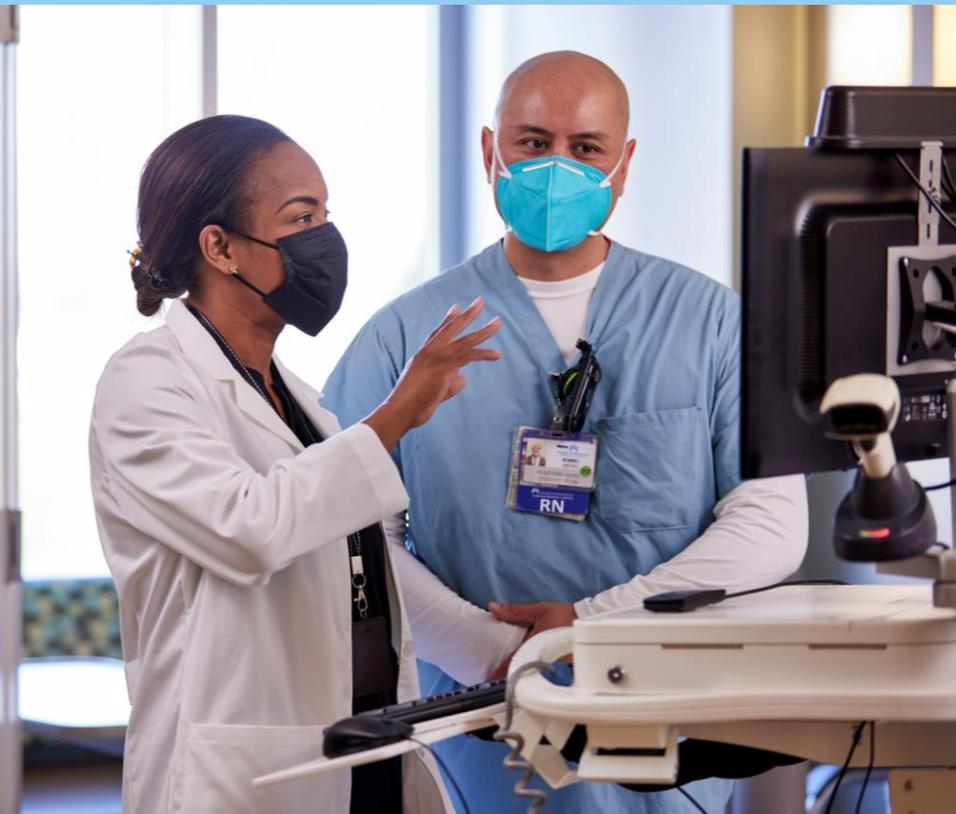


network news

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.

March 2023



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

COVID-19: World Health Crisis Update.....	1	Member Rights and Responsibilities.....	12-15
ProgenyHealth Partnership.....	2-3	Diversity.....	16-17
Online Affiliate Radiology and Lab Order Entry.....	3	Provider Access to Health Education Materials...18	
UM Affirmative Statement.....	4	Provider Directory Validation Surveys.....	19
MCP Update.....	4-8	Keeping Your Provider Data Updated.....	19
Post Acute Analytics Partnership.....	9	Sample Provider Data Update Form Letter.....	20
Behavioral Health Referrals.....	10-11		

ProgenyHealth Partnership

Kaiser Permanente is proud to partner with ProgenyHealth, a company which specializes in Neonatal Care Management Services. ProgenyHealth's care management program will enhance services to our members and support our mission to make a lasting difference in our members' lives by improving their health and well-being.

Under the agreement that began March 1, 2023, Progeny Health's Neonatologists, Pediatricians and Neonatal Nurse Care Managers are now working closely with Kaiser Permanente members, as well as attending physicians and nurses, to promote healthy outcomes for Kaiser Permanente premature and medically complex newborns.

