

Network NEWS

providers.kp.org/ga

KP Online Affiliate

Due to HIPAA regulations, you must keep your user information current for access to KP Online-Affiliate. Every user must have a unique ID and password. New staff members must obtain their own individual user IDs and passwords. You are also required to inform Kaiser Permanente when there is a change in staffing so that user IDs and passwords can be appropriately terminated.

It is required that you regularly log on to maintain your access. Failure to do so could result in loss of that access. If you have a staff member who requires new access, please see the "Request Online Affiliate Access" link on providers.kp.org/ga for the form to submit via email. If you or a staff member has had access inactivated, you can call the Online Affiliate Help Desk at **1-877-240-1433**.



Provider Manual

Member Rights and Responsibilities and Provider Rights and Responsibilities, can be found in the KPGA provider manual, which you can access via Affiliate Link (accessible from providers.kp.org/ga). The following topics are also discussed in the Provider Manual:

- Section 1: Introduction/Overview
- Section 2: Key Contacts
- Section 3: Benefits & Eligibility
- Section 4: Utilization Management
- Section 5: Billing and Payment
- Section 6: Provider Rights and Responsibilities
- Section 7: Members Rights and Responsibilities
- Section 8: Quality Assurance and Improvement
- Section 9: Compliance

Estrace

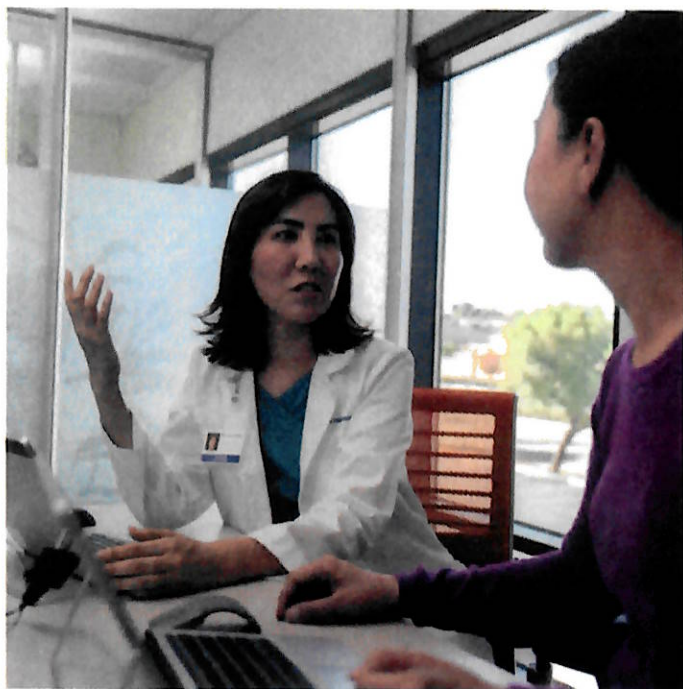
Estrace vaginal cream is the preferred vaginal estrogen cream at Kaiser Permanente. Estrace vaginal cream offers the lowest cost for the patient. Estrace and Conjugated equine estrogen (Premarin) vaginal cream are indicated to treat vulvar and vaginal atrophy associated with menopause. Estrace and Premarin vaginal cream are therapeutically equivalent on a gram-to-gram comparison.

KPMFS - The Kaiser Permanente Market Fee Schedule

The KPMFS has been updated, effective July 1. It will be available for view on KP Affiliate Link.

Updates to Provider Manual

The Provider Manual is currently undergoing annual revisions. Look for the new version online via Online Affiliate at provider.kp.org/ga in December 2019.



Targeted Review List (QRM) Updates

Medications requiring Prior Authorization

Kaiser Permanente periodically updates the QRM List of Medications following P&T meetings which occur on the even months (i.e. – February, April, etc.) of the year. Please be sure to review the list carefully.

The QRM List of Medications (Targeted Review List) is on our Provider Website at providers.kp.org/ga. As a reminder, failure to obtain authorization prior to providing the medications listed will result in a denial of coverage.

