KPGA Network News: E-Edition

Kaiser Permanente of Georgia Earns Medicare 5 Star Rating

OAKLAND, Calif. — Kaiser Permanente is again among the highest-rated health plans as indicated in the Centers for Medicare & Medicaid Services annual Star Ratings for 2021, providing expert medicine, seamless care, and outstanding service to its Medicare members.

According to the CMS' 2021 Star Ratings, Kaiser Permanente Medicare health plans in California, Colorado, Georgia, Hawaii, the Mid-Atlantic states (Maryland, Virginia, and Washington, D.C.), and the Northwest received 5 out of 5 stars, CMS' highest Medicare star rating. The Kaiser Permanente Medicare health plan in Washington state earned 4.5 out of 5 stars, CMS' second-highest rating.

This is the 10th consecutive year all Kaiser Permanente Medicare health plans have been rated 4.5 stars or higher. Kaiser Permanente provides care to more than 1.7 million Medicare members in 8 states and the District of Columbia.

"Kaiser Permanente is proud to provide the highest quality health care and service, which is what our Medicare members expect and deserve," said Phil Madvig, MD, interim chief medical officer. "Our strong performance demonstrates our unrelenting focus on high-quality care and service year after year, and it continues throughout the COVID-19 pandemic."

"This recognition underscores the clinical excellence and exceptional coordinated care experience provided by our physicians, nurses, clinicians, front-line staff, and unit-based care teams year after year," said Nancy Gin, MD, executive vice president and chief quality officer for The Permanente Federation, the national umbrella organization for the more than 23,000 physicians who provide care to Kaiser Permanente's more than 12.4 million members. "During this critical time in health care, we are focused more than ever on doing what's best for our members and proactively creating more healthy years for them."

Every year, CMS scores Medicare health plans (with Parts C and D) on a number of facets of care and service, including staying healthy, managing chronic conditions, patient experience, customer service, patient access, and pharmacy services. The ratings align with Kaiser Permanente's integrated health care delivery system, which brings a multitude of services together to focus on patient and customer needs. The ability to transform care and improve health outcomes along with its systematic approach to continuous improvement highlight Kaiser Permanente as an organization that sets the standard for health care.

ATTENTION REQUIRED

Offshore Attestations

You may have received an email from Odette Paschal asking you about any member information that may be sent offshore, or may be handled or housed outside of the United States. Please make sure you fill out the short questionnaire and send it back in as soon as possible. You can fill it out using the Adobe Sign link it was sent through, or print, sign, and email it back to ga.provider-relations@kp.org.

KPGA requires all contracted groups to complete this Attestation.

New Additions To KP Provider Self-Service Tools

Online Affiliate's NEW Feature

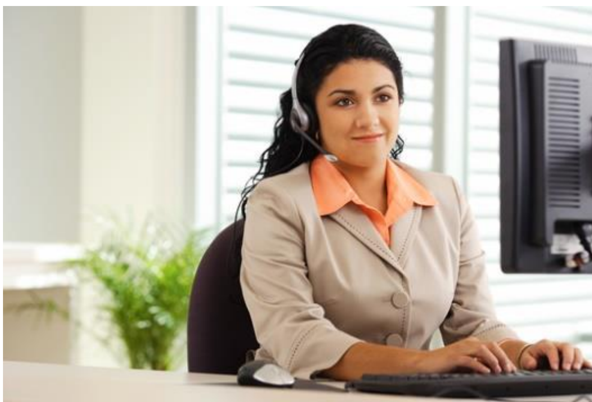
As you may know, Online-Affiliate is Kaiser Permanente's Health Connect-Based Online Tool that provides access to a number of clinical and administrative features.

We are excited to share with you a new Online Affiliate feature that allows you to file a dispute, appeal and upload claim related documents!

This new functionality will allow you to take the following action on a claim:

- File a Dispute (appealing/disputing claim decisions).
- Respond to a Request for Information (RFI) by allowing the upload of Kaiser requested documents.
- Submit Supporting Documentation. Select this option if you have submitted a claim that you know will require supportive documents.

Benefits of our NEW feature to you as a provider



- Allows you to submit claim appeals/disputes on-line.
- Upload documents in response to a Request for Information, and medical records – avoiding having to deal with postal delays.
- Proactively upload claim related documents for quicker review of claims.
- Reduce paper output and cost of stamps for provider responses to Requests for Information (RFI).
- Reduce amount of time it takes for Kaiser Permanente to receive appeals/disputes, Request for Information, and claim related documentation.

