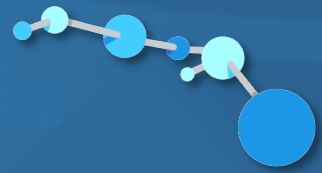


Kaiser Permanente Quest Integration Program



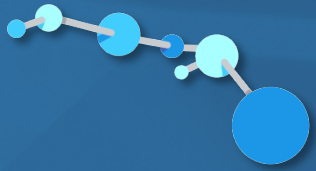
New Provider Orientation

Kaiser QI Administration



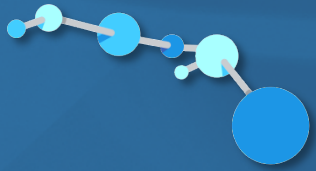
- **Medical Directors:**
 - Marie Pescador-Chun, MD (Oahu)
 - Felicitas Livaudais, MD (Maui)
 - Anthea Wang, MD (Government Programs)
- **Director of Medicaid:** Jolaine Hao
- **Manager of Service Coordination (SC):** Sharie Torres
- **Oahu Supervisor of SC:** Open
- **Maui Supervisor of SC:** Joshua Arquero
- **Provider Hotline:** 24/7 phone line - 432-5269
- **Kaiser QUEST Integration Customer Service:**
 - Oahu 432-5330
 - Neighbor Island 1-800-651-2237 (toll free)

In this presentation...



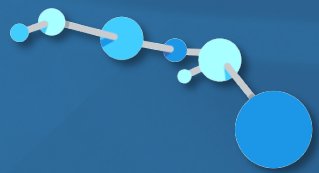
- QUEST + QExA = QI
- Contract Changes / QI Benefits
- Service Coordination
- EPSDT
- CCS Carve out
- Autism Update
- SNP
- PCP Role and Documentation
- Referral, PA, Claims Process
- Member Rights/Responsibilities, Member and Provider Grievance/Appeals, Billing, Sign Language
- Reporting Requirements
- QI Updates

In this presentation...



- **QUEST + QExA = QI**
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QUEST + QExA = QI



QUEST

- Started 1994 to provide medical and behavioral health through managed care health plans
- HMSA, Aloha Care, Kaiser (Oahu/Maui), and as of 7/12 Ohana, United

Quality care

Universal access

Efficient utilization

Stabilizing costs, and

Transforming the way health care is provided to QUEST members

QExA

- Started 2009- Aged (>65), blind, disabled into managed care health plans
- Managed care delivery system to provide service coordination, outreach, improved access, enhanced quality over FFS
- Ohana, United

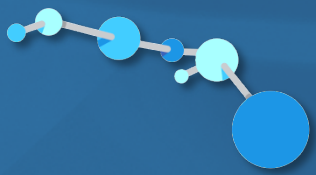
QI

- Aug 2013 – proposal for QUEST Integration to combine QUEST and QExA to QI program

Goals:

- Improve health outcomes by integrating programs and benefits
 - Streamline care for when health status change
 - Minimize admin burdens
- 1/14 – state awarded contracts to all 5 health plans to start 1/15

What is QUEST Integration

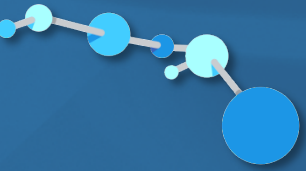


Medicaid = QUEST Integration (QI)

- In January 2014, KP was one of five health plans to be awarded a QI contract
- Significant for KP as it relates to our community benefit & non-profit status
- Effective date of contract: January 31, 2014
- Effective date of service: **January 1, 2015**

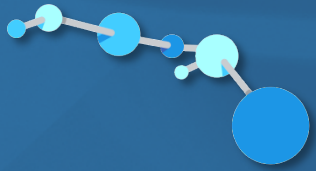


Benefits to members and providers



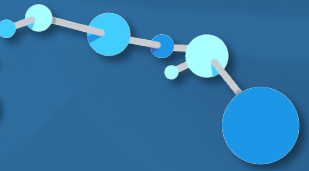
- Improved service coordination
- Continuity of care when members status changes due to age of 65 or older &/or disability at any age.
- Members may remain in Kaiser for ongoing medical and HCBS services as appropriate.
- Enhanced care management for members
- Increased services and assistance for members who meet criteria

In this presentation...



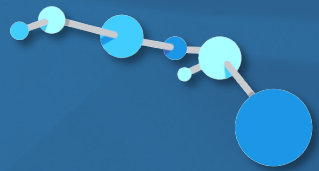
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Highlight of Important Contract Changes



- **Enrollment cap 30,000 on only Oahu and Maui. Exceptions include:**
 - Members who were with us for past year
 - Babies born QI / commercial KP moms
 - Family Continuity
- **Care of aged, blind, disabled (ABD) members that used to be cared for by QExA plans**
 - Keep own members instead of transitioning out to another plan
 - As of December 31, 2016, we have 31,302 members of which 1431 are ABD
- **Same benefits as in QUEST for <21 and >/=21 plus enhanced service coordination, LTSS/HCBS benefits**

QI Membership

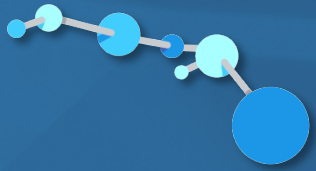


QI MEMBERSHIP AS OF 12/31/2016

31,302

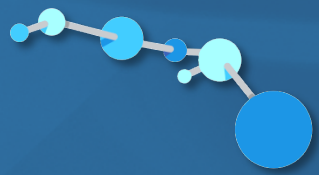
	Maui	Oahu
Non ABD	10,864	20,438
ABD	1,431	
Total	31,302	

In this presentation...



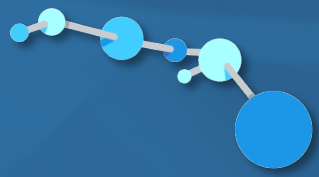
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- Reporting Requirements
- QI Updates

Role of the Service Coordinators



- **Refer by calling provider hotline 24/7 –432-5269 or use HC QUEST Oahu and Maui Pools**
- **Work closely with clinic and hospital teams**
 - Supplement not duplicate
- **Perform face-to-face health and functional assessments**
- **Can help QI members:**
 - Develop and implement Service Plans
 - Understand their health plan benefits
 - Encourage participation in health care and goals
 - Make appointments and access services within Kaiser
 - Access other community agencies when needed
- **Can help providers by:**
 - Coordinating timely access and use of medical services within Kaiser and in the community
 - Tracking compliance and assisting with education
 - Supporting to PCP team to provide quality care

Service Coordination



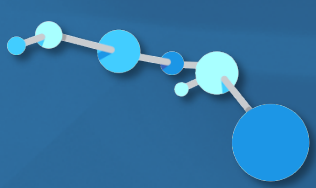
- **Members with special health care needs (SHCN) identified:**
 - Surveys
 - Utilization and other reports
 - Hospital and ED discharges
 - Referrals

- **Service Coordination is required for:**
 - Adults with SHCN (1:250)
 - Children with SHCN (1:200)
 - Members receiving HCBS (1:50)
 - Members choosing Self-Direction (1:30)
 - Institutional LOC members residing in an institutional setting (1:120)
 - Duals – Medicare/Medicaid (1:750)



State Plan Benefits + LTSS/HCBS

(medical necessity versus preventing/delaying institutionalization)



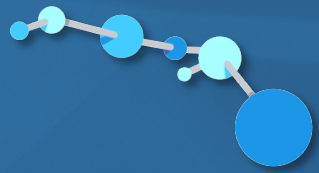
Medical Necessity

- A benefit that is NOT normally covered for commercial/Medicare, may be covered for QI
- Recognize request and forward to QI staff to review for medical necessity
- Additional information may be requested for medical necessity decisions
- Denials are formal with appeal rights offered

Paradigm Shift

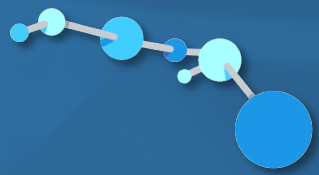
- QI members at NF LOC or 'at risk' for NF LOC, KP also to consider social components of care
- Medical/social model of care
- Some services no longer ONLY based on medical necessity
- Will service, supply, equipment prevent and/or delay institutionalization?

