

Network NEWS

providers.kp.org/ga

Quality Resource Management (QRM) – Your One-Stop Shop for Referrals and Authorizations

Get to know the Kaiser Permanente Quality Resource Management (QRM) Team. They are here to assist you in providing the highest quality care to your patients.

QRM Physicians and nurses can assist you with:

- Utilization questions
- Issues with referrals
- Authorizations and medical necessity
- Elective targeted services

This team, which consist of physicians and nurses, are available to discuss any details including criteria used in making a review decision. The information and medical criteria used for coverage or medical necessity determination are available upon request and provided free of charge.

QRM nurses are on call to respond to inquiries. Non-urgent elective voice mail messages are returned the next business day. More information regarding pre-authorization of services, verification of eligibility, applicable co-payments, deductibles or co-insurance is located at providers.kp.org/ga.

Notice about Kaiser Permanente's Utilization Management

Program: Kaiser Permanente does not use financial incentives to encourage barriers to care and service. Decisions involving utilization management are based solely on the appropriateness of care and service and the existence of coverage under the member's benefit plan. We do not reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service, and do not use financial incentives that encourage decisions that result in under- utilization. Kaiser Permanente is prohibited from making 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.



How to Reach Us:

- Routine Calls
 - Monday to Friday:
8:30 a.m. - 5:00 p.m.
(excluding company holidays)
 - 404-364-7320 or
1-800-611-1811
- Urgent, After-Hours Calls, Holidays and Weekends
 - 404-364-0966 or
1-800-611-1811

Medical Financial Assistance (MFA)

Kaiser Permanente is committed to providing programs that facilitate access to care for vulnerable populations including the provision of Medical Financial Assistance (MFA) to uninsured and low income insured patients where the ability to pay for services is a barrier to accessing emergency and medically necessary care. MFA provides temporary assistance with copays, prescription costs, equipment or other pressing needs.

Who can participate?

- MFA is open to all patients that meet eligibility criteria
 - Uninsured
 - Underinsured
 - Kaiser Permanente Commercial
 - Medicare
 - Medicaid
 - Occasionally, other commercial
 - Includes deductible products

What services are covered?

- Emergency and medically necessary services and supplies
- Medical services provided by Kaiser Permanente physicians and providers within Kaiser Permanente facilities
- Prescription and supplies from Kaiser Permanente outpatient pharmacies

What services are not covered?

- Premiums/Dues
- Non-Kaiser Permanente Care facilities
- Elective services
- Lifestyle services
 - Cosmetic services, fertility, health education classes/ fee for service classes
- Surrogacy, Third Party Liability, and/or Workers Compensation services
- Non-Kaiser Permanente Retail Pharmacy
- Over the counter drugs

A patient can apply for the MFA program in person, by telephone, or by paper application. Counselors are available by phone at **404-949-5140** (Monday to Friday 11 a.m. to 3 p.m.)

For questions about the program

A Customer Service Representative can be reached at **404-949-5140** or TTY: **1-800-255-0056**.

Coming soon, members will be able to apply on-line.



New Dual-Choice PPO Plans

Kaiser Permanente is pleased to announce our new Dual Choice PPO plans. In addition to our existing HMO, Senior Advantage, and Point-of-Service (POS) plans, we now offer the new PPO plan, effective January 1, 2019.

Your current contract with Kaiser Permanente does not include this product. We will be reaching out to your office during the 1st quarter of 2019 to extend a contract for the Dual Choice Product. Until the new contract is completed, your participation will continue to follow your PHCS contract. If you do not have a PHCS contract, then you will be considered out of network for this product.

Members from existing Multi-Choice plans will migrate into the new Dual Choice PPO over the next two years. Those providers currently in the PHCS network should be "in-network" for the new Dual Choice PPO, however, it is always a best practice to verify all benefits through Online Affiliate or by calling the number on the member's ID card.

