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.

December 2022

COVID-19 Updates

For the latest updates on COVID-19 FAQs and reference guides, go to our Community Provider Portal at www.kp.org/providers/mas.

Contents

Post Acute Analytics Partnership

Kaiser Permanente is proud to announce a new partnership with vendor, Post Acute Analytics (PAA), to automate the Skilled Nursing Facility (SNF) Prior Authorization and SNF Concurrent Review processes by using the Anna™ software platform.

PAA works with health systems, payors, and post-acute providers promoting transparency on the care being provided to their members across the continuum of care. As Kaiser Permanente's business associate, PAA is authorized to receive protected health information (PHI), personally identifiable information (PII), and other information to perform these services.

What is changing for discharge planning to skilled nursing facilities (SNFs)?
In 2023, all contracted hospitals and skilled nursing facilities that admit Kaiser Permanente Medicare Advantage, Commercial, and Medicaid members will be required to work with PAA and use Anna™.

Hospitals will be required to:

- Request and receive SNF authorization via Anna™
- Identify the accepted SNF
- Communicate that authorization to the SNF

SNFs will be required to:

- Notify Kaiser Permanente of a member's arrival into a SNF (admission verification notification) through Anna™
- Conduct SNF concurrent review processes, including providing clinical documentation to receive authorization of additional days beyond the initial approved days within Anna™

These changes become effective March 1, 2023, for all contracted hospitals and skilled nursing facilities (SNFs). Kaiser Permanente's provider manuals will be updated to reflect these changes – Commercial Manual (Chapter 9), Virginia Medicaid Manual (Chapter 9), and Maryland HealthChoice Manual (Section IV). You may access these manuals on our Community Provider Portal at www.kp.org/providers/mas.

Kaiser Permanente and PAA may integrate your electronic medical record (EMR) system with Anna™; there will be no fees from Kaiser Permanente or PAA associated with your facility's use of Anna™. The integration is important for all providers as it will simplify your daily work with Kaiser Permanente.

How to start using Anna™

One of PAA's Provider Onboarding Partners will contact you to invite you to an educational kick-off webinar and assist with next steps. You will also receive training materials and an FAQ to address common questions.

Medicare Advantage: Care Plus (HMO-POS)

Kaiser Permanente is pleased to announce a new Medicare product coming in January 2023. Kaiser Permanente Medicare Advantage Care Plus (HMO-POS) offers members access to affordable, high-quality care within our integrated care delivery system – PLUS coverage up to a $1,500 dollar annual allowance for certain physician visits or outpatient medical services with out-of-network providers both inside and outside of the service area.

For Kaiser Permanente Providers and Medicare Advantage Providers: There are no changes to established process and procedures for Medicare members for this product.

For Non-Network Providers: Please note that Care Plus members can use their out-of-network dollar allowance to access any other Medicare provider in the nation without a referral.

Springfield Medical Center - Now Open

On November 14, 2022, Kaiser Permanente celebrated the grand opening of the new Springfield Medical Center in Northern Virginia. This is the sixth new Medical Center opened in the Mid-Atlantic region within the past two years. The new 99,000-square-foot medical center replaces the former Springfield complex with a state-of-the-art facility that combines nation-leading quality care with design and technology that optimizes convenience and experience for members.

At the new Springfield Medical Center, our patients have access to award-winning primary care physicians and specialists who work together to prevent, diagnose, and treat illness, improving their patients' long-term health and life expectancy. The facility is located at 6551 Loisdale Court in Springfield, VA and is now one of our 35 Kaiser Permanente medical centers across the region. Springfield is expected to serve over 47,000 members with about 144,000 visits per year.

Many individuals and teams across the region have played a role in imagining, designing, building, and opening this new facility. Thank you to everyone who contributed to this important work. Thank you to all who were part of this project. You supported the health and well-being of our members and community through this work.

2022 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.