The benefits of this partnership to you:

- The support of a team who understands the complexity and stress of managing infants in the NICU and will work with you to achieve the best possible outcomes
- A collaborative and proactive approach to care management that supports timely and safe discharge to home
- A company that believes in sharing best practices and works with NICUs nationwide to improve the health outcomes of our next generation

Families have a dedicated case manager who provides support and education to members in the program. There is an "on-call" staff member available 24/7. For our hospitals, ProgenyHealth serves as a liaison for Kaiser Permanente providing inpatient review services and assisting with the discharge planning process to ensure a smooth transition to the home setting.

Your process for notifying Kaiser Permanente of infants admitted to a NICU or special care nursery has changed as of March 1, 2023. Kaiser Permanente's provider manuals have been 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.



ProgenyHealth Partnership – Continued from page 2

For contracted facilities where a Kaiser Permanente MAPMG physician with medical staff hospital privileges is on site, please notify ProgenyHealth directly of admissions via secured fax at 1-877-485-4892. Include a cover sheet along with supporting clinical information. Their clinical staff will contact your designated staff to perform utilization management and discharge planning throughout the inpatient stay.

For other contracted and non-contracted entities, please follow current practices by notifying our Emergency Care Management (ECM) Department of the NICU admission by calling 1-800-810-4766 (Option 1). ECM will direct facilities to send supporting clinicals with a cover sheet via secured fax at 1-877-485-4892. ProgenyHealth’s clinical staff will contact your designated staff to perform utilization management and discharge planning throughout the inpatient stay.

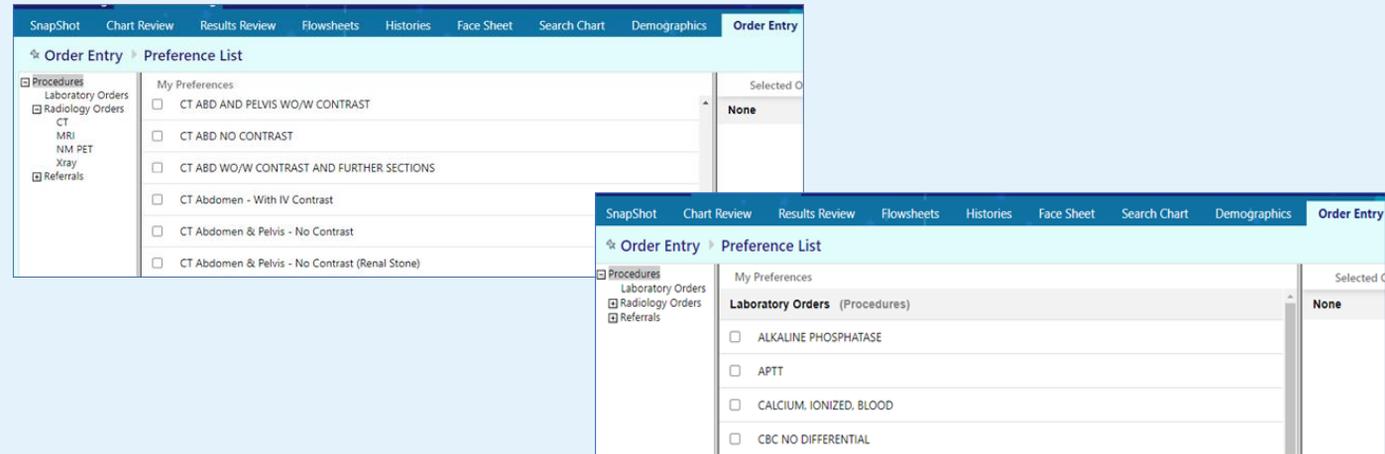
Over the past month, we have partnered with the ProgenyHealth team to provide you with training opportunities. For a copy of those training materials, please see the posting at www.kp.org/providers/mas under *News and announcements*.

To obtain more information about this program, please contact ProgenyHealth at 1-888-832-2006 or visit progenyhealth.com. For contract-related questions, please email Provider.Relations@kp.org.

Online Affiliate – Radiology and Lab Order Entry

Kaiser Permanente’s Online Affiliate offers a wealth of time-saving tools. Through this convenient, online portal, providers can view eligibility and benefits, submit claims and appeals, and much more.

