

Provider Update

News for Kaiser Permanente Contracted Providers • SEPTEMBER 2021

Kaiser Permanente making COVID-19 vaccines mandatory for all its employees and physicians

KAISER PERMANENTE NATIONAL is making COVID-19 vaccines mandatory for all its employees and physicians in all Kaiser Permanente regions. This is another step in the organization’s ongoing effort to protect the health and safety of its workforce, members, patients, and communities.

“As the country’s largest integrated care delivery system, we feel it is our responsibility to do everything we can to help bring an end to the pandemic, especially in light of the dramatic increase in COVID-19 cases from the highly infectious Delta variant” said [Greg A. Adams](#), chair and chief executive officer, Kaiser Foundation Hospitals and Health Plan, Inc. “Large groups of unvaccinated people are

fueling the current increase in cases and 97% to 99% of COVID-19 hospital admissions are unvaccinated patients. Making vaccination mandatory is the most effective way we can protect our people, our patients, and the communities we serve. We encourage all health systems and business and industry leaders across the country to play a role in ending the pandemic by doing the same.”

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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.

SEPTEMBER 8, 10, 16, 23, 30 **NOVEMBER** 4, 11, 18, 26
OCTOBER 7, 14, 21, 28 **DECEMBER** 7, 9, 16, 23, 30

Kaiser Permanente holidays

LABOR DAY

Monday, September 6

THANKSGIVING DAY

Thursday, November 25

CHRISTMAS DAY

Saturday, December 25

PROVIDER NEWS

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Kaiser Permanente making COVID-19 vaccines mandatory

As of July 31, 77.8% of Kaiser Permanente employees and more than 95% of Permanente Medical Group physicians have been fully vaccinated, and Kaiser Permanente has set a target date of September 30, 2021, to achieve a fully vaccinated workforce. Unvaccinated employees and physicians will be required to become fully vaccinated for COVID-19 or apply for medical or religious exemption. Employees will be provided additional education on the safety and efficacy of the COVID-19 vaccine and will receive paid administrative time to get vaccinated at Kaiser Permanente's on-site vaccination clinics or at other locations. The organization is working with its labor unions on implementation of the employee vaccination mandate and will also coordinate with local, state, and federal laws.

The Kaiser Permanente organization includes more than 216,000 employees and more than 23,000 Permanente Medical Group physicians.

"For 16 months, we have been doing everything we can to save lives, care for COVID-19 patients, and prevent our communities from contracting this deadly virus," said [Ramin Davidoff, MD](#), co-CEO of The Permanente Federation. "The COVID-19 vaccines offer us the path to move beyond the pandemic in the same way vaccination has brought an end to the epidemics of smallpox, polio, measles, and other deadly diseases."



"We must take action to stop this pandemic and get vaccinated. The COVID-19 vaccines are scientifically proven to be safe and effective, dramatically reducing the risk of death and serious health outcomes if a person becomes infected. With Kaiser Permanente's mandatory vaccination policy, we ensure that we are doing all we can to protect ourselves, each other, and those we serve from this deadly virus," added [Richard S. Isaacs, MD, FACS](#), co-CEO of The Permanente Federation.

As of July 30, Kaiser Permanente has cared for more than 907,418 patients with COVID-19 and has safely administered over 6.8 million vaccine doses with over 68% of Kaiser Permanente members receiving at least one dose.

Should I use chart access message or referral message in Affiliate Link?

In Affiliate Link, there are two types of messages you can send us – 1) chart access message, which is the default message type, and 2) referral message, which is used solely for authorization-related messages. Each of these message types go to a different department and serve a different purpose, as explained below:



Chart Access

Chart Access is the default message type when you click on “New Message” in Affiliate Link. This message type is what a provider would use to send a request to have their chart access elevated to access medical records. Each individual in the provider office needs to submit their individual request for this elevated access, which allows the user access to all medical records. This elevated chart access request is only required to be submitted one time by each user. The elevated chart access request message is directed to the Provider Services team for processing. Please see our [Requesting Elevated Chart Access](#) job aid for the steps to request this level of access.