Medical Coverage Policy Update: Aug. – Nov. 2022

The following Kaiser Permanente Mid-Atlantic Medical Coverage Policies (MCPs) and Transplant Patient Selection Criteria were approved between **August 2022 to November 2022**.

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 requests 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.

New and Updated Medical Coverage Policies

1. Cologuard

Effective date: 08/31/2022

- Section IV, E has been deleted
- References were updated

2. Feeding Therapy

Effective date: 08/31/2022

- References were updated

3. Capsule Endoscopy

Effective date: 08/31/2022

- References were updated

4. Aquatic Therapy

Effective date: 08/31/2022

- References were updated

MCP Update: August – November 2022 - *Continued from page 5*

5. Purewick Therapy

Effective date: 08/31/2022

- References were updated

6. Breast Reduction and Gynecomastia Surgery

Effective date: 09/23/2022

- References were updated

7. Breast Pump

Effective date: 09/23/2022

- Utilization Alert, Section I, B, Section IV, A, and Section IV, D-E
- Language updated - benefit coverage for personal breast pump is applicable to all Commercial lines of business and products in each jurisdiction and not limited to ACA compliant plans only. No change was made to medical necessity criteria requirements
- References were updated

8. SpaceOAR

Effective date: 09/23/2022

- Section III. Description updated
- Section IV. Indications for referral
  - "Absorbable peri-rectal spacer" and "IG-IMRT" deleted
- References were updated

MCP Update: August – November 2022 - *Continued from page 6*

9. Ambulance Transportation

Effective date: 09/23/2022

- Section II, A. Clinical Indications
  - Word "*reasonableness*" deleted from Emergency Ambulance Transport Medical Necessity
- References were updated

10. Benign Skin Lesion Treatment

Effective date: 09/23/2022

- Section IV, B - Exclusions and Limitations
  - # 8 - Added Benign appearing nevi (moles)
- References were updated

11. Continuous Passive Motion (CPM)

Effective date: 09/23/2022

- References were updated

12. Bariatric Surgery

Effective date: 09/23/2022

- Section V, C – Surgical inclusion criteria for Adult.
- Requirement for being nicotine/smoke free changed from 1 year to 6 months.

MCP Update: August – November 2022 - *Continued from page 6*

13. HFOV (High Frequency Flutter Valves and Oscillator Vest)

Effective: 10/20/22

- Section III. Contraindication and Exclusion
  - Added recent skin grafting to chest/thorax and recent esophageal surgery
- Update to Utilization Alert
- References were updated

14. Endobronchial Valve

Effective: 10/20/22

- Update to Utilization Alert
- References were updated

15. Preimplantation Genetic Test (PGT)

Effective: 10/20/22

- Update to Utilization Alert
- References were updated

MCP Update: August – November 2022 - *Continued from page 7*

16. Spinal Cord Stimulation for Pain Management

Effective: 10/20/22

- Update to Utilization Alert
- References were updated

17. Wound Supplies

Effective: 10/20/22

- Update to Utilization Alert
- References were updated

18. Nutritional Support

Effective: 10/20/22

- Update to Utilization Alert
- References were updated

19. Orthotics - Knee, Foot and Ankle

Effective: 10/20/22

- Section II, A #8: Orthotics exclusion: added *"for bedridden patients"* to ankle contracture and foot drop splints used solely as recumbent positioning devices
- Update to Utilization Alert
- References were updated

MCP Update: August – November 2022 - *Continued from page 8*

20. Acupuncture

Effective 11/28/22

- Update to Utilization Alert
- Added Section III. Exclusions
- References were updated