What is LTSS/HCBS?



- Intent of QI is to provide care in the least restrictive environment by using natural supports and wrap around services.
- Long Term Services and Supports (LTSS) is provided for QI members who meet nursing facility level of care criteria or 'at risk' for NF LOC
 1. Home & Community Based Services (HCBS): Services provided in a member's home or other community residential setting
 - Can be provided by a contracted HCBS provider/agency
 - Personal care assistance can also be consumer-directed
 2. Services provided in an institutional setting

QI LTSS Benefits



HCBS:

- Adult day care
- Adult day health
- Assisted living services
- Community Care Management Agency (CCMA) services
- Counseling and training
- Environmental accessibility adaptations
- Home delivered meals
- Home maintenance
- Moving assistance
- Non-medical transportation
- Personal assistance services – Level I (chore services) and Level II (CDPA is an option)
- Personal Emergency Response Systems (PERS)
- Residential care including E-ARCH and CCFFH
- Respite care

HCBS (con't):

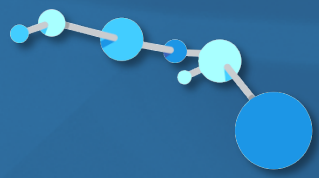
- Skilled (or private duty) nursing
- Specialized medical equipment and supplies

Institutional Services:

- Acute Waitlisted ICF/SNF
- Nursing Facility (NF), Skilled Nursing Facility (SNF), or Intermediate Care Facility (ICF)



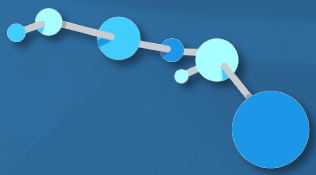
Who Authorizes the Services?



- Medically necessary services – traditionally known as State Plan benefits continue to be ordered by a MD or other qualified provider (specialty referrals, DMEs)
- For LTSS/HCBS services- traditionally known as Medicaid Waiver Services - will be authorized by the Service Coordinator based on the HFA & as listed in the member's Service Plan



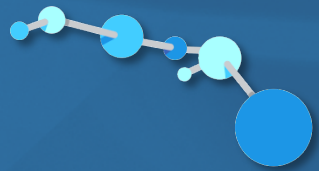
Example of Medical / Social Model of Care



Keoki is a 20-year-old student at UH. He is in a surfing accident which results in paraplegia requiring comprehensive care to return home.

- RN & LSW conduct an assessment of Keoki & his home environment. He meets NF LOC. Together they create a service plan to which he agrees & signs.
- He will need personal assistance (he chooses both CDPA & agency services).
- He may have some skilled nursing needs.
- He may also need environmental accessibility adaptations, home modifications, counseling & training.
- He will need non-medical transportation to complete his schooling.
- His service plan also includes a budget which will demonstrate cost effectiveness (HCBS vs. Institutional Care).
- He could also choose to be placed in a CCFFH (member choice) if cost effective.

Referral through HC Pools



Citrix Viewer View Keyboard Webcam
Hyperspace - IM HON - MASTER - HCPROD HIM PRODHIM
Epic Home Sch InBkt Chart Enc Tel Secure PtList My Cases QikAppt Appt Workqueue List Pt Rmdr Preference List Composer Print Log Out
Addendum: Xtestx, Pati...
Xtestx, Patient Thirt... DOB: 03/05/1970, 45 year old, F... PCP: Yap, Gary G (M.D.) Next PCP V... Prim. Ins: DTRIC WC Allergies Aspirin, Hy... HM: Due kp.org: Inac... My Sticky N... MRN: 7777733 Need Interp... FYI: General Pt. Messag...

1/31/2015 visit with Riel, Jennifer K (R.N.), RN for Pop Mgmt Clinical Documentation

Images Questionnaires Open Orders Summary Benefits Inquiry Pt Info Print AVS Preview AVS Natl Pt Instructions Care Teams Media Manager

Results Review Allergies Review Flowshe... Synopsis Problem List History Letters Demographics Immunizations Enter/Edit Results Benefits Inquiry Episodes of Care Mana ku Pono Order Entry Medications Flowsheets Activity Rx/Forms FYI Visit Navigator More Activities

POP MGMT CLINICAL DOCUMENTATION
Chief Complaint
Vitals
Exercise History
BestPractice
Opioid Risk Assess
SmartSets
Nursing Notes
Progress Notes
Current Meds
Pt. Instructions
Follow-up
Sign/Route Addend...

Follow-up

Disposition
Return in: (from 1/31/2015) Days Weeks Months Years
4 Weeks 3 Months 6 Months 1 Year
Return on: Approximately
 PRN:
For:

Send Chart Upon Closing Section
Recipient: p QUEST Modifier: Add PCP Add Recips

Comments: abc

Check-out note:

Follow-up:
Instructions:

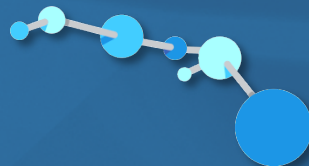
Restore Close F9

Sign/Route Addendum
Route to: Add Recipients
Sign Addendum

Pool Select
Search: QUEST
Registry Name Registry ID
QUEST MAUI 200248
QUEST OAHU 200201
2 records total, all records loaded.

Next F8
click to open
Accept Cancel 10:32 AM

SC in HC : Problem List Notation



Citrix Viewer View Keyboard Webcam 74% Wed 12:23 PM

Hyperspace - IM HON - MASTER - HCPRODHIM PRODHIM

Epic Home Sch InBkt Chart Enc Tel Secure PtList My Cases QikAppt Appt Workqueue List Pt Rmdr Preference List Composer Print Log Out

Workbench Xtestx, Patient Ninety

Xtestx, Patient Ninety DOB: 09/18/1977, 37 year old, Male PCP: Abbott, Sharita B (Language: Chinese (Ma... Primary Ins: DTRIC WC Allergies Sulfam (Sulfonamide An... HM: Due FYI: Medication Issue, ... kp.org: Active Preferred Name: Kekoa MRN: 7777790 Next PCP Visit: 11/10/20... Need Interp: No Pt Messages:

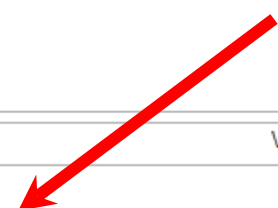
Problem List

Search for new item + Add Options

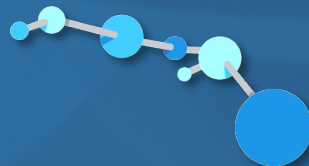
List view: Class Do not group Priority System Choose Columns Overview Preview: All (Slow) Show: Resolved Deleted

PHQ9 Score (clinic)	9.00	-	9.00						
PHQ9 Score (kp.org)									
How hard have these problems made it for you? (clinic)									
POLST FORM ON FILE FOR LIFE SUSTAINING TX	V62.9	+ Create Overview	1-HIGHEST	6/12/2013	Change Dx	Resolve	6/12/2013	Yap, Gary G (M...	
CASE / CARE MGMT, MEDICAID INTEGRATION		Edit Overview	1-HIGHEST	10/29/2014	Change Dx	Resolve	10/29/2014	Wang, Anthea...	
Details Overview Edited: Wang, Anthea (M.D.), MD Today Followed by QUEST Integration Service Coordinator, Debbie Gonzales , phone number 808-722-7476 . See latest care plan in message encounter dated 10/29/14 .									
PNEUMONIA	486	+ Create Overview	2-HIGH	7/30/2014	Change Dx	Resolve	7/30/2014		
BENIGN ESSENTIAL HTN	401.1	Edit Overview	Unprioritized	9/16/2004	Change Dx	Resolve	11/15/2010	Takai, Masak...	
Overview Edited: Yap, Gary G (M.D.), MD 6/2/2008 This is a test of comments for Problem List									
CAD	414.00	Edit Overview	Unprioritized	11/10/2006	Change Dx	Resolve	8/17/2011	Cabigas, Jose...	
Overview Edited: Cabigas, Josephine 8/17/2011 This is a test									
ESSENTIAL HTN	401.9	Edit Overview	Unprioritized	9/22/2010	Change Dx	Resolve	9/22/2010	Tom, Richard ...	
Overview Edited: Tom, Richard Dana (M.D.), MD 9/22/2010 i ordered zestril today. 9/22/2010									

