

# Provider Update

News for Kaiser Permanente Contracted Providers • MARCH 2021

## Focus on member satisfaction: What is the Medicare CAHPS survey?

**EVERY YEAR THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)** administer several different patient experience surveys as part of their Consumer Assessment of Healthcare Providers and Systems (CAHPS®). These surveys ask patients or their families about their experiences with, and ratings of, their health care providers and plans, including hospitals, home health care agencies, doctors, and health and drug plans, among others. This year's CAHPS survey runs March 4 - May 28, 2021.

### Our members will be asked these questions about access:

- Did you get an appointment to see a specialist as soon as you needed?
- Did you get an appointment for a check-up or routine care as soon as needed?
- Was it easy to get the care, tests or treatment you needed?
- When you needed care right away, how often did you get care as soon as you needed?
- Did you see the person you came to see within 15 minutes of your appointment time?

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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.

**2021  
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>MARCH</b>	4, 11, 18, 25	<b>AUGUST</b>	5, 12, 19, 26
<b>APRIL</b>	3, 9, 15, 22, 29	<b>SEPTEMBER</b>	8, 10, 16, 23, 30
<b>MAY</b>	6, 13, 20, 27	<b>OCTOBER</b>	7, 14, 21, 28
<b>JUNE</b>	5, 10, 17, 24	<b>NOVEMBER</b>	4, 11, 18, 26
<b>JULY</b>	1, 8, 15, 22, 29	<b>DECEMBER</b>	7, 9, 16, 23, 30

**Kaiser Permanente holidays**

**MEMORIAL DAY**  
Monday, May 31

**INDEPENDENCE DAY**  
Monday, July 5

**LABOR DAY**  
Monday, September 6

**THANKSGIVING DAY**  
Thursday, November 25

**CHRISTMAS DAY**  
Saturday, December 25

**PROVIDER NEWS**

*continued from page 1*

**What is the Medicare CAHPS survey?**

**Our members will also be asked about how we do in these aspects of care coordination:**

- Medical records and pertinent care information at the time of the appointment
- Medication reconciliation at every visit
- Clear communication between specialists and primary care regarding care
- Results communicated back to patient

As a contracted network provider, many of our members will report their experiences based on visits with your clinic and practitioner. As a trusted, high quality provider in our network, we appreciate your ongoing attention and continuous improvement in these areas as you engage with our members. If you have a desire to learn more about the CAHPS survey, please contact your provider services consultant for more information.



**First Call Guide for ambulance partnerships for Kaiser Permanente**

We have a final update about Kaiser Permanente’s Emergency Medical Service (EMS) partnership changes in Western Washington. As you know, Kaiser Permanente has developed new partnerships with smaller, local EMS transportation providers. The update is for Pierce county, which now has Olympic Ambulance as their first call.

Please refer to this [First Call Guide](#) (effective February 15, 2021, 8:00 a.m.), which lists our preferred EMS transportation provider by county, along with the contact information for each provider. For more information, please email [Provider Services](#).



## HEDIS® medical record review season: February - May 2021

From February through mid-May 2021, Kaiser Foundation Health Plan of Washington will be conducting HEDIS medical record reviews on members enrolled in a Kaiser Permanente plan in 2020 to measure the quality of care provided to our members. Our medical record reviewers will be contacting your office to request remote access to your electronic medical record system (preferred), and/or request that medical records are faxed or mailed. We appreciate your assistance in providing access to the medical information as requested. Your prompt response will ensure that your group's HEDIS measures accurately represent the high quality of care that you provide to our members.

Please contact Susie Jorgensen, HEDIS Program Coordinator at [Susie.R.Jorgensen@kp.org](mailto:Susie.R.Jorgensen@kp.org) or 206-630-1274 if you have questions.

## CMS and Department of Health COVID-19 vaccination information added to provider site

**WE ARE ALL EXCITED THAT A COVID-19 VACCINE** has been made available to the public, and we are working diligently on vaccinating our Kaiser Permanente members. Availability of the vaccine depends on local public health guidelines, prioritization decisions, and distribution channels. With the demand for vaccine and the limited supply, CMS has issued guidelines for Medicare members pertaining to vaccination coverage, which we would like to share with you.

CMS has stipulated that Medicare members can obtain the vaccine from any qualified Medicare provider/supplier, including non-contracted providers. The vaccine does not require health plan approval, authorization, or notice, and providers cannot charge members for the vaccine.

