

From Our UM Department

1. Utilization reviews for outpatient mental health and substance use have transitioned to the Kaiser UM team. To expedite your reviews, make sure to speak to your provider experience consultant about using the affiliate link portal.
2. **Starting January 24th**, all home health wound care will require an authorization, before services are rendered is preferred, but can be submitted up to 7 days from start of service. If after 7 days, you will need to follow the appeal process.
3. For any Utilization Management questions please reach out to KP CO UM at 877-895-2705, or email to UMKPCO@kp.org.
4. For all initial clinical trial authorization requests, be sure to include consent and study calendar with the request.
5. To expedite your authorization reviews please make sure to **complete** the request thoroughly, including codes, and relevant clinical information to support the authorization request. Without this information your authorization request cannot be processed.

Expanded Care Options in Southern Colorado

Did you know that we have expanded care options in Southern Colorado?

Several specialty services are now offered at Kaiser Permanente Premier Medical Office building, located at 3920 N. Union Boulevard in Colorado Springs:

- Chiropractic services
- [Screening mammography](#)
- Endocrinology
- Dermatology
- Rheumatology
- [Infusion services](#) (non-oncology)
- Cardiology (physicians currently rotating from Denver)
- Neurology (physicians currently rotating from Denver)
- Sport Medicine (Coming soon!)

Scheduling telephone numbers for patients can be found on the Community Provider Portal [here](#).

We also continue to provide primary care at our 3 Medical Office Buildings in Colorado Springs and 2 Medical Office Buildings in Pueblo.

If any of our KPCO primary care providers refer to your practice, we request that results and important documents are faxed to the appropriate numbers [here](#).



KPCO Provider Insider

Jan - Mar 2022

This communication is for Kaiser Permanente Colorado network providers.

Annual HEDIS® Reviews

Kaiser Permanente will be conducting the annual HEDIS® (Health Plan Effectiveness Data and Information Set) medical record review **between February and April 2022**. During this time, copies of medical record documents may be requested from contracted providers for HEDIS® reporting. If records are needed from your office, a HEDIS® team member will contact your office manager to determine the best method to request records.

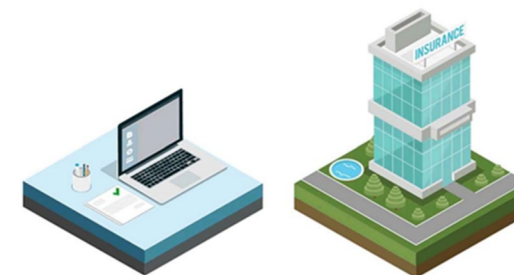
Thank you in advance for your partnership in helping us complete the 2022 HEDIS® medical record review project and joining in our mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve!

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What is the Office Ally DDE Solution?

Office Ally is a full-service clearinghouse offering a web-based service where qualifying providers can submit claims to Kaiser Permanente for FREE*. This online claim entry tool allows you to create CMS1500, UB04 and ADA claims on its website; or use your existing software to create and submit claims electronically.



*Non-Par Claim Fee applies when 50% or more of monthly claim volume is to Non-Par Payers (Kaiser Permanente is a participating payer).

- ✓ Great option for providers not currently enrolled to submit electronic data interchange (EDI) through a traditional clearinghouse.
- ✓ Submit claims electronically and receive confirmation immediately
- ✓ Correct failed claims directly on website
- ✓ Free set up, training and ongoing support
- ✓ 24/7 access from anywhere with an internet connection
- ✓ Convenient, secure and HIPAA compliant
- ✓ [Click here](#) for a quick video to learn more!



If you need assistance, please contact your provider representative at 1-866-866-3951.

Implementing the No Surprises Act: Have you verified your information?

AN IMPORTANT MANDATE, EFFECTIVE JANUARY 1, 2022, will bring changes to how provider directory information is validated. The Consolidated Appropriations Act 2021, also called the No Surprises Act, requires payers to establish a verification process to confirm directory information at least every 90 days. You can learn more about the [Consolidated Appropriations Act](#) on the Congressional website.

Please send responses and rosters in a timely manner for all verification/attestation requests and outreach.

- Do our members know how to get to or contact your office?
- Are we able to make accurate referrals?
- Have you checked to make sure Kaiser Permanente has all of the correct information regarding your practice?
- Have you sent an updated and accurate roster?
- Have you responded to Credentialing questions or requests for new documentation?
- Have you responded to quarterly directory verification/attestation or outreach?

Please feel free to contact us if you think any of your information may be incorrect. You can reach out to your Provider Experience Consultant, or you can email our Provider Data Management team at KPCO-PDM@kp.org.

If you know any of your demographics are changing, or have changed, please let us know at least 60 days in advance, or as soon as possible. Please visit our Community Provider Portal at <https://providers.kaiserpermanente.org/cod/> and complete the appropriate form under Provider Demographics.

HR 133: The No Surprises Act



SEC. 2799B–9. Provider requirements to protect patients and improve the accuracy of provider directory information.

(a) Provider Business Processes. Beginning no later than January 1, 2022, each health care provider and each health care facility shall have in place business processes to ensure the timely provision of provider directory information to a group health plan or a health insurance issuer...

Such providers shall submit provider directory information to a plan or issuers, at a minimum—

(1) when the provider or facility begins a network agreement with a plan or with an issuer with respect to certain coverage;

(2) when the provider or facility terminates a network agreement with a plan or with an issuer with respect to certain coverage;

(3) when there are material changes to the content of provider directory information of the provider or facility described in section 2799A–5(a)(1), section 720(a)(1) of the Employee Retirement Income Security Act of 1974, or section 9820(a)(1) of the Internal Revenue Code of 1986, as applicable; and

(4) at any other time (including upon the request of such issuer or plan) determined appropriate by the provider, facility, or the Secretary.

Kaiser Permanente helping to improve food access for thousands of students

Kaiser Permanente announced \$300,000 in grants for 17 local school districts to advance equitable food distribution. The funding will allow schools to obtain more equipment for safe food storage and preparation, increase transportation options for meal delivery in communities, and advance ongoing efforts to enroll more students and their families in federal food assistance programs.



Thank You Healthcare Heroes!



If you need assistance, please contact your provider experience representative at 1-866-866-3951.



<http://providers.kaiserpermanente.org/cod/index.html>