Referral Message

Referral Message is the type of message the provider should use when sending a message to us that is related to a specific patient and a specific authorization. This message is routed directly to the Review Service team for review. Please see our [Sending a Referral Message](#) job aid for assistance in sending this type of message.

Because the new message function in the in basket defaults to a chart access message type, providers who don’t notice the default type or don’t know that they can choose a different message type are sending referral messages to the chart access team. Unfortunately, when your message is sent to the wrong department, the message can’t be forwarded to the correct department for review and processing. This causes a delay in responding to your inquiry, and a delay in the care of your patients.

Please take a moment to check the message type before sending your inquiry to us so we can take care of your needs and your patients’ needs as quickly as possible. We appreciate your help!

Communication is key in tragic emergency department situations

RECENTLY, A TRAGIC SITUATION occurred that no provider ever wants to encounter. A teenager committed suicide, and despite the emergency department’s best efforts, the boy died while in their care. The provider called Kaiser Permanente to report the incident. The emergency department provider didn’t have time to wait for a call-back from the Kaiser Permanente on-call physician. However, the communication channels broke down between the emergency department and Kaiser Permanente, and the message was never conveyed to the primary care provider for the family. Weeks later, the teenager’s mother came to her Kaiser Permanente primary care physician for care. Her provider, who was also the primary care physician for her child, casually asked about her son during the visit. The mother shared what happened, much to the physician’s surprise. No provider wants to find out in this way, or to put a mother in the position of having to share the news of her son’s death.

In light of this unfortunate incident, we have reviewed our notification procedures, and ask that you do as well. If you treat a Kaiser Permanente member in your care with a negative outcome, please contact us immediately on our Consulting Nurse Line at 1-800-297-6877 to inform us so we can update our records and notify Kaiser Permanente providers associated with the patient’s care.

Additionally, if you would like education on suicide prevention, we are offering a [free online suicide prevention course](#) you can take at any time. We appreciate your help ensuring that appropriate notifications take place as soon as possible in these situations.

Medicare coordination of benefits

When a Kaiser Permanente Medicare-eligible member is not eligible for our Medicare Advantage plans, we will coordinate benefits with traditional Medicare. When Medicare is the primary payer, you must bill Medicare directly for services through the Medicare crossover process.

Note: Do not bill Kaiser Permanente for claims that will crossover electronically. This creates duplicate billing or payment. Remember to check your Medicare explanation of payment form, Reason Code MA18:

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

Please allow up to 30 days before resubmitting. If you need to check status on a claim, please contact the Provider Assistance Unit at 1-888-767-4670.

New and updated payment policies

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

- [Telemedicine Services \(Commercial\)](#)

Affiliate Link enhancement: Referral notifications now viewable as a printable PDF

WHEN VIEWING REFERRAL NOTIFICATIONS created prior to August 22, 2021 in Affiliate Link, referral letters appeared in the bottom half of the screen and in a web page format with no page breaks, headers or footers. We are happy to announce that, effective for referral letters created

August 22, 2021 and later, referral notifications now appear as a printable PDF letter.

If you have any questions about this or any other Affiliate Link functions, please contact the Provider Assistance Unit at 1-888-767-4670.

How to access referral notifications

When viewing your Provider in basket, click the individual referral notification you wish to view. A link will then appear under "Documents." Once you click on the desired document link, the referral letter becomes viewable in a printable PDF format, with page breaks.