21. Vitiligo Treatment

Effective 11/28/22

- Update to Utilization Alert
- Grammatical update
- References were updated

22. Habilitative Services including Applied Behavioral Analysis (ABA) for all Maryland Fully-Insured plans

Effective 11/28/22

- Update to Utilization Alert
- Section I Coverage Overview
    - o A. "the functioning of an individual" changed to "an individual's functioning" in the statement:
        - *"Behavioral health treatment: professional counseling and treatment programs, including applied behavior analysis (ABA), that are necessary to develop, maintain, or restore, to the maximum extent practicable ~~"the functioning of an individual"~~* an individual's functioning*"*
    - o B. Medical necessity of speech therapy updated from 1.5 to at least one standard deviations below average for age, per evaluation of a certified contracted speech therapist
    - o C. Speech Therapy Exclusions
        - 1-b. Speech therapy to improve articulation in the absence of injury, illness or medical condition affecting articulation for functional speech sound disorders (articulation and/or phonological), in the absence of underlying medical conditions
        - 1-e. Added as an exclusion: Speech therapy for speech disorders resulting from tongue tie (ankyloglossia)
    - o D-3 Added as an exclusion "*children with conditions other than Autism/ASD is an exclusion to ABA treatment"*
- Section III – *Utilization review of behavioral, psychological, and therapeutic care for conditions where a child needs to keep, learn, or improve skills and functioning for daily living* - entire section deleted
- References were updated

MCP Update: August – November 2022 - *Continued from page 9*

23. Habilitative Services including Applied Behavioral Analysis (ABA) for District of Columbia Small Group and Individual Market Plans

Effective 11/28/22

- Section II, A. **Speech Therapy Exclusions:**
  - # 2. Speech therapy to improve articulation modified – replaced with "*for functional speech sound disorders (articulation and/or phonological), in the absence of underlying medical conditions"*
  - # 5 Added as an exclusion: Speech therapy for speech disorders resulting from tongue tie (ankyloglossia)
- Section V, B-2. Coverage: medical necessity of speech therapy updated from 1.5 to at least one standard deviations below average for age, per evaluation of a certified contracted speech therapist
- References were updated

24. Virginia Habilitative Services, including Applied Behavioral Analysis (ABA) Small Group and Individual Family (KPIF) Plans

Effective 11/28/22

- Update to Utilization Alert
- Section I, B. **Coverage Overview:** medical necessity of speech therapy updated from 1.5 to at least one standard deviations below average for age, per evaluation of a certified contracted speech therapist
- Section III, A. **Speech Therapy Exclusions:**
  - # 2. Speech therapy to improve articulation modified – replaced with "*for functional speech sound disorders (articulation and/or phonological), in the absence of underlying medical conditions"*
  - # 5 Added as an exclusion: Speech therapy for speech disorders resulting from tongue tie (ankyloglossia)
- References were updated

25. Medical Coverage Policy Virginia Habilitative Services, including Applied Behavioral Analysis (ABA) Small Group Mid-Large Group – RETIRED

Effective 11/28/22

MCP Update: August – November 2022 - *Continued from page 10*

Access to MCPs *is only two clicks away in Health Connect.*
Medical Coverage Policies can be accessed through the **KP Clinical Library** by using the web link below:
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 guidelines or criteria related to a referral.

