network news

For practitioners and providers of Kaiser Permanente
Produced by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. in partnership with the Mid-Atlantic Permanente Medical Group, P.C.

June 2020

Contents

COVID-19: World Health Crisis Update

COVID-19 has had an unprecedented impact on the United States and remains prevalent in communities in the Mid-Atlantic region. We appreciate your continued partnership on our response to addressing the spread of the virus; and for providing prompt and compassionate care to our members and patients.

We continue to work to address questions you have, and in this publication, are providing responses and direction for those we have received from our participating providers. We will continue to keep you informed as the situation evolves. The most up-to-date information is regularly posted to Kaiser Permanente of the Mid-Atlantic States' Community Provider Portal (CPP) at www.providers.kp.org/mas.

Member and Patient Costs
Members will not have to pay for costs related to COVID-19 screening, diagnosis, testing or treatment. This includes the care that your facility or practice provides to our members.

We believe that cost should not be a barrier to screening or testing for our members who have received a doctor's order to be tested or treated. Effective March 6, 2020, Kaiser Permanente will not charge member cost-sharing (co-pays, deductibles and/or coinsurance) for all medically necessary screening, diagnosis and testing; and effective March 19, 2020, Kaiser Permanente will not charge member cost-sharing for treatment for COVID-19. This policy applies to the cost of the visit, associated lab tests and radiology services at a hospital, emergency department, urgent care and provider offices where the purpose of the visit is to be screened, diagnosed, tested or treated for COVID-19.

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There is no need to seek additional authorization to provide COVID-19-associated screening, diagnosis or testing to our members.

Please do not collect cost sharing for COVID-19 screening, diagnosis or testing or treatment-related services from our members. COVID-19 coding information is provided later in this article.

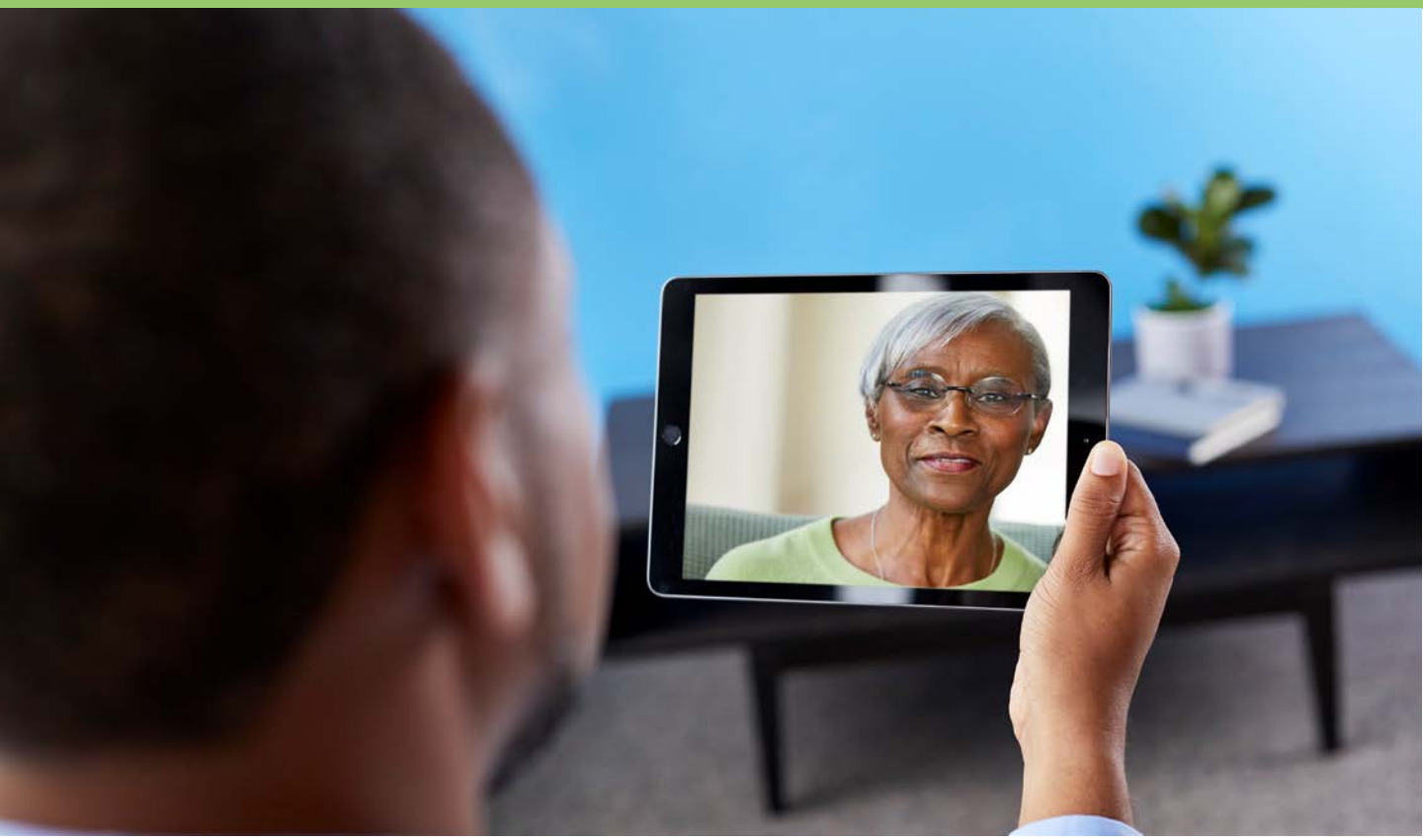
Important Notes:

