

KPGA Network News: E-Edition



TM Kaiser Permanente Among World's Most Ethical Companies

For the second consecutive year, Kaiser Permanente has been named one of the World's Most Ethical Companies by the Ethisphere Institute, an independent group that monitors business ethics.

Kaiser Permanente was one of 132 honorees worldwide, and one of only 2 organizations recognized in the Integrated Healthcare System category in 2020.

The award honors organizations whose practices improve communities, build capable and

empowered workforces, and foster corporate cultures focused on ethics and a strong sense of purpose.

“More than ever, consumers care not only about what organizations do, but also why and how they do it,” said Vanessa Benavides, Kaiser Permanente senior vice president and chief compliance and privacy officer. “Organizations that lead with ethics will thrive, doing well by doing good. The World’s Most Ethical Companies honor recognizes the work Kaiser Permanente does every day to ensure a culture where doing the right thing is who we are.”

This was Kaiser Permanente's second year participating in the selection process, and it was the second consecutive year it received the award. Honorees are scored based on 5 key competencies: the strength of their ethics and compliance program; corporate citizenship and responsibility; culture of ethics; governance; and leadership and reputation.

Check Your Claims Via Online Affiliate

As of May 1, 2020, the Kaiser Permanente Member Services Contact Center (MSCC) has transitioned claim status inquiry support exclusively to our KP Online Affiliate platform. MSCC will no longer support simple claim status questions such as:

- Did KP receive my claim?
- What is the status of my claim – Is my claim in process or has adjudication been finalized?
- What is the status of my claim – paid or denied?
- What is the amount paid on my claim?
- When was the check / payment sent? What is the check number?



You can also submit disputes and appeals, add documentation/attachments, and respond for RFIs via Online Affiliate. Please navigate to providers.kp.org/ga to register and start using today!

Targeted Review List (QRM) Updates

All procedures on the Target Review List must be authorized prior to rendering services, or the procedure will not be covered. Reminder, the new Target Review list will be effective August 1st, 2020. Please see <http://providers.kp.org/ga> for more information regarding the Target Review List and the changes for August 1st.

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 <http://providers.kp.org/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 7.8.2020:

- Adakveo (crizanlizumab)
- Brukinsa (zanubrutinib)
- Oxbryta (voxelotor)
- Rozlytrek (entrectinib)
- Turalio (pexidartinib)
- Vyondys 53 (golodirsen)
- Wakix (pitolisant)

QRM Criteria Updates effective 7.8.2020

- Aubagio (teriflunomide)
- Copaxone (glatiramer acetate)
- Cosentyx (secukinumab)
- Enbrel (etanercept)
- Gilenya (fingolimod)
- Humira (adalimumab)
- Inflectra (infliximab)
- Interleukin Antagonists medications
- Interferon Beta-1a medications
- Mavenclad (cladribine)
- Mayzent (siponimod)
- Ocrevus (ocrelizumab)
- Tecfidera (dimethyl fumarate)
- Tysabri (natalizumab)

New QRM Medications effective 9.30.2020:

- Diacomit (stiripentol)
- Vitrakvi (larotrectinib)



Referrals and Authorizations

For all service that require a referral or authorizations 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.

KPMFS-The Kaiser Permanente Market Fee Schedule

The KPMFS is currently being updated. It will be available for view on KP Online Affiliate, when it is completed.

Updates to the Provider Manual

The Provider Manual is currently undergoing annual revisions. Look for the new version online via Online Affiliate at <https://provider.kp.org/ga> in December 2020.

Practitioner Rights

Your rights as a practitioner contracted with Kaiser Permanente are outlined in the Provider Manual on our provider website at <http://providers.kp.org/ga>. Please see the chapter entitled “Provider Rights and Responsibilities” for additional details.



Kaiser Permanente Member Rights & Responsibilities

Kaiser Permanente members can expect to be treated in a respectful, considerate manner and are allowed to participate in the decision making process related to their care. A detailed listing of our Member Rights & Responsibilities can be found in the Kaiser Permanente Provider manual in the “Member Rights and Responsibilities” Section on our website at <http://providers.kp.org/ga>.

EDC Analyzer

As part of our continued efforts to reinforce accurate coding practices, Kaiser Permanente will begin using the Optum Emergency Department Claim (EDC) Analyzer tool. The website can be located at www.EDCAnalyzer.com. The tool determines appropriate evaluation and management (E/M) coding levels based on data from the patient’s claim.

Kaiser Permanente will use the EDC Analyzer for outpatient facility Emergency Department claims that are submitted with Levels 4 and 5 E/M codes 99284 and 99285 and received by Kaiser Permanente after 5/1/2020. The goal is to ensure coding accuracy using the coding principles created by the Centers for Medicare and Medicaid Services (CMS), which require hospital Emergency Department facility E/M coding guidelines to follow the intent of CPT Code descriptions, and reasonably relate to hospital resources used. Please see the Provider Manual Sections 5.42-5.46 for more information about our Code Editing Rules.



KPGA Online Affiliate

Due to HIPAA regulations, you must keep your user information current for access to KP Online-Affiliate. Every user must have a unique ID and password. New staff members must obtain their own individual user IDs and passwords. You are also required to inform Kaiser Permanente when there is a change in staffing so that user IDs and passwords can be appropriately terminated.

It is required that you regularly log on to maintain your access. Failure to do so could result in loss of that access. If you have a staff member who requires new access, please visit <http://providers.kp.org/ga> and click the Online Affiliate tab for instructions on how to register. If you or a staff member has had access inactivated, please contact the Online Affiliate team via at KP-GA-OnlineAffiliate@kp.org.



Demographic Reporting – We Need Your Assistance

Are you changing locations? Did you acquire another group? Has your phone number changed? Are you no longer accepting new patients? Did you let Provider Contracting know of these changes?

In an effort for Kaiser Permanente to comply with The Centers for Medicare and Medicaid Services (CMS) requirement of accurate demographic reporting we are seeking your assistance in keeping provider directory information as current and accurate as possible.

Our online provider directory is only as good as the demographic updates you provide. We want to ensure that our Members are empowered with the most up-to-date, accurate, and reliable directory on the market, and we rely on you to make that happen.

The following information must remain up-to-date:

- Provider Name
- Practice Name
- Primary and Alternate Office Locations (including phone number and suite number)
- Are you accepting new patients?
- Has your specialty changed (example: are you now a PCP, cardiologist, oncologist, or ophthalmologist)?
- Notice of provider additions or if provider is no longer with the practice

If your demographics are changing, or have changed, please let Provider Contracting know at least 60 days in advance, or as soon as possible. Please contact us at ga.provider-relations@kp.org with any changes.



ga.provider-relations@kp.org

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