Electronic Data Interchange (EDI). Get Connected! The Benefits are Numerous!

- Electronic claims are not subject to postal delays.
- Claims may be transmitted 24 hours a day, seven days a week.
- Electronic claims are faster and more accurate than paper claims.
- Reduce phone calls by obtaining electronic claim status.
- An electronic remittance advice is offered to all electronic submitters. This provides a cost savings and allows the provider to post payments automatically.

To sign up, please contact your clearinghouse and provide the appropriate payer ID from the table below:

Accepted Clearinghouse	Payor ID
ChangeHealthcare (CHC)	21313
Navicure	21313
Office Ally	21313
SSI	21313
OptimumInsight/Ingenix	NG010**
Relay Health	RH008

New claim submission tool

KP is partnering with Office Ally to offer a direct data entry (DDE) solution for electronic claim submissions. This is a great option for providers not currently enrolled to submit EDI claims through a traditional clearinghouse. Office Ally DDE is a FREE* service which enables external providers to submit electronic claims via a web-based service.

This online claim entry tool allows you to create CMS1500, UB04 and ADA claims on its website; or use your existing software to create and submit claims electronically.

For more information on how to enroll or determine your eligibility, please visit providers.kp.org/ga and look for Claim submission tools on the homepage.

*Non-Par Claim Fee applies when 50% or more of monthly claim volume is to Non-Par Payers. (Kaiser Permanente is a participating payer)

Targeted Review List (QRM) Updates

All procedures on the Target Review List must be authorized prior to rendering services, or the procedure will not be covered. Reminder, the new Target Review list will be effective August 1st, 2020. Please see http://providers.kp.org/ga for more information regarding the Target Review List and the changes for August 1st.

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 http://providers.kp.org/ga. As a reminder, failure to obtain authorization prior to providing the medications listed will result in a denial of coverage. Please note affected members will be notified of this change.

New QRM Medications effective 9.9.2020:

- Padcev (enfortumab vedotin)

QRM Criteria Updates effective 9.9.2020

- Auvi-Q (epinephrine)
- Dupixent (dupilumab)
- Epclusa (Sofosbuvir and Velpatasvir)
- GLP-1 Recetor Agonists
- Harvoni (Ledipasvir and Sofosbuvir)
- Hemlibra (emicizumab)
- Kevzara (sarilumab)
- Mavyret (Glecaprevir and Pibrentasvir)
- Olumiant (baracitinib)
- SGLT-2 Inhibitors
- Tecfidera (dimethyl fumarate)
- Vosevi (Sofosbuvir, Velpatasvir, and Voxilaprevir)

New QRM Medications effective 1.1.2021

- Novolin Products (Novolin R, Novolin N, Novolin 70/30)

Where Are My Claims?

Kaiser Permanente National Claims Administration (NCA) recently implemented the "Close the Loop" program intended to keep providers informed of the status of queries or requests that require additional review when contacting the KP's Member Services Contact Centers (MSCC).

If providers give their email address during the call authentication process, they can expect 2 or 3 distinct emails from NCA in case MSCC is unable to address their concerns:

1) An acknowledgement email will be generated within 24 hours of receipt of the MSCC hand-off;

2) A status email will be generated if the query/request is not addressed after five days; and

3) A resolution email will be generated once KP-NCA completed the review and determination of the claim(s) in question.

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Referrals and Authorizations

For all services that require a referral or authorizations you must have a valid referral/authorization prior to providing services.

If a referral/authorization is not received prior to rendering services, your claim will be denied, and the member will be held harmless.

Kaiser Permanente will not provide retro referrals/authorizations. Please refer to the provider manual for additional information.

Is Your Address Correct?

- Do our members know how to get to or contact your office?
- Are we able to make accurate referrals?
- Have you checked to make sure your Network Manager has all of the correct information regarding your practice and group members?
- Have you responded to Credentialing questions or requests for new documentation?
- Have you responded to directory verification or outreach?

Please feel free to contact us if you think any of your information may be incorrect. You can reach out to your Network Manager: Dereck, Domonique, or Roderick directly or you can email Provider Contracting at ga.provider-relations@kp.org.

If you know any of your demographics are changing, or have changed, please let Provider Contracting know at least 60 days in advance, or as soon as possible. Please contact us at with any changes ga.provider-relations@kp.org.