New Affiliates Join The Kaiser Permanente Network

University of Maryland Medical Center
General Acute & Tertiary Care
22 South Greene Street
Baltimore, Maryland 21201
1.800.492.5538

James Lawrence Kernan Hospital
Acute General, Special Habilitation and Special Chronic Disease
2200 Kernan Drive
Baltimore, Maryland 21207
410 448-2500

University Specialty Hospital
Special Hospital-Chronic Disease
601 S. Charles Street
Baltimore, MD 21230
410 547-8500

Kaiser Permanente Welcomes Genzyme Genetics
Kaiser Permanente is pleased to announce effective August 1, 2006, Genzyme Genetics has been selected to join our network of laboratory providers serving Kaiser Permanente HMO members in the Mid-Atlantic region. As a national provider of high quality clinical laboratory and counseling services, Genzyme Genetics operates eight laboratories nationwide and...
employs over 150 board-certified pathologists, M.D. and Ph.D. geneticists and genetic counselors.

With their acquisition of Impath, Inc. Genzyme Genetics has gained extensive experience in applying an integrated technology approach to oncology testing, consolidating results from immunohistochemistry (IHC), flow cytometry, fluorescence in situ hybridization (FISH), molecular genetics and cytogenetics, providing a comprehensive analysis to the ordering physician.

Genzyme Genetics also offers a broad and clinically-effective menu of reproductive testing, including an expanded mutation panel for cystic fibrosis carrier screening that detects more carriers in the general population than the 23-mutation panel; an extensive maternal serum screening program that increases the accessibility of maternal serum screening options for physicians and patients across the country; and the most comprehensive menu of tests available for carrier screening of patients of Ashkenazi Jewish descent.

There is a Genzyme site located in VA at:
8300 Old Courthouse Rd., Suite 240
Vienna, VA 22182
800-245-4363 / 703-204-9601
FAX 703-288-0363

National Provider Identifier (NPI) FAQs

What is the National Provider Identifier (NPI)?
The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the U.S. Department of Health and Human Services (HHS) to establish standard numeric identifiers for providers of health care services. In January 2004, the HHS published a final rule that adopted the National Provider Identifier (NPI) as the new standard identifier.

How soon will I be required to have an NPI?
It is critical that you obtain your National Provider Identifier (NPI) as soon as possible. Please note that all claim transactions sent to Kaiser Permanente on or after May 23, 2007 will require a National Provider Identifier (NPI) for processing and adjudication.

What do I do with my NPI number after I receive it?
In preparation for the May 23, 2007 deadline, Kaiser Permanente has officially begun the NPI collection process. Recently, you received a letter with NPI information & a Provider Roster Confirmation Form. Please complete the form and return to Provider Relations (as instructed on form) to ensure that we have your National Provider Identifier (NPI) as well as your most current demographic information available on file.

It is imperative that you complete the attached Provider Roster Confirmation Form and forward to our office as soon as possible. Please contact Provider Relations at 1-877-806-7470 if you have any questions or concerns.

Eliza Automated Phone Outreach System Reaches Members in Need

Kaiser Permanente is conducting another series of phone-based outreach campaigns to improve mammography, pap, and colorectal cancer screening rates, and to encourage diabetes control. The Eliza system will also collect information from members about possible barriers to screening. Kaiser Permanente is using Eliza, a speech-enabled, interactive voice-response system that simulates a one-to-one conversation using a real human voice to communicate and interact with members about their health.

Eliza automated calls began in July and will continue through the fall. The system is designed to help supplement and support your office staff by eliminating the need to conduct the following outreach reminders manually:

Pap and mammogram screenings
Members will have the option to be transferred to the call center to schedule an appointment for, (if they are seen in the Kaiser medical offices), or will be reminded to call their doctor to schedule these tests.

Colorectal cancer screening
Members will have the option of being sent a Fecal Occult Blood Test Card.
Diabetes screening
The program will reinforce the need for medications promoting heart health (aspirin, cholesterol medications, and ACE-I) and remind patients to get their lab tests and eye exams done.

The Care Management Group is coordinating this outreach program. If you have any questions or concerns, please call Amy Compton-Phillips, MD at (301) 816-5969 or Stacey Shapiro, MPH, RD at (301) 816-5974 in the Care Management Group.

FOR PRACTITIONERS

Pharmaceutical Management Procedures

Every year, the Kaiser Permanente Mid-Atlantic States Regional Pharmacy and Therapeutics (P & T) Committee updates the Regional Formulary Process Reference Guide. The Formulary Process is part of our pharmaceutical management procedures which addresses the Formulary, member communications and some drug benefit issues.