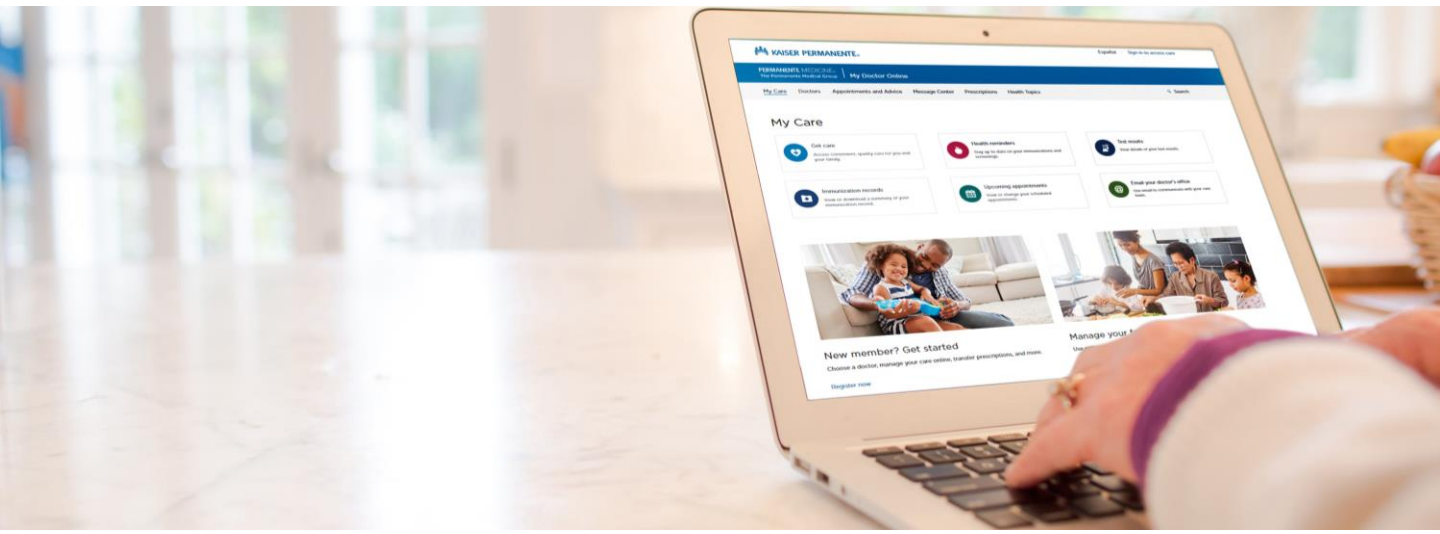
All Practitioners have the opportunity to discuss any non-behavioral health and/or behavioral health Utilization Management (UM) medical necessity denial (adverse) decisions with a Kaiser Permanente Physician reviewer (UM Physicians).

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

Christine Assia, M.D.
Physician Director of Medical Policies, Benefits and Technology Assessment
Emergency Physician, Advanced Urgent Care/ECM/UMOC
Christine.C.Assia@kp.org

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

Marisa R Dionisio, RN
Marisa.R.Dionisio@kp.org
240-620-7257



2022 Maryland Medicaid CAHPS Results

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey designed to better understand patient experience with health care. The survey asks patients about their experiences with, and their ratings of, their health care providers and plans, including hospitals, doctors, and health and drug plans, among others. The survey focuses on matters that patients themselves say are important to them and for which patients are the best and/or only source of information.

In Spring 2022, a third-party vendor conducted the annual survey of a select number of Maryland Medicaid members on behalf of Kaiser Permanente and the Maryland Department of Health. The results from the survey are used to identify areas for the health plan and for providers to improve patient experience. The 2022 Maryland Medicaid CAHPS show the following results:

Measure	MD Adult			MD Child		
	2022	2021	2019	2022	2021	2019
Health Care Rating	60%	61%	59%	74%	78%	72%
PCP Rating	63%	69%	65%	76%	79%	80%
Specialist Rating	*67%*	*63%***	*63%***	*77%*	*67%***	*65%***
Health Plan Rating	65%	58%	57%	64%	73%	72%
Getting Needed Care	87%	80%	86%	75%	75%	83%
Getting Care Quickly	82%	76%	83%	72%	78%	85%
MD Communication	92%	87%	89%	92%	90%	95%
Customer Service	*88%*	*91%***	88%	89%	87%**	88%
Care Coordination	84%**	*80%***	83%**	72%**	72%**	82%

** Base size less than 100 – interpret with caution
2020 results not reported per NCQA recommendation

Behavioral Health Referrals

There has been a growing demand for mental health services. To help meet that demand, we have expanded the list of procedures that do not require pre-authorization. This is effective immediately, and we will update the list if any changes are made in the future.

Kaiser Permanente members may contact a Behavioral Health provider directly for an appointment. ***Pre-authorization is not required for the initial consultation and some routine care services.*** Please see below for the complete list of authorization-waived CPT codes and their corresponding description.

