KPGA Network News: E-Edition

Kaiser Permanente of Georgia Named Top Health Plan in Patient Satisfaction

Image contains glass representative JD Power and Associates Customer Satisfaction Award

For the 15th year in a row, KP Georgia members are more satisfied with their health care experience than members of any other health plan in the South Atlantic Region. Those are the findings in the recently released J.D. Power 2024 U.S. Commercial Member Health Plan Study. The South Atlantic Region includes health plans in Georgia, North Carolina, and South Carolina.

Based on responses from 29,188 commercial health plan members among 147 health plans in 22 regions, this independent study measures member experience in eight key areas (alphabetically): able to get health services how/when I want; digital channels; ease of doing business; helps save time and money; people; product/coverage offerings; resolving problems or complaints; and trust.

Thank you for your continued partnership in caring for and serving our members.

Practitioner Rights

Your rights as a practitioner contracted with Kaiser Permanente are outlined in the Provider Manual on our provider website at http://kp.org/providers/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://kp.org/providers/ga

Updates to the Target Review List

The Target Review List has been updated and will be effective October 1st, 2024.

Look for the new version online: https://healthy.kaiserpermanente.org/georgia/community-providers/authorizations#targeted-review-list.

All procedures or services found on the targeted review list require authorization or medical necessity review by QRM. Please submit complete supporting clinical information with all requests.

Celebrating its 41st anniversary, the Kaiser Permanente Corporate Run, Walk & Roll is set to take place on Wednesday, September 25th, at 7 p.m. at Piedmont Park. Our annual 5K also includes a unique workplace fitness initiative that kicks off with an 8-week "Let's Move" training program with running/walking challenges designed by Olympian Jeff Galloway.

Since 2004, Kaiser Permanente of Georgia has sponsored the Corporate Run, Walk & Roll Fitness Program to motivate Metro Atlanta's workforce to lead healthier, more active lifestyles. A portion of the KP Corporate Run, Walk & Roll proceeds will benefit various charities including the Atlanta Community Food Bank, Piedmont Park Conservancy, and Run Gulf Coast. Every registered participant who completes the Corporate 5K Run Walk & Roll will receive a t-shirt, a custom 5K finisher's medal and free photos!

See the race website for more information or to register your teams: www.KPRunWalkRoll.com

Incorrect Demographics

New address? New billing address? New provider? If your information is incorrect, your claims may not pay correctly.

Help us reduce provider and member frustration by:

- Making sure your demographic information is up to date
- Responding to outreach by your network manager
- Letting us know of changes in advance.

Please let your network manager know, or contact us with any demographic changes as soon as possible: KPGA-PDM@kp.org.

Image of finger pointing to screen that says Directory.

Updates to the Provider Manual

The Provider Manual is currently undergoing annual revisions. Look for the new version online via Online Affiliate at http://kp.org/providers/ga in December 2024.

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.**

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.

Submit Your Claim Inquiries With KP Online Affiliate

Wanting information on a denied claim or claim in progress? Need to request a copy of a check or respond to an overpayment inquiry? Needing the status of a check payment that you haven't received?

Save your time by avoiding a call to Kaiser Permanente.
Submit your inquiry online and receive an electronic response!

Online Affiliate is Kaiser Permanente's self-service portal available to external providers.

With Online Affiliate, you can perform the following actions on a claim:

- Submit a claim inquiry related to 'denied' or 'in progress' claims.
- Submit an inquiry related to a check payment, request a check copy or report a change of address for a specific claim.
- Submit appeals or disputes - request a reconsideration of a payment.
- Respond to KP request for information.