- *All self-funded members will have $0 cost sharing for screening, testing and diagnosis; however, some self-funded members may encounter a cost share for treatment of COVID-19 at the election of their employer group.*
- *There is a temporary exception for Virginia Medicaid members. For more information, see "Virginia Medicaid Member and Out-of-Pocket Costs."*
- *There may be some reprocessing of claims related to COVID-19 care that may take 30 days or longer. Your patience is appreciated as appropriate benefit adjudication is finalized.*

COVID-19 Cost-Sharing Waiver Discontinuation

The COVID-19 cost sharing waiver will discontinue on December 31, 2020 at 11:59 p.m. Eastern Time. We will notify providers promptly if it is extended.

Providers will be notified by letter when the COVID-19 cost sharing waiver discontinues. The update will also be posted to the CPP. You are encouraged to visit the CPP for ongoing updates and information about this initiative.



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Appointments for Kaiser Permanente Members Experiencing COVID-19 Symptoms
For those of you seeking to direct members to their KP providers for COVID-19 symptoms, testing or care, please advise them that we encourage members or their dependents who have recently traveled to an area of risk or think they have been exposed to the virus and are experiencing symptoms of COVID-19, like respiratory illness, to call the appointment and advice line at 703-359-7878 or 1-800-777-7904 (711 TTY) so we can assist with directing their care. To reduce possible exposure to others, we prefer that these members **not** make an appointment online or go directly to one of our facilities without calling ahead first.

Providing Telehealth Visits
We appreciate your efforts to limit the spread of COVID-19 in the community and encourage the use of telehealth visits. Telehealth flexibilities permitted to providers who were not contracted to provide telehealth services or bill for telehealth services in the normal course of care prior to the COVID-19 public health emergency (e.g., ABA providers and home health agencies) will continue to be afforded the flexibility to bill for care provided via telehealth until August 31, 2020 at 11:59 p.m. EDT; this will be reconsidered as this public health emergency continues. You may convert authorized office visits to telehealth visits, where clinically appropriate and technology is available, without seeking additional authorization from Kaiser Permanente.

Please ensure that you request a visual verification of members' Kaiser Permanente Identification Cards during telehealth visits, just as you would in-person in your medical office setting. All members (Commercial, Individual and Family, Medicare and Medicaid) are covered for telehealth visits. While most members receive no-charge for telehealth visits, please use Online Affiliate to confirm the cost sharing for High Deductible Health Plan/HSA-qualified members who must first meet their deductible for telehealth visits unrelated to COVID-19 diagnosis and testing.

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Providers should update systems and procedures to enable the use of modifiers GT (via interactive audio and video telecommunications system) or GQ (via synchronous telecommunications system), or telehealth place of service (POS code 02) when billing for services delivered via telehealth. If billing on a UB04, please append the modifier to the HCPCS code.

