

## **Kaiser Permanente Hawaii Provider Manual**



It is our pleasure to welcome you as a contracted provider (Provider) participating under HMO plans offered by the Kaiser Permanente Medical Care Program. We want this relationship to work well for you, your medical support staff, and our Members.

As a service to our contracted providers, we offer a Community Provider Portal where you may obtain real-time information online, including Kaiser Member eligibility and claims status. Please visit [providers.kp.org](http://providers.kp.org) to learn more or sign up for the Online Affiliate program.

This Provider Manual was created to help guide you and your staff in working with Kaiser Permanente's various systems and procedures applicable to our HMO products in Hawaii. While the Provider Manual offers important information about your relationship with Kaiser

Permanente, it does not cover all aspects of your relationship with us. Please continue to consult your Provider agreement for more information.

During the term of your Provider agreement, you are responsible for (i) maintaining copies of the Provider Manual and its updates as provided by Kaiser Permanente, (ii) providing copies of the Provider Manual to its subcontractors, and (iii) ensuring that Provider and its practitioners and subcontractors comply with all applicable provisions. The Provider Manual, including but not limited to all updates, shall remain the property of Kaiser Permanente and shall be returned to Kaiser Permanente or destroyed upon termination of the obligations under such agreement.

If you have questions or concerns about the information contained in this HMO Provider Manual, you can reach our Medical Services Contracting Department by calling **808-432-5971**.

Additional resources can be found on our Community Provider Portal website 24/7 at: [providers.kaiserpermanente.org/hi](https://providers.kaiserpermanente.org/hi).

## **Table of Contents**

### **1. KAISER PERMANENTE MEDICAL CARE PROGRAM (KPMCP)**

- 1.1. HISTORY
- 1.2. ORGANIZATIONAL STRUCTURE
- 1.3. HAWAII SERVICE AREA
- 1.4. INTEGRATION
- 1.5. NONDISCRIMINATION
- 1.6. PREVENTIVE HEALTH CARE
- 1.7. OVERVIEW

### **2. KEY CONTACTS**

- 2.1 HAWAII REGION KEY CONTACTS
- 2.2 PROVIDER CONTRACTING
- 2.3 LISTING OF KP CLINICS
- 2.4 MEMBER SERVICES INTERACTIVE VOICE RESPONSE SYSTEM (IVR)
- 2.5 COMMUNITY PROVIDER PORTAL (website with useful Provider information)

### **3. ELIGIBILITY AND BENEFITS DETERMINATION**

- 3.1 ELIGIBILITY AND BENEFIT VERIFICATION
  - 3.1.1 After-Hours Eligibility Request
  - 3.1.2 Benefit Coverage Determination
- 3.2 MEMBERSHIP TYPES
- 3.3 BENEFIT EXCLUSIONS AND LIMITATIONS
- 3.4 DRUG BENEFITS
- 3.5 MEMBER IDENTIFICATION
  - 3.5.1 Kaiser Permanente ID Card
  - 3.5.2 Senior Advantage ID Card (with part D and without)

3.5.3 QUEST Integration ID Card

3.5.4 Added Choice ID card

## **4. MEMBER RIGHTS AND RESPONSIBILITIES**

### **4.1 MEMBER RIGHTS AND RESPONSIBILITIES**

#### **4.1.1 Non-compliance with Member Rights and Responsibilities**

##### **4.1.1.1 Members**

##### **4.1.1.2 Providers**

### **4.2 HEALTH CARE DECISION-MAKING**

### **4.3 ADVANCE DIRECTIVES**

### **4.4 MEMBER COMPLAINT AND GRIEVANCE PROCESS**

#### **4.4.1 Provider Participation in Member Complaint Resolution**

#### **4.4.2 Member Complaint and Grievance Resolution Procedure**

#### **4.4.3 Medicare Process for Grievances and Complaints**

##### **4.4.3.1 Quality of Care Complaint**

##### **4.4.3.2 Reconsideration**

##### **4.4.3.3 Coverage Determinations**

##### **4.4.3.4 Redeterminations**

##### **4.4.3.5 Expedited Review**

#### **4.4.4 Non-Medicare Process for Initial Claims, Grievances, Complaints and Appeals**

##### **4.4.4.1 Instructions for Filing a Grievance**

## **5. QUEST INTEGRATION**

[https://providers.kaiserpermanente.org/info\\_assets/cpp\\_hi/quest\\_integration\\_provider\\_manual.pdf](https://providers.kaiserpermanente.org/info_assets/cpp_hi/quest_integration_provider_manual.pdf)

