KPGA Network News: E-Edition

Kaiser Permanente of Georgia Recognized for Exceptional Quality and Service

The Georgia Region's health plans received the highest rating in the state from the National Committee for Quality Assurance (NCQA), a national organization that rates health plans in three areas: Patient Experience, Prevention, and Treatment.

According to the "NCQA Health Plan Ratings 2022," KP Georgia's commercial plan received 4.0 stars out of 5, and its Medicare plan received 4.5 stars out of 5 (this is different from the CMS Medicare Star Ratings, due in early October). This maintains the overall ratings for both plans from 2021. No other health plan in Georgia rated higher than Kaiser Permanente for either product line. In addition, the KP Georgia Health Plan has obtained accreditation status for 3 years, July 2022 to July 2025.

Emory Decatur Hospital

This Fall, Kaiser Permanente of Georgia will transition care currently delivered at Emory University Hospital Midtown to Emory Decatur Hospital. This move will support our community focused hospital strategy, and will increase our operations, efficiency, and bed capacity.

Previously known as DeKalb Medical Center, the 451-bed facility located near downtown Decatur joined the EHC system in 2018. Their community-based approach and bed capacity will better meet our inpatient needs and improve our ability to deliver high quality care to more members.

Reminder: **Please use Online Affiliate for claims, appeals, disputes, inquiries, EOPs, responding to requests for information (RFI), and uploading claims supporting documents. Please do not use faxes for provider appeals and disputes.**

Provider Manual Changes For 2023

Please refer to the Provider Manual posted on Online Affiliate, accessible from kp.org/providers/ga, to review all changes and determine impact to your practice.

Throughout:

- New website URL: kp.org/providers/ga
- Self-Funded now also has Level Funded

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2022 HEDIS & NCQA Overview for all Behavioral Health Clinicians

NCQA (National Committee for Quality Assurance) is an unbiased entity that assesses the quality of Kaiser Permanente and other health plans.

HEDIS (Healthcare Effectiveness Data and Information Set) is a tool used to measure performance on important dimensions of care and service.

HEDIS makes it possible to compare performance of health plans on an "apples-to-apples" basis.

Employers and consumers use NCQA quality ratings when determining which health plan to choose.

HEDIS is not something that comes around once a year. It is something that we must make part of our daily clinical workflows. Please adhere to the following initiatives that greatly impact our ratings:

HEDIS/NCQA Standard	How we can positively affect the rates
ADHD Initiation Phase	Schedule a follow-up appointment with an MD in BH or Pediatrics within 21 days (no more than 30 days) of prescribing ADHD medications
ADHD Continuation Phase	Ensure patients follow-up at least every 3 months and obtain refills. Transition patients back to Pediatrics if stable.
AMM (Antidepressant Medication Management)	Write 90-day RX's when clinically appropriate, with 1 refill. Avoid prescribing to ambivalent patients because patients aren't entered into the denominator until the medication is dispensed.
APM (Antipsychotic Metabolic Monitoring)	Ensure patients prescribed antipsychotics complete metabolic lab test annually.
APP (Antipsychotic Psychosocial Care)	Ensure there is documentation of psychosocial care as first-line treatment, prior to a new prescription for antipsychotic medications. This could include documentation of individual, family, or group therapy, as well as IOP or PHP notes.
DMS (Utilization of PHQ-9)	Complete a PHQ-9 every encounter on members with a dx of depression or dysthymia. Initiate secure messaging of PHQ-9 when appropriate.
DSF (Depression screening and follow up)	All members should be screened annually for depression with a PH-9 or PHQ-2. If the score is elevated, a 30 day follow up visit is needed.
FUA & FUM (Follow-up after ER Discharge)	Ensure patients discharged from the ER with a principal Alcohol or Mental Health diagnosis are seen within 7 days or 30 days. Be sure that the **primary dx** in the follow up encounter is Alcohol or Mental Health diagnosis that led to the ER visit.
FUH (7-day & 30-day Follow-up after Hospitalization)	Ensure patients discharged from the hospital with a Mental Health illness are seen within 7 days or 30 days.
ME-7 Element E & F (Complaints & Appeals	Attitude & Service Complaints are the # 1 category of complaints received in the BH Department, followed by Access complaints. Please be intentional in exercising patience, kindness, and empathy during every encounter.