New QRM Medications effective July 10:

- Oxervate (Cenegermin)
- Orilissa (Elagolix)

New QRM Medications effective May 8:

- Vemlidy (tenofovir alafenamide)
- Firdapse (amifampridine)
- Takhzyro (lanadelumab-flyo)

QRM Criteria Updates effective May 8:

- Stelara (Ustekinumab)
 - Hizentra, Hyqvia (subcutaneous immune globulin)
 - Medications to treat Hereditary Angioedema (HAE) [Firazyr, Berinert, Kalbitor]
 - Dupixent (Dupilumab)
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Information About Kaiser Permanente's Qualified Health Plan Formulary

The Kaiser Permanente Qualified Health Plan (QHP) formulary applies only to small group and individuals enrolled in ACA compliant plans. The updated formulary is placed on the affiliated community network provider website at: providers.kp.org under the Pharmacy tab/Formulary and on our intranet under Healthcare Delivery/Guides and References/Formularies.

The drugs in the formulary are grouped into categories related to the medical condition being treated; an index is provided. Generic drug names are listed in lower case letters and brand drug names are listed in capital letters.

The Metal Plans (Bronze, Silver, and Gold) offered by Kaiser Permanente of Georgia are tiered offerings with different levels of copays, coinsurance, and deductibles for essential health benefits.

The Kaiser Permanente 2018 QHP formulary is an open formulary that works in conjunction with the member's six-tier pharmacy benefit. These tiers are called preventative generics, preferred generics, preferred brands, non-preferred drugs, specialty, and ACA mandated preventive medications. Benefits vary by plan and members can contact Member Services for specifics regarding their drug benefit and cost share information. The cost share for the QHP formulary is listed below based on the tiers:



Copay Range for KPGA QHP Formulary

Tiers	QHP Formulary Cost Shares at KP pharmacies
Preventative Generics	\$0-\$5
Preferred Generics	\$10-\$35
Preferred Brands	\$30-\$60
Non-preferred Drugs	\$50-\$115
Specialty	20-50%
ACA mandated preventive medications	\$0

**Note: Copays and coinsurance may be applied after deductible is met.

As drugs become available in generic form, the pharmacy can change from a brand to a generic if it is considered AB rated by the FDA. Open formulary benefits have a generic cost sharing requirement. This means that if a patient fills a prescription for a brand name drug when a generic is available, that in addition to the standard copayment or coinsurance, they will also pay the difference in cost between the brand name and generic drug.

Some covered drugs may have requirements or limits on coverage. The requirements and limits may include:

- **Quantity Limits (QL):** For certain drugs, the P&T Committee may make recommendations to limit the quantity of medication dispensed per co-pay. Examples include drugs with significant potential for diversion or drugs with significant potential for waste due to special storage requirements, frequent changes in therapy, dose, or regimen, high potential for discontinuation or high cost of unused medication. Patients have the option to pay retail price for quantities that exceed the quantity limit. In the event of a drug shortage, a quantity limit may be imposed temporarily until the shortage resolves without awaiting P&T approval.
- **Age Restriction (Age):** For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- **Criteria Restricted Medication (PA):** For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Criteria restricted medications require review by our Quality Resource Management (QRM) department. Providers must call **404-364-7320** (Option 3) to initiate the QRM review for all QRM medications. The criteria restricted medication list is available online at **providers.kp.org** under the Pharmacy tab/Formulary and on our intranet under Healthcare Delivery/Guides and References/Formularies and is updated bi-monthly.
- **Step Therapy (ST):** Drugs may be designated as step therapy required when they have criteria for approval which encourages use of safe and cost-

effective first-line medications prior to second- or third-line medication options. A complete listing of drugs that require step therapy and alternatives is located online at **providers.kp.org** under the Pharmacy tab/ Formulary and on our intranet under Healthcare Delivery/ Guides and References/ Formularies and is updated bi-monthly.

