

February 16, 2021

Via E-mail and UPS Confirmed Delivery

Re: Extension of Temporary Suspension of Prior Authorization for Certain Post-Acute Care Services

Dear Provider,

On January 11, 2021, Kaiser Foundation Health Plan, Inc. (“Health Plan”) notified you that it was temporarily suspending prior authorization requirements for the first 48 hours of certain post-acute covered services in Health Plan’s Southern California region. Recognizing that community hospitals and post-acute care facilities continue to face challenges related to surges in COVID-19 cases and hospitalizations, and in furtherance of the California Department of Managed Health Care’s directive set forth in All Plan Letter 20-042 to reduce administrative barriers during this time, Health Plan is extending the temporary suspension in accordance with the terms of this letter.

Which post-acute services are subject to the temporary suspension of prior authorization?

Effective as of January 11, 2021 and for admission dates through and including February 28, 2021 (the “Suspension Period”), Health Plan will not require hospitals or contracted skilled nursing facilities to obtain prior authorization for the first 48 hours of following types of post-acute care services (including any professional services) for which Health Plan is responsible to pay under membership services agreements offered by Health Plan (“Covered Post-Acute Care Services”):

- Skilled nursing care
- Transportation services

Please note: This temporary suspension of prior authorization requirements applies only to Covered Post-Acute Care Services provided in Health Plan’s Southern California region.

How long is the temporary suspension in effect?

With this extension, the temporary suspension will now expire at 11:59 pm (Pacific Time) on February 28, 2021, unless you receive further written notice from Kaiser Permanente.

What are the expectations of providers in connection with this change?

During the Suspension Period, providers are not required to obtain prior authorization for a Health Plan member to receive the Covered Post-Acute Care Services listed above, **but providers are expected to contact Outside Utilization Resource Services (OURS) at (800) 225-8883 within 48 hours of admission, so that Health Plan can confirm admission of the member, determine further authorization of services, and appropriately coordinate care.**

How does this change impact contractual obligations related to prior authorization?

Under your contract with Kaiser Foundation Hospitals (“KFH”), which arranges for medically necessary hospital or facility services for Health Plan members, KFH hereby temporarily waives any contractual obligation you have to obtain prior authorization for the first 48 hours of Covered Post-Acute Care Services during the Suspension Period. Except as expressly waived pursuant to the letter, you must continue to comply with all terms and conditions of your contract.



Thank you for continuing to provide quality care to our members. If you have any questions or concerns, please contact our office at (626) 405-3240.

Sincerely,

KAISER FOUNDATION HEALTH PLAN, INC.
Southern California Region

KAISER FOUNDATION HOSPITALS
Southern California Region

By: 

Karen Wells
Vice President,
Network Development and Administration
Southern California Region