For Eligible Telehealth Visits Provided to Commercial or Medicare Members

Please use POS (place of service) 02 when submitting your professional services claims for these encounters. Modifier 95 is equally accepted for telehealth services on a professional services claim form (CMS 1500).

For Eligible Telehealth Visits Provided to Maryland or Virginia Medicaid Members

Professional services provided via Telehealth should be identified with a GT (via interactive audio and video telecommunications system) or GQ (via synchronous telecommunications system) modifier, as appropriate, and are billed using the usual place of service code that would be appropriate as if it were a non-telehealth claim on a professional services claim form (CMS 1500).

Guidance from Medicare and Medicaid Programs about Telehealth Services During the COVID-19 State of Emergency

Medicare and both MD and VA Medicaid programs have issued specific guidance regarding telehealth services including coding/billing, waivers for originating site, telehealth and behavioral health as well as telehealth care provided from a hospital setting. For more information, please refer directly to this guidance for regional Medicaid programs.

Medicare:

- Telehealth Frequently Asked Questions (Issued March 17, 2020)

MD Medicaid:

- COVID-19 Provider Updates

VA Medicaid:

- COVID-19 Provider information
- COVID-19 Provider Flexibilities Related to COVID-19 (Issued: March 19, 2020)

Coding for Telehealth Services Using an Institutional Claim Form (UB04 Claim Form)

For providers that are *unable to submit a professional CMS 1500 claim form*, and use institutional billing form, may submit claims for professional services with modifier 95 appended to eligible HCPCS/CPT on the institutional billing (UB claim forms) to submit claims for services that were:

- Performed remotely using real-time audio-visual telehealth technology or telephonic/audio-only when video technology is not available to the patient;
- Performed by a licensed, certified or otherwise qualified professional practicing within their scope of practice; and
- Where same standard of practice and documentation for the service or visit were maintained.

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Claim Form	CMS 1500		UB04 (Per Extenuating Circumstances Noted Above)
Line of Business	Place of Service Code	Modifier Options	HCPCS (Modifier)
Commercial	02	GT, GQ, 95	HCPCS (GT, GQ or 95)
Medicare	02		HCPCS (95)
VA Medicaid	Usual Place of Service Code	GT, GQ, 95	HCPCS (GT, GQ or 95)
MD Medicaid	Usual Place of Service Code	GT, GQ, 95	HCPCS (GT, GQ or 95)

For more information, visit CPP to view our COVID-19 Telehealth Guide for providers.

Care Notes
Providers are encouraged to provide members with a written clinical summary of COVID-19 screening, diagnosis, testing and treatment results that members can then share with their Kaiser Permanente care team.

COVID-19 Testing
The latest CDC and health authority guidance directs clinicians to use their judgment to determine if a patient has signs and symptoms of COVID-19 and should be tested. For the most up-to-date coronavirus care guidelines from the CDC visit **www.cdc.gov/coronavirus**.

COVID-19 testing requires specimens from the nose, throat or lungs which must be collected by a health care provider. Patients may not request tests directly from approved clinical laboratories. COVID-19 tests are only available as prescribed by the appropriate licensed provider.

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COVID-19 Lab Test Coding

All COVID-19 lab tests should be coded using the following procedure codes. These tests are no-charge to all members.

Procedure Codes	Description
U0001	Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Test Panel (Use only for tests performed by CDC)
U0002	Private labs (e.g. Quest) 2019-nCoV Coronavirus, SARS-CoV-2/2019- nCoV (COVID-19) (Use for Medicare members or Commercial members)
87635	Infectious agent detection by (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [COVID-19] (Do not use this procedure for Medicare members)
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

Other Associated Diagnostic Testing	
87400	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Influenza, A or B, each
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets

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Virginia Medicaid Member and Out-of-Pocket Costs

Effective March 16, 2020, the Virginia Department of Medical Assistance Services has directed all Medicaid Fee-for-Service Providers and Medicaid Managed Care Organizations, of which Kaiser Permanente is a participating provider, to eliminate cost sharing for all visits and services as of March 16, 2020.

Prescription Drug Coverage and Mail Order Pharmacy

It's a good idea for members to refill their prescriptions online and have them delivered by mail. You may receive member requests for prescription drug refills that you've prescribed. In your clinical judgment, please process these requests as expeditiously as possible.