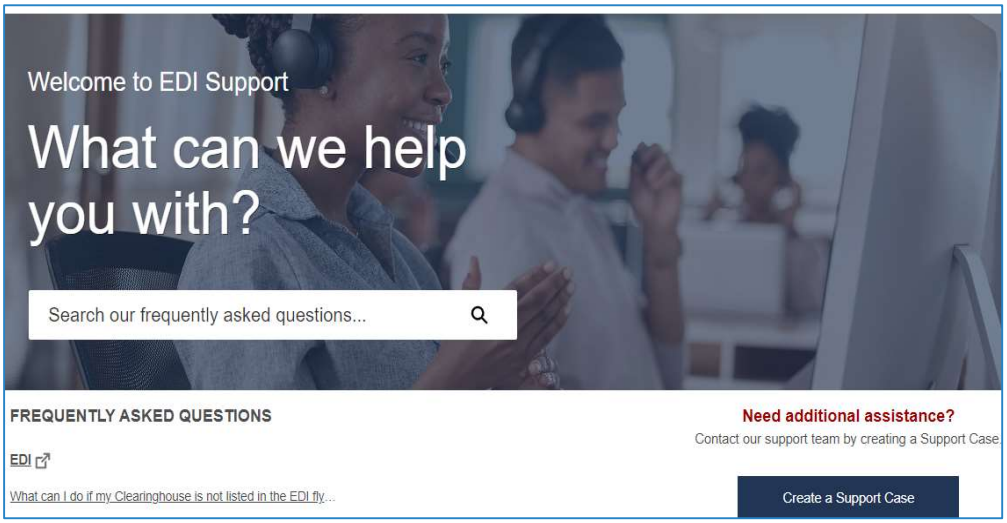
To find out more information about Online Affiliate or to register, please visit kp.org/providers/ga and select the **Online Provider Tools** from the Provider Resources section.

For those users that currently have access to the Online Affiliate portal, please see flipping book instructional guide on how to check claims status, claims inquiries and submit appeals or disputes.
Online Affiliate Digital Catalog | Claims Guide

New EDI Support Tools

The KP EDISupport@kp.org email address has been retired for Southern California, Northern California, Colorado, Georgia, Hawaii, Mid Atlantic and Northwest Region.

NEW: The EDI Support team has introduced an online webform to manage our EDI support inquiries:
https://kpnationalclaims.my.site.com/EDI/s/



Sample Response Email:

KAISER PERMANENTE®

Hello,

We have received your inquiry/case submission. One of our analysts will review and respond to you. For your records, the assigned case number is 00054861.

Thank you,

Kaiser Permanente, National Claims Administration
EDI, ERA and EFT Support Team

kp.org/providers

2024 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.
DRR (Depression Response/Remission)	Treat to target a (50% decreased response in initial elevated PHQ-9) and to remission (a PHQ-9 score of <5).
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.

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://kp.org/providers/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 PA Medications Effective 5.08.2024

- Vanflyta (quizartinib)
- Vowst (fecal microbiota spores)

New QRM PA Medications Effective 7.10.2024

- Augytro (repotrectinib)
- Brenzavvy (bexagliflozin)
- Lamzede (velmanase alfa-tycv)
- Lantidra (donislecel-jujn)
- Qalsody (tofersen)
- Rezlidhia (olutasidenib)
- Rivfloza (nedosiran)
- Rystiggo (rozanolixizumab-noli)
- Spevigo (spesolimab-sbzo)
- Xphozah (tenapanor)
- Zurzuvae (zuranolone)

A doctor giving a prescription to a patient.

New QRM PA Medications Effective 10.9.2024

- Pegfilgrastim products

QRM PA Criteria Updates Effective 5.8.2024

- Arcalyst (rilonacept)
- Balversa (erdafitinib)
- Cabenuva (cabotegravir and rilpivirine)
- Dupixent (dupilumab)
- Emflaza (deflazacort)
- Enzyme Replacement Therapies
  - Cerezyme (imiglucerase)
  - Elelyso (taliglucerase alfa)
  - Vpriv (velaglucerase alfa)
- Forteo (teriparatide)
- Jaypirca (pirtobrutinib)
- Keveyis (dichlorphenamide)
- Nubeqa (darolutamide)
- Prolia (denosumab)
- Vocabria (cabotegravir)
- Xhance (fluticasone)
- Xolair (omalizumab)
- Zorvye (roflumilast)

QRM PA Criteria Updates Effective 6.12.2024

- Adalimumab products
- Briuvmi (ublituximab)
- Lynparza (olaparib)
- Nexletol/Nexlizet (bempedoic acid/bempedoic acid-ezetimibe)
- Ocrevus (ocrelizumab)
- Otezla (apremilast)
- Praluent (alirocumab)
- Repatha (evolocumab)
- Rituxan (rituximab)
- Tysabri (natalizumab)

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Targeted Review List (QRM) Updates
Medications Requiring Prior Authorization (Cont.)