<input type="checkbox"/>	Referral Priority	Msg Date	Patient	Referral ID	Referral Status	Reason	Specialty
<input checked="" type="checkbox"/>	? Routine	08/06/2021 08:46 AM	Uatapum, Tracy	6844954	Authorized	Covered Benefit	Cardiology
<input type="checkbox"/>	? Routine	08/05/2021 02:26 PM	Uatapum, Leonora	6844603	Authorized	Covered Benefit	Naturopathy
<input type="checkbox"/>	? Routine	08/05/2021 02:24 PM	Uatapum, Leonora	6844603	Authorized	Covered Benefit	Naturopathy
<input type="checkbox"/>	? Routine	08/05/2021 10:07 AM	Tapumqms, Alex	6844943	Authorized	Covered Benefit	Audiology
<input type="checkbox"/>	? Routine	08/05/2021 08:30 AM	Tapumqms, Jack	6844940	Authorized	Covered Benefit	Endocrinology
<input type="checkbox"/>	? Routine	08/05/2021 07:16 AM	Uatapum, Jake	6844938	Authorized	Meets Medical Guidelines	Mental Health Counseling
<input type="checkbox"/>	? Routine	08/04/2021 05:17 PM	Uatapum, Abbey	6844931	Authorized	Covered Benefit	Oncology/Hematology
<input type="checkbox"/>	? Routine	08/04/2021 04:36 PM	Uatapum, Abbey	6844930	Authorized	Covered Benefit	Orthopedic Surgery
<input type="checkbox"/>	? Routine	07/20/2021 11:58 PM	Tapumqms, David	6844776	Denied	Not Medically Necessary Member Unable To	Cardiology

Message Patient Info Meds/Problems Vitals/Labs My Last Note Help

Uatapum, Tracy
 New Patient: Yes
 Female, 39 yrs, 04/01/1982
 Phone: None
 PCC: KP WASHINGTON
 PCP: None
 Problem List: None

Letter
 Referral Notification

Documents
 Document on 8/6/2021 8:46 AM by Miller, Deron: Referral Notification Document

CLICK LINK FOR PDF

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. This benefit change does not apply to Medicare Advantage members.

As a result of this benefit change, the Kaiser Permanente Specialty Home Infusion care team will begin working with members and their providers to transition care to Kaiser Permanente Specialty Home Infusion.

For accurate administration of this benefit change and to ensure that members do not experience a delay in their infusion care, effective October 1, 2021, infusion providers should begin using the following place of service code criteria:

- Use place of service **12** when providing infusion services in a patient's home
- Use place of service **49** with modifier SS for all services provided in the ambulatory infusion suite

When requesting prior authorization or reimbursement for infusion services provided in a patient's home or ambulatory infusion suite, use of the above codes is required to correctly identify the place of service for infusion administration and ensure member benefits are administered accurately.

For the list of drugs provided by Kaiser Permanente Specialty Home Infusion, please refer to our [Specialty Home Infusion Pharmacy Formulary](#). For more information on our home infusion program, please see our new [Kaiser Permanente Washington Specialty Home Infusion Pharmacy](#) provider site page.

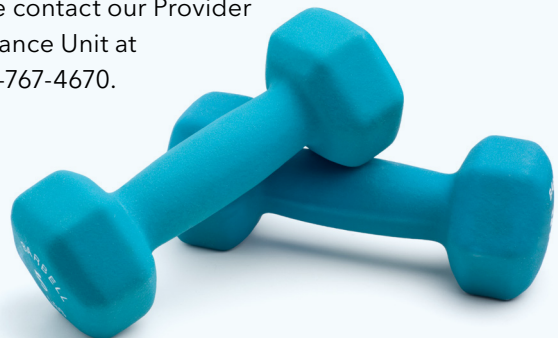
If you have any questions regarding this change, please call Kaiser Permanente Provider Assistance Unit at 1-888-767-4670 Monday through Friday, from 8:30 a.m. to 5:00 p.m.

Requesting physical therapy services for Access PPO members

There has recently been some confusion regarding preauthorization vs. a requirement for a physician order or prescription for outpatient physical therapy services. For our PPO members, outpatient physical therapy is not subject to preauthorization, but the services must be provided pursuant to a prescription or order from a physician. The evidence of coverage for the Access PPO states that "Outpatient services require a prescription or order from a physician that reflects a written plan of care to restore function, and must be provided by a rehabilitation team that may include a physician, nurse, physical therapist, occupational therapist, massage therapist or speech therapist. Preauthorization is not required."

While member coverage is dependent on the physician prescription or order, Access PPO members may access any physical providers in their provider network.

