

KPGA Network News: E-Edition



Boosters are Essential

The global battle against COVID-19 has disrupted all of our lives and brought profound loss and heartbreak; but after almost 2 long years, we know what works best for protecting ourselves and our loved ones.

Slowing the spread requires appropriate physical distancing, masking, hand-washing, testing, and--most important --vaccination.

The more people who get vaccinated against COVID-19, the more lives can be saved and the sooner this unprecedented global health crisis will end. And, the vaccine has demonstrated historic levels of [safety and effectiveness](#), with more than 4.2 billion doses administered worldwide.

While the vaccine is still working well to prevent severe illness, recent data suggests vaccination becomes less effective at preventing asymptomatic infection or mild illness over time. That's why the Centers for Disease Control and Prevention recommends that everyone age 16 and older get a booster dose 6 months after primary vaccination with Pfizer or Moderna and 2 months after Johnson & Johnson.

“Booster doses are essential in slowing the spread of the virus and protecting people from hospitalization and death,” said Craig Robbins, MD, medical director for the Kaiser Permanente Care Management Institute’s Center for Clinical Information Services and Education. “The need for a booster dose doesn’t mean the vaccines don’t work. On the contrary, the fact that boosters provide additional protection over time shows that vaccination continues to be our best weapon in fighting COVID-19. “

Top 3 reasons to get your booster

According to the CDC and Kaiser Permanente experts, you should get the COVID-19 vaccine and then your booster dose once you’re eligible for several reasons.

1. You’ll help slow the evolution of variants. The vaccine and the booster help reduce the spread of COVID-19. The less the coronavirus is spreading from person to person, the less opportunity the virus has to evolve into new variants. Although we don’t have all the answers on the new omicron variant — which appears to be highly transmissible — initial data suggests that COVID-19 boosters help broaden and strengthen protection against omicron, delta, and other variants.
2. You’ll contribute to reducing the severity of another surge. Delta remains the dominant variant in the United States and is driving a recent increase in cases and hospitalizations. Although breakthrough infections do occur among people who are vaccinated, the vast majority of people requiring hospitalization are not vaccinated. A booster dose can add additional protection against a breakthrough infection and severe illness.
3. You’ll give yourself maximum protection now, when it’s needed most. With the delta variant continuing to drive the latest surge, time is of the essence. While the vaccine may be reformulated to address the omicron variant in the future, getting a booster now can provide you and your family with the best protection available today and more quickly slow the spread of the virus.

Learn more about the [COVID-19 booster shots](#). To schedule a vaccination or booster shot appointment, visit kp.org/covidvaccine.

Reminder: Please use Online Affiliate for claims, appeals, disputes, inquiries, EOPs, responding to requests for information (RFI), and uploading claims supporting documents. Please do not use faxes for provider appeals/disputes.

Online Affiliate Tools



ROBUST TOOLS ARE AVAILABLE VIA ONLINE AFFILIATE!

Online Affiliate users can now view enhanced claim details and denial descriptions and perform the following “Take Action” on a claim.

- Submit an inquiry for “denied” or ‘in progress’ claims to receive additional information.
- Respond to notice regarding an overpayment or self-report an overpayment, refund request, or recoupment authorization.
- Submit a claim related inquiry regarding a check payment, receive a copy of a check, or report a change of address for a specific claim.

To find out more information about Online Affiliate or to register, please visit providers.kp.org/ga. You may also reach out to your Online Affiliate representative by emailing: KP-GA-OnlineAffiliate@kp.org.

Electronic Data Interchange (EDI)

The benefits are numerous!

- Electronic claims are not subject to postal delays.
- Claims may be transmitted 24 hours a day, seven days a week.
- Electronic claims are faster and more accurate than paper claims.
- An electronic remittance advice is offered to all electronic submitters. This provides a cost savings and allows the provider to post payments automatically.

To sign up, please contact your clearinghouse and provide the appropriate payer ID from the table below:

Accepted Clearinghouse	Payor ID
ChangeHealthcare (CHC)	21313
Navicare	21313
Office Ally	21313
SSI	21313
OptimumInsight/Ingenix	NG010**
Relay Health	RH008

Direct Data Entry Claim Submission Tool

KP has partnered with Office Ally to offer a direct data entry (DDE) solution for electronic claim submissions. This is a great option for providers not currently enrolled to submit EDI claims through a traditional clearinghouse. Office Ally DDE is a FREE* service which enables external providers to submit electronic claims via a web-based service.

This online claim entry tool allows you to create CMS1500, UB04 and ADA claims on its website; or use your existing software to create and submit claims electronically.

For more information on how to enroll or determine your eligibility, please visit providers.kp.org/ga and look for **Claims tools** on the homepage.

Changes are Coming to ERA/EFT!

Kaiser Permanente is in the process of moving electronic funds transfer and electronic remittance advice (EFT/ERA) enrollments to a new portal.

Once the new portal is active, this page will be updated with links and instructions. The tentative date range for implementation is January 20-February 21, 2022.