ANTHEA X (M.D.) WANG Results Rx Refill CC'd Charts Patient Communication Patient E-mail Staff Message My Open Encounters Hospital ADT Canceled Ord Future/Standing Orders 12:23 PM



SC in HC : Pop Mgmt Clinical Encounter



Citrix Viewer View Keyboard Webcam Thu 11:30 AM

Hyperspace - IM HON - MASTER - HCPRODHIM PRODHIM

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Xtestx, Patient Thirt... DOB: 03/05/1970, 45 year old, Fe... PCP: Yap, Gary G (M.D.) Next PCP Vi... Prim. Ins: DTRIC WC Allergies Aspirin, Hy... HM: Due FYI: General kp.org: Inact... My Sticky N... MRN: 7777733 Need Interp:...

Chart Review (Last refresh: 11:30:45 AM) ? Close X

Encounters Meds Lab Imaging Procedures ECG Referrals IP Consults Other Orders Episodes Letters Media IP/HSD Notes Amb Notes Misc

Filters Clear All Filters Text Search Refresh Select All Deselect All Review Selected Preview Master Report Flowsheet Route

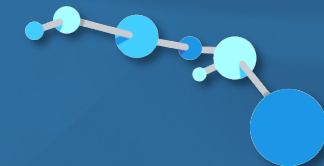
23 records match filters, more records to load Hide Add'l Visits ED Visits (no scans) my charts Clear All

Filters: Hide Add'l Visits

Date	Type	Department	Provider	Description	ED Visit
07/13/2015	Letter (Out)	DI RAD MMC	Provider, Non-Kp		
07/06/2015	Letter (Out)	DI RAD MMC	Provider, Non-Kp		
06/22/2015	Surgery (Cance...	MOANALUA M...	Toney, Eugene A (M.D.), MD	*Canceled* INCISION AND DRAIN...	
06/22/2015	Surgery (Cance...	MOANALUA M...	Takamori, Ryan (M.D.), MD	*Canceled* CHOLECYSTECTOM...	
05/13/2015	Message	FP KIH	Buntuyan, Errol T (M.D.), MD	ADMINISTRATIVE PROCEDURE	
02/11/2015	Patient Email	OBGYN HON	Wong, Mabel S (M.D.), MD		
01/31/2015	Pop Mgmt Clini...	QUEST MOA	Riel, Jennifer K (R.N.), RN	CARE COORDINATION - QI initial...	
12/19/2014	Telephone	GOV PRGMS ...	Gonzales, Debra L (R.N.)	CARE COORDINATION	
12/19/2014	Telephone	GOV PRGMS ...	Gonzales, Debra L (R.N.)	CARE COORDINATION	
12/19/2014	Message	GOV PRGMS ...	Gonzales, Debra L (R.N.)	CARE COORDINATION	
10/15/2014	Letter (Out)	ID MOA			
07/11/2014	Office Visit	FP MLN	Vojcek, Rodger D (Pa-C), PA-C	ADMINISTRATIVE ENCOUNTER ...	
05/07/2014	Office Visit	AHC MOA	Taylor, Darrin J (Pa-C), PA-C	ADMINISTRATIVE ENCOUNTER ...	
04/02/2014	Letter (Out)	OHS WPO	Smith, Paul J (M.D.), MD		
03/21/2014	Office Visit	OHS MLW	Yujuico, Carl J (Pa-C), PA-C	ADMINISTRATIVE ENCOUNTER ...	
01/29/2014	Telephone	OHS WPO	Smith, Paul J (M.D.), MD		
11/22/2013	Procedure Only	IM MLN	Saks-Talbot, Diane E, RN	MISSED APPOINTMENT	
04/05/2012	Telephone	PERINATOLOG...	Lemmex, Virginia L (R.N.), RN		
04/04/2012	Letter (Out)	IM MLN	Ing, Gordon K C (M.D.), MD		
03/12/2012	Telephone	PERINATOLOG...	Kusatsu, Alyson M (N.P.), NP		
09/30/2011	Telephone	IM HON	Aban, Cindy D (M.A.), MA	ROUTINE MAMMOGRAPHY OUT...	
08/10/2011	Message	OBGYN KOO	Kalaiwaa, Lynn T (R.N.), RN	ENCOUNTER CREATED IN ERROR	
03/10/2011	Message	PATIENT SUPP...	Chun, Jenny (Rph), RPH	CVD RISK MODIFICATION	

Load more

SC in HC : Message Encounter



Citrix Viewer View Keyboard Webcam

Hyperspace - IM HON - MASTER - HCPRDHIM PRODHIM

Epic Home Sch InBkt Chart Enc Tel Secure PtList My Cases QikAppt Appt Workqueue List Pt Rmdr Preference List Composer Print Log Out

Workbench Xtestx, Patient Ninety

Xtestx, Patient Ninety DOB: 09/18/1977, 37 year old, Male PCP: Abbott, Sharita B (... Language: Chinese (Ma... Primary Ins: DTRIC WC Allergies HM: Due kp.org: Active
Preferred Name: Kekoa MRN: 7777790 Next PCP Visit: 11/10/20... Need Interp: No **Sulfa (Sulfonamide An...** FYI: Medication Issue, ... Pt Messages:

10/29/2014 visit with Wang, Anthea (M.D.), MD for Message

Images Questionnaires Open Orders Summary Benefits Inquiry Pt Info Print AVS Preview AVS Natl Pt Instructions Care Teams Media Manager

Allergies: **Sulfa (sulfonamide Antibiotics), Erythromycin Base, Lopressor, Shrimp Agent** Reviewed on 10/7/2014
Last Vitals: BP: P: T: T Src: Resp: W: H: 1.803 m (5' 11")
SpO2: PF: BMI: BSA: Smoking Status: Current Every Day Smoker Smokeless Tobacco Status: Never Used

Message

Chief Complaint
Vitals
Exercise History
BestPractice
Opioid Risk Assess
SmartSets
Nursing Notes
Progress Notes
Current Meds
Pt. Instructions
Follow-up
Close Encounter

Progress Notes (F3 to enlarge)

Arial 12 B I U S A 100% Insert SmartText

Service Coordinator assigned: Debbie Gonzales; phone number: 808-722-7476

Primary Caregiver: sister Maile Kalakaua; phone number: 808-546-9876

Services Receiving: crisis service at Hilo Residential Crisis; medical transportation; referrals for medical and psych services, including chemical dependency

Equipment/Supplies Receiving: none

Summary:
Member is in a crisis shelter at this time for her drug dependency. Husband is physically abusing her. Member has identified a safe place for her to live post discharge from crisis center. SC to work with member to identify specifically where she plans to live after discharge from crisis shelter.

Plan as follows:

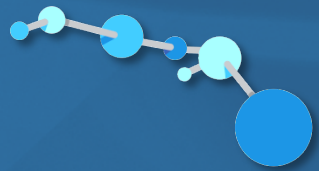
- SC to collaborate with Hilo Residential Crisis Center regarding what community resources and other services have been arranged for member as of this date and length (months) of services available to member.
- SC to provide additional support service not provided from crisis center.