## **6. PROVIDER DISPUTE AND APPEAL PROCESS**

[http://providers.kaiserpermanente.org/html/cpp\\_hi/appeals.html](http://providers.kaiserpermanente.org/html/cpp_hi/appeals.html)

## **7. BILLING AND PAYMENT**

- 7.1 NATIONAL CLAIMS ADMINISTRATION LINK
  - 7.1.1 KAISER CLAIMS MAILING ADDRESS & PHONE NUMBERS
- 7.2 ON LINE AFFILIATE & EDI

## **8. UTILIZATION MANAGEMENT/RESOURCE STEWARDSHIP (UM)**

- 8.1 UTILIZATION MANAGEMENT PROGRAMS
- 8.2 MEDICAL APPROPRIATENESS
- 8.3 REFERRALS AND AUTHORIZATION – GENERAL INFORMATION
  - 8.3.1 Authorization of Services
  - 8.3.2 Hospitals Admissions – Other Than Emergency Services
  - 8.3.3 Admissions to Skilled Nursing Facilities
  - 8.3.4 Home Health/Hospice Services
  - 8.3.5 Home Health Only
  - 8.3.6 Hospice Only
  - 8.3.7 Durable Medical Equipment, Braces, and Prosthetic Devices
  - 8.3.8 Psychiatric Services
- 8.4 NON-EMERGENT TRANSPORTATION
  - 8.4.1 Non-Emergent Medical Ambulance
  - 8.4.2 Non-Emergent Ambulance
- 8.5 AUTHORIZATION FOR KP EMERGENCY VISITS
  - 8.5.1 Required Info for Transfers to Kaiser Permanente
- 8.6 EMERGENCY ADMISSIONS AND SERVICES, HOSPITAL REPATRIATION POLICY
  - 8.6.1 Emergency Services
  - 8.6.2 Emergency Claim
- 8.7 POST STABILIZATION CARE
  - 8.7.1 Repatriation Contact Information

- 8.8 DENIALS AND APPEALS
- 8.9 DISCHARGE PLANNING
- 8.10 UM INFORMATION
- 8.11 CASE MANAGEMENT
- 8.12 PHARMACY SERVICES/DRUG FORMULARY
  - 8.12.1 Pharmacy Benefits
  - 8.12.2 Filling Prescriptions
  - 8.12.3 Prescribing Non-Formulary Drugs
  - 8.12.4 Pharmacies
  - 8.12.5 Telephone and Internet Refill Lines
  - 8.12.6 Mail Order
  - 8.12.7 Restricted use Drugs
  - 8.12.8 Emergency Situations
- 8.13 HAWAII REGION 2012 RESOURCE STEWARDSHIP PROGRAM
  - 8.13.1 Utilization Management
  - 8.13.2 Hawaii Region Program Description
  - 8.13.3 Physician Advisor List
  - 8.13.4 Clinical Criteria for UM Decisions — Criteria Table
  - 8.13.5 Pharmaceutical Management Procedures and Drug Formulary
  - 8.13.6 Continuum of Care
    - 8.13.6.1 Complex Care Policy
    - 8.13.6.2 Continuing Care Services
      - 8.13.6.2.1 Durable Medical Equipment, Braces, and Prosthetic Devices
      - 8.13.6.2.2 Home Health Services
      - 8.13.6.2.3 Hospice and SNF Services
    - 8.13.6.3 UM — Outside Services
    - 8.13.6.4 Concurrent Review Program

## **9. OUT-OF-PLAN/NETWORK REFERRALS**

- 9.1 KAUAI NETWORK PRIMARY CARE PHYSICIANS AND WILCOX HOSPITAL PHYSICIANS
  - 9.1.1 Kaiser Permanente Medical Care Program — Patient Care and Physician Contact Numbers
- 9.2 AFFILIATED NETWORK REFERRALS TABLE: POLICIES AND PROCEDURES

## **10. EMERGENCY AND URGENT CARE SERVICES**

- 10.1 EMERGENCY SERVICES
- 10.2 URGENT CARE
- 10.3 EMERGENCY TRANSFERS TO OAHU

## **11. AUTHORIZATIONS AND REFERRALS**

- 11.1 OUT-OF-PLAN REFERRAL
- 11.2 REFERRAL CARE DIRECTIONS
- 11.3 OUT-OF-PLAN REFERRAL PROCESS
- 11.4 AUTHORIZATION POLICY AND PROCEDURE
- 11.5 REFERRAL CARE DIRECTIONS AND FORMS

