Contact

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