Sign at close encounter

Restore Close F9 Cancel Previous F7 Next F8

ANTHEA X (M.D.) WANG Results Rx Refill CC'd Charts Patient Communication Patient E-mail Staff Message My Open Encounters Hospital ADT Canceled Ord Future/Standing Orders 12:24 PM

SC in HC : Pop Mgmt Clinical Encounter



Citrix Viewer View Keyboard Webcam

Hyperspace - IM HON - MASTER - HCPRDHIM PRODHIM

Epic Home Sch InBkt Chart Enc Tel Secure PtList My Cases QikAppt Appt Workqueue List Pt Rmdr Preference List Composer Print Log Out

Workbench Xtestx, Patient Ninety EpicCare

Xtestx, Patient Ninety DOB: 09/18/1977, 37 year old, Male PCP: Abbott, Sharita B (Language: Chinese (Ma... Primary Ins: DTRIC WC Allergies Sulfa (Sulfonamide An... HM: Due FYI: Medication Issue, ... kp.org: Active Preferred Name: Kekoa MRN: 7777790 Next PCP Visit: 11/10/20... Need Interp: No Pt Messages:

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Allergies: Sulfa (sulfonamide Antibiotics), Erythromycin Base, Lopressor, Shrimp Agent Reviewed on 10/7/2014
Last Vitals: BP: P: T: T Src: Resp: W: H: 1.803 m (5' 11")
SpO2: PF: BMI: BSA: Smoking Status: Current Every Day Smoker Smokeless Tobacco Status: Never Used

Message

Chief Complaint

Vitals

Exercise History

BestPractice

Opioid Risk Assess

SmartSets

Nursing Notes

Progress Notes

Current Meds

Pt. Instructions

Follow-up

Close Encounter

Progress Notes (F3 to enlarge)

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Problem Statement: Member in need of Hilo Residential Crisis Center.
Short Term Goal: Stay at crisis center until Service Coordinator and crisis center able to set up services within 90 days.
Long Term Goal: Be able to live in the community safely.

Interventions:
-Member will complete crisis intervention treatment at the crisis center
-Member will attend group therapy for physical abuse and drug dependency
-Transporation for group therapy appointments arranged by Service Coordinator

Outcome:
-Member in safe environment

Plan:
Pt will see PCP and intiate BHS to identify fears
Pt will see Cardiologist regarding her torn heart valve

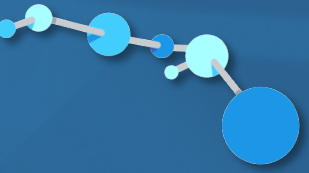
Full Health and Functional Assessment and detailed Service Plan are housed in the QUEST Integration Department. Contact Service Coordinator to request copies.

Sign at close encounter

Restore Close F9 Cancel Previous F7 Next F8

ANTHEA X (M.D.) WANG Results Rx Refill CC'd Charts Patient Communication Patient E-mail Staff Message My Open Encounters Hospital ADT Canceled Ord Future/Standing Orders 12:25 PM

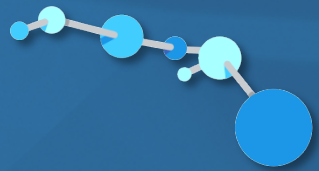
Reminder about Pharmacy Benefit



- Please remember that our pharmacy formulary applies to our QI members – do NOT prescribe non-formulary drugs unless there is a good medical reason that the formulary drug cannot be used.
- If you need assistance to transition the member to formulary equivalents, please send the chart to one of our clinical pharmacists (**CLIN PHARM MED REVIEW**)
- QI members can receive 90 day supply for chronic medications via mail order



Contacting a Clinical Pharmacist



Follow-up

Disposition

Return in: (from 7/2/2013)

Return on:

For:

Check-out note:

Follow-up:

Instructions:

Send Chart Upon Closing Section

Recipient	Modifier
CLIN PHARM MED REVIEW [990018]	P

Send Chart Upon Closing Section

Recipient	Modifier
CLIN PHARM MED REVIEW [990018]	P

Restored

Close Encounter

Close Encounter

Visit Navigator

More Activities

7/2/2013 visit with Legawa, Kimberly N (Rph), RPH for Message

Images Questionnaires Open Orders Summary Benefits Inquiry Pt Info Print AVS Preview AVS Natl Pt Instructions Media Manager

DOB: 09/18/1977, 38 year... PCP: Alik, Wilfred C (M.D.) MRN: 7777790

Next PCP... Need Inte... Prim. Ins: None Allergies Sulfa (Su... HM: Due kp.org: A... My Sticky... FYI: Medi... Pt. Mess...

Disposition

Return in: (from 7/2/2013)

Return on:

For:

Check-out note:

Follow-up:

Instructions:

Send Chart Upon Closing Section

Recipient

Modifier

CLIN PHARM MED REVIEW [990018]

P

Routing Hx

Insert SmartText

Previous F7 Next F8

Close F9

Close Encounter

Close Encounter

Visit Navigator

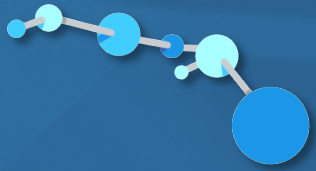
More Activities

Allergies: Sulfa (sulfonamide Antibiotics), Erythromycin Base, Lopressor, Plavix, Shrimp Agent Reviewed on 12/2/2015

Last Vitals: BP: P: T: T Src: Resp: W: H: 1.778 m (5' 10")

SpO2: PF: BMI: BSA: Smoking Status: Current Every Day Smoker Smokeless Tobacco Status: Never Used

In this presentation...

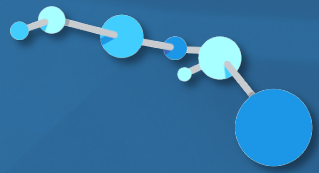


- QUEST + QExA = QI
- Contract Changes / QI Benefits
- Service Coordination
- **EPSDT**
- CCS Carve out
- Autism Update
- SNP
- PCP Role and Documentation
- Referral, PA, Claims Process
- Member Rights/Responsibilities, Member and Provider Grievance/Appeals, Billing, Sign Language
- Reporting Requirements
- QI Updates

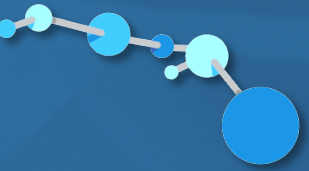
Early Periodic screening diagnostic treatment (EPSDT)

- Kaiser Permanente provides EPSDT services to QUEST Integration (QI) members under age 21.
- The EPSDT program provides quality comprehensive health care through primary prevention, early intervention, diagnostic, and medically necessary treatment of conditions.
- EPSDT staff includes an EPSDT Coordinator, Service Coordinators and Member Care Services Associates who coordinate, monitor and track the services and resources needed to respond to members' health care needs and social environmental issues that may be impacting their overall health.
- By working in conjunction with members' primary clinical care team, Kaiser provides a multidisciplinary approach to inform, screen, track, diagnose and treat QI members in a comprehensive manner.

Scope of Services



- Member education
- Reinforcing attendance at medical appointments
- Assisting with access to care
- Providing home visits
- Hospital discharge follow-up
- Communicating changes in health status to medical staff and case managers
- Transportation assistance
- Assisting in obtaining medical equipment
- Addressing social needs such as food, clothing, furniture
- Patient advocacy
- Explaining QI benefits and services to members, families and staff
- Working closely with community agencies
- Coordinating resources to ensure continuity of care



Member Education

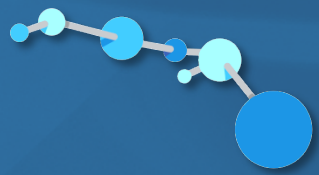
Outreach by Associates –

- phone calls or letters
- for new members, pregnant members, post delivery & foster children.

Provider Education

- New Hire Orientation
- Ongoing Chart Reviews
Audits
- Individualized follow-up,
departmental meetings

EPSDT Requirements and Monitoring



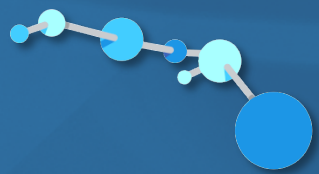
Requirements

- **Smart Set** – Elements of EPSDT are automatically included based on the age of the child
- **Pre-questionnaire** – MCHAT/ASQ/PHQ-9
- **8015/8016/Bright Futures AAP**
- **New Requirements as expanded** – added requirements added as developed (e.g. 2 ½ year PE)

Monitoring

- **New Member** – Member must be seen within the first 6 months of enrollment. Associates contact Members who have not been seen for an EPSDT PE
- **Manu Ku-** “Power of complete Healthcare”-VS; lab results; care gaps; well child; immunizations; chronic conditions; preventive care; PHQ-9
- **HAWD (How Are We Doing)** – HEDIS Measures (e.g. 6 visits within the first 15 months)

EPSDT Monitoring-Mana Ku



Clipboard Image Tools Shapes Colors

mana ku

Print Preview

Mark as reviewed USER GUIDE UPDATES FAQ GLOSSARY CONTACT US

Due to upstream data issues: Results are based on rx data from 01/06/17.