The Formulary is a compilation of drugs approved by the Regional P & T Committee for the general use of our practitioners, and for the benefit of our members. The Committee is composed of physicians and midlevel practitioners from primary care and specialty departments, clinical and operations pharmacists, and representatives from nursing, patient safety and quality departments. Provider utilization of the drug formulary promotes rational, safe, and cost-effective drug use. Any FDA approved drug may be evaluated for Formulary addition or deletion, and any physician may request a drug review.

The Formulary is updated monthly. You can keep current on what drugs are on the Formulary by visiting the Community Providers website at www.providers.kp.org (Pharmacy section > Formulary menu > View Formulary option). In addition, the P & T Committee publishes a bi-monthly newsletter titled “Tips on Scripts” (TOS). If you are interested in receiving a copy of TOS, please contact the Regional Pharmacy Department by phone at (301) 816-6553, or via e-mail at phyllis.w.white@kp.org, to request a paper or electronic copy.

Non-Formulary Exception Process Information
• Non-Formulary drugs should be used only if the patient:
  1. fails to respond to Formulary drug therapy
  2. has a documented allergic reaction to a formulary drug
  3. meets established criteria for use of the Non-Formulary drug.
• When a physician deems a drug to be not medically necessary, a patient may still receive the Non-Formulary drug by paying the full cash price.
• DAW prescriptions must contain evidence supporting medical necessity in order to be dispensed at member co-pay.
• The practitioner makes the final decision regarding what drug is appropriate for the member. If a network practitioner writes for a Non-Formulary drug, they should expect a telephone call from a pharmacist, so that appropriate documentation of the reason for use may take place in the pharmacy, unless the network practitioner has already indicated the reason for the medical necessity on the actual prescription. This process is much simpler for members than standard health insurance plans. This allows Kaiser Permanente to track the use of Non-Formulary agents and decide whether they should be re-evaluated for Formulary inclusion.

Failure to document accurately and consistently the reason for medical necessity on a Non-Formulary prescription could lead to higher cost sharing for your patients. In addition, periodic audits of documentation of medical necessity will take place to support quality and regulatory standards.

For more detailed information related to our Pharmaceutical Management procedures please contact Pharmacy Business Solutions at 703 709-1804.
From the KP HealthConnect Clinical Content Team

**New Mammogram Health Maintenance & Best Practice Alert**

**What’s New?**
Today our region is implementing a Health Maintenance and a Best Practice Alert for women ages 50 and above. Health Maintenance (HM) is a preventive healthcare tracking system that displays flags in the patient’s SnapShot and is satisfied in the Health Maintenance Activity. The Best Practice Alert (BPA) is a reminder to the provider that appears in the patient’s encounter and is satisfied in order entry or by updating the patient’s surgical history.

**Why was this done?**
Increasing mammogram screening has important health benefits for our members. The Mammogram HM and BPA were created to help our providers accomplish this task. The HM flags and BPA will help providers ensure that our patients get their mammograms in a timely manner. The Mammogram smartset that is linked to the BPA will also help providers enter their orders and diagnoses quickly.

**What you need to know:**
There are a couple of things you must know about the Mammogram Health Maintenance & Best Practice Alert:

A. They only apply to females ages 50 and above with Bilateral Mammography related Procedures and Diagnoses.
B. The BPA and HM will appear in the patient’s chart until it is satisfied.

For additional information there is a KP HealthConnect Health Maintenance and Best Practice Alert Video Workflow and Tip Sheets on the HealthConnect website: http://dms.kp.org/docushare/dsweb/View/Collection-97496

You may also press F1 at anytime within Hyperspace to access the Ambulatory Users Guide.

**Need additional information?**
- There is a KP HealthConnect Health Maintenance and Best Practice Alert Video on the HealthConnect website: http://dms.kp.org/docushare/dsweb/View/Collection-97496

**Additional questions? Contact:**
- Cliff Wynne at 202-421-7890 or via email: Ernest.C.Wynne@kp.org
- Sharon Griffin 301-325-1191 or via email: Sharon.L.Griffin@kp.org

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**HEDIS Measures & You**

Early Prenatal Care and Timely Postpartum Care continue to be identified as a Health Plan Employer Data Information Set (HEDIS) measure. As network providers, you are valued members of our health care team at Kaiser Permanente Mid-Atlantic States (KPMAS) Region. Therefore, we would like to remind you of your vital role in assisting KPMAS to meet these important HEDIS measures.

**HEDIS Goals**
- Prenatal Care: All women are to receive a prenatal care visit within the first trimester.
- Postpartum Care: All women are to have a postpartum visit on or between 21 and 56 days after delivery (3 to 8 weeks) - our preference is a visit by week 6.