Per the CARES Act, the COVID-19 vaccine will be covered under Medicare Part B at \$0 cost-share. In October 2020, CMS announced that the COVID-19 vaccine is covered under Original Medicare and not Medicare Advantage through the end of 2021. CMS made this determination based on significant cost criteria used to evaluate newly covered services under the Medicare program. Beginning in 2022, the vaccine will be covered under Medicare Advantage. Medicare beneficiaries, including Kaiser Permanente Medicare members, may receive the vaccine from any qualified Medicare provider or supplier.

While the vaccine itself is paid for through Federal funding, providers should submit claims for administering the vaccine to Original Medicare. Any claims submitted to Kaiser Permanente for Medicare members will be denied.

For more information, please refer to the CMS website on [Enrollment for Administering COVID-19 Vaccine Shots](#) and the Department of Health's [COVID-19 Vaccine Information for Health Care Providers](#). You may also find links to this information on our [COVID-19 Resources for Kaiser Permanente Network Providers](#) page.







## Vaccination help for Washington state school employees

**VACCINATING WASHINGTON SCHOOL EMPLOYEES** who are now eligible is the latest effort in Kaiser Permanente's leadership role to ensure equitable and safe vaccination for our members and the communities we serve.

In January, Chris Reykdal, state superintendent of public instruction, and Kaiser Permanente president Susan Mullaney announced a 'Get Ready' plan to provide an additional pathway for vaccine access to school employees throughout the state once they became eligible.

"Keeping students, staff, and families safe and healthy is a top priority for our state, and we're proud to support school employees," said Mullaney

The Get Ready plan launched the week of March 1 as the Washington State Department of Health expanded the state's vaccine eligibility criteria to include pre-K through 12 school employees and certain licensed child care workers to align with March 2 guidance from the U.S. Department of Health and Human Services.

As part of the plan Kaiser Permanente is administering vaccine for both member and non-member school employees at its owned and operated clinics. The OSPI's website has centrally accessible information about vaccine appointment scheduling and links to state resources such as PhaseFinder and more.

Vaccine availability is dependent upon the number of vaccines the state receives.

### **Additional efforts to increase vaccine access**

On January 18, Washington Governor Jay Inslee announced the Washington State Vaccine Command and Coordination Center. This public-private partnership is intended to speed up coronavirus vaccine distribution across the state with a goal of eventually administering 45,000 vaccines a day when our state has greater supply of vaccine. Partners include Kaiser Permanente, SEIU Healthcare 1199 Northwest, Microsoft, Starbucks, and SeaMar Community Health Centers.

Please see the [Washington Office of Superintendent of Public Instruction website](#) for more details on the program.

# Streamlining Mental Health & Wellness authorization and reauthorization requests

**IN ORDER TO EXPEDITE** mental health and wellness authorization requests, we have detailed two important areas for you below:

## Affiliate link should be used for reauthorizations

We want to strongly encourage all providers to begin using the online provider portal to enter requests for additional visits. When entered via the online provider portal, requests are automatically entered into the system and, if appropriate, may be authorized without review. If requests are submitted by fax, the request must be manually entered into the system and may take longer to process. To request additional visits (reauthorization), please go to the Kaiser Permanente [provider site](#) and click on "OneHealthPort Sign In" at the top right of the page to log in to your account. Once you've logged into your account, select "Referral/Order Entry" to enter your request.

## Standard authorization change for mental health therapy

In an attempt to streamline standard mental health authorizations and reduce the reauthorization process, Kaiser Permanente began authorizing CPT code 90834 (45-minute visit) with a quantity of 52 per annum. Although our intent was to simplify the process for providers, we received overwhelming feedback from our contracted providers that their practice was built around CPT code 90837 (60-minute visit).

To better meet the needs of our contracted provider community, we are implementing the following change in our standard authorization for mental health services:

<b>Current Authorization</b> <b>90834</b> <b>Quantity: 52</b> <b>12-month timeframe</b>	<b>New Authorization</b> <b>90832 - 90853*</b> <b>Quantity: 30</b> <b>12-month timeframe</b>
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\*In addition to the code range of 90832-90853, the 90837 authorization includes crisis and complexity codes for appropriate clinical scenarios

We hope these changes will assist you in making timely authorization and reauthorization requests. If you have any questions, please contact the Provider Assistance Unit at 509-241-7206 or 1-888-767-4670.