- When prescribing, if you wish to request benefit coverage for a medication requiring step therapy, the physician can complete the Non-Formulary form with the appropriate reason for its use and fax to **404-467-2731** or call the Pharmacy Consult Service at **404-365-4159** Monday through Friday from 8:30am to 5:30 pm to justify why over-the-counter or formulary drug(s) cannot be used. The non-formulary form is located on the network provider website at: **providers.kp.org/ga** under Forms.

To request a change in formulary status of a drug (e.g., addition, deletion, restriction), the physician must complete the Application Form for Addition of New Drug to the Formulary. This form is located on the network provider website at: **providers.kp.org/ga** under the Pharmacy tab. Practitioners requesting change in formulary status of a drug will also be asked to complete a Conflict of Interest disclosure form before the Pharmacy and Therapeutics Committee will consider the request.

To request a hard copy of the formulary and/ or the Non-Formulary Drug Prescription form, or to request a change in formulary status of a drug (e.g., addition, deletion), please send your written request to Pharmacy Administration, Kaiser Permanente Georgia Region, 3495 Piedmont Road, N.E., Atlanta, GA 30305. Please contact Carole Gardner, MD, AGSF, the Physician Program Director of Pharmacy at **404-364-7238** or at **carole.gardner@kp.org** if you have any questions about our formulary process.

Affordable Care Act

As a participating provider for KPGA, you are contractually obligated to follow the following Federal Requirements:

- As a downstream entity or delegated entity, as applicable, Provider shall comply with all applicable ACA standards including, but not limited to, the requirements set forth in the Regulation, statute, other regulations and/or subregulatory guidance issued by CMS that, with respect to Health Plan's QHPs offered through the FFM and the FFM Members enrolled in such QHPs, (1) are relevant to Provider's performance of its duties and obligations under the Agreement and (2) any reporting responsibilities regarding such duties and obligations (collectively hereafter "Activities").
- Provider's Activities are those stated in the Agreement, and Provider shall perform the Activities in accordance with the standards of the Regulation including, but not limited to, those pertaining to maintenance of records and compliance reviews (as set forth in §§156.705 and 156.715 of Title 45 of the Code of Federal Regulations, respectively).
- Provider agrees that, notwithstanding any terms and conditions pertaining to audits and/or termination of the Agreement for cause including but not limited to any right to cure any breach(es) of the Agreement, the Agreement will terminate for cause with respect to the Health Plan's QHPs offered through the FFM and the FFM Members enrolled therein if the U.S. Department of Health and Human Services (hereafter "HHS") and/or Health Plan determine that Provider has not performed satisfactorily.
- Notwithstanding any provisions of the Agreement related to audit and/or access to records, premises or the like, Provider agrees to permit access by the Secretary of, and the Office of the Inspector General of, HHS or their designees in connection with their right to evaluate through audit, inspection, or other means, Provider's books, contracts, computers, or other electronic systems, including medical records and documentation, relating to the Health Plan's obligations and responsibilities under the Regulation until ten (10) years after the final date of Provider's performance of the Activities.
- Provider expressly agrees to Health Plan's amendment of the Agreement unilaterally to comply with the Regulation even if the Agreement does not expressly permit unilateral amendment. Such agreement to unilateral amendment of the Agreement shall not be construed as a precedent for future amendments. Provider may object to the terms and conditions set forth in this Amendment within fifteen (15) business days of its receipt and Health Plan shall attempt in good faith to address Provider's objections provided, however, that all requirements of the Regulation must apply to Provider's performance of the Activities with respect to FFM Members. In the event, that Provider's objections are not satisfactorily addressed (Provider shall not unreasonable withhold, delay or condition its consent), then Health Plan may terminate the Agreement with respect to FFM Members immediately, and Provider expressly agrees to waive any rights that it may have with respect to such termination.

If you have any questions, please contact us at:

GA.Provider-Relations@kp.org





KAISER PERMANENTE®

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