QRM PA Criteria Updates Effective 7.10.2024

- Abecma (idecabtagene vicleucel)
- Afrezza (inhaled insulin)
- Attention-deficit/hyperactivity disorder (ADHD) Stimulants
- Bafiertam (monomethyl fumarate)
- Bimzelx (bimekizumab)
- Breyanzi (lisocabtagene maraleucel)
- Cabenuva (cabotegravir and rilpivirine)
- Carvykti (ciltacabtagene autoleucel)
- Cholbam (cholic acid)
- DPP-4 Inhibitors
- Doptelet (avatrombopag)
- Enbrel (etanercept)
- Evenity (romosozumab)
- Evkeeza (evinacumab)
- Fasenra (benralizumab)
- GLP-1 Receptor Agonists (GLP-1 RAs) for Cardiovascular and Type 2 Diabetes Mellitus Indications
- GLP-1 RAs + SGLT2 Inhibitor Combination Therapy
- Human C1 Esterase Inhibitors (Cinryze, Haegarda)
- Iclusig (ponatinib)
- Ilumya (tildrakizumab)
- Kerendia (finerenone)

Effective 7.10.2024 (continued)

- Leqvio (inclisiran)
- Metformin ER Formulations
- Mounjaro (tirzepatide)
- Nexletol (bempedoic acid)/ Nexlizet (bempedoic acid-ezetimibe)
- Orkambi (lumacaftor and ivacaftor)
- Praluent (alirocumab)
- Prolia (denosumab)
- Repatha (evolocumab)
- Rhopressa/Rocklatan (netarsudil/netarsudil-latanoprost)
- Rukobia (fostemsavir)
- Siliq (brodalumab)
- SGLT-2 Inhibitors
- Skyrizi (risankizumab)
- Stelara (ustekinumab)
- Sunlenca (lenacapavir)
- Takhzyro (lanadelumab-flyo)
- Taltz (ixekizumab)
- Tremfya (guselkumab)
- Vascepa (icosapent ethyl)
- Verquvo (vericiguat)
- Voxzogo (vosoritide)
- Vocabria (cabotegravir)
- Vumerity (diroximel fumarate)

Medicare Part D Benefit Coverage – Product Additions/ Removals/ Changes
During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List).

Prior to each effective date, affected members who were prescribed the drugs listed below will be grandfathered, meaning members will continue to receive the removed product under their Part D benefit, except for members who have been converted to the generic alternatives.

EFFECTIVE DATE	BRAND DRUG REMOVED	BRAND DRUG CURRENT TIER	GENERIC EQUIVALENT REPLACEMENT	GENERIC TIER
6/1/2024	RECTIV OINT 0.4 %	Tier 4	NITROGLYCERIN OINT 0.4 %	Tier 4

Updates to KP's Preferred Basal Insulin
Effective now, insulin glargine-yfgn (AKA Lantus) is the preferred basal insulin instead of Humulin N. For new insulin starts, **prescribe insulin glargine-yfgn.** It offers the following:

- Generic cost share
- No peak lasts up to 24 hours.
- Available in a pen or vial. With vial, use BD 6 mm short insulin syringes. With pen, use BD Nano 2nd Gen 4 mm pen needles.

INFORMATION ABOUT KAISER PERMANENTE'S HMO DRUG FORMULARY

The Kaiser Permanente HMO Drug Formulary is updated bimonthly in February, April, June, August, October, and December. A newsletter, *Formulary Update*, is distributed bimonthly to highlight recent formulary changes. The newsletter and updated Formulary are placed on the affiliated community network provider website at: http://providers.kp.org under Provider Resources/Pharmacy. The drugs in the formulary are grouped into categories related to the medical condition being treated; an index is provided. Generic drug names are listed in lower case letters and brand drug names are listed in capital letters.

The Kaiser Permanente HMO drug formulary is a formulary of preferred drugs and is aligned with the member's pharmacy benefits. Some plans have a two-tier closed formulary benefit and some plans have a three-tier open formulary benefit. For the two-tier closed formulary benefit, only drugs listed in the formulary are available to the member for their copay. These tiers are called preferred generic and preferred brand. Benefits vary by plan and members can contact Member Services for specifics regarding their drug benefit and copay information. The copays for the HMO formularies are listed below based on the tiers:

Copay Range for KPGA HMO Formularies

	Two Tier Closed HMO Formulary		**Three Tier Open HMO Formulary**	
	KP Owned and Operated Pharmacies	Network Pharmacies	KP Owned and Operated Pharmacies	Network Pharmacies
Preferred Generic	$5-$35	$11-$45	$5 to $25	$8 to $30
Preferred Brand	$10 to $70	$15 to $80	$15 to $60	$30 to $70
Non-Preferred	**N/A**	**N/A**	$30 to $115	$40 to $115

Note: A coinsurance of up to 50% may be applied to specialty medications for some plans.