Online Affiliate now allows external providers to request radiology and lab orders. While providers may still provide members with scripts for radiological or laboratory services, **they can also add or order those services directly through the portal.** Providers can select up to 16 laboratory options and over 50 radiology procedures via the order entry screens (pictured below):



Look forward to receiving future updates and training materials. Any questions about Online can be directed to the Online Affiliate team at KP-MAS-OnlineAffiliate@kp.org.

2023 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: 2023

The following Kaiser Permanente Mid-Atlantic Medical Coverage Policies (MCPs) and Transplant Patient Selection Criteria were approved between **December 2022 to January 2023**.

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.

Utilization Management (UM) Criteria

I. Behavioral Health UM Criteria

- **Nationally Recognized UM Criteria**
 - MCG 27th edition
 - Mental Health Services (MHS) formerly called as CMHRS- Community Mental Health Rehabilitative Services) for Virginia Premier's Behavioral Health Services
 - American Society of Addiction Medicine (ASAM) Criteria for Substance-Use Disorder
 - Addiction Recovery and Treatment Services (ARTS)
- **Internally Developed UM Criteria**
 - Medical Coverage Policy (MCP)

II. Non-Behavioral Health UM Criteria

- **Nationally Recognized UM Criteria**
 - MCG 27th edition
 - InterQual 2022 Level of Care for Transplant Services
 - CMS Coverage Database for National (NCD) and Local Coverage Determination (LCD) for DME and Supplies
 - Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Guidelines
 - 2022 InterQual Level of Care Criteria for Transplant Services
- **Internally Developed UM Criteria**
 - Medical Coverage Policy (MCP)
 - National Transplant Services (NTS) Transplant Patient Selection Criteria

New and Updated Medical Coverage Policies

1. **Matrix-Induced Autologous Chondrocyte Implantation (MACI) Procedure for Repair of Articular Cartilage of the Knee**
Effective date: 12/28/22
 - Utilization Alert was updated
 - References were updated
2. **Negative Pressure Wound Therapy**
Effective date: 12/28/22
 - Utilization Alert was updated
 - References were updated
3. **Vision Therapy**
Effective date: 12/28/22
 - Utilization Alert was updated
 - References were updated
4. **Viscosupplementation**
Effective date: 12/28/22
 - Utilization Alert was updated
 - References were updated
5. **Reauthorization for Spinal Manipulation Therapy and Chiropractic Treatment**
Effective date: 12/28/22
 - Utilization Alert was updated
 - References were updated
 - Section IV, A # 2 – Reauthorization for Spinal Manipulation Therapy and Chiro Treatment
 - Visits to be approved to initiate treatment updated from *Five to Ten visits*
 - Re-authorization for further treatment edited from, ***five up to ten visits at a time***



Medical Coverage Policy Update: 2023 - Continued from page

6. Gender Affirming Surgical Procedures, Commercial: Maryland, Virginia and Federal Members

Effective date: 12/28/22

- Title of policy changed from “Transgender Surgery” to “Gender Affirming Surgical Procedures”: Commercial MD, VA and Federal Members
- Utilization Alert was updated
- Section I. Internal & Outside Referral Guidelines - updated
- Section II. Covered Sexual Reassignment Surgery Procedures
 - A. Male-to-Female (MtF): added Facial Feminization
 - B. Female-to-Male (FtM): added Facial Masculinization
- Section III. Genital Surgery Clinical Review Criteria – updated
- Section IV. Mastectomies & Chest Reconstruction Clinical Review Criteria – updated
- Section V, B and F. Male to Female Chest Surgery, Breast Augmentation Clinical Review Criteria – updated
- Section VI, A. Added to Transgender Surgery Coverage Exclusions/Limitations:
 - Tracheal shave procedure if below 18 years of age; and
 - Gender affirming facial procedures if less than 12 months of HRT unless contraindicated or member declines