## New and updated payment policies

Payment policies are designed to assist you when submitting claims to Kaiser Permanente. They are consistently updated to promote accurate coding and policy clarification.

- [Admission and Post Stabilization Requirement \(PDF\)](#)
- [Telemedicine Services \(Commercial\) \(PDF\)](#)

## 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. Thank you for helping us maintain a compliant and accurate provider directory!



## Timely filing of claims involving a coordination of benefits



When filing a claim that involves a coordination of benefits, the original claims must be received by Kaiser Permanente within 12 months from the date of service.

If Kaiser Permanente receives information of primary insurance for a member, we may initiate an adjustment within 12 months from the date of notification. Adjustment requests must be received within 30 months from the date the claim was processed.

**When filing a claim that involves a self-funded group, please note that timely filing limits vary.** Please check with the employer group or the Provider Assistance Unit at 509-241-7206 or 1-888-767-4670 for filing deadlines.

## Recent letters to providers

### Effective March 1, 2021

[Changes to medical necessity review criteria for Rezum System \(PDF\)](#)

### Effective April 1, 2021

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

[Changes to the preauthorization and notification requirements for Preferred Provider Organization \(PPO\) plans \(PDF\)](#)

[Neurology product in the home infusion setting restricted to administration by Kaiser Permanente Specialty Home Infusion \(PDF\)](#)

[Infusion products in the home infusion setting restricted to administration by Kaiser Permanente Specialty Home Infusion \(PDF\)](#)

### Effective May 1, 2021

[Changes to medical necessity review criteria for focused aspiration of scar tissue \(PDF\)](#)

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

## Threshold decrease for claims pre-payment and medical necessity review for inpatient and outpatient claims

**EFFECTIVE FEBRUARY 1, 2021**, Commercial HMO, POS, PPO, and Medicare Advantage facility claims with billed charges of \$20,000 and greater will be subject to prepayment review for billing appropriateness. Please continue to submit your claims via EDI. Itemizations and/or medical records are required and should be submitted via fax at **1-509-241-7506**, as soon as you have a claim number for your bill or when you receive your Electronic Remittance Advice (ERA) with either of the following denial messages:

- **“An attachment/other documentation is required to adjudicate this claim/service” with remark “Missing admitting history and physical report”** or
- **“Missing itemized bill/statement”**

It is not necessary to submit a corrected/replacement claim with the required documentation. Please include the claim number and the medical record number on the cover sheet of your fax for ease of processing.

**Clinical Updates**



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

# Routine hepatitis C screening now recommended for all adults—not just baby boomers

**THE KAISER PERMANENTE** [Hepatitis C Screening Guideline](#) has been reviewed and updated. Based on guidance from the U.S. Preventive Services Task Force and trends reported by the CDC, routine one-time screening for hepatitis C is now recommended for all adults aged 18–79. Previously, the routine screening was recommended only for adults born between 1945 and 1965.

The guideline continues to recommend screening for adults and adolescents of any age with risk factors such as injection drug use, HIV infection, receipt of clotting factor concentrates before 1987, or blood transfusion or solid organ transplants before July 1992 (see Table 1 in the guideline for the full list). For patients testing positive for hepatitis C, the guideline includes referral information and

recommendations for staging, treatment, and surveillance by HCV providers and clinical pharmacists.

**Questions?**

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

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

**ARTICLES OF INTEREST**

## Kaiser Permanente Washington Health Research Institute

- **Youth under 18 eligible for COVID vaccine trial registry.** A registry started by KPWHRI last year has sped up studies needed to protect the world against the novel coronavirus. [Read more](#)
- **Preventing dementia: Effects of hypertension drugs.** ACT studies find medications to treat high blood pressure may differ in their impact on dementia risk, writes Dr. Eric B. Larson. [Read more](#)
- **COVID-safe exercise ideas for older adults this winter.** Take these tips from researchers on the Society of Behavioral Medicine’s Physical Activity Special Interest Group. [Read more](#)





# New guideline provides treatment options for patients with opioid use disorder

**KAISER PERMANENTE'S NEW** [Opioid Use Disorder Diagnosis and Treatment Guideline](#) provides recommendations for the diagnosis and treatment of opioid use disorder (OUD) in adults, adolescents, and pregnant individuals with and without chronic pain. Treatment recommendations include both pharmacologic (buprenorphine/naloxone, methadone, and naltrexone) and psychosocial treatment options.