DUAL CHOICE PPO		Customer Service 1-855-364-3185 TTY 711
Jonathan G. Doeraeme		
GROUP: 0000-0000	EFF DATE: 00/00/0000	Rx BIN: XXXXXXXX Rx PCN: 000000
HEALTH RECORD NUMBER: 0000000000000000		
	In-Network	Out-of-Network
Deductible	\$2,000	\$4,000
ER	\$250	\$250
	Kaiser Permanente/In-Network	Out-of-Network
Office visit	\$30/\$50	40%
Generic Rx	\$15/\$25	30%
Brand Rx	\$30/\$50	30%
Log on to kp.org for more information.		

Emergency: Call **911** or go to the nearest emergency room

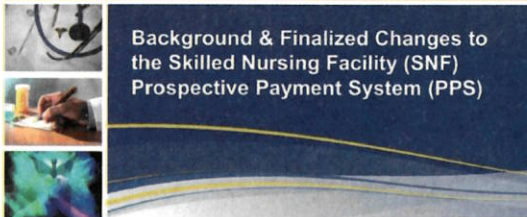
Kaiser Permanente providers
Appointments, medical advice, urgent care, and pharmacy **404-365-0966**

Appointments with all other providers
Contact your provider directly. Some services may require precertification.

For use by your provider
Medical service precertification **1-800-221-2412**
Pharmacy precertification **1-800-788-2949**

Claims address
Kaiser Permanente
Claims Administration
P.O. Box 370010
Denver, CO 80237-9998
EDI Payor ID: 21313

Patient Driven Payment Model



New Skilled Nursing Facility (SNF) Patient-Driven Payment Model (PDPM)

CMS's revised payment model for SNFs, effective October 1, 2019, will be driven by the patient's clinical characteristics.

See the CMS website for more information:

cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html

Targeted Review List (QRM)

updates since January 1, 2019

Kaiser Permanente periodically updates the Quality Resource Management (QRM) List of Medications (Targeted Review List) following P&T meetings which occur on the even months (i.e. - February, April, etc.) of the year. The QRM List of Medications (Targeted Review List) is on our Provider Website at providers.kp.org/ga. Please be sure to review the list carefully. As a reminder, failure to obtain authorization prior to providing the medications listed will result in a denial of coverage.

New QRM Medications effective March 6:

- Olumiant (baricitinib)
- Tegsedi (inoterosen)
- Galafold (migalastat)
- Tavalisse- (fostamatinib)
- Onpattro (patisiran) Intravenous
- Glumetza/Fortamet (metformin ER) –effective May 15

Behavioral Health Quality Initiatives

Several important NCQA and HEDIS measures fall under the Department of Behavioral Health but apply to Adult Primary Care and Pediatrics. Kaiser Permanente's high priority measures for 2019 are listed below.

Please learn and follow the guidelines in the "How Can We Affect the Measure" section.

