
KPGA Network News: E-Edition



Kaiser Permanente of Georgia Recognized for Exceptional Quality and Service

The Georgia Region's health plans received the highest rating in the state from the National Committee for Quality Assurance (NCQA), a national organization that rates health plans in three areas: Patient Experience, Prevention, and Treatment.

According to the "NCQA Health Plan Ratings 2023," KP Georgia's commercial plan received 4.0 stars out of 5, and its Medicare plan received 4.5 stars out of 5 (this is different from the CMS Medicare Star Ratings, due in early October). This maintains the overall ratings for both plans from 2022. No other health plan in Georgia rated higher than Kaiser Permanente for either product line. In addition, the KP Georgia Health Plan has maintained their accreditation status for 3 years, July 2022 to July 2025.

Have you verified your demographic information?

- Do our members know how to get to or contact your office?
- Are we able to make accurate referrals?
- Have you checked to make sure your Network Manager has all of the correct information regarding your practice and group members?
- Have you sent an updated roster?
- Have you responded to Credentialing questions or requests for new documentation?
- Have you responded to quarterly directory verification or outreach?

Please feel free to contact us if you think any of your information may be incorrect. You can reach out to your Network Manager directly or you can email Provider Contracting at ga.provider-relations@kp.org.

If you know any of your demographics are changing, or have changed, please let Provider Contracting know at least 60 days in advance, or as soon as possible.

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 and disputes.

2023 HEDIS & NCQA Overview for all Behavioral Health Clinicians

NCQA (National Committee for Quality Assurance) is an unbiased entity that assesses the quality of Kaiser Permanente and other health plans.

HEDIS (Healthcare Effectiveness Data and Information Set) is a tool used to measure performance on important dimensions of care and service.

HEDIS makes it possible to compare performance of health plans on an "apples-to-apples" basis.

Employers and consumers use NCQA quality ratings when determining which health plan to choose.

HEDIS is not something that comes around once a year. It is something that we must make part of our daily clinical workflows. Please adhere to the following initiatives that greatly impact our ratings:

HEDIS/NCQA Standard	How we can positively affect the rates
ADHD Initiation Phase	Schedule a follow-up appointment with an MD in BH or Pediatrics within 21 days (no more than 30 days) of prescribing ADHD medications
ADHD Continuation Phase	Ensure patients follow-up at least every 3 months and obtain refills. Transition patients back to Pediatrics if stable.
AMM (Antidepressant Medication Management)	Write 90-day RX's when clinically appropriate, with 1 refill. Avoid prescribing to ambivalent patients because patients aren't entered into the denominator until the medication is dispensed.
APM (Antipsychotic Metabolic Monitoring)	Ensure patients prescribed antipsychotics complete metabolic lab test annually.
APP (Antipsychotic Psychosocial Care)	Ensure there is documentation of psychosocial care as first-line treatment, prior to a new prescription for antipsychotic medications. This could include documentation of individual, family, or group therapy, as well as IOP or PHP notes.
DMS (Utilization of PHQ-9)	Complete a PHQ-9 every encounter on members with a dx of depression or dysthymia. Initiate secure messaging of PHQ-9 when appropriate.
DSF (Depression screening and follow up)	All members should be screened annually for depression with a PH-9 or PHQ-2. If the score is elevated, a 30 day follow up visit is needed.
FUA & FUM (Follow-up after ER Discharge)	Ensure patients discharged from the ER with a principal Alcohol or Mental Health diagnosis are seen within 7 days or 30 days. Be sure that the primary dx in the follow up encounter is Alcohol or Mental Health diagnosis that led to the ER visit.
FUH (7-day & 30-day Follow-up after Hospitalization)	Ensure patients discharged from the hospital with a Mental Health illness are seen within 7 days or 30 days.
ME-7 Element E & F (Complaints & Appeals)	Attitude & Service Complaints are the # 1 category of complaints received in the BH Department, followed by Access complaints. Please be intentional in exercising patience, kindness, and empathy during every encounter.

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 2023 RBRVS updates to the will be effective 45 days from the release of the CMS fee schedule components. Updates to the Kaiser Permanente Market Fee Schedule will be effective in the Spring. A copy of the KPMFS schedule is posted on Online Affiliate, which you can access from kp.org/providers/ga.



Targeted Review List (QRM) Updates

All procedures on the Targeted Review List must be authorized prior to rendering services, or the procedure will not be covered. Please see kp.org/providers/ga for more information regarding the Targeted 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 kp.org/providers/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 PA Medications Effective 1.1.2024

- Auvelity (dextromethorphan- bupropion)
- Balversa (erdafitinib)
- Bexarotene (generic Targretin)
- Brexafemme (ibrexafungerp)
- Demser (metyrosine)
- Hyftor (sirolimus)
- Idhifa (enasidenib)
- Krazati (adagrasib)
- Kyzatrex (testosterone undecanoate)
- Lytgobi (futibatinib)
- Metyrosine (metyrosine)
- Myalept (metreleptin)
- Nulibry (fosdenopterin)
- Orfadin (nitisinone)
- Panretin (alitretinoin)
- Relyvrio (sodium phenylbutyrate - taurursodiol)
- Rezlidhia (olutasidenib)
- Sajazir (icatibant)
- Signifor lar (pasireotide)
- Synarel (nafarelin)
- Tascenso ODT (fingolimod lauryl sulfate)
- Tibsovo (ivosidenib)
- Vioice (alpelisib)
- Vtama (tapinarof)
- Xermelo (telotristat etiprate)
- Zoryve (roflumilast)