CPT Code	Description
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY
90853	GROUP PSYCHOTHERAPY
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54

If it is determined that a Kaiser Permanente member requires additional care beyond the services in this list, per the *Kaiser Permanente Participating Provider Manual, Section 14.2: Referrals and Authorizations for Behavioral Health Services (*www.kp.org/providers/mas) please submit a completed **Uniform Treatment Plan** (https://k-p.li/3r4oiw4) and fax it to Behavioral Health Utilization Management at 1-855-414-1703 for authorization of continuing care.

Behavioral Health Referrals - *Continued from page 13*

Treatment plans will be reviewed by a member of Kaiser Permanente's Behavioral Health Utilization Management team. A Kaiser Permanente Behavioral Health provider may contact the treating provider if further clarification of the member's clinical status and progress of the member's condition is necessary. Should you have any questions regarding the member's treatment plan or if you would like to discuss special patient circumstances, please contact our Behavioral Health Utilization Management team at 301-552-1212.

Specialized services or programs such as rehabilitation, partial hospitalization programs, or procedures such as TMS or ECT will still require a completed **Uniform Treatment Plan** (https://k-p.li/3r4oiw4) sent to Behavioral Health Utilization Management for referral authorization prior to care. Referrals are not required for the initial consultation for services such as outpatient therapy or medication management.

When prescribing medication to our members, refer to the Kaiser Permanente drug formulary for a list of preferred drugs. Our formulary can be found on our Community Provider Portal at www.kp.org/providers/mas. Members may conveniently fill their prescriptions at any Kaiser Permanente pharmacy located within our medical centers.

We appreciate your support for our members in providing ongoing medication refills, urgent access and on-call needs as well as completion of forms such as FMLA. To support ongoing care coordination, please encourage your patients to complete a release of information form so we can share medical records with you.

Members with questions about their behavioral health care should be directed to contact our Member Services Department at 1-877-218-7749, (301) 879-6380, TTY, Monday through Friday from 7:30 am to 5:00 pm.

Our goal is to make this process as easy and seamless as possible for both you and our members. Please reach out to our Provider Experience team at 1-877-806-7470 with any questions or concerns.

DMAS Required PRSS Enrollment

The Virginia Department of Medical Assistance Services (DMAS) requires all Virginia Medicaid managed care providers to enroll in PRSS (Provider Services Solution) to satisfy and comply with Federal requirements in the 21st Century Cures Act. Medicaid providers will use the PRSS portal, located on the Medicaid Enterprise System (MES) website, to complete enrollment and maintenance processes.

Kaiser Permanente Virginia Premier participating providers will need to initiate enrollment through the new PRSS Enrollment Wizard: https://virginia.hppcloud.com/. Go to “Enroll as a new provider” or “check your enrollment status”. Only one enrollment application is necessary in PRSS, even if you participate with more than one MCO. The application process allows for selection of one or more MCO plans.

PRSS requires Provider(s) & Group(s) register the following details:

- **NPI**
- **Tax ID**
- **Office Locations**

Once approved, providers will need to create a PRSS portal online account in order to revalidate their enrollment, make changes to personal or business information and check member eligibility. You may be asked to provide evidence of your submission. **Failure to register or properly update your information may result in delayed or denied claim payments.**

You can find helpful training resources on the MES website:
https://vamedicaid.dmas.virginia.gov/training/providers

Questions? Contact PRSS Provider Enrollment Helpline at (804) 270-5105 or (888) 829-5373 and Provider Enrollment email address at: vamedicaidproviderenrollment@gainwelltechnologies.com. For questions related to non-enrollment, please work with your health plan.

Provider Education and Training Courses
Managed care network providers can get ready to use the new Provider Services Solution (PRSS) portal by using training resources on the Medicaid Enterprise System (MES) website. DMAS offers a variety of pre-recorded training opportunities to help prepare providers to receive the maximum benefits from the PRSS portal. Please visit the MES website for a comprehensive listing of current courses.

Member Rights and Responsibilities: Our Commitment to Each Other

Kaiser Permanente is committed to providing you and your family with quality health care services. In a spirit of partnership with you, here are the rights and responsibilities we share in the delivery of your health care services.