Members can avoid standing in line by receiving prescriptions through our mail order service. Members can sign up on kp.org/rxrefill and receive their medications in about 3-5 business days. For urgent prescriptions, members should visit their closest Kaiser Permanente medical center pharmacy.

We have relaxed our "refill too soon" edits to permit earlier access to refills. Additionally, on a case by case basis, using clinical judgment and in compliance with regional or state executive orders, a pharmacist may dispense a refill even sooner than the edit allows. Regular benefit co-pays will apply to prescription drugs.

We are also monitoring all regional, state and federal emergency executive orders and will comply with any requirements related to prescribing and dispensing.

Monitoring Drug Supply Chains

Currently, Kaiser Permanente is not experiencing any significant drug shortages related to this coronavirus. We are closely monitoring the drug supply chain to identify any potential shortages of drugs produced in countries affected by COVID-19.

Our physicians, pharmacists and supply chain specialists continually work together to ensure that our members have access to needed medication. Within our integrated health system, we take steps such as identifying alternate supply sources or therapeutic agents whenever a drug shortage issue is identified, working closely with our physicians.

If there is any issue with a medication a member is taking, they will be notified about what they need to do. As always, members are encouraged to ask their physician or pharmacist about any concerns they have.

COVID-19 ICD-10 Coding

Proper diagnosis is needed to represent the care provided and ensure we can identify and track the at-risk population. As a reminder, effective March 6, 2020, all visits associated with screening, testing and diagnosis will be no charge for all members. The no charge coverage includes visits, associated labs, radiology and vaccine (when available) if members suspect or were exposed to the coronavirus or are under investigation for exposure to COVID-19. Medically necessary treatment of COVID-19 is also being covered at no charge, effective March 19, 2020.

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Please use the scenarios below to find the most specific and accurate diagnosis code. Using these codes will support no charge claims processing associated with COVID-19 screening, diagnosis, testing and treatment services.

Case Scenario	Use ICD-10 DX Code:
Concern about a possible exposure to COVID-19, but ruled out after evaluation	z03.818: Encounter for observation for suspected exposure to other biological agents ruled out
Actual or suspected exposure to someone who is infected with COVID-19; Person under investigation	z20.828: Contact with and (suspected) exposure to other viral communicable diseases
Asymptomatic Patient screened for COVID-19	Z11.59: Encounter for screening for other viral diseases
Confirmed COVID-19	U07.1: 2019-nCoV acute respiratory disease
Case of acute bronchitis confirmed as due to COVID-19	U07.1: 2019-nCoV acute respiratory disease and J20.8: Acute bronchitis due to other specified organisms
Cases of Bronchitis not otherwise specified (NOS) due to the COVID-19	U07.1: 2019-nCoV acute respiratory disease and J40: Bronchitis, not specified as acute or chronic
Cases of lower respiratory infection, not otherwise specified (NOS) or an acute respiratory infection, NOS associated with confirmed COVID-19	U07.1: 2019-nCoV acute respiratory disease and J22: Unspecified acute lower respiratory infection
Cases of respiratory infection, NOS due to COVID-19	U07.1: 2019-nCoV acute respiratory disease and J98.8: Other specified respiratory disorders
Cases of ARDS (Acute Respiratory Distress Syndrome) due to COVID-19	U07.1: 2019-nCoV acute respiratory disease and J80: Acute respiratory distress syndrome

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On February 20, 2020 the CDC announced a new ICD-10, U07.1: 2019-nCoV acute respiratory that will become effective on April 1, 2020 and may not be used for billed claims until that date.

For more information related to CDC's ICD-10-CM Official Coding Guidelines - Supplement Coding encounters related to COVID-19 Coronavirus Outbreak please go to https://www.cdc.gov/coronavirus.

We will provide any additional information regarding COVID-19 coding to you as quickly as possible.

Continue to Encourage Self-Isolation and Social Distancing

Self-isolation and social distancing can limit the exposure of the virus to vulnerable individuals. For questions about self-isolating and social distancing, please refer to CDC guidance at https://www.cdc.gov/coronavirus.

We will continue to keep you informed about changes and answer your questions as the situation evolves. Please keep up-to-date on the evolving COVID-19 pandemic by visiting CPP, our provider portal, at www.providers.kp.org/mas. You may also visit www.kp.org for continued updates.