- While the combination of medication therapy and psychosocial interventions is recommended for OUD treatment, if a patient declines psychosocial treatment, this should not pose a barrier to starting or receiving medication.
- Treatment is the same regardless of the source of the opioids (prescribed or illicit) and should be offered universally to all patients with OUD.
- Clinical setting does not impact the effectiveness of OUD treatment. There is no wrong door for starting treatment.

OUD medications are the primary treatment for OUD because they reduce the risk of opioid overdose death and return to opioid use more than non-pharmacologic treatment. Medications to treat OUD include buprenorphine, methadone, and naltrexone.

- Buprenorphine/naloxone (Suboxone) can only be prescribed by health care professionals who have a federal DEA waiver to prescribe buprenorphine.
- Buprenorphine alone (not in combination with naloxone) is the preferred medication therapy for pregnant individuals, as the benefits in reducing the severity of neonatal abstinence syndrome (NAS) outweigh the potential risks to the fetus. There is no known risk of increased birth defects with pharmacotherapy for OUD.
- Buprenorphine/naloxone is the preferred medication for adolescents, but methadone may be used if there is poor response to buprenorphine/naloxone.
- Methadone can only be prescribed at a federally licensed methadone clinic.
- Naltrexone can be prescribed by any health care provider with prescriptive authority.
- Injectable naltrexone is strongly preferred over oral for helping patients to maintain opioid abstinence. Oral naltrexone is an acceptable option for patients



who decline or have a contraindication to using the injectable form.

Patients with OUD should remain on OUD medication for a minimum of 12 months. All patients with OUD should be given take-home naloxone (to both patient and family members) to treat an accidental overdose.

At Kaiser Permanente, patients with OUD are four times more likely to have depression and/or anxiety and eight times more likely to have PTSD than our general population. Psychosocial treatment is recommended in combination with medication treatment, as it can help address specific factors that are associated with opioid use and increase the likelihood of treatment adherence.

## Questions?

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

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

[Ryan Caldeiro, MD, FASAM](#), KPWA Assistant Medical Director, Addiction and Recovery Services and Consultative Psychiatry



## Kaiser Permanente 2021 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 seven 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

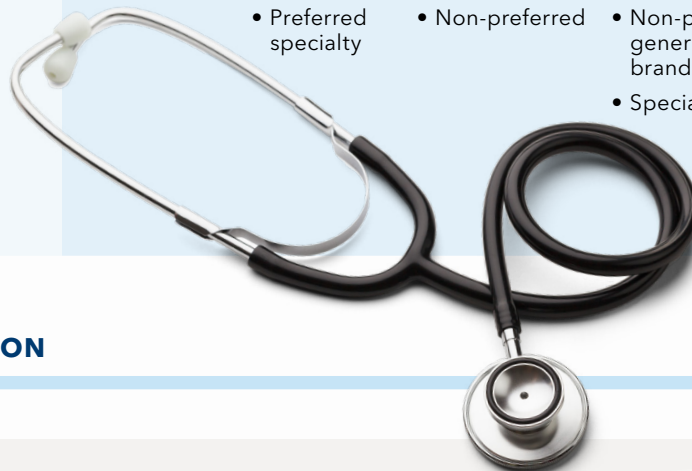
not covered. Coverage of non-preferred medications is available through an exception process. An open formulary design describes a formulary in which both preferred and non-preferred medications are covered; however, preferred medications are available at a lower cost share for patients.

### 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	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
<p><b>Six tiers:</b></p> <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>	<p><b>Four tiers:</b></p> <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> <p><b>PLUS:</b></p> <ul style="list-style-type: none"> <li>• Self-administered oncology</li> <li>• Medical benefit</li> </ul>	<p><b>Two tiers:</b></p> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> </ul>	<p><b>Three tiers:</b></p> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Preferred specialty</li> </ul>	<p><b>Three tiers:</b></p> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Non-preferred</li> </ul>	<p><b>Four tiers:</b></p> <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>	<p><b>Five tiers:</b></p> <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>



## CONTINUING MEDICAL EDUCATION

### Save these dates



Continuing medical education information is available on the Kaiser Permanente provider website.

#### SUICIDE PREVENTION 2021

January - December 2021  
[Free online course](#)

#### GASTROENTEROLOGY FOR PRIMARY CARE

March 11, 2021  
[Register now](#)

#### OPIOID USE DISORDER

May 26, 2021  
[Register now](#)

#### COVID-19 notice

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

#### Contact

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