## **12. QUALITY PROGRAM & PATIENT SAFETY PROGRAM**

- 12.1 QUALITY ASSURANCE AND IMPROVEMENT (QA & I) PROGRAM OVERVIEW
- 12.2 PROVIDER CREDENTIALING AND RE-CREDENTIALING
- 12.3 PRACTITIONERS
  - 12.3.1 Practitioner Office Site Quality
  - 12.3.2 Practitioner Rights
  - 12.3.3 Organizational Providers (OPs)

## 12.4 MONITORING QUALITY

12.4.1 Compliance with Legal, Regulatory, and Accrediting Body Standards

12.4.2 Member Complaints

12.4.3 Infection Control

12.4.4 Practitioner Quality Assurance and Improvement Programs

## 12.5 QUALITY OVERSIGHT

12.5.1 Quality Review

12.5.2 OPs' Quality Assurance & Improvement Programs (QA & I)

12.5.3 Sentinel Events/Reportable Occurrences for OPs (Applicable to Acute Hospitals, Chronic Dialysis Centers, Ambulatory Surgery Centers, Psychiatric Hospitals, SNFs, and Transitional Residential Recovery Services Providers)

12.5.4 Sentinel Event/Reportable Occurrences - Home Health and Hospice Agency Providers

12.5.5 DNBEs/Reportable Occurrences for Providers

## 12.6 QA & I REPORTING REQUIREMENTS FOR HOME HEALTH & HOSPICE PROVIDERS

12.6.1 Annual Reporting

12.6.2 Site Visits and/or Chart Review

12.6.3 Supplemental Staff Services

## 12.7 QA & I REPORTING REQUIREMENTS FOR SNFs

12.7.1 Quarterly Reporting

12.7.2 Medical Record Documentation

## 12.8 QA & I REPORTING REQUIREMENTS FOR CHRONIC DIALYSIS PROVIDERS

12.8.1 Reporting Requirements

12.8.2 Vascular Access Monitoring (VAM)

12.8.3 Performance Target Goals/Clinical Indicators

## 12.9 MEDICAL RECORD REVIEW AND STANDARDS

## 12.10 INFORMED CONSENT AND WHO MAY CONSENT



## **13. COMPLIANCE**

- 13.1 COMPLIANCE WITH LAW
- 13.2 KP PRINCIPLES OF RESPONSIBILITY AND COMPLIANCE HOTLINE
- 13.3 GIFTS AND BUSINESS COURTESIES
- 13.4 CONFLICTS OF INTEREST
- 13.5 FRAUD, WASTE, AND ABUSE
- 13.6 PROVIDERS INELIGIBLE FOR PARTICIPATION IN GOVERNMENT HEALTH CARE PROGRAMS
- 13.7 VISITATION POLICY
- 13.8 COMPLIANCE TRAINING
- 13.9 CONFIDENTIALITY AND SECURITY OF PATIENT INFORMATION
  - 13.9.1 HIPAA and Privacy and Security Rules
- 13.10 PROVIDER RESOURCES

## **14. PRACTICE GUIDELINES — CARE MANAGEMENT & DISEASE MANAGEMENT**

- 14.1 PRACTICE GUIDELINES – CARE MANAGEMENT AND DISEASE MANAGEMENT
- 14.2 DISEASE MANAGEMENT RESOURCES

## **15. ADDITIONAL INFORMATION**

- 15.1 AFFILIATED PAYERS
  - 15.1.1 Kaiser Payers
- 15.2 SUBCONTRACTORS AND PARTICIPATING PRACTITIONERS
  - 15.2.1 Regulatory Compliance
  - 15.2.2 Licensure, Certification and Credentialing
  - 15.2.3 Billing and Payment
  - 15.2.4 Encounter Data

- 15.2.5 Identification of Subcontractors
- 15.3 KP'S HEALTH EDUCATION PROGRAMS
  - 15.3.1 Health Education Program
  - 15.3.2 Focused Health Education Efforts
  - 15.3.3 Preventive Health and Clinical Practice Guidelines (CPGs)
  - 15.3.4 Telephonic Wellness Coaching Service
- 15.4 KP'S LANGUAGE ASSISTANCE PROGRAM

## **16. KAUAI, MOLOKAI, AND LANAI MEDICAL SERVICES NETWORK**