If you have additional questions, please contact your account manager or email us at **provider.relations@kp.org**.

Medical Coverage Policy Update February – May 2020

The following Kaiser Permanente Mid-Atlantic Medical Coverage Policies (MCPs) and Transplant Patient Selection Criteria were approved between February 2020 and May 2020.

We develop MCPs in collaboration with specialty service chiefs and clinical subject matter experts. MCPs specify clinical criteria supported by current peer reviewed literature and are used to guide decisions related to request for health care services such as devices, drugs and procedures. The policies are reviewed and updated annually, reviewed for approval by the Regional Utilization Management Committee (RUMC), and are periodically reviewed by regulatory and accrediting agencies. Except where noted, our MCPs are primarily applicable only to commercial members.

A. National Transplant Service Patient Selection Criteria

Standards, criteria and interpretive guidelines developed y Kaiser Permanente National Transplant Service (NTS) Patient Selection Criteria and Transplant Guidelines

Transplant Patient Selection Criteria
Bone Marrow Transplant
Mechanical Circulatory Support Devices as Bridge to Cardiac Transplant
Heart Transplant
Lung and Heart-Lung Transplant
Intestine & Intestine/Liver Transplant
Liver Transplant
Kidney Transplant
Pancreas Transplant Along (PTA) + Pancreas After Kidney (PAK) Transplant
Simultaneous Pancreas/Kidney (SPK) Transplant

B. New or Updated Medical Coverage Policies

1. Habilitative Services, including Applied Behavioral Analysis (ABA) for all Maryland Fully-Insured Plans

Effective: February 25, 2020

- Section II. C # 4 Utilization Review of Behavioral, Psychological and Therapeutic Care - Coverage indications for children with Autism/Autism Spectrum Disorder (ASD), including ABA therapy - updated to specify that Kaiser Permanente Mid-Atlantic States (KPMAS) “will not deny payment for applied behavior analysis on the basis that it is experimental or investigational“ (Code of Maryland Regulations (COMAR) 31.10.39.03. “Utilization Review of Treatment for Autism Spectrum Disorders”)
- Benefit Alert language updated based on COMAR 31.10.39.04 “Coverage for Habilitative Services.”
- References were updated

Medical Coverage Policy Update February – May 2020 – *Continued from page 10*

2. **Continuous Glucose Monitor**

   Effective: February 25, 2020

   - Section III A, 3 and III B, 4: Clinical indication for use: added – Individual of all ages with diabetes mellitus successfully using a Continuous Glucose Monitor (CGM) during the month prior to enrollment with KPMAS
   - Section III A: Clinical indication for Adults: added # 4: For patients with Type 1 diabetes diagnosis pre-conception, pre-pregnancy and during pregnancy to reduce the incidence of fetal mortality and anomalies.
   - Benefit alert: “marketplace” replaced with “exchange”
   - References were updated

3. **Compression Bandages and Garments and Pneumatic Devices**

   Effective: February 25, 2020

   - Benefit Alert: Medicare Cost and Senior Advantage members who meet the clinical indication requirements have compression garments & pneumatic devices supplemental benefit coverage effective January 1, 2020.
   - Deleted: reference to Center for Medicare and Medicaid (CMS)’ coverage database for Medicare members and other jurisdictions.
   - Added: reference to Compression Garments Medical Policy on medical coverage criteria.

4. **Corneal Collagen Cross Linking**

   Effective: February 25, 2020

   - References were updated

Medical Coverage Policy Update February – May 2020 – *Continued from page 11*

5. **Autologous Stem Cell Cardiomyoplasty**

   Effective: February 25, 2020

   - Benefit alert: “Marketplace” replaced with “Exchange”
   - References were updated

6. **Biofeedback**

   Effective: February 25, 2020

   - Reference to Pelvic Floor Rehab MCP as a related policy deleted
   - Benefit alert: “Marketplace” replaced with “Exchange”
   - References were updated

7. **Dental Services**

   Effective: February 25, 2020

   - Benefit Alert: “Marketplace” replaced with “Exchange.”
   - References were updated