Member rights

As a member of Kaiser Permanente, you have the right to do the following:

RECEIVE INFORMATION THAT EMPOWERS YOU TO BE INVOLVED IN HEALTH CARE DECISION MAKING

This includes your right to do the following:

a. Actively participate in discussions and decisions regarding your health care options.

b. Receive and be helped to understand information related to the nature of your health status or condition, including all appropriate treatment and non-treatment options for your condition and the risks involved – no matter what the cost is or what your benefits are.

c. Receive relevant information and education that helps promote your safety in the course of treatment.

d. Receive information about the outcomes of health care you have received, including unanticipated outcomes. When appropriate, family members or others you have designated will receive such information.

Member Rights and Responsibilities – *Continued from page 16*

e. Refuse treatment, provided that you accept the responsibility for and consequences of your decision.

f. Give someone you trust the legal authority to make decisions for you if you ever become unable to make decisions for yourself by completing and giving us an advance directive, a durable power of attorney for health, a living will, or another health care treatment directive. You can rescind or modify these documents at any time.

g. Receive information about research projects that may affect your health care or treatment. You have the right to choose to participate in research projects.

h. Receive access to your medical records and any information that pertains to you, except as prohibited by law. This includes the right to ask us to make additions or corrections to your medical record. We will review your request based on HIPAA criteria to determine if the requested additions are appropriate. If we approve your request, we will make the correction or addition to your protected health information. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement. You or your authorized representative will be asked to provide written permission before your records are released, unless otherwise permitted by law.

Member Rights and Responsibilities – *Continued from page 16*

RECEIVE INFORMATION ABOUT KAISER PERMANENTE AND YOUR PLAN

This includes your right to the following:

a. Receive the information you need to choose or change your primary care physician, including the names, professional levels and credentials of the doctors assisting or treating you.

b. Receive information about Kaiser Permanente, our services, our practitioners and providers, and the rights and responsibilities you have as a member. You also can make recommendations regarding Kaiser Permanente's member rights and responsibility policies.

c. Receive information about financial arrangements with physicians that could affect the use of services you might need.

d. Receive emergency services when you, as a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.

e. Receive covered, urgently needed services when traveling outside the Kaiser Permanente service area.

f. Receive information about what services are covered and what you will have to pay and examine an explanation of any bills for services that are not covered.

g. File a complaint, a grievance, or an appeal about Kaiser Permanente, or the care you received, without fear of retribution or discrimination; expect problems to be fairly examined; and receive an acknowledgement and a resolution in a timely manner.

RECEIVE PROFESSIONAL CARE AND SERVICE

This includes your right to the following:

a. See plan providers; get covered health care services; and get your prescriptions filled within a reasonable period of time and in an efficient, prompt, caring and professional manner.

Member Rights and Responsibilities – *Continued from page 17*

b. Have your medical care, medical records and protected health information handled confidentially and in a way that respects your privacy.

c. Be treated with respect and dignity.

d. Request that a staff member be present as a chaperone during medical appointments or tests.

e. Receive and exercise your rights and responsibilities without any discrimination based on age; gender; sexual orientation; race; ethnicity; religion; disability; medical condition; national origin; educational background; reading skills; ability to speak or read English; or economic or health status, including any mental or physical disability you may have.

f. Request interpreter services in your primary language at no charge.

g. Receive health care in facilities that are environmentally safe and accessible to all.

Member responsibilities

As a member of Kaiser Permanente, you have the responsibility to do the following:

PROMOTE YOUR OWN GOOD HEALTH

a. Be active in your health care and engage in healthy habits.

b. Select a primary care physician. You may choose a doctor who practices in the specialty of internal medicine, pediatrics, or family practice as your primary care physician.

c. To the best of your ability, give accurate and complete information about your health history and health condition to your doctor or other health care professionals treating you.

d. Work with us to help you understand your health problems and develop mutually agreed-upon treatment goals.

e. Talk with your doctor or health care professional if you have questions or do not understand or agree with any aspect of your medical treatment.

f. Do your best to improve your health by following the treatment plan and instructions your physician or health care professional recommends.

g. Schedule the health care appointments your physician or health care professional recommends.

h. Keep scheduled appointments or cancel appointments with as much notice as possible.

i. Inform us if you no longer live or work within the plan service area.