New QRM PA Medication Removals Effective 9.7.2023

- Dimethyl fumarate (generic Tecfidera)
- Teriflunomide (generic Aubagio)

QRM PA Criteria Updates Effective 9.7.2023

- Aubagio (teriflunomide)
- Calcitonin gene-related peptide (CGRP) inhibitors
- Cibinqo (abrocitinib)
- Cimzia (certolizumab)
- Gilenya (fingolimod)
- Imcivree (setmelanotide)
- Interferon beta-1a
- Kesimpta (ofatumumab)
- Livmarli (maralixibat)
- Mayzent (siponimod)
- Nurtec ODT (rimegepant)
- Ocrevus (ocrelizumab)
- Ponvory (ponesimod)
- Qulipta (atogepant)
- RET Inhibitors
- Rinvoq (upadacitinib)
- Stelara (ustekinumab)
- Tascenso ODT (fingolimod lauryl sulfate)
- Tecfidera (dimethyl fumarate)
- Trikafta (elexacaftor, tezacaftor, and ivacaftor)
- Ubrelvy (ubrogepant)
- Xyrem (sodium oxybate)

New QRMPA Medication Additions Effective 9.7.2023

- Adstiladrin (nadofaragene firadenovec)
- Filspari (sparsentan)
- Jesduvroq (daprodustat)
- Joenja (leniolisib)

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 the removal effective date will receive a one-time 30-day Transition Benefit (TB) fill. For the members to continue receiving the medication for the remainder of the year, a medical necessity override will be required.

Product Removals

EFFECTIVE DATE	BRAND DRUG REMOVED	BRAND DRUG CURRENT TIER	GENERIC EQUIVALENT REPLACEMENT	GENERIC TIER
8/1/2023	IRESSA TABS 250 MG	Tier 5	GEFITINIB TABS 250 MG	Tier 5
9/1/2023	PREZISTA TABS 600 MG	Tier 3	DARUNAVIR TABS 600 MG	Tier 2
9/1/2023	PREZISTA TABS 800 MG	Tier 3	DARUNAVIR TABS 800 MG	Tier 2

Provider Manual Changes For 2024

Please refer to the Provider Manual posted on Online Affiliate, accessible from kp.org/providers/ga, to review all changes and determine impact to your practice.

Section 1&2: Intro and Contacts

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- 1.1 History
- 1.4.2 Advanced Care Centers and Express Care
- 1.4.3 Kaiser Permanente Medical Offices
- 1.4.8 Kaiser Permanente of Georgia Radiology Services

Section 3: Benefits

- 3.10.4 Pharmacy Summary
- 3.10.5 Criteria Restricted Prior Authorization Medications

Section 4: Utilization Management

- 4.3 Medical Necessity Criteria
- 4.4 Referral and Authorization
 - 4.13.1 Kaiser Permanente's Complete Care Programs
 - 4.18.1 Self-Funded / Level Funded Grievances and Appeals

Section 5: Billing and Payment

- 5.1 Fully-Funded: Contact Information
 - 5.3.1 Paper Claim Forms
 - 5.14 Supporting Documentation
 - 5.17.2 Fully-Funded: EDI Submissions
 - 5.18.1 Self-Funded / Level Funded: Exclusions to TPA submission
 - 5.20 Fully-Funded: Supporting Documentation for EDI Claims
 - 5.25 Clean Claims
 - 5.30 Fully Funded: Claim Adjustments/Corrections (Retrospective or Otherwise)
 - 5.32 Fully Funded: Incorrect Claims Payments
 - 5.36 Member Cost Share
 - 5.38 Visiting Members
 - 5.43 Fully Funded: Coding & Billing Validation
 - 5.48 Clinical Review

- 5.49 Third Party Liability (TPL)
- 5.51 First and Third Party Liability Definitions
 - 5.51.1 First- and Third-Party Liability Guidelines
 - 5.51.2 Workers' Compensation
 - 5.53.1 Fully-Funded Claims Disputes
 - 5.59.1 How to Determine the Primary Payor
 - 5.59.2 Description of COB Payment Methodologies
 - 5.59.3 COB Claims Submission Requirements and Procedures
 - 5.59.4 Members Enrolled in Two Kaiser Permanente Plans
 - 5.60.2 KFHP EOP
 - 5.7 Telehealth

Section 6: Provider Rights and Responsibilities

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 - 6.1 Primary Care Physicians' (PCP) Responsibilities
 - 6.2 Specialty Care Providers' Responsibilities
 - 6.4 Hospitals' and Facilities' Responsibilities
 - 6.5 Change of Information
 - 6.6.1 Credentialing with Kaiser Permanente of Georgia

Section 7: Member Rights and Responsibilities

- 7.5.1 Self-Funded / Level Funded: Member Appeals
- 7.5.2 Self-Funded / Level Funded: Expedited Appeals

Section 8: Quality

- 8.4.1 Credentialing and Re-credentialing Processes

Section 9: Compliance

- Section 9 Compliance
 - 9.1 Compliance with Law



Referrals and Authorizations

- For all services that require a referral or authorization 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.**