■ MRN: [REDACTED] ■ Home: [REDACTED] ■ Last PC Visit: 12/14/16 ■ KP.org: **Inactive**
 ■ Birthdate: [REDACTED] ■ Work: [REDACTED] ■ Next PC Visit: [REDACTED] ■ PCP: [REDACTED]
 ■ Age: 6.65 mos ■ Mobile: [REDACTED] ■ Last Reviewed: 12/14/16 2:39 PM ■ PSS Prov: [REDACTED]
 ■ Sex: F ■ Other: [REDACTED] ■ New to Panel: 06/20/16 ■ New Member: 06/20/16

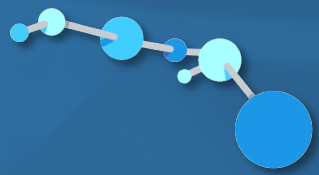
Utilization Profile		Therapeutic Care Gaps		Labs	
ED: 12/13/16 PNEUMONIA, UNSPECIFIED ORGANISM				HGB	11.6 12.7 11/24/16 11/22/16
IP: 12/05/16 ACUTE TRACHEITIS WITHOUT OBSTRUCTION					

Patient Vitals			Monitoring Care Gaps	
Height	2' 0"	12/14/16		
Weight	14.4 lb.	12/18/16		

Well-Child Exam				
Last PE	Age at last PE	Next Sched	Waitlist	PE Alert
12/14/16	5.81 mos		03/20/17	■ Due soon. Schedule next PE (6 mo) for 01/11/17 - 03/19/17.

Immunization				
Vaccine	Valid Ct	Addl Info	Last Valid	Alert
Flu Current Season	0			■ Flu #1 of 2 due this flu season. Then next dose on or after 02/06/17.
HepB	2		08/19/16	■ HepB final dose due.
DTaP	2		10/12/16	■ DTaP#3 due. Then DTaP#4 on or after 07/09/17.
Polio	2		10/12/16	■ IPV#3 due. Then IPV#4 on or after 06/20/20.
Rotavirus	0			
Hib	2	PRP-OMP: 1	10/12/16	■ Hib#3 due. PRP_OMP vaccine administered. Then next dose on or after 07/09/17.
PCV	2		10/12/16	■ PCV#3 due. Then next dose on or after 07/09/17.

EPSDT Monitoring and Follow-up



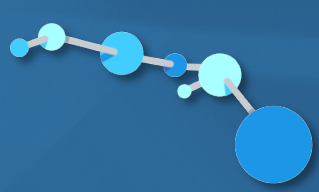
- Children with abnormal findings may be assigned and followed by Service Coordinators as needed
- Children are referred for preventive dental services- Community Case Management Corp (CCMC); check Quest Dental within Smart-set
- Internal referrals: developmental clinic, specialists, cleft palate clinic, ophthalmology/optometry, audiology, PT/OT/Speech, Disease Management/PSS, BHS
- External referrals: Kapiolani, Shriners, specialists, dental, State services DD/ID, 0-3, DOE, CAMHD (child & adolescent mental health division), CCS (community case services)

Well Child Smartsets Meet Several Documentation Requirements

- National Committee Quality Assurance (NCQA) = HEDIS and PCMH
- Centers for Medicaid Services (CMS)
 - EPSDT – Documentation and requirements based on AAP Bright Futures
 - Affordable Care Act (ACA) – Follows Bright Futures/AAP (American Academy of Pediatrics) Preventive Pediatric Health Care Recommendations



Quest Integration (Medicaid) follows AAP Bright Futures Preventive Care Guidelines and Documentation



insideKP Hawaii

Home Phone book Hawaii sites Inside KP News Calendar FAQs KP.org

top links

- Brand Identity
- Chat with IT Service Desk
- Conferencing Center
- DME Online
- eShift
- Finance Organization
- Food and Nutrition Services
- Hawaii Job Posting List
- Hawaii Policies and Procedures
- Hospital Administration
- IT Service Desk
- KP Learn
- KP Travel
- Mahalogram
- My HR
- myHPMG
- Onelink
- Pediatrics**
- TIME

KAISER PERMANENTE.

o kp kakou

View current and past messages from Mary Ann and Geoff. View more...

what's up

Legal Newslett Issue

Avoiding Comr

File Edit View Favorites Tools Help

McAfee

Welcome - Pediatrics User!

Home Primary Care Pediatrics Quality Pediatrics CMEs

Home

- Allergy
- Cardiovascular
- Cleft Palate Clinic
- Eye Care
- Genetics
- Health Maintenance
- Hematology / Oncology
- IBH/ADHD
- Infectious Disease
- Musculoskeletal
- Neonatal
- Newborn Linking
- Pediatric Development
- Pediatric Dermatology
- Pediatric Endocrine
- Pediatric Rheumatology
- Pulmonology
- Respiratory Syncytial Virus
- Weight, Diet & Exercise

THE PHYSICIANS OF KAISER PERMANENTE.

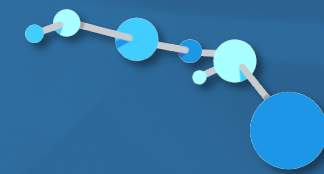
Pediatrics CMEs

Pediatric Health Maintenance

Clinical Guidelines

- [AAP Periodicity Schedule](#)
- [Well Child Documentation](#)
- [Recommendations for Preventative Pediatric Health Care](#)
- [Active Pediatric Handouts](#)
- [Active Pre-Visit Questionnaires](#)
- [Hawaii EPSDT New Provider Orientation](#)

Accessing Smart Sets



testx, Patient Thir... DOB: 05/01/2010, 6 year old, Female PCP: Takai, Masaki (M.D.) Next PCP Visit: N... Prim. Ins: MEDICAID

1/9/2017 visit with Riel, Jennifer K (R.N.), RN for Pop Mgmt Clinical Documentation

POP MGMT CLINICAL DOCUMENTATION

SmartSets

well child + Add

Suggestions (3)...

Right click on a SmartSet to add to favorites.

Restore Close F9

Nursing Notes

+ Create Note

No notes filed.

Progress Notes

+ Create Note in NoteWriter + Create

No notes filed.

Current Medications (View Only)

Prescriptions

METHYLPHENIDATE 18 MG ORAL TR24

LORAZEPAM 0.5 MG ORAL TAB

GUIATUSS DM 10-100 MG/5 ML ORAL S

IBUPROFEN 400 MG ORAL TAB

MULTIVITAMINS WITH FLUORIDE 0.5 M

Medications

Patient Instructions

No notes filed.

Follow-up

Record Select

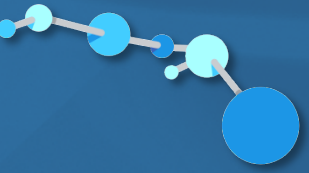
Search: well child

%	Protocol Name	Protocol ID
100	WELL CHILD VISIT L 5 YEARS KINDERGARTEN ...	4563
100	WELL CHILD VISIT M 6 TO 10 YEARS PEDS HI	16149

select appropriate age

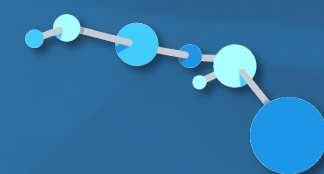
2 records total, all records loaded.