In addition, PPO members can elect to see a non-contracted provider, understanding that the claim will be adjudicated at the out-of-network benefit level. If the member has a question about their physical therapy benefits, please direct the member to contact Kaiser Permanente member services at 1-888-901-4636. If you have questions about the authorization process or the physician order and prescription process, please contact our Provider Assistance Unit at 1-888-767-4670.



Recent letters to providers

As of September 1, 2021

[Botox products updated prior authorization criteria \(PDF\)](#)

[Eculizumab \(SOLIRIS\) and Ravulizumab \(ULTOMIRIS\) updated prior authorization criteria \(PDF\)](#)

[Eculizumab \(SOLIRIS\) and Ravulizumab \(ULTOMIRIS\) restricted to administration by Kaiser Permanente Specialty Home Infusion when infused in the home setting \(PDF\)](#)

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

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

[Changes to medical necessity review criteria for lung and liver transplant \(PDF\)](#)

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

Effective October 1, 2021

[Changes to medical necessity review criteria for substance use disorder treatment \(PDF\)](#)

[Changes to medical necessity review criteria for dermal fillers for facial lipoatrophy \(PDF\)](#)

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

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

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



[Changes to prior authorization requirements for diagnostic services \(PDF\)](#)

[CPT codes updates – diagnostic services \(PDF\)](#)

This notification applies to the following networks: Commercial HMO and Medicare Advantage.

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

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

[Changes to medical necessity review criteria for basivertebral nerve ablation \(PDF\)](#)

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

[Changes to medical necessity review criteria for Magnetic Resonance Enterography \(PDF\)](#)

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

[Changes to medical necessity review criteria for Renal Sympathetic Nerve Ablation \(PDF\)](#)

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

[Applied Behavior Analysis criteria and payment policy changes \(PDF\)](#)

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

Effective November 1, 2021

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

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

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

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

It's no secret, it's just in code

OPEN ENROLLMENT IS UPON US and Kaiser Permanente's call volumes will increase. As our membership grows, Kaiser Permanente's Other Party Liability unit is here to support the work of our providers as well as our members. We are readily available to share (or receive) information about primary insurance as it applies to auto accidents, personal injury claims and on the job injuries.

If you have questions about this coding on your remit, you may call us directly at 1-866-783-9594 for information on:

- **Action code: 250**
Services rendered as a result of on-the-job injury or illness are not covered
 - **Action code: 251**
Work related-not covered by contract or non-compliant with requested info
 - **Action code: 703**
Patient non-compliant with Kaiser Permanente or auto insurance contract
 - **Action code: 851**
PIP or med pay carrier primary; resubmit claim with EOB from primary carrier
 - **Action code: 878**
Bill second PIP carrier; resubmit claim with EOB from primary carrier
- You may also provide us information through our fax at 509-241-7003.

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.

CLINICAL NEWS

Clinical Updates



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

New prior authorization criteria for Descovy when used for PrEP

TO KEEP HEALTH CARE PREMIUMS AS LOW AS POSSIBLE, Kaiser Permanente encourages using the most cost-effective medicines. With that in mind, new prior authorization criteria will be added for Descovy (emtricitabine-tenofovir AF or FTC-TAF) when the indication is for Pre-Exposure Prophylaxis (PrEP) **beginning October 1, 2021**. Members identified as using Descovy for PrEP were sent letters in August 2021 to inform them of this change.

The preferred product for PrEP at Kaiser Permanente is emtricitabine-tenofovir DF (generic Truvada or FTC-TDF). Not only does this product have proven efficacy in more than 200,000 U.S. patients who have taken it, but studies have shown that very few participants in trials who have taken FTC-TDF stopped taking it because of adverse reactions. Additionally, FTC-TDF can be used in all populations including cisgender men and transgender women (TGW) who have sex with men, in adolescents, and in patients at risk for acquiring HIV through sex or IV drug use. FTC-TAF is currently only approved in persons assigned male at birth whose risk for acquiring HIV is via sexual intercourse with other men or transgender women. It is not indicated for individuals at risk from receptive vaginal sex.