Member Rights and Responsibilities – *Continued from page 18*

KNOW AND UNDERSTAND YOUR PLAN AND BENEFITS

a. Read about your health care benefits and become familiar with them. Detailed information about your plan, benefits and covered services is available in your contract. Call us when you have questions or concerns.

b. Pay your plan premiums and bring payment with you when your visit requires a copayment, coinsurance, or deductible.

c. Let us know if you have any questions, concerns, problems, or suggestions.

d. Inform us if you have any other health insurance or prescription drug coverage.

e. Inform any network or nonparticipating provider from whom you receive care that you are enrolled in our plan.

PROMOTE RESPECT AND SAFETY FOR OTHERS

a. Extend the same courtesy and respect to others that you expect when seeking health care services.

b. Ensure a safe environment for other members, staff and physicians by not threatening or harming others.

Diversity

Members have the right to free language services for health care needs. We provide free language services including:

- **24-hour access to an interpreter.** When members call to make an appointment or talk to their personal physician, if needed, we will connect them to a telephonic interpreter.
- **Translation services.** Some member materials are available in the member's preferred language.
- **Bilingual physicians and staff**. In some medical centers and facilities, we have bilingual physicians and staff to assist members with their health care needs. They can call Member Services or search online in the medical staff directory at **kaiserpermanente.org**.
- **Braille or large print**. Blind or vision impaired members can request for documents in Braille or large print or in audio format.
- **Telecommunications Relay Service (TRS).** If members are deaf, hard of hearing, or speech impaired, we have the TRS access numbers that they can use to make an appointment or talk with an advice nurse or member services representative or with you.
- **Sign language interpreter services**. These services are available for appointments. In general, advance notice of two or three business days is required to arrange for a sign language interpreter; availability cannot be guaranteed without sufficient notice.
- **Video Remote Interpretation (VRI).** VRI provides on-demand access to American Sign Language & Spoken Language interpretation services at medical centers for members. It meets the need in the care experience of walk-in deaf patient and those in need of urgent care.
- **Educational materials**. Health education materials can be made available in languages other than English by request. To access Spanish language information and many educational resources go to **kp.org/espanol** or **kp.org** to access La Guía en Español (the Guide in Spanish). Members can also look for the ñ symbol on the English language Web page. The ñ points to relevant Spanish content available in La Guía en Español.
- **Prescription labels**. Upon request, the Kaiser Permanente of the Mid-Atlantic States pharmacist can provide prescription labels in Spanish for most medications filled at the Kaiser Permanente pharmacy.
- **After Visit Summary (AVS)**. AVS can be printed on paper and available electronically via kp.org for KP members after their appointment. If the member's preferred written communication is documented in KP HealthConnect for a non-English language, the AVS automatically prints out in that selected language. This includes languages such as Spanish, Arabic, Korean, and several others.

Diversity – *Continued from page 20*

At Kaiser Permanente, we are committed to providing quality health care to our members regardless of their race, ethnic background or language preference. Efforts are being made to collect race, ethnicity and language data through our electronic medical record system, HealthConnect®. We believe that by understanding our members' cultural and language preferences, we can more easily customize our care delivery and Health Plan services to meet our members' specific needs.

Currently, when visiting a medical center, members should be asked for their demographic information. It is entirely the member's choice whether to provide us with demographic information. The information is confidential and will be used only to improve the quality of care. The information will also enable us to respond to required reporting regulations that ensure nondiscrimination in the delivery of health care.