As drugs become available in generic form, the pharmacy can change from a brand to a generic if it is considered AB rated by the FDA. Generally, if a drug is available as a generic, the generic is on the formulary and the brand is not. Therapeutic interchange and step-therapy protocol are not employed for the Two Tier Closed HMO Formulary.

There may be rare occasions when non-formulary drugs are medically necessary to provide the best care for our members. A non-formulary drug is considered for coverage under the two-tier closed formulary drug benefit if the member meets one of three criteria:

1. Allergic to formulary alternatives,
2. Intolerant to formulary alternatives, or
3. Failed treatment on formulary alternatives.

When prescribing, if you wish to request benefit coverage for a non-formulary (NF) medication, the physician can complete the *Non-Formulary* form with the appropriate reason for its use and fax to 404467-2731 or call the Pharmacy Consult Service at 404-365-4159 Monday through Friday from 8:30 am to 5:30 pm to justify why over-the-counter or formulary drug(s) cannot be used. The non-formulary form is located on the affiliated community network provider website at: http://providers.kp.org/ga under Provider Resources/Forms. A pharmacist at the Pharmacy Consult Service will review the NF request and discuss why formulary alternatives cannot be used. If the benefit coverage is authorized during a call or based on the information submitted, the pharmacist will enter a benefit exception in the pharmacy benefit manager (PBM). A listing of non-formulary drugs and alternatives is located online at http://providers.kp.org under Provider Resources/Pharmacy and is updated bi-monthly.

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INFORMATION ABOUT KAISER PERMANENTE'S HMO DRUG FORMULARY (Cont.)

Some covered drugs may have requirements or limits on coverage. The requirements and limits may include:

- **Quantity Limits (QL):** For certain drugs, the P&T Committee may make recommendations to limit the quantity of medication dispensed per co-pay. Examples include drugs with significant potential for diversion or drugs with significant potential for waste due to special storage requirements, frequent changes in therapy, dose, or regimen, high potential for discontinuation or high cost of unused medication. Patients have the option to pay retail price for quantities that exceed the quantity limit. In the event of a drug shortage, a quantity limit may be imposed temporarily until the shortage resolves without awaiting P&T approval.
- **Age Restriction (Age):** For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- **Criteria Restricted Medication:** For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Criteria restricted medications continue to require review by our Quality Resource Management (QRM) department. Providers must call 404-364-7320 (Option 3) to initiate the QRM review for all QRM medications. The criteria restricted medication list is available online at http://providers.kp.org under the Provider Resources/Pharmacy and is updated bi-monthly.
- **Step Therapy (ST):** For the Three Tier Open HMO Formulary, drugs may be designated as step therapy required when they have criteria for approval which encourages use of safe and cost effective first line medications prior to second- or third-line medication options. A complete listing of drugs that require step therapy and alternatives is located online at http://providers.kp.org under Provider Resources/Pharmacy and is updated bi-monthly.

    - When prescribing, if you wish to request benefit coverage for a medication requiring step therapy, the physician can complete the *Non-Formulary* form with the appropriate reason for its use and fax to 404-467-2731 or call the Pharmacy Consult Service at 404-365-4159 Monday through Friday from 8:30 am to 5:30 pm to justify why over-the-counter or formulary drug(s) cannot be used. The non-formulary form is located on the network provider website at: http://providers.kp.org/ga under Provider Resources/Forms.

To request a change in formulary status of a drug (e.g., addition, deletion, restriction), the physician must complete the *Application Form for Addition of New Drug to the Formulary*. This form is located on the network provider website at: http://providers.kp.org/ga under Provider Resources/Forms. Practitioners requesting change in formulary status of a drug will also be asked to complete a Conflict-of-Interest disclosure form before the Pharmacy and Therapeutics Committee will consider the request.

To request a hard copy of the formulary and/or the *Non-Formulary Drug Prescription* form, or to request a change in formulary status of a drug (e.g., addition, deletion), please send your request via email to KPGA-DrugInformation@kp.org or via fax to 1-855-526-3294. Please contact Carole Gardner, MD, AGSF, Physician Program Director, Pharmacy and Therapeutics/Medication Safety, at carole.gardner@kp.org if you have any questions about our formulary process.