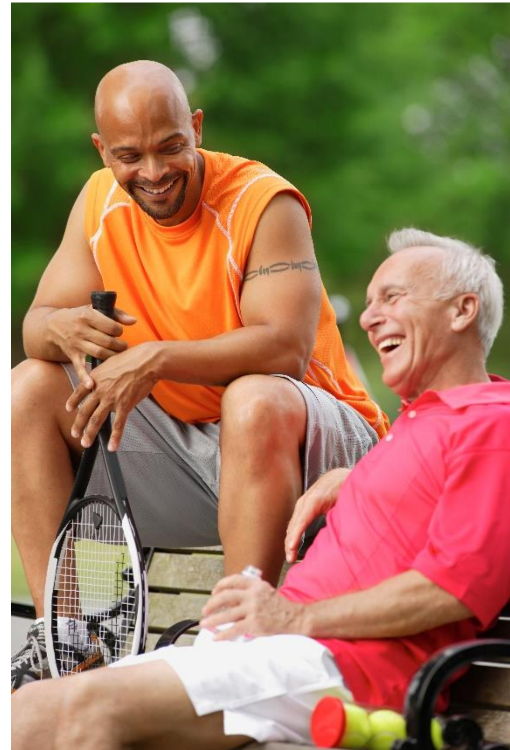
Fee Schedule Updates

It is the policy of Kaiser Permanente of Georgia's Provider Contracting and Network Management Department (PC&NM) to review and update the fee schedules annually. The 2022 RBRVS updates to the will be effective 45 days from the release of the CMS fee schedule components. Updates to the Kaiser Permanente Market Fee Schedule will be effective April 1st. A copy of the KPMFS schedule is posted on Online Affiliate, which you can access from kp.org/providers/ga.

Special Needs Plans (SNP)

Kaiser Permanente of Georgia (KP) offers a Special Needs Plan (D-SNP), the Senior Advantage Medicare- Medicaid Plan, for its dual eligible members who have both Medicare and Medicaid. Dually eligible persons tend to have complex medical and psychosocial needs.

The Centers for Medicare & Medicaid Services' goal for all Special Needs Plans is to improve member health outcomes by ensuring: 1) Improved access to medical, mental health and social services; 2) Better coordination of care; 3) Adequate provider network; 4) Seamless transition of care through an identified point of contact; 5) Appropriate utilization of services; 6) Cost-effective service delivery.



The SNP Model of Care (MOC) Elements include:

1) **Description of the SNP Population**: The SNP MOC describes its population demographics and unique characteristics of the most vulnerable members, including but not limited to:
   - Age, gender, and ethnicity
   - Socioeconomic status, living conditions and environmental factors
   - Barriers, such as language and other significant barriers
   - Major diseases, co-morbidities, chronic conditions
   - Social, cognitive, and functional limitations
   - As of September 2022, KFHP-GA has 1258 SNP members.
     - 69% of SNP members are female. The average age is 69 (69.3) with 74% of members at age 65 and older.
     - The SNP population is racially and ethnically diverse. African Americans represent most beneficiaries at 53.8%.
     - SNP members speak over 28 different languages; English is the most commonly spoken primary language.

2) **Care Coordination**: The SNP MOC details key roles and responsibilities of the care coordination process including a comprehensive assessment, referring and facilitating health care and community-based services, development and implementation of a person-centered care plan, monitoring and follow up. Care coordination responsibilities for SNP care managers include, but are not limited to:
   - **Completing Health Risk Assessment (HRA)**: SNP care managers are required to conduct an HRA of the SNP member upon initial enrollment (within 90 days before or after a SNP member's current effective enrollment date), annually (within 365 days of last assessment), and when members experience a significant change in health. The HRA assesses the status of the member's medical, functional, mental health, cognitive, and psychosocial status and needs.
   - **Development of an Individual Care Plan (ICP)**: Based on the HRA results and member's input, SNP care managers develop a care plan that includes goals (including member's goals); interventions, preferences and values are incorporated for self-management. The care plans are routinely updated and routed to the member's PCP for review and follow up as appropriate.
   - **Collaboration of an Interdisciplinary Care Team (ICT)**: The ICT comprises multiple disciplines that include the primary care physician (PCP), nursing, social services, geriatric medicine, pharmacy, and behavioral health and includes the engagement of the member and/or caregiver as needed. The ICT supports the PCP to better manage the health needs of the SNP member.
   - **Seamless Care Transitions**: SNP care managers serve as the point of contact to coordinate seamless transitions across healthcare settings. In collaboration with providers, SNP care managers ensure the members and/or caregivers understand the discharge instructions. To prevent avoidable readmission, medications are reviewed, future appointments are discussed, barriers are identified, referrals to appropriate community-based services are made. The SNP ICP is updated and shared with the PCP.

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3) **SNP Provider Network**: The SNP MOC describes KP as an integrated delivery system with clinical expertise and specialized care available to serve the SNP population. It describes how KP ensures the provider network completes mandatory trainings and maintains licensed and competent providers. The MOC describes the provider network's additional responsibilities that include but are not limited to:
    - The use and knowledge of KP approved clinical practice guidelines (CPG) and recommendations when providing care to SNP population; under certain circumstances and/or when CPG is unavailable, KP providers shall make decision based on clinical expertise.
    - Ensuring continuity of care when a care transition occurs.