**What is the Tender Loving Care (TLC) High Risk Obstetrical Program?**
The TLC High Risk Obstetrical Program provides nursing case management for members at risk for preterm delivery, pregnancy-induced hypertension (PIH), and diabetes requiring insulin. The TLC Perinatal Nurses offer close surveillance of high risk members by proactive telephone calls to the member. The TLC Perinatal Nurses also provide the member with educational and self-help measures specific to her risk factors. To enroll your patient into the TLC Program, please fax the following Obstetrical Patient Screening form to: (703) 922-1525 or call (202) 898-5154.
Obstetrical Patient Screening Form

Patient’s Name_________________________________       Obstetrician’s Name__________________________________
Kaiser Permanente Medical Record#________________       MD Phone Number________________________
Home Phone__________________________________       DATE OF 1ST VISIT_____________________
Work Phone__________________________________

Please review following risk categories and check all that apply at this time. If this patient developed other risk factors later in the pregnancy (i.e. preterm labor) please call the following number to refer the patient to the TLC High Risk Program (202) 898-5154 or 1 (800) 852-2402.

<table>
<thead>
<tr>
<th>Previous History</th>
<th>Minor Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___ Hx of PTL/PTD &lt;37 weeks</td>
<td>24. ___ Greater than 2 first trimester abortions</td>
</tr>
<tr>
<td>2. ___ Hx of PTL</td>
<td>25. ___ ETOH&gt;1-2oz drink/wk</td>
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<tr>
<td>3. ___ Previous Cervical Conization</td>
<td>26. ___ Smoking &gt; 1 pack/week</td>
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<tr>
<td>4. ___ Hx of PROM</td>
<td>27. ___ Adolescent 17 years old or younger</td>
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<tr>
<td>5. ___ Hx of Gestational Diabetes</td>
<td>28. ___ Uterine irritability w/o cervical change</td>
</tr>
<tr>
<td>6. ___ Hx of Eclampsia/Pre-Eclampsia (PIH)</td>
<td>29. ___ Chronic UTIs</td>
</tr>
<tr>
<td>7. ___ Hypertension prior to pregnancy</td>
<td>30. ___ Hx of 2 or more second trimester losses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Pregnancy</th>
<th>Minor Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. ___ Current Episode PTL</td>
<td>18. ___ Bleeding after 20 weeks</td>
</tr>
<tr>
<td>9. ___ Cervical Effacement &lt;2.6 cm after 16 weeks</td>
<td>19. ___ Diabetic requiring Insulin</td>
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<tr>
<td>10. ___ Cervical Dilatation &gt; 1 cm &lt; weeks symptoms</td>
<td>20. ___ Current Drug use</td>
</tr>
<tr>
<td>11. ___ Multiple Gestations (Twins/Triplets, etc)</td>
<td>21. ___ Positive Fetal Fibronectin</td>
</tr>
<tr>
<td>12. ___ Uterine Anomaly/Large Fibroids (5x5cm)</td>
<td>22. ___ Hyperemesis Gravidarum</td>
</tr>
<tr>
<td>13. ___ Oligohydramnios</td>
<td>23. ___ Other Major Health Problem(s)</td>
</tr>
<tr>
<td>14. ___ Polyhydramnios with symptoms</td>
<td></td>
</tr>
<tr>
<td>15. ___ Incompetent Cervix/Cerclage</td>
<td></td>
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<tr>
<td>16. ___ Abdominal Surgery in pregnancy with symptoms</td>
<td></td>
</tr>
<tr>
<td>17. ___ Placenta Previa (total/partial) with symptoms</td>
<td></td>
</tr>
<tr>
<td>_____ No Risk Factors</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by ___________________________ Date________

Hospital Delivery Site: ______________________________ EDC: ________________

Please fax or mail form to: TLC Perinatal Nurse Case Management Program
Kaiser Permanente
9th floor , TLC
6501 Loisdale Court
Springfield, VA 22150

TLC Form #1007-A
Revised 8/2006
This Pre-Certification List is being provided for your reference. You may also call the Provider Service Center (PSC) at 1-800-810-4766 for further clarification. Additional information is also available at www.providers.org (select Authorizations).

**A. Acute Inpatient Services**
1. Inpatient Admissions (elective and emergent)
2. Short Stay Admissions
3. Observation Services
4. Acute Rehabilitation
5. Sub-acute Rehabilitation services in Skilled Nursing Facility (SNF)
6. Inpatient Hospice Admissions
7. Inpatient Behavioral Health Admissions
8. Outpatient Behavioral Health Admissions*
   * Partial Hospitalization