Please check providers.kp.org/ga for updated information. Until then, if you have questions or concerns, please contact EDIsupport@kp.org

Administrative Denials



We would like to remind you that we will transfer our members to our designated medical and behavioral health care facilities.

As always, *prior authorization* is required for a member's observation admission or inpatient admission to the hospital. This includes admission from the emergency room following the rendering of stabilization. Upon notification, a Kaiser Permanente Care Management personnel or ECM Hub physician will outreach to the treating physician to discuss the member's clinical state and possibility to transfer or repatriate.

Per Section 4.2 of the provider manual:

- Failure to respond to a requested telephonic outreach from Kaiser Permanente's Emergency Care Hub team to discuss the patient's status before the authorization expires at 12 noon will result in an administrative denial known as "Lack of communication denial."
- Failure to provide Kaiser Permanente with clinical information regarding an inpatient admission/continued stay before the authorization expires at 12 noon will result in a "lack of information denial."

Reminder: The COVID-19 vaccine (including approved boosters) and its administration are covered under Medicare Advantage without cost-sharing.



Member ID Card Changes

We wanted to let you know about some upcoming changes to Kaiser Permanente member ID cards. Starting in November 2021, we'll be updating both physical and digital ID cards to comply with new federal requirements.

The new cards will now display:

- The annual out-of-pocket maximum
- Any plan deductible
- A website and telephone number where members can get information about Kaiser Permanente health care professionals and facilities

These changes are intended to give members a better understanding of their costs for covered services.

How will Kaiser Permanente members get their new ID cards?

All members will be able to get their updated digital ID cards through the Kaiser Permanente mobile app. We'll also mail physical cards directly to new members and to current members whose benefits have changed or who request a physical card.

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. Please see <http://providers.kp.org/ga> for more information regarding the Target Review List.

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 11.10.2021

- Danyelza (naxitamab)
- Orgovyx (relugolix)
- Wegovy (semaglutide)

New QRM medications effective 2.2.2022

- Calquence (acalabrutinib)
- Imbruvica (ibrutinib)
- Ortikos (budesonide)
- Truvada 100-150mg, 133-200mg, 167-250mg (emtricitabine/tenofovir disoproxil fumarate)
- Truvada 200-300mg (emtricitabine/tenofovir disoproxil fumarate) (*BRAND ONLY*)



QRM criteria updates effective 11.10.2021

- Brukinsa (zanubrutinib)
- Cerezyme (imiglucerase)
- CGRP Inhibitors (*injectable formulations*)
- Cosentyx (secukinumab)
- Elelyso (taliglucerase alfa)
- Elmiron (pentosan polysulfate)
- Enbrel (etanercept)
- Enstilar (calcipotriene and betamethasone)
- GLP-1 RAs
- Humira (adalimumab)
- Impavido (miltefosine)
- Interleukin Antagonists
- Lemtrada (alemtuzumab)
- Nucala (mepolizumab)
- Ocrevus (ocrelizumab)
- SGLT-2 Inhibitors
- Vpriv (velaglucerase alfa)
- Xyrem (sodium oxybate)
- Zavesca (miglustat)
- Zeposia (ozanimod)

Medicare Part D Benefit Coverage – Product Additions/Removals

During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List).

For product removals, affected members who were prescribed these drugs prior to each effective date will be grandfathered until the end of 2021, meaning members will continue to receive the removed product under their Part D benefit through 12/31/2021, except for members who have been converted to the generic alternatives.

Product Removals

Effective 12.1.2021:

- Brand name: DUREZOL EMULSION 0.05 %
 - Alternative product available: generic DIFLUPREDNATE EMULSION 0.05 % (added to Non-Preferred Tier 4)

Upcoming 2022 KPGA Formulary Negative Changes

During this open enrollment season, as members inquire about the KP Formulary, please be advised that negative formulary changes taking effect January 1, 2022 can be viewed at <https://healthy.kaiserpermanente.org/georgia/health-wellness/drug-formulary/formulary-negative-change-documents-2022>.

Please utilize the negative change documents as a resource to see upcoming changes to the KP Formulary to advise members about the status of medications for 2022. If the medication is not in the Negative Change Document, check the 2021 formularies available at <https://healthy.kaiserpermanente.org/georgia/health-wellness/drug-formulary> as the medication will have the same status for 2022.

Provider Manual Changes For 2022

Another reminder of the changes to the Manual for 2022, in case you missed them in the previous newsletter. Please refer to the 2022 Provider Manual that is posted on Online Affiliate, accessible from <http://providers.kp.org/ga>, to review all changes and determine impact to your practice.