7. Gender Affirming Surgical Procedures, District of Columbia Situs Members

Effective date: 12/28/22

- Title of policy: changed from “Transgender Surgery, District of Columbia (only)” to “Gender Affirming Surgical Procedures: DC Situs Members”
- Section I. Internal & Outside Referral Guidelines - updated
- Section II. Covered Sexual Reassignment Surgery Procedures
 - A. Male-to-Female (MtF): added Facial Feminization
 - B. Female-to-Male (FtM): added Facial Masculinization
- Section III. Genital Surgery Clinical Review Criteria – updated
- Section IV. Mastectomies & Chest Reconstruction Clinical Review Criteria – updated
- Section V, B and F. Male to Female Chest Surgery, Breast Augmentation Clinical Review Criteria – updated
- Section VI, A. Added to Transgender Surgery Coverage Exclusions/Limitations:
 - Tracheal shave procedure if below 18 years of age; and
 - Gender affirming facial procedures if less than 12 months of HRT unless contraindicated or member declines

8. Hippotherapy or Equine-Assisted Therapy_NEW

Effective date: 01/26/23

9. Routine Foot Care_NEW

Effective date: 01/26/23

Medical Coverage Policy Update: 2023 - Continued from page**10. Mastectomy External Prosthesis**

Effective date: 01/26/23

- Utilization Alert was updated
- References were updated

11. Genetic Testing

Effective date: 01/26/23

- Utilization Alert was updated
- References were updated

12. Virtual Colonoscopy: DC/Feds/VA

Effective date: 01/26/23

- Utilization Alert was updated
- References were updated
- Section IV, A & B – Clinical Indications for Referral - updated

13. Virtual Colonoscopy: MD

Effective date: 01/26/23

- Utilization Alert was updated
- References were updated
- Section IV, C and D – Clinical Indications - updated:

14. Corneal Collagen Cross Linking

Effective date: 01/26/23

- Utilization Alert was updated
- References were updated

15. Autologous Stem Cell Cardiomyoplasty

Effective date: 01/26/23

- Utilization Alert was updated
- References were updated

16. Biofeedback

Effective date: 01/26/23

- Utilization Alert was updated
- References were updated

Medical Coverage Policy Update: 2023 - Continued from page***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 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:

Christine Assia, M.D.

Physician Director of Medical Policies, Benefits and Technology Assessment
Emergency Physician, Advanced Urgent Care/ECM/UMOC