8. **Biofeedback**

   Effective: March 26, 2020

   - Section II. Coverage Indications:
     a. Language added indicating biofeedback is covered for indications as specified ONLY when performed by a licensed health care professional.” All other indications remain experimental and noncovered.
   - References were updated

9. **Fetal Echocardiogram**

   Effective: March 26, 2020

   - Deletion of indication for a single fetal umbilical artery
   - Benefit Alert: “Marketplace” replaced with “Exchange.”
   - References were updated

10. **Cranial Remodeling Bands**

    Effective: March 26, 2020

    - Section II. B # 2: Clinical Indication: Head asymmetry edited to either 6 mm or 10 mm in most policies
    - Benefit Alert: “Marketplace” replaced with “Exchange”
    - References were updated

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11. Skilled Home Care Services

Effective: March 26, 2020

- Benefit alert: “Marketplace” replaced with “Exchange”
- References were updated

12. Blepharoplasty, Entropion/Entropion Repair, Repair for Corneal Exposure, Lid Ptosis and Brow Lift Surgery

Effective: March 26, 2020

- Section IV. Criteria for Repair of Upper Eyelid – the word “blepharoplasty” is replaced with “surgery”
- Section V. Criteria for Repair of Lower Eyelid – the word “blepharoplasty” is replaced with “surgery”
- Benefit Alert: “Marketplace” replaced with “Exchange.”
- References were updated

13. Panniculectomy

Effective: March 26, 2020

- Benefit Alert: “Marketplace” replaced with “Exchange.”
- References were updated

14. MRI: Wide Bore and Open

Effective: March 26, 2020

- Section II, A: Open MRI referral procedure for members with subjective claustrophobia
    - # 3: added IV sedation or those who cannot undergo sedation
    - # 5: deleted specificity of “DCSM” as the required Anesthesia Chief who will provide advance confirmation of MRI with IV sedation.
    - # 6: deleted Medicare members outside of 30-mile geo access limit
- References were updated

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15. Transcranial Magnetic Stimulation (TMS) for Depression and Chronic Migraine

Effective: April 23, 2020

- Deletion of coverage of repetitive transcranial magnetic simulation (rTMS) for migraine
    - Deletion of chronic migraine from the title of policy
    - Section IV. Referral Process and Indication: Deletion of section B. TMS for treatment of chronic migraine.
    - Section V. Contraindication – deletion of entire section
    - Section VI, F. Exclusion – removal of except for migraine
- Benefit Alert: “Marketplace” replaced with “Exchange”
- References were updated

16. Pectus Excavatum, Pectus Carinatum and Poland’s Syndrome: Surgical Correction

Effective: April 23, 2020

- Benefit Alert: “Marketplace” replaced with “Exchange.”
- References were updated

17. Medical Necessity Review for Pre-Authorization of a Single Visit

Effective: April 23, 2020

- References were updated

18. Medical Necessity Review for Pre-Authorization of a Single Visit

Effective: April 23, 2020

- References were updated

Medical Coverage Policy Update February – May 2020 – *Continued from page 14*

19. Neonatal Intensive Care Unit (NICU) Care (Level of Care II-IV) Admission & Discharge

Effective: April 23, 2020

- Benefit Alert: “Marketplace” replaced with “Exchange.”
- References were updated

20. Post Mastectomy External Prosthesis

Effective: May 14, 2020

- Section IV A
    - # 5 - Limit on initial post-mastectomy bra or post-surgical camisole changed from two (2) to a maximum of four (4) per contract year.
    - # 7 - Added: Medical necessity criteria of an early or new request for a mastectomy bra or post-surgical camisole.

21. Knee Scooter

Effective: May 14, 2020

- Benefit alert: reference to government benefit handbook or brochure to verify benefit coverage for Medicaid and Fed members
- References were updated

22. Breast Implant Removal

Effective: May 14, 2020

- Section IV A7: added suspicion of diagnosis based on clinical evaluation
- Section IV B deleted
- Benefit Alert: “Marketplace” replaced with “Exchange”
- References were updated

23. Breast Pump

Effective: May 14, 2020

- Section II, B Indications for Coverage
- Added:
    - Section B: “documentation from pediatrician or OB physician that a hospital grade breast pump is medically necessary and that a single use electric pump will not suffice.”
    - Section B # 1 – added: “or there is a medical need for separation of the mother and infant.”
- Deleted: item # 9-13
- Benefit Alert: “Marketplace” replaced with “Exchange”
- References were updated