Accept Cancel



- Smart sets meet the the EPSDT requirements
- Lead/CBC screening
- Vision/Hearing
- Developmental Screen
- Vaccinations

Using the Pre Visit Questionnaire along with the Progress Note in the smartsets meets most documentation requirements



Hyperspace - QUEST MOA - MASTER - HCPRDHIM PRDHHIM

Epic | Home | Sch | InBkt | Chart | Enc | Tel | Secure | PList | My Cases | QikAppt | Appt | Workqueue List | Pt Rmdr | Preference List Composer | My PB Dashboards | Print | Log Out

Xtestx, Patient Five | Xtestx, Patient Five

Xtestx, Patient Five | Preferred Name: Warrior | DOB: 05/06/2002, 12 year old, Male | MRN: 7777705 | PCP: None | Next PCP Visit: None | Need Interp: Yes | Primary Ins: WC-NOT IN KPHC | Allergies: Abacavir Sulfate, Abciximab, Contrast Dye [Ivp Dye, Iodine Cont...], 14 more | HM: Due, FYI: None | kp.org: Inactive | Patient Messages: [icon]

Questionnaires

Current Questionnaires

Add: Remove

Adv	Question	Answer
-----	----------	--------

Record Select

Search:

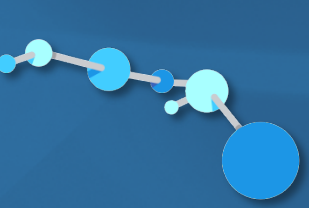
%	ID	Form Description	Use
<input checked="" type="checkbox"/>	1400110	PRE VISIT QUESTIONNAIRE - 11-13 YEAR	11-13 Year Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400111	PRE VISIT QUESTIONNAIRE - 12 MONTH	12 Month Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400114	PRE VISIT QUESTIONNAIRE - 14-17 YEAR	14-17 Year Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400112	PRE VISIT QUESTIONNAIRE - 15 MONTH	15 Month Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400113	PRE VISIT QUESTIONNAIRE - 18 MONTH	18 Month Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400115	PRE VISIT QUESTIONNAIRE - 18-25 YEAR	18-25 Year Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400100	PRE VISIT QUESTIONNAIRE - 2 MONTH	2 Month Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400101	PRE VISIT QUESTIONNAIRE - 2 WEEK	2 Week Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400102	PRE VISIT QUESTIONNAIRE - 2 YEAR	2 Year Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400103	PRE VISIT QUESTIONNAIRE - 3 YEAR	3 Year Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400104	PRE VISIT QUESTIONNAIRE - 4 MONTH	4 Month Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400105	PRE VISIT QUESTIONNAIRE - 4 YEAR	4 Year Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400106	PRE VISIT QUESTIONNAIRE - 5 YEAR	5 Year Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400108	PRE VISIT QUESTIONNAIRE - 6 MONTH	6 Month Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400107	PRE VISIT QUESTIONNAIRE - 6-10 YEAR	6-10 Year Pre-visit Questionnaire
<input checked="" type="checkbox"/>	1400109	PRE VISIT QUESTIONNAIRE - 9 MONTH	9 Month Pre-visit Questionnaire
<input checked="" type="checkbox"/>	800100	CARDIOLOGY TESTING PRE-SCREENING QUESTIONS	Cardiology Testing screening questions

17 records total, all records loaded.

Accept Cancel

JENNIFER K (R.N.) RIEL | Future/Standing Orders | My Open Encounters | 3:09 PM

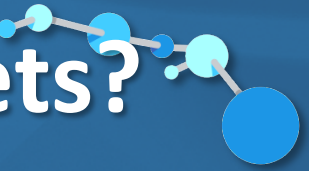
Ages & Stages questionnaire ASQ-3 (9, 18, 24 months)



- ASQ-3 used for developmental screening
- Choose the right questionnaire for the child's age
 - 9 months
 - 18 months
 - 24 months



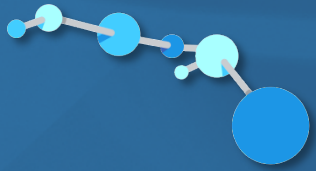
Why use the pre-visit questionnaires and well child smartsets?



Over 50 measures are covered!

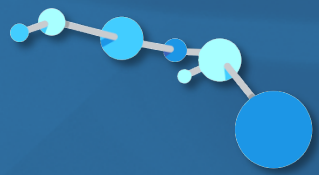
- EPSDT/Bright Futures items covered= 16
- HEDIS measures covered =4
- Health care reform ACA preventive services measures covered =25
- Patient Centered Medical Home measures covered = 4
- CMI measures for Prevention of Obesity=2

In this presentation...



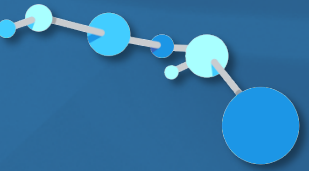
- QUEST + QExA = QI
- Contract Changes / QI Benefits
- Service Coordination
- EPSDT
- **CCS / CAMHD Carve out**
- Autism Update
- SNP
- PCP Role and Documentation
- Referral, PA, Claims Process
- Member Rights/Responsibilities, Member and Provider Grievance/Appeals, Billing, Sign Language
- Reporting Requirements
- QI Updates

CCS - background



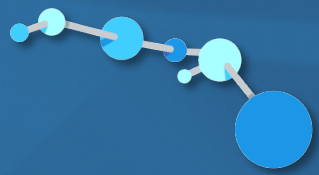
- Carve-outs – covered by Medicaid but not the QI health plan
 - Dental
 - ITOPs
 - CCS (adults SPMI)
 - CAMHD (children SEBD)
- CCS (Community Care Services)- administered by state's contractor Ohana Health Plan
- About 70 Kaiser members with CCS; about 50 on Oahu / 20 on Maui
- When accepted into CCS, members receive care outside of Kaiser through Ohana's network of providers, pharmacies, etc.
 - Psychiatry
 - Psychotherapy
 - Psychotropic medications
 - Case management
 - Access to housing
 - Supported employment
 - Representative payee
 - Clubhouse, psychosocial rehab, other services

CCS - coordination



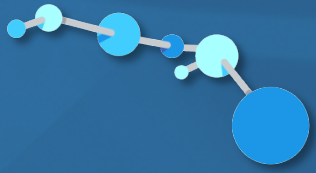
- QI IBH Contact – Margaret Church 432-7608
 - Manages referrals, coordinates with CCS, gets regular updated lists of CCS members, assists in collaboration
- SC for all members with CCS
 - Gets ROI signed by member
 - Contacts Case Manager to coordinate care
 - Notes on Problem List that member followed by CCS, includes CCS CM name/contact
 - Pends outside psychotropic meds as ‘historical’ to the PCP
 - Checks for a1c testing if on psychotropic or pends to PCP
- Pharmacy with scripting to redirect CCS members to outside pharmacies for psychotropic meds

CAMHD - coordination



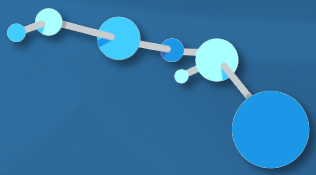
- All CAMHD referrals to Margaret Church
 - Complete form (include CAFAS score)
 - Parent/Guardian signature serves as ROI
 - Determination process takes approx 4 weeks
- CAMHD is not a full carve-out
 - Medications are filled through KP pharmacies
 - Children can access care through IBH as well as through CAMHD
- SC for all CAMHD members
 - Gets ROI signed
 - Contacts CAMHD to coordinate care
 - Obtain medical records from outside facilities
 - Notes on Problem List that member followed by CAMHD

In this presentation...



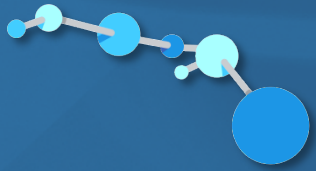
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Autism Updates



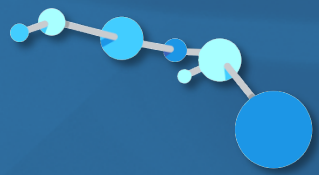
- Hawaii Autism Insurance Reform bill requires state regulated insurance plans to cover medically necessary treatment for autism
- Medicaid preceded bill requiring QI health plans to provide autism treatment as of January 2015
- KP Autism Task Force
 - Increased staffing for Peds Development
 - In-house FBA & ABA services
 - Contracted ABA providers
- Role of PCP
 - Referral to Peds Developmental specialist
 - Referral to QI Service Coordinators

In this presentation...