What is the Measure	How is it Measured	How can we affect the Measure																																																
AMM-Antidepressant Medication Management BH-Peds-APC	Age: Members 18 years and older . Members who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. <ul style="list-style-type: none"> Acute Phase: Patient needs to remain on antidepressant medication continuously for 12 weeks (3 months). Maintenance Phase: Patient needs to remain on antidepressant medication continuously for a full 180 days (6 months). 	<ol style="list-style-type: none"> Write 90-day Rxs when clinically appropriate, with 1 refill Avoid prescribing to ambivalent patients. The patient isn't included in the measure until the medication is dispensed. Educate patients regarding the need to remain on their antidepressants for 6-9 months to promote remission of symptoms. 																																																
DMS-Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults BH-Peds - APC	Age: Members 12 years and older . Members with a diagnosis of major depression or dysthymia, who have a PHQ-9 tool administered at least once during a 4-month period . <table border="1" data-bbox="450 1018 1529 1229"> <thead> <tr> <th colspan="4">4 months</th> <th colspan="4">4 months</th> <th colspan="4">4 months</th> </tr> <tr> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>OV Today</td> <td></td> <td></td> <td></td> <td></td> <td>OV Today</td> <td></td> <td></td> <td></td> <td></td> <td>OV Today</td> <td></td> </tr> <tr> <td>PHQ-9 by end of April</td> <td></td> <td></td> <td></td> <td></td> <td>PHQ-9 by end of August</td> <td></td> <td></td> <td></td> <td></td> <td>PHQ-9 by end of December</td> <td></td> </tr> </tbody> </table>	4 months				4 months				4 months				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	OV Today					OV Today					OV Today		PHQ-9 by end of April					PHQ-9 by end of August					PHQ-9 by end of December		<ol style="list-style-type: none"> Complete and total (score) PHQ-9 every visit. Send the results to Medical Records to be scanned into the Kaiser Permanente Electronic Medical Record.
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OV Today					OV Today					OV Today																																								
PHQ-9 by end of April					PHQ-9 by end of August					PHQ-9 by end of December																																								
ADD-Follow Up Care for Children Prescribed ADHD Medications BH-Peds	Age: Members 6-12 years and older . Children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. <ul style="list-style-type: none"> Initiation Phase: Patients need a follow-up office visit with an MD within 30-days (1 month) of the date medication was dispensed. Continuation Phase: Patients need to remain on their ADHD medication for at least 210 days (7 months) and have at least two follow-up visits with a practitioner within 270 days (9 months). 	<ol style="list-style-type: none"> A 14-day follow-up MD appointment must be scheduled in BH or Pediatrics before member leaves the office. Write initial prescription for 21-day supply (for new starts). After Initiation Phase, schedule follow-up appointments at a minimum of every 3 months and educate parents on the importance of monitoring vital signs, height, weight, and side effects. Transition stable patients back to Pediatrics for ongoing management of ADHD when appropriate. Educate parent/caregiver-patient can follow-up with Pediatrics. 																																																

Please contact Carol Glover, MD- BH Quality Champion at carol.m.glover@kp.org for questions.

Claims Requiring Additional Information Reminder

The Kaiser Permanente Provider Manual includes a section labeled Billing and Payment, which provides guidelines on following our billing and payment policies and procedures. The Billing and Payment guidelines document the differences between a clean versus unclean claim. The manual illustrates situations where a claim is unclean (ex: medical records needed, COB information needed, etc.).

In such cases, Kaiser Permanente will return the claim to you, along with a Request for Additional Information letter specifying the additional information needed to process the claim.

Fee Schedule Updates

Kaiser Permanente Provider Contracting and Network Management Department (PC&NM) reviews and updates the fee schedules annually. The 2019 RBRVS updates were effective March 1, while the Kaiser Permanente Market Fee Schedule will be effective April 1.

A copy of the fee schedules will be posted on Online Affiliate providers.kp.org/ga.

CMS Preclusion List

Effective January 1, 2019, the Centers for Medicare & Medicaid Services (CMS) implemented a new initiative, the Preclusion List. The list includes providers and prescribers who are precluded from receiving payment for Medicare Advantage items and services.

Beginning April 1, 2019, Kaiser Permanente will deny payment for items or services furnished by providers or prescribers on the Preclusion List. For more information on the preclusion list, visit cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/PreclusionList.html.



KAISER PERMANENTE®

Kaiser Foundation Health plan of Georgia, Inc.
Nine Piedmont Center
3495 Piedmont Road N.E.
Atlanta, GA 30305-1736

Address Service Requested

Presorted
Standard
U.S. Postage
PAID
Atlanta, GA
Permit No.1084

Key Contacts

Service	Phone
Benefits & Eligibility	404-261-2590 or 888-865-5813
Claims Questions	404-261-2825 or 800-221-2131
Emergency Care Management Hub	404-365-4254
Exchange Member Services	770-291-6897
Online Affiliate Help	877-240-1433 (option 4)
Provider Contracting	404-364-4934
Referrals & Authorizations	404-364-7320 or 1-800-221-2412
Self-Funded Member Services	1-866-800-1486