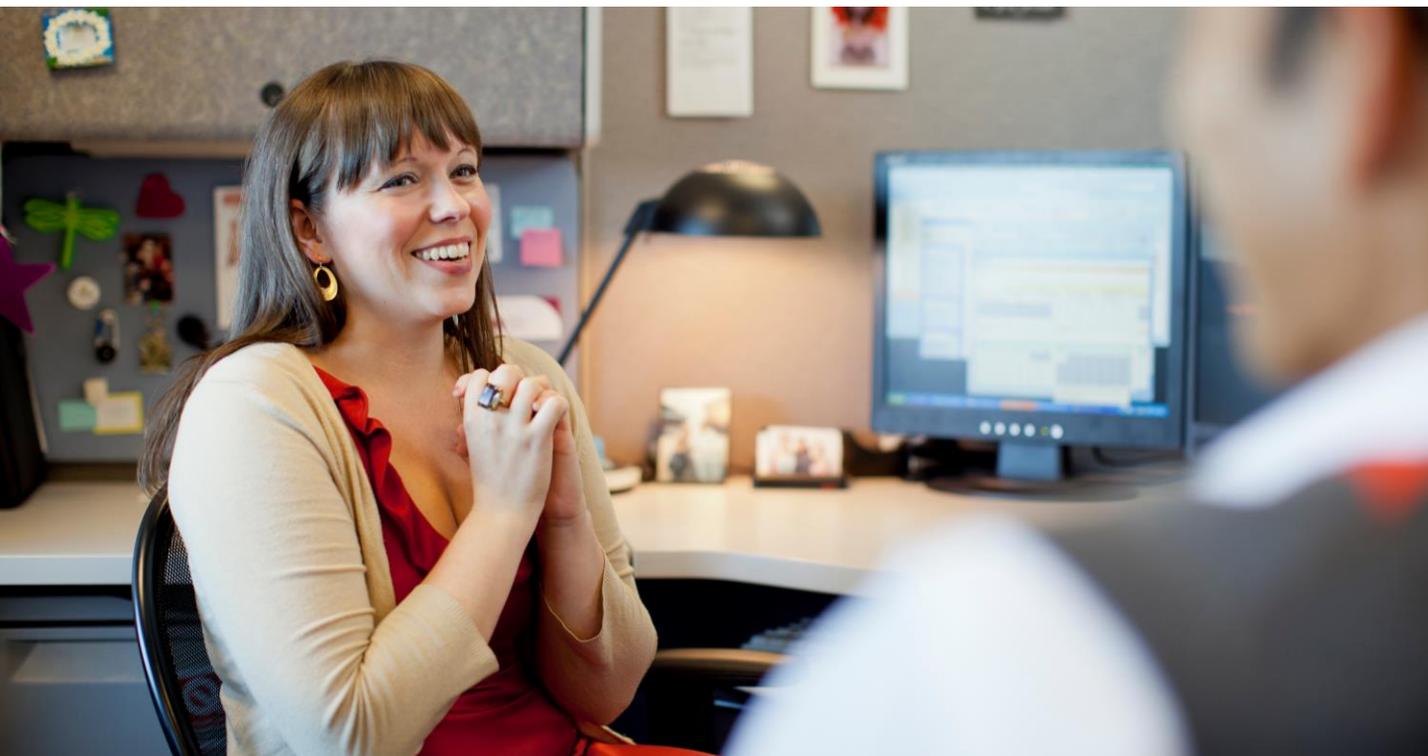
Christine.C.Assia@kp.org

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



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.

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 descriptions. New additions are highlighted in yellow.

CPT Code	Description
H0014	ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFICATION
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMIN/SERVICE
G2067	MEDICATION ASSISTED TREATMENT, METHADONE; WEEKLY
G2068	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE; WEEKLY
G2078	TAKE HOME SUPPLY OF METHADONE; UP TO 7 ADD DAY SUPPLY
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
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT
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
99307	SUBSEQUENT NURSING FACILITY CARE (10 MIN)
99308	SUBSEQUENT NURSING FACILITY CARE (15 MIN)
99309	SUBSEQUENT NURSING FACILITY CARE (25 MIN)
99310	SUBSEQUENT NURSING FACILITY CARE (35 MIN)

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*

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.



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.
- 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*

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.



Member Rights and Responsibilities – *Continued from page*

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.
- 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*

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](https://www.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.



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.providers.kp.org/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**.

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 discussions 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 the member After Visit Summary, sent via secure messaging, or mailed directly to the patient’s address. For health education programs, providers can:

- Refer or direct book members into some health education programs through the KP Consult system.
- 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 at 301-816-6565 or toll-free at 800-444-6696



Provider Directory Validation Surveys

The Kaiser Permanente provider directory validation survey is designed to adhere to the Center for Medicare and Medicaid Services (CMS) regulations and the new Consolidated Appropriations Act of 2021, also known as the No Surprises Act. The objectives of both are to ensure that members have access to accurate provider information. The survey not only addresses directory accuracy but also accuracy of our other provider data systems.

In accordance with these regulations, provider data must be validated at least every 90 days. Therefore, Kaiser Permanente sends this provider directory validation survey each quarter, and providers are required to respond. Instructions are contained along with the survey, and **providers are reminded to return all pages with their response before the stated deadline.**

If you have any questions or concerns, please contact Provider Experience at 1-877-806-7470 or email us at provider.demographics@kp.org with the subject line: "Provider Directory Validation."

Thank you for communicating all data changes in a timely manner. We appreciate your cooperation!

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.providers.kp.org/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)