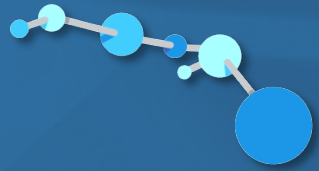
- QUEST + QExA = QI
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SNP (Special Needs Plan)



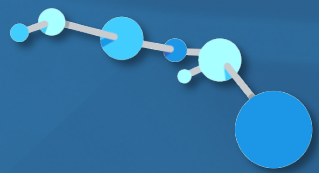
- A Special Needs Plan (SNP) is a type of Medicare Advantage (MA) Plan for Medicare beneficiaries with complex or high cost medical needs
- Kaiser Permanente already offers Senior Advantage **Dual Eligible SNPs for individuals with both Medicare and Medicaid** in NCAL, SCAL, CO and GA
- Hawaii will launch its SNP on January 1, 2016
 - **Plan name:** Senior Advantage Medicare Medicaid (HMO SNP)
 - **Service area:** islands of Oahu and Maui
 - **Expected membership:** 200 enrollments
 - **Members must have:** Medicare Parts A & B **and** Medicaid full-benefit status
 - **Premium:** \$0
 - **Benefits:** \$0 for Medicare-covered benefits; LIS cost share for Part D benefits
- **NOTE:** It is not required that a member choose the same organization for his Medicare and Medicaid plans
 - A KP SNP member may choose KP's QI plan or a non-KP QI plan
 - Coordination of benefits will be performed between the plans

SNP Structure and Care Plans



- We are required by Medicaid to have a Medicare SNP plan as part of our contract to serve Medicaid patients.
- SNP Model of Care (MOC)
 - Defines the administrative, care delivery, and quality improvement requirements for a SNP
 - The MOC explains how the SNP will (1) coordinate care for members and (2) comply with SNP MOC requirements
 - Approved by CMS and NCQA
 - CMS audits SNPs against the health plan's approved MOC
- The SNP builds on the structure, processes and resources already in place for QI
 - QI service coordinators will perform SNP care management
 - Health assessments will be conducted within 90 days of enrollment and annually thereafter
- Care plans will be developed in partnership with the Interdisciplinary Care Team (ICT)
 - Based on member needs, ICT members may include: PCP and primary care team, specialists, behavioral health, pharmacist, Specialist, Patient Care Coordinators, Patient Support Services, Continuing Care, member and family/caregiver(s)

SNP Member Profile

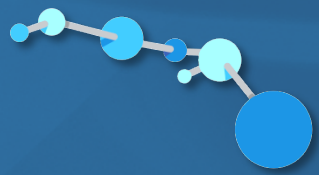


- Considered a ‘vulnerable’ population due to low income/asset status (eligible for full-benefit Medicaid)
- Higher health care utilization due to higher rates of chronic medical and mental health illness (compared to the general Medicare population)
- Projected population profile:
 - Average age 72
 - 76% age 65 and over
 - Top 3 medical conditions: diabetes, renal failure, vascular disease
- A significant % of projected SNP members are considered “frail” (compared to the general Medicare membership).

Care Group*	KP Hawaii's projected SNP membership	KP Hawaii's non-SNP Medicare membership
1 – Robust/healthy	2%	12%
2 – Chronic conditions	34%	64%
3 – Advanced illness	22%	16%
4 – Severe frailty or end of life	42%	8%

* Based on the projected 76% of SNP members over age 65

SNP Performance Measures and Targets



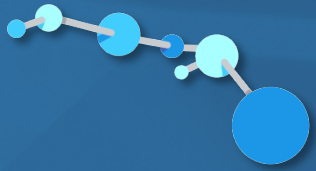
- CMS requires that each SNP be actively involved in measuring, evaluating, reporting and improving quality & performance
- Initial year plan performance goals (note: this is a partial list)

Performance Metric	Outcome Measure/Goal
Assessments for new members completed within 90 days of enrollment	95% assessments completed within respective timeframe
Assessments for existing members completed within 365 days of last assessment	95% assessments completed within respective timeframe
Individualized Care Plan	95% completion rate
Member Satisfaction - % satisfied with care management services	75% overall satisfaction rate

• Four

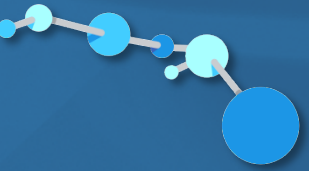
2016 STAR Measure	Type of measure	Frequency
C08 SNP Care Management	Part C Plan Reporting	New enrollees – HRA completed within 90 days of enrollment Reassessments performed within 365 days of last HRA
C09 Care for Older Adults – Medication Review*	HEDIS	At least 1 medication review during the measurement year
C10 Care for Older Adults – Functional Status Assessment*	HEDIS	At least 1 functional status assessment during the measurement year
C11 Care for Older Adults- Pain Assessment*	HEDIS	At least 1 pain assessment during the measurement year

In this presentation...



- QUEST + QExA = QI
- Contract Changes / QI Benefits
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- **PCP Role and Documentation**
- Referral, PA, Claims Process
- Member Rights/Responsibilities, Member and Provider Grievance/Appeals, Billing, Sign Language
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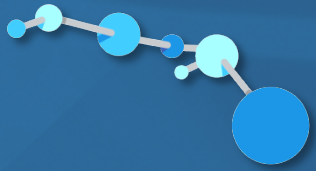
The Role of the PCP



The PCP is responsible for:

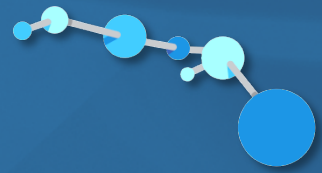
- Supervising, coordinating, and providing all primary care to each assigned member
- Coordinating and initiating referrals for specialty care (both in and out of network)
- Maintaining continuity of each member's health care
- Maintaining member's medical record that includes documentation of all services provided by PCP

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Referral vs. Prior Authorization



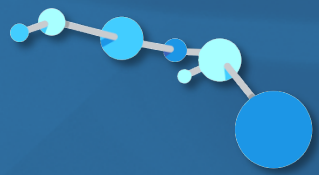
Referral Process – most through Health Connect for:

- **Internal Referral (most require no pre-authorization)**
 - Specialists
- **External Referral (forwarded for review/pre-authorization)**
 - Durable Medical Equipment (DME)
 - Home Care, home-based services
 - Extended Care services (SNF/ICF nursing home, rehab)

Prior Authorization Process for:

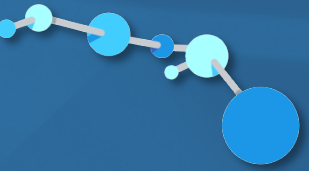
- Transportation, meals, lodging for medically necessary services
- LTSS/HCBS services
- Must be obtained before services provided (Retroactive requests may be processed as exceptions (i.e. newborns, weekend/holiday/evening discharges, emergency room and urgent clinic visits. In these situations, the request for authorization must be made by the next working day.)

Referral / Prior Authorization



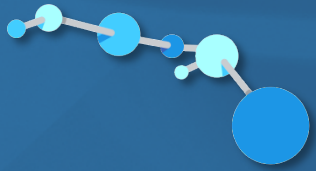
- **Follow usual Health Connect Process for internal and external referrals**
- **Any questions specific for QI / QI member:**
 - Call the Kaiser QI office (432-5330 or 1-800-651-2237)
 - Call Provider Hotline
 - Email kpquest.org
 - Contact any SC or QI staff
- **Refer to Kaiser regional policy**
 - Out-of-plan Referrals and Authorizations (#5054-01-A)
 - Policy for Outpatient Durable Medical Equipment (DME) and Orthotic & Prosthetic (O&P) Referrals (#2012-019)
 - Kaiser Hawaii DME/O&P Ordering Process

Claims Processing



- KP providers do not need to worry about claims.
- Outside providers / contracted providers include services we don't provide within KP, HCBS, etc are paid by KP through the tapestry system.
- HCBS services will be entered into tapestry by QI SCs.
- You will be notified of the services your patients receive through the Service Plan.