Image of KP Pharmacist showing a blank prescription

INFORMATION ABOUT KAISER PERMANENTE'S QUALIFIED HEALTH PLAN FORMULARY

The Kaiser Permanente Qualified Health Plan (QHP) formulary applies only to small group and individuals enrolled in ACA compliant plans. The Kaiser Permanente QHP Drug Formulary is updated bimonthly in February, April, June, August, October, and December. A newsletter, *Formulary Update*, is distributed bimonthly to highlight recent formulary changes. The newsletter and updated Formulary are placed on the affiliated community network provider website at: http://providers.kp.org under Provider Resources/Pharmacy. The drugs in the formulary are grouped into categories related to the medical condition being treated; an index is provided. Generic drug names are listed in lower case letters and brand drug names are listed in capital letters.

The Metal Plans (Bronze, Silver, and Gold) offered by Kaiser Permanente of Georgia are tiered offerings with different levels of copays, coinsurance, and deductibles for essential health benefits.

The Kaiser Permanente 2024 QHP formulary is an open formulary that works in conjunction with the member's six tier pharmacy benefit. These tiers are called preventative generics, preferred generics, preferred brands, non-preferred drugs, specialty, and ACA mandated preventive medications. Benefits vary by plan and members can contact Member Services for specifics regarding their drug benefit and cost share information. The cost share for the QHP formulary is listed below based on the tiers:

Copay Range for KPGA QHP Formulary

Tiers	QHP Formulary Cost Shares at KP pharmacies
Preventative Generics	$0-$35
Preferred Generics	$15-$45
Preferred Brands	$20-$80
Non-preferred Drugs	$40-$130
Specialty	30-50%
ACA mandated preventive medications	$0

**Note: Copays and coinsurance may be applied after deductible is met.

As drugs become available in generic form, the pharmacy can change from a brand to a generic if it is considered AB rated by the FDA. Open formulary benefits have a generic cost sharing requirement. This means that if a patient fills a prescription for a brand name drug when a generic is available, that in addition to the standard copayment or coinsurance, they will also pay the difference in cost between the brand name and generic drug.

Some covered drugs may have requirements or limits on coverage. The requirements and limits may include:

Quantity Limits (QL): For certain drugs, the P&T Committee may make recommendations to limit the quantity of medication dispensed per co-pay. Examples include drugs with significant potential for diversion or drugs with significant potential for waste due to special storage requirements, frequent changes in therapy, dose, or regimen, high potential for discontinuation or high cost of unused medication. Patients have the option to pay retail price for quantities that exceed the quantity limit. In the event of a drug shortage, a quantity limit may be imposed temporarily until the shortage resolves without awaiting P&T approval.

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INFORMATION ABOUT KAISER PERMANENTE'S QUALIFIED HEALTH PLAN FORMULARY (Cont.)

- **Age Restriction (Age):** For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- **Criteria Restricted Medication (PA):** For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Criteria restricted medications require review by our Quality Resource Management (QRM) department. Providers must call 404-364-7320 (Option 3) to initiate the QRM review for all QRM medications. The criteria restricted medication list is available online at http://providers.kp.org under Provider Resources/Pharmacy and is updated bimonthly.
- **Step Therapy (ST):** Drugs may be designated as step therapy required when they have criteria for approval which encourages use of safe and cost effective first line medications prior to second- or third-line medication options. A complete listing of drugs that require step therapy and alternatives is located online at http://providers.kp.org under Provider Resources/Pharmacy and is updated bi-monthly.
    - When prescribing, if you wish to request benefit coverage for a medication requiring step therapy, the physician can complete the *Non-Formulary* form with the appropriate reason for its use and fax to 404-467-2731 or call the Pharmacy Consult Service at 404-3654159 Monday through Friday from 8:30 am to 5:30 pm to justify why over-the-counter or formulary drug(s) cannot be used. The non-formulary form is located online at: http://providers.kp.org/ga under Provider Resources/Forms.

To request a change in formulary status of a drug (e.g., addition, deletion, restriction), the physician must complete the *Application Form for Addition of New Drug to the Formulary*. This form is located on the affiliated community network provider website at: http://providers.kp.org/ga under Provider Resources/Forms. Practitioners requesting change in formulary status of a drug will also be asked to complete a Conflict-of-Interest disclosure form before the Pharmacy and Therapeutics Committee will consider the request.

To request a hard copy of the formulary and/or the *Non-Formulary Drug Prescription* form, or to request a change in formulary status of a drug (e.g., addition, deletion), please email your written request to KPGA-DrugInformation@kp.org or fax to 1-855-526-3294. Please contact Carole Gardner, MD, AGSF, the Physician Program Director of Pharmacy & Therapeutics/ Medication Safety, at carole.gardner@kp.org if you have any questions about our formulary process.

Image of KP Pharmacist showing a prescription bottle for a member