**B. Elective Services**
1. Abortions, Elective/Therapeutic
2. Acupuncture
3. Anesthesia for Oral Surgery/Dental
4. Any Services Outside Washington Baltimore Metro Areas
5. Assistive Technologies
6. Behavioral Health Services
7. Biofeedback
8. Blepharoplasty
9. Breast Surgery for any reason
10. Chiropractic Care
11. Clinical Trials
12. Cosmetic and Reconstructive or Plastic Surgery
13. Dental Services Covered Under Medical Benefit
14. Durable Medical Equipment (DME)
15. Gastric Bypass Surgery, Gastroplasty
16. Home Health Care Services (Including Hospice)
17. Infertility Assessment and Treatment
18. Infusion Therapy and Injectables (Home IV, Excluding Allergy Injections)
19. Intensity Modulated Radiation Therapy (IMRT)
20. Investigational/Experimental Services
21. Magnetic Resonance Imaging (MRI)
22. Narrow Beam Radiation Therapy Modalities
   22.1. Cyberknife
   22.2. Gamma Knife
   22.3. Stereotactic Radiosurgery
23. Nasal Surgery (Rhinoplasty or Septoplasty)
24. Non-Participating Provider Requests
25. Obstructive Sleep Apnea Treatment including Sleep Studies
26. Oral Surgery
27. Orthognatic Surgery
28. Outpatient Surgery –All Hospital Settings/ Ambulatory Surgery Centers
29. Pain Management Services
30. Penile Implants
31. Positron Emission Tomography (PET) Scan
32. Podiatry Services
33. Post Traumatic (Accidental) Dental Services
34. Prosthetics/Braces/Orthotics/Appliances
35. Rehabilitation Therapies
   35.1. Cardiac Rehabilitation
   35.2. Occupational Therapy
   35.3. Physical Therapy
   35.4. Pulmonary Rehabilitation Therapy
   35.5. Speech Therapy
   35.6. Vestibular Rehabilitation
36. Scar Revision
37. Sclerotherapy and Vein Stripping Procedures
38. Uvulopalatopharyngoplasty (UPPP)
39. Social Work Services
40. Temporo Mandibular Joint Evaluation and Treatment
41. Transplant Services – Solid Organs and Renal Transplant Services

*Please note that this is periodically updated and may not be an all inclusive list. Questions should be directed to the Provider Service Center at 1-800-810-4766 Option 2*

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**The Utilization Management Affirmation Statement**

Kaiser Permanente practitioners and health care professionals make medical decisions based on the appropriateness of care, service and existence of coverage for members’ medical needs. Kaiser Permanente does not compensate anyone for denying coverage or service and does not use financial incentives to encourage denials. 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.
SPREAD THE LOVE, NOT THE FLU.
Hugs are wonderful. A flu shot can help keep them coming.

2006 weekend flu clinic schedule

Please note: Kaiser Permanente flu clinic schedules may change depending on the availability of the flu vaccine. Please call 1-800-482-4738 for updates about receiving the flu vaccine.

For members at high risk for problems with the flu
Kaiser Permanente members at high risk for problems from the flu can get a flu shot at our weekend clinics starting Saturday, October 14. The first three weekends in October (October 14-15, 21-22, or 28-29) are reserved for the following members:

- all children 6 months up to age 5
- anyone 50 or older
- anyone with a chronic health condition, such as asthma, diabetes, or lung or heart problems
- women who are pregnant during flu season
- health care workers
- anyone living with those who fit these descriptions

Please wear clothing that enables easy access to the upper arm (you might layer a short-sleeve shirt underneath). Ask if you should have a pneumonia vaccine along with your flu shot.

Maryland
Baltimore
Towson
Sundays: 9 a.m. to 1 p.m.

Woodlawn
Saturdays: 8 a.m. to 4 p.m.

Montgomery County
Kensington
Saturdays: 8 a.m. to 4 p.m.
Sundays: 9 a.m. to 1 p.m.

Shady Grove
(drive-through* and walk-in location)
Saturdays: 8 a.m. to 4 p.m.
Sundays: 9 a.m. to 1 p.m.

Prince George's County
Camp Springs
Saturdays: 8 a.m. to 4 p.m.
Sundays: 9 a.m. to 1 p.m.

Virginia
Fairfax County
Falls Church
Saturdays: 8 a.m. to 4 p.m.
Sundays: 9 a.m. to 1 p.m.
Reston
Saturdays: 8 a.m. to 4 p.m.

Prince William County
Woodbridge
Saturdays: 8 a.m. to 4 p.m.
Sundays: 9 a.m. to 1 p.m.

Washington, DC
West End
Saturdays: 8 a.m. to 4 p.m.
Sundays: 9 a.m. to 1 p.m.

continues on back
For members at low risk for flu problems
We expect to have enough vaccine for everyone who wants a flu shot this season. Starting November 4 through November 19, we plan to open weekend clinics to all members. For up-to-date information about weekend flu clinics and vaccine supply, visit our Web site kaiserpermanente.org/flu or call 24 hours a day, toll free to 1-800-482-4738.

*The drive-through flu shot option is available to Kaiser Permanente members age 12 and over who have already received a flu shot in the past without resulting episodes of fainting or other reactions.