

October 28, 2024

Dear Contracted Provider:

The Southern California Permanente Medical Group (SCPMG) and Kaiser Foundation Health Plan, Inc. (KFHP) would like to take this opportunity to communicate and reaffirm to all providers practices regarding Utilization Management (UM), specifically related to the decision-making process, guidelines, and timely access from a quality perspective.

### **Access to Care Decisions and Availability of Utilization Management Criteria/Guidelines**

Kaiser Permanente's Southern California region (KPSC) has several principles that guide the UM decision-making process, including the following:

- Decisions made by KPSC and contracted practitioners about the care and services provided are based on the member's clinical needs, the appropriateness of care and service, and the existence of health plan coverage. Kaiser Permanente and contracted practitioners do not make decisions regarding the hiring, promotion, and termination of their practitioners or other health care professionals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits. No financial rewards or incentives exist that encourage decisions that specifically result in overutilization, underutilization, denials of service, or create barriers to care and service. To maintain and improve the health of our members, all practitioners and health professionals should be diligent in identifying potential overutilization and underutilization of care or service.
- Clinical criteria and practice guidelines are used in conjunction with clinical judgment and case-specific considerations in making UM decisions. The local delivery system and individual member needs such as age, co-morbidities, complications, psychosocial and cultural issues, home environment, patient safety, and community resources are considered when making UM decisions. When applicable, clinical criteria or guidelines are referenced to guide UM decision-making. To obtain a copy of criteria and/or guidelines used in determining a denial or modification of a specific case that was subject to prior authorization, please contact the Member Service Call Center at (800) 464-4000 or the Regional Utilization Compliance and Consultation Center (RUC) at (626) 405-3130 or visit [www.kp.org/um](http://www.kp.org/um).
- Kaiser Permanente provides a toll-free number, (800) 464-4000, for all practitioner and member inquiries regarding UM issues. Trained professionals are available to answer questions you might have about KPSC referral and authorization processes, criteria and/or other UM issues. You may also visit [www.kp.org/um](http://www.kp.org/um) for more information.

## **Thank you!**

Thank you for your attention to the Utilization Management processes and practices and for serving Kaiser Permanente members and patients. If you have any questions concerning the Utilization Management process, please contact the Regional Utilization Compliance and Consultation Center (RUC) at (626) 405-3130.