KAISER PERMANENTE®

Greetings Provider Network,

We are writing to follow up with more detail regarding our new staff at the Regional Referral Center:

Starting 5/10/21, some changes are coming to the timing of the requirement for Treatment Extension Requests (TER):

- Historically, you have received 10 visits on the initial authorization and then submit a TER.
- The **change** is you will receive 20 visits over a 12-month period on the initial authorization and then submit a TER.

We made this change for both administrative simplification and clinical appropriateness— High quality utilization management (UM) contributes to the success of our member's journey in mental health recovery and wellness. UM's goal is to achieve optimum results by determining what resources are medically necessary and appropriate for an individual patient, and to provide those services to the patient in the right setting in a timely manner. Decisions about what is medically necessary and appropriate are based on evidence-based criteria, the practitioner's professional judgment, and assessment of the member's medical condition.

Some more helpful information regarding our processes:

- **TREATMENT EXTENTION REQUESTS (TERs)**
  - Please direct your *prior authorization* requests to RRC.
    - Requests for services that have already occurred (retro) should be billed accordingly. For claims inquiry and issues, dial 1-866-441-1221 (toll-free) or 503-735-2727. Representatives are available to answer your questions Monday through Friday from 9:00 a.m. to 4:00 p.m.
  - Use the Treatment Extension Request (TER) Form to ensure all documentation is present to review the request for medical necessity, a copy is attached for your convenience.
  - To avoid delays please submit clinical documentation to support your request for prior authorization at least 2 business days prior to services rendered (e.g. most recent progress note, updates or changes to assessment, and updated treatment plan).
  - If you have questions about the status of your treatment extension request, please call RRC at 503-813-4560.
- **MEMBER QUESTIONS OR CONCERNS**
  - As a provider you have right and the responsibility to ensure the care provided to KP members is medically necessary and appropriate for an individual patient, and to provide those services to the patient in the right setting in a timely manner.
  - If a member has a question specific to a referral authorization, please direct them to RRC at 503-813-4560.
  - If they have questions specific to a denial of care, please direct them to the appeal instructions on their denial or to request a copy of the instructions they can call Utilization Review Coordinators at 503-813-2428.

- If a member has a complaint or grievance please direct the member to Membership Services Department at 1-800-813-2000, Monday through Friday, 8 a.m. to 6 p.m.

➢ **DENIALS**

- You have the right to discuss the decision with the clinician that made the determination, to request a Peer to Peer call please call the Regional Referral Center (RRC) at 503-813-4560.
- The denial letter includes instructions on appealing the decision if you would like to request another copy of the denial letter and/or further instructions please call Utilization Review Coordinators at 503-813-2428.

Links and resources for you as a part of the KP Network can be found at the Community Provider Portal: http://www.providers.kaiserpermanente.org/html/cpp_knw/index.html

Thank you for your continued service to our members,

The Kaiser Permanente NW Mental Health and Provider Relations Teams