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New prior authorization criteria for Descovy

The DISCOVER trial which studied FTC-TAF versus FTC-TDF use for men who have sex with men (MSM) and/or TGW patients found only incremental differences in safety variables between the 2 drugs. Some favored FTC-TAF and others FTC-TDF. FTC-TDF was associated with decreases in renal glomerular function biomarkers and bone mineral density and FTC-TAF was linked to weight gain and dyslipidemia.

Prior authorization criteria for Descovy (FTC-TAF) are listed at right. If your patient meets any of these criteria and would like to start or continue Descovy, please provide documentation to the Kaiser Permanente Pharmacy Help Desk at 1-800-729-1174 or Fax: 1-866-510-1765 to request a prior authorization.

Indication	Prior Authorization
HIV	<ul style="list-style-type: none"> • No additional criteria needed for approval beyond HIV indication
PrEP	<ul style="list-style-type: none"> • Patient has an intolerance* to emtricitabine/tenofovir disoproxil fumarate (Truvada) after an adequate trial (at least 21 days) or has a documented allergy. • Patient has a history of osteoporosis or osteopenia or history of low-trauma or non-traumatic fracture. • Patient has history of renal impairment defined by creatinine clearance (CrCl) or estimated glomerular filtration rate (eGFR) less than 60 ml/min or history of chronic renal disease (CKD3 or higher). • Patient has had persistently increased serum creatinine from baseline while using Truvada, defined as 2 or more lab results with an increase of 0.4 mg/dL. • Patient has a pre-existing condition that increases the risk of bone or kidney issues (e.g., diabetes with microalbuminuria, uncontrolled diabetes [A1c > 8.0] or age ≥ 65 years of age).

** Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation*

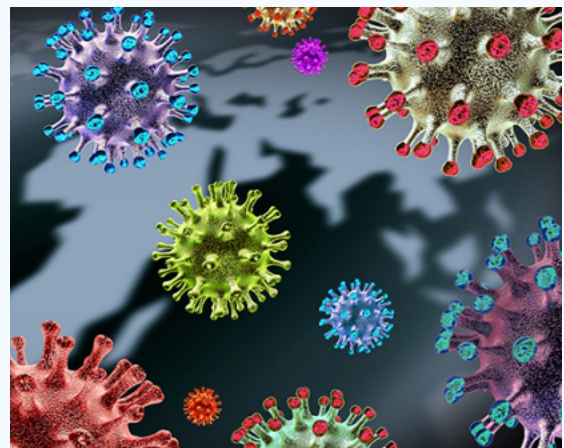
References:

1. Mayer, K et al. [Emtricitabine and tenofovir alafenamide vs emtricitabine and tenofovir disoproxil fumarate for HIV pre-exposure prophylaxis \(DISCOVER\): primary results from a randomised, double-blind, multicentre, active-controlled, phase 3, non-inferiority trial.](#) Lancet. 2020 Jul 25;396(10246):239-254. doi: 10.1016/S0140-6736(20)31065-5.
2. Krakower, D, et al. [Tenofovir Alafenamide for HIV Preexposure Prophylaxis: What Can We DISCOVER About Its True Value?](#) Ann Intern Med 2020 Feb 18;172(4):281-282. doi: 10.7326/M19-3337. Epub 2020 Jan 14.

ARTICLES OF INTEREST

Kaiser Permanente Washington Health Research Institute

- **Moderna vaccine has durable response against variants.** Findings in Science magazine called 'encouraging' for use of vaccine against Delta and other emerging variants. [Read more](#)
- **Most mental health patients answer firearm question.** Study shows patients will usually answer a question about firearm access, providing key information for suicide prevention. [Read more](#)
- **Air pollution linked to higher risk of dementia.** With data from the ACT Study, researchers associated increased levels of fine particle pollution with a greater risk of dementia. [Read more](#)



New acute benzodiazepine quantity limits beginning October 1, 2021 for commercial members

Key Points

- New quantity limits (QL) for new start benzodiazepines will go into effect **October 1, 2021** for all benzodiazepine-naïve patients with commercial (non-Medicare) plans.
 - 30-day supply limit remains in place for all other benzodiazepine prescriptions.
- All claims for benzodiazepines that exceed the QL will require a clinical review at the Pharmacy Benefit Help Desk.