Medical Coverage Policy Update February – May 2020 – *Continued from page 15*

24. Sialendoscopy

Effective: May 14, 2020

- Benefit Alert: “Marketplace” replaced with “Exchange”
- References were updated

25. Functional Electrical Stimulator (NMES/FES)

Effective: May 14, 2020

- Benefit Alert: “Marketplace” replaced with “Exchange”
- References were updated

26. Prosthodontic Reconstruction after Reconstructive Jaw Surgery – New Policy

Effective: May 14, 2020

27. Electric Patient Lift – New Policy

Effective: May 14, 2020

Access to MCPs is only two clicks away in HealthConnect

Medical Coverage Policies can be accessed through the KP Clinical Library by using the web link, https://clm.kp.org/wps/portal/cl/MAS/search_iframe?query=medical+coverage+policy&x=0&y=0.

Click on the Clinical Library section on the right side of the KPHC Home page and then type in “medical coverage policy” in the search box. All medical coverage policies will be displayed.

Please contact the Utilization Management Operations Center (UMOC) at 1-800-810-4766 to receive a copy of the UM guideline or criteria related to a referral.

All Practitioners have the opportunity to discuss any non-behavioral health and or/behavioral health Utilization Management (UM) medical necessity denial (adverse) decisions with a Kaiser Permanente Physician reviewer (UM Physicians).

If you have clinical questions on use of our criteria, please feel free to contact:

Claudia Donovan M.D.
Physician Director of Medical Policies, Benefits and Technology Assessment
Medical Director for Central East National Transplant Services
Claudia.K.Donovan@kp.org

If you have administrative questions concerning accessing or using our criteria, please contact:

Marisa R Dionisio, RN
Marisa.R.Dionisio@kp.org
301.816.6689

Thrive Local

Thrive Local is Kaiser Permanente's national strategic initiative and partnership with Unite Us that connects health and social care providers to deliver total health through integrated care. It empowers Kaiser Permanente (KP) staff and organizations across communities to work together through a shared technology platform, Unite Us. This enables us to connect members to partners in the community to address their social, non-medical needs.

Kaiser Permanente has begun implementing Thrive Local in stages. The first phase, the internal Thrive Local Resource Directory, functions like a virtual phone book of community-based organizations in our region that provide social services. It launched on December 17, 2019 for a select group of approximately 450 frontline KP staff in the D.C. and Suburban Maryland service area. In April 2020, we successfully expanded the Resource Directory to include community resources for the Baltimore and Northern Virginia service areas and expanded access to all Kaiser Permanente Mid-Atlantic States (KPMAS) employees. All KPMAS employees now have access to a filterable list of community-based organizations that can help meet members' needs via a weblink on Inside KP. After a KP user, has found and selected the appropriate community resources for the member they are serving, they will be able to text, email, or print the information directly from the Unite Us portal.

In June, our region will launch the second phase: a community network. In this phase, Kaiser Permanente and Unite Us will launch a referral network that connects KP staff to community organizations, health care providers and public agencies in D.C. and Suburban Maryland only at this time, to address the social needs affecting individuals' health and well-being. The Baltimore community network will launch later this year and Northern Virginia will launch in 2021.

All these components will work together to improve integrated health and social care for our KP members and our communities.

For more information on the Thrive Local program, please see the Resource Directory Overview and FAQ and the Unite Us Core Actions how-to guide.

Provider Access to Health Education Materials

Kaiser Permanente physicians and network providers have access to all health education materials to provide to patients as part of the *After Visit Summary* or to supplement discussion from the patient visit.

Content can be viewed through the centralized internal "Clinical Library" which is an electronic inventory of health education information that can be used for all visit types. Health education content and links to education videos are also embedded into KP HealthConnect for inclusion in member *After Visit Summaries*, sent via secure messaging, or mailed directly to the patient's home. For health education programs, providers can:

- Refer or direct book members into some health education programs through the eConsult system.
- Using KP HealthConnect, *After Visit Summaries*, or hard copy flyers, or provide members with Call Center information on how to self-register for programs.