4) **MOC Quality Measurement & Performance Improvement**: The SNP MOC describes KP's overall quality measurement and improvement plan, which includes the following:
    - Identification of key stakeholders (i.e., SNP leadership, SNP personnel, and SNP provider networks)
    - How KP shares and communicates quality performance results with key stakeholders (i.e., SNP dashboards, Annual QI Workplan, and other ad hoc reports)
    - How the regional SNP leadership team continuously evaluates the performance of the Special Needs Plan against the model of care requirements.
    - Identification of specific outcome measures used to evaluate program and member outcomes and care effectiveness (i.e., select HEDIS measures such as Medication Review, Functional Status and Pain Screening, 30-Day Readmissions, and process measures)
    - Description of the methodology to measure member experience with the SNP program.

Have you verified your demographic information?

- 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 sent an updated roster?
- Have you responded to Credentialing questions or requests for new documentation?
- Have you responded to quarterly 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 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.

Targeted Review List (QRM) Updates

All procedures on the Targeted Review List must be authorized prior to rendering services, or the procedure will not be covered. Please see kp.org/providers/ga for more information regarding the Targeted Review List.

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 kp.org/providers/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 1.1.2023

- Aveed (testosterone undecanoate)
- Cayston (aztreonam)
- Chenodal (chenodiol)
- Desoxyn (methamphetamine)
- Emsam (selegiline)
- Ibsrela (tenapanor)
- Jatenzo (testosterone undecanoate)
- Nitrofurantoin Susp 25 mg/5 mL
- Opzelura (ruxolitinib)
- Ortikos (budesonide)
- Pyrukynd (mitapivat)
- Qelbree (viloxazine)
- Rukobia (fostemsavir)
- Siklos (hydroxyurea)
- Sucraid (sacrosidase)
- Vonjo (pacritinib)
- Zokinvy (lonafarnib)

New QRM medications effective 7.13.2022

- Adbry (tralokinumab)
- Besremi (ropeginterferon)
- Oxlumo (lumasiran)
- Qulipta (atogepant)
- Scemblix (asciminib)
- Skytrofa (lonapegsomatropin)
- Tavneos (avacopan)

New QRM medications effective 9.8.2022

- Bylvay (odevixibat)
- Kerendia (finerenone)

QRM criteria updates effective 7.13.2022

- CGRP Inhibitors
- Dimethyl Fumarate
- GLP-1 Receptor Agonists
- Jublia (efinaconazole)
- Lynparaza (olaparib)
- Novolin Products
- Reyvow (lasmiditan)
- Rinvoq (upadacitinib)
- Rubraca (rucaparib)
- Tysabri (natalizumab)
- Ubrevly (ubrogepant)
- Zejula (niraparib)

QRM criteria updates effective 9.8.2022

- Dupixent (dupilumab)
- Forteo (teriparatide)
- Interleukin Antagonists
- Radicava (edaravone)
- Simponi/ Simponi Aria (golimumab)

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Targeted Review List (QRM) Updates (Cont.)

Medicare Part D Benefit Coverage – Product Additions/Removals

During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List). For product removals, affected members who were prescribed these drugs prior to the removal effective date will receive a one-time 30-day Transition Benefit (TB) fill. For the members to continue receiving the medication for the remainder of the year, a medical necessity override will be required.

Product Removals

Effective 8.1.2022:

- Brand name: VIMPAT SOLN 10 MG/ML
    - Alternative product available: generic LACOSAMIDE SOLN 10 MG/ML (added to Non-preferred Tier 4)
- Brand name: ESBRIET TABS 267 MG
    - Alternative product available: generic PIRFENIDONE TABS 267 MG (added to Specialty Tier 5)
- Brand name: ESBRIET TABS 801 MG
    - Alternative product available: generic PIRFENIDONE TABS 801 MG (added to Specialty Tier 5)

Effective 9.1.2022:

- Brand name: TARGRETIN GEL 1 %
    - Alternative product available: generic BEXAROTENE GEL 1 % (added to Specialty Tier 5)
- Brand name: NEXAVAR TABS 200 MG
    - Alternative product available: generic SORAFENIB TOSYLATE TABS 200 MG (added to Specialty Tier 5)
- Brand name: VIIBRYD TABS 10 MG
    - Alternative product available: generic VILAZODONE HCL TABS 10 MG (added to Non-preferred Tier 4)
- Brand name: VIIBRYD TABS 20 MG
    - Alternative product available: generic VILAZODONE HCL TABS 20 MG (added to Non-preferred Tier 4)
- Brand name: VIIBRYD TABS 40 MG
    - Alternative product available: generic VILAZODONE HCL TABS 40 MG (added to Non-preferred Tier 4)

EFT/ERA

Kaiser Permanente has partnered with Citi Payment Exchange to provide a portal for enrolling in Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA). With this partnership, Kaiser Permanente requests that all vendors pursuing EFT/ERA enrollments utilize the Payment Exchange portal for enrollment and changes to existing EFT/ERA. The portal is open 24 hours a day and 7 days a week for new enrollments or changes.

It's easy to get started now! Each Kaiser Permanente region requires a separate enrollment. If you wish to create a new enrollment for EFT/ERA in the Georgia region, Click here to enter a secure portal. Activation code KYP6BZ is required at login.

Referrals and Authorizations

- For all services that require a referral or authorization 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.**

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