Background

Benzodiazepines, as a class, are used for in a wide variety of indications, including insomnia, anxiety disorders, seizure disorders, skeletal muscle relaxation, and alcohol withdrawal. Benzodiazepines are differentiated by their pharmacokinetic profiles, which reflect differences in half-life (long-acting, intermediate-acting, and short-acting), onset of action (rapid, intermediate, or slow), and metabolic outcomes (with or without active metabolites).

A review by the Kaiser Permanente Benzodiazepine Safety Guideline team found that benzodiazepines are **not recommended** for long-term use (longer than 2 weeks), except in exceptional circumstances (e.g., for terminally ill patients). There is no evidence to support the long-term use of these drugs for insomnia or any mental health indication. While treatment guidelines recommend short-term use of benzodiazepines, up to one-third of use is long term.

Physiologic and psychological dependence may occur as a consequence of regular use of therapeutic doses. Physiologic dependence to benzodiazepines can occur with therapeutic doses administered for as few as 3 to 6 weeks and with a very high prevalence within 4 months to 1 year of continued treatment.

The purpose of this new QL in previously benzodiazepine-naïve members is to reduce the risk of physiologic and psychologic dependence and long-term use where evidence supporting use of benzodiazepines is lacking.

Quantity Limit

As of October 1, 2021, patients who are benzodiazepine-naïve** will now be limited to a **maximum of 15 doses (tabs**



or caps) or 14-day supply (whichever is the lesser amount).

Notable exceptions to this QL will be given in the cases where the benzodiazepine is prescribed for seizure disorder (e.g. absence/petit-mal, atonic, tonic-clonic/grand mal, myoclonic, simple focal, complex focal, secondary generalized), the benzodiazepine is prescribed as part of an active cancer treatment plan, the member is in a palliative care, hospice, or other end-of-life care program, or the member is in a withdrawal management program.

What does this mean for prescribers and members?

Benzodiazepine prescriptions for members meeting the criteria for benzodiazepine-naïve will be limited to the 15 doses or the maximum 14-day supply (whichever results in the lower number of doses). Prescribers may request larger quantities by requesting a clinical review through the Kaiser Permanente Pharmacy Help Desk at 1-800-729-1174 or fax: 1-866-510-1765.

References:

- Kaiser Permanente Washington Clinical Guidelines: [Benzodiazepine and Z-Drug safety \(PDF\)](#)
- [Medications with Quantity Limits](#)—Kaiser Permanente Washington

** Benzodiazepine naïve is defined as <7 day supply of benzodiazepine within the last 180 days

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
Six tiers: <ul style="list-style-type: none"> • Preferred generic • Non-preferred generic • Preferred brand • Non-preferred brand • Specialty • Injectable Part D vaccines 	Four tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Specialty • Non-preferred generic & brand PLUS: <ul style="list-style-type: none"> • Self-administered oncology • Medical benefit 	Two tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand 	Three tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Preferred specialty 	Three tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Non-preferred 	Four tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Non-preferred generic & brand • Specialty 	Five tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Non-preferred generic & brand • Preferred specialty • Non-preferred specialty



CONTINUING MEDICAL EDUCATION

Save these dates



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

EVIDENCE BASED MEDICINE IN A TIME OF COVID-19: THE EVOLUTION OF EBM DURING A PANDEMIC
September 21, 2021

WOMEN'S HEALTH FOR PRIMARY CARE
October 6, 2021

DIABETES FOR PRIMARY CARE 2021
October 21, 2021

GENDER CARE AT KPWA
November 11, 2021

ORTHOPEDICS AND SPORTS MEDICINE FOR PRIMARY CARE
January 26, 2022

COVID-19 notice

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

Contact

Christopher Scott
Christopher.J.Scott@kp.org