Section 1&2:

- 1.4.3 Kaiser Permanente Medical Offices
- 1.4.8 KPGA Radiology Services
- 1.4.10 Interventional Radiology
- 1.5 Self-Funded: KPIC
- 2.1 Fully Funded: Key Contacts
- 2.2 Self-Funded: Key Contacts
- 2.3 Self-Funded: Customer Service IVR
- 2.4 Self-Funded Website
- 2.5 Self-Funded Glossary

Section 3:

- 3.1 Member's Eligibility and Covered Benefit Verifications
 - 3.1.1 Fully Funded Benefits and Eligibility Verifications
 - 3.1.2 Self-Funded Member Benefits and Eligibility Verifications
- 3.4.1 Self-Funded Benefit Exclusions and Limitations
- 3.9 Special Needs Plan (SNP) Members
- 3.10.3 Self-Funded Pharmacy Benefits
- 3.10.5 Criteria Restricted Prior Authorization Medications
- 3.10.6 Removed: Type 2 Diabetes Drugs

Section 4:

- 4.1 Decision Making for Medical Service Requests
- 4.2 Concurrent Review Process
- 4.3 Medical Necessity Criteria
- 4.4 Referral and Authorization
- 4.6 Preauthorization Policy and Procedure
 - 4.6.1 Authorization Limitations and Expiration
- 4.7 Kaiser Permanente Targeted Review List
 - 4.7.1 Durable Medical Equipment (DME)
 - 4.7.2 Emergency Services
 - 4.7.4 Scheduled or Elective Inpatient Admission and Services
 - 4.7.6 Home Health/Hospice Services
- 4.8 Request for Non-Contracted Provider Authorization
- 4.12 Case and Care Management
- 4.13.1 Kaiser Permanente's Complete Care Programs
- 4.15 Drug Formulary
- 4.16.2 Step Therapy Medication Authorization Process
- 4.18 Self-Funded Grievances and Appeals
- 4.18.1 Self-Funded Member Appeals

- 4.19.1 Self-Funded Expedited Appeals

Section 5:

- 5.1 Fully-Funded: Contact Information
- 5.2 Self-Funded: Contact Information
- 5.14 Supporting Documentation
- 5.17 Electronic Data Interchange (EDI)
 - 5.17.2 Fully-Funded: EDI Submissions
- 5.19.1 EDI Claim Forms: 837P (Professional) Guidelines
- 5.19.2 EDI Claim Forms: 837I (Institutional) Guidelines
- 5.23.1 Fully-Funded: Electronic Funds Transfer (EFT) Payment
- 5.24 HIPAA Requirements
- 5.31 Self-Funded: Claim Adjustments/Corrections (Retrospective or Otherwise)
- 5.33 Self-Funded: Incorrect Claims Payments
- 5.36 Member Cost Share
- 5.37 Member Claims Inquiries
- 5.38 Visiting Members
- 5.40 Coding Standards
- 5.43 Fully Funded: Coding & Billing Validation
- 5.48 Clinical Review
- 5.49 Third Party Liability (TPL)
- 5.50 Workers' Compensation
- 5.51 First Party Liability
 - 5.53.2 Self-Funded Claims Disputes
 - 5.58.1 Capitation Payments
 - 5.58.10 Surgery
 - 5.59.1 How to Determine the Primary Payor

Section 6:

- 6.1.2 Changing PCPs
- 6.10 Fully Funded: Claims Appeal Process
- 6.11 Self-Funded: Claims Appeal Process
- 6.12 Complaints/Grievances Between Members and Providers

Section 7: No changes

Section 8:

- 8.4.1 Credentialing and Recredentialing Process

Section 9: No changes



Keep in Touch

A requirement of participation with Kaiser Permanents is that you must verify your directory information at least every 90 days. If you are not compliant then it could result in termination of your contract.

Please let us know as soon as possible if your address, phone number, participating providers, etc. may be changing.

Please contact us at with any demographic changes as soon as possible: ga.provider-relations@kp.org.

MedImpact for Dual Choice PPO

Effective January 1, 2022, Kaiser Permanente Georgia's Dual Choice PPO product will transition its drug benefit to the MedImpact formulary and MedImpact utilization management (UM). The new formulary is called the "Choice Formulary" and is currently available for review on the provider portal:

http://providers.kaiserpermanente.org/html/cpp_ga/formulary.html .

The "Choice Formulary" uses the same five tier structure that the current GA Kaiser Permanente Five Tier formulary uses, but with some differences between the drug tiering and drugs requiring utilization management. MedImpact will continue to administer pharmacy UM and appeals on the Dual Choice PPO, and can be reached at 1-800-788-2949 (phone) or 1-858-790-7100 (fax) to initiate a review.

Authorizations, Target Review List, and KPIC Pre-cert List

Reminder, the Target Review List contains the services and codes that require prior authorization. There is also a new list of KPIC treatments and services that require pre-certification. Both lists are available here:

http://providers.kaiserpermanente.org/html/cpp_ga/toc_authorizations.html?



Fee Schedule Updates

It is the policy of Kaiser Permanente of Georgia's Provider Contracting and Network Management Department (PC&NM) to review and update the fee schedules annually. The 2022 RBRVS updates to the will be effective 45 days from the release of the CMS fee schedule components.