Additional information on health education programs, tools and resources is available by:

- Visiting www.kp.org/healthyliving/mas
- Contacting the Health Education automated line 301-816-6565 or 1-800-444-6696 (toll free)

Pharmaceutical Management Information and Updates

The Kaiser Permanente Mid-Atlantic States (KPMAS) Regional Pharmacy & Therapeutics (P&T) Committee approves drug formularies for all lines of business, Commercial, Marketplace/Exchange, Medicare, Virginia Premier and Maryland HealthChoice (Medicaid).

The Regional P&T Committee, with expert guidance from various medical specialties, evaluates, appraises and selects from available medications those considered to be the most appropriate for patient care and general use within the region. The purpose of the formulary is to promote rational, safe and cost-effective drug use.

The formularies are updated monthly with additions and/or deletions approved by the Regional P&T Committee. The most recent information on drug formulary updates or changes can be accessed via the online Community Provider Portal for affiliated practitioners available at http://providers.kaiserpermanente.org/html/cpp_mas/formulary.html. To view the P&T Memos, you will be redirected to the KPMAS Clinical Library, a secured network and asked to sign in and/or register for access.

A printed copy of each drug formulary is available upon request from the Provider Experience department, which can be contacted via email at **provider.relations@kp.org**.

Online Affiliate Features

We are excited to share with you a new Online Affiliate feature that allows you to upload claim related documents.

Online Affiliate is Kaiser Permanente's EPIC-based online tool that allows you to check claims status, verify member eligibility & benefits and view referrals and authorizations.

This new functionality will allow you to take action on a claim:

- File a Dispute (appealing/disputing claim decisions). Select this option if you are requesting reconsideration of payment.
- Respond to a Request for Information (RFI) by allowing the upload of Kaiser requested documents. Select this option if you have received a letter or EOP denial for additional information.
- Submit Supporting Documentation. Select this option if you have submitted a claim that you know will require supportive documents.

Provider benefits:

- Allows you to submit claim appeals/disputes on-line.
- Upload documents in response to a RFI and medical records – avoiding having to deal with postal delays.
- Proactively upload claim related documents for quicker review of claims.
- Reduce paper output and cost of stamps for provider responses to RFI.
- Reduce amount of time it takes for Kaiser Permanente to receive appeals/disputes, RFI and claim related documentation.

At this time, you cannot track the status of their appeals/disputes, or Requests for Information submissions via Online Affiliate. We are looking to include submission status as a future enhancement of the Online Affiliate tool.

If you already registered for Online Affiliate access, you may use this feature today by signing on at https://epiclink.kp.org/wma/epiclink_overview.htm.

If you do not have access to Online Affiliate, please contact your regional representative at KP-MAS-OnlineAffiliate@kp.org.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Provider Experience
2101 E. Jefferson Street
Rockville, MD 20852

Online Claim Status

The Kaiser Permanente Online Affiliate portal offers self-service tools that providers can rely on and are accessible at any time. The claim status feature continues to be proven as an invaluable resource.

Many providers have relied on the Kaiser Permanente (KP) Member Services Contact Center (MSCC) to obtain information about claims status. In our continued effort to provide excellent service, we are transitioning claims status inquiry support exclusively to our Online Affiliate platform.

Beginning September 1, 2020, providers will be required to use the self-service tools listed below to obtain Claim Status information for Kaiser Permanente patients.

Questions that can answered online include:

- Claim receipt by KP
- Claim processing status – in process or complete
- Claim payment status – paid or denied
- Amount paid
- Payment date and check number

With Online Affiliate, patient information is at your fingertips 24 hours a day, 7 days a week. One of the great benefits of the self-service tool is that you no longer have to wait on hold by phone in order to obtain the information you need.

Utilization Management Affirmative Statement

Kaiser Permanente practitioners and health care professionals make decisions about which care, and services are provided based on the member's clinical needs, the appropriateness of care and service, and existence of health plan coverage. Kaiser Permanente does not make decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits. The health plan does not specifically reward, hire, promote, or terminate practitioners or other individuals for issuing denials of coverage or benefits or care. No financial incentives exist that encourage decisions that specifically result in denials or create barriers to care and services or result in underutilization. In order to maintain and improve the health of our members, all practitioners and health professionals should be especially diligent in identifying any potential underutilization of care or service.