We are seeking support from our practitioners and providers to assist us with the member demographic data collection initiative. We would appreciate your support with the data collection by asking that you and your staff check the member's medical record to ensure the member demographic data is being captured. If the data is not captured, please take the time to collect this data from the member. The amount of time needed to collect this data is minimal and only needs to be collected once. Recommendation for best practices for collecting data is during the rooming procedure.

In conclusion, research has shown that medical treatment is more effective when the patient's race, ethnicity and primary language are considered.

To access organization wide population data on language and race, please access the reports via our Community Provider Portal at www.kp.org/providers/mas under *News and announcements*.

To obtain your practice level data on language and race, please email the Provider Experience Department at **Provider.Relations@kp.org**.

Pharmaceutical Management Information and Updates

The KPMAS Regional Pharmacy & Therapeutics (P&T) Committee approves drug formularies for all lines of business, Commercial, Marketplace/Exchange, Medicare, Virginia Premier and MD 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 https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/community-providers/pharmacy#formulary. 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 Relations department, which can be contacted via email at Provider.Relations@KP.org.

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 and secure email communications, or to supplement discussion from 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 Summary, sent via secure messaging, or mailed directly to patient’s addresses. For health education programs, providers can:

- Direct members to kp.org/appointments to register for classes.
- Use KP HealthConnect, After Visit Summaries, or hard copy flyers to provide members with information on how to self-register for programs.

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

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

Keeping Your Provider Data Updated

Be sure to submit any changes to your practice to Kaiser Permanente. Keeping Kaiser Permanente updated will ensure that our provider directory and data systems are accurate and help us to provide an excellent healthcare experience to our members. To access our provider directory online, go to kp.org. For your convenience, a sample form letter can be found on our Community Provider Portal at www.kp.org/providers/mas and on the following page. Utilize the sample to submit updates throughout the year.

Updates may be submitted to Provider Experience via:

Fax: 855-414-2623
Email: Provider.Demographics@kp.org
Mail: Kaiser Permanente
Provider Experience
2101 East Jefferson St., 2 East
Rockville, MD 20852

Sample Provider Data Update Form Letter

Company Letterhead Logo

<<Date>>
Requestor:
Requestor's Correspondence Address:
Requestor's Phone #:
Requestor's Email:
Tax ID#:
Effective date of change(s):
Reason for the request:

***PLEASE DELETE SECTIONS NOT NEEDED**

Address change (Specify if practice location or billing address is changing)

- Specify if adding or deleting address
- Include **old** and **new** demographic information when sending request (Street Address, City, State, Zip, Phone, Fax, **Tax ID** and **NPI**)
- Billing/Payment Address/Tax ID/NPI
- Management Correspondence Address (include Phone & Fax Number

Practice location addition

- Include **new** demographic information when sending request (Street Address, City, State, Zip, Phone, Fax, **Tax ID** and **NPI of Location**)
- Billing/Payment Address/Tax ID/NPI

Adding a provider to or deleting a provider from an existing group

- Specify if adding or deleting provider
- Include the information listed below if adding or deleting a provider:
    - First Name, Middle Initial, and Last Name
    - Gender
    - Title (*MD, CRP, CRNP, PA etc.)*
    - Date of Birth
    - NPI #
    - CAQH #
    - UPIN or SSN
    - Medicare #
    - Medicaid Participation State(s)
    - Medicaid #
    - Practicing Specialty
    - **Practicing Location(s) (*include phone & fax numbers*)**
        - Indicate whether practicing location is hospital based or office based
    - Billing/Payment Address (*include W-9*)
    - Management Correspondence Address (*include phone & fax number*)
    - Hospital Privileges
    - Foreign Languages
    - Effective Date
    - Provider Panel Status: Open or Closed
- ***A copy of provider licenses in all practicing states is required***

Changing the Tax Identification Number and/or the name of an existing group

- Include **old** and **new** tax ID number and/or group name
- Include effective date of the new tax ID number and/or group name
- Include NPI number
- Include a signed and dated copy of the new W-9
- Billing/Payment Address
- Management Correspondence Address (include phone & fax number)

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