In this presentation...



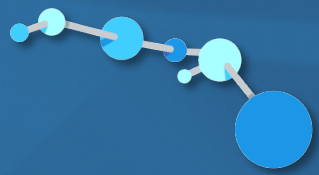
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Member and Provider Rights/Responsibilities



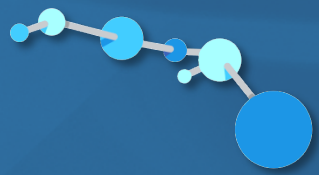
- **Members' rights to file grievances and appeals**
- **Member feedback and complaints – several options outlined in the member manual**
 - Talk with doctor, nurse, or patient advocate in clinic or hospital.
 - Fill out 'Let us hear from you' form in the clinic.
 - Write to the Customer Service Center.
 - Call Customer Service at 432-5955 or toll-free at 1-800-966-5955 or 711 by TTY. Someone can help write the complaint.
 - Ask service coordination team for help by calling 432-5330 or toll-free at 1-800-651-2237.
- **Providers can help direct members to above options as needed. Providers can also provide feedback and/or complaints.**
- **QI reviews all member and provider complaints to monitor violations of member rights.**

Billing QUEST Integration Members



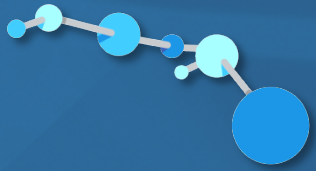
- **Conditions under which members MAY be billed:**
 - Member self-refers to a provider within the network without following Kaiser's procedures (e.g. without obtaining prior authorization) and Kaiser denies payment to the provider
 - Member requests and agrees to pay for a Medicaid non-covered service such as cosmetic dermatology
 - Member has a cost share
- **Conditions under which members MAY NOT be billed:**
 - Provider fails to follow Kaiser's procedures which results in non-payment to the provider
 - Member no-shows for a scheduled appointment for covered services

Interpreter / Sign Language Services



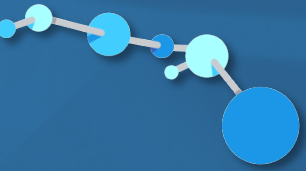
- Interpreter and sign language services are available at no charge
- The appointment clerk can arrange interpreter and sign language services when scheduling future appointments
- For all other questions, call the regional Customer Service Center
 - **808-432-5955** (Oahu)
 - **1-800-966-5955** (Neighbor Islands)
 - A Customer Service representative will provide an interpreter over the phone
 - Members who are deaf, hard of hearing, or speech impaired may call toll free **1-877-447-5990** (TTY)

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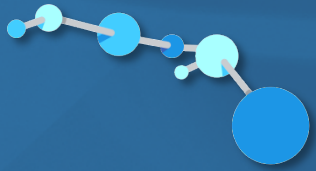
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Administrative Reporting Requirements



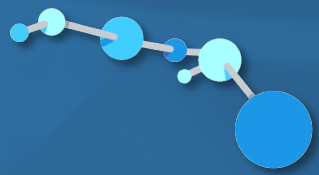
- As a Medicaid Health Plan, Kaiser QUEST Integration is required submit a variety of reports to the State on a schedule
- Some of the administrative requirements include:
 - Member Enrollment
 - Member Services
 - Value-Based Purchasing
 - Quality Improvement Programs
 - Fraud and Abuse
 - Provider Network/Capacity
 - Utilization Management
 - Member Grievances
 - Information Technology
 - Health Plan Personnel
 - Health Plan Reporting
 - Marketing and Advertising
- As a provider, you do not have to submit reports to the state, but data about your practice and patients may be aggregated in some of these reports

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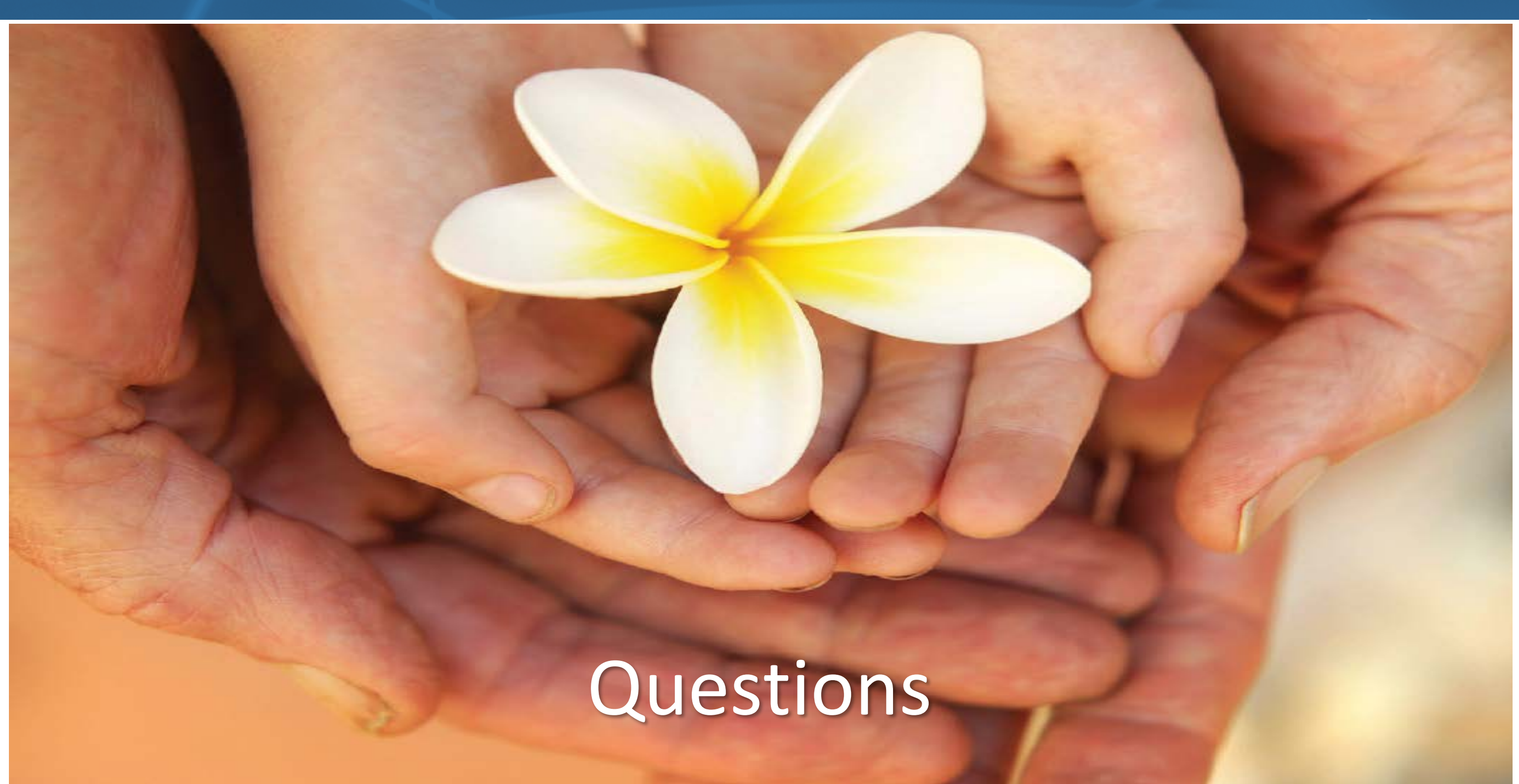
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Regular QUEST Integration Updates



- Face-to-face educational session every 6 months – recording available
- Individual meetings as requested and/or necessary
- HPMG
 - Periodic provider education at departmental meetings
 - Regional email broadcasts
 - Service coordination staff in clinics
- Contracted Providers
 - Periodic provider education meetings
 - Contracted provider newsletter





Questions