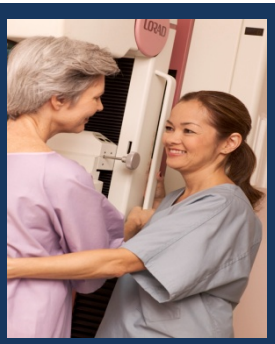
Virginia Premier
Kaiser Permanente Medicaid Program
Participating Provider Training



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Medicaid Program and Governance

The Medicaid program

- Is an entitlement program financed by the FEDERAL and STATE governments and administered by the STATE governments
- Provides medical coverage for specific groups of low income people
- Follows federal guidelines established by the Centers for Medicare and Medicaid Services (CMS)
- Has a variety of eligibility requirements and eligibility groups, because there are many federal and state requirements

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Virginia Medicaid Program

The Virginia Medicaid program is administered by the Department of Medical Assistance Services (**DMAS**)

DMAS

- Determines eligibility criteria and scope of services
- Determines covered medical care services
- Handles final appeals related to medical services
- Approves providers to provide medical care for eligible Medicaid participants

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Virginia Medicaid Delivery Models

DMAS provides Medicaid to individuals through two delivery models:

Fee-For-Service

Fee-for-service beneficiaries can go to any doctor, pharmacist, or other provider who treats Medicaid members

Fee-for-service providers bill the state for services provided to fee-for-service beneficiaries

Managed Care Organization (MCO)

The Medicaid enrollee receives covered services provided or authorized by the Medicaid Managed Care Organization (MCO) or an affiliated provider

A Medicaid MCO is a health carrier who provides or arranges for the delivery of the health care and its payment or reimbursement for a Medicaid enrollee on a prepaid or insured basis

Beginning **October 1, 2018**, Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP) and Virginia Premier, a MCO, will collaborate to provide health care to Virginia Medicaid recipients in Northern Virginia

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Virginia Premier Kaiser Permanente Medicaid Program

Kaiser Permanente has entered into an innovative collaboration with Virginia Premier, the second largest Medicaid managed care organization in Virginia, to create a fully integrated health care experience

Effective October 1, 2018, current Kaiser Permanente Virginia Medicaid members will continue to receive Kaiser Permanente's integrated health care

What this means:

- KP Virginia Medicaid members will continue to receive the same high-quality health care from KP
- Members will retain their current KP PCP
- Referrals and authorizations will still come from KP
- All current authorizations will remain in effect

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Who is Virginia Premier?

- Formed in 1995 as a Medicaid HMO, Virginia Premier is the only Commonwealth affiliated, non-profit managed care organization in Virginia, now serving roughly 220,000 members statewide
- Mission-driven, major Managed Care Organization with a long-standing history of providing access to care throughout the Commonwealth
- Shared values of quality, innovation, education, affordability, and service to our members and communities
- Virginia Premier is a wholly-owned subsidiary of the Virginia Commonwealth University Health System and is uniquely aligned with the Commonwealth's health policy

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VA Premier KP Medicaid Primary Locations

Eligible VA Premier KP Medicaid Program members may receive **PRIMARY** medical services at any of the Northern Virginia Medical Centers:

Ashburn	Manassas
Burke	Reston
Fair Oaks	Springfield
Falls Church	Tysons Corner
Fredericksburg	Woodbridge

Note: VA Premier KP Medicaid Program members may also see selected participating Primary Care and OB/GYN providers that have contracted with KP MAS region

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VA Premier KP Medicaid Specialty Locations

VA Premier KP Medicaid Program members that require **SPECIALTY** medical services, may obtain those services at Kaiser Permanente Medical Centers throughout the region

Kaiser Permanente medical facilities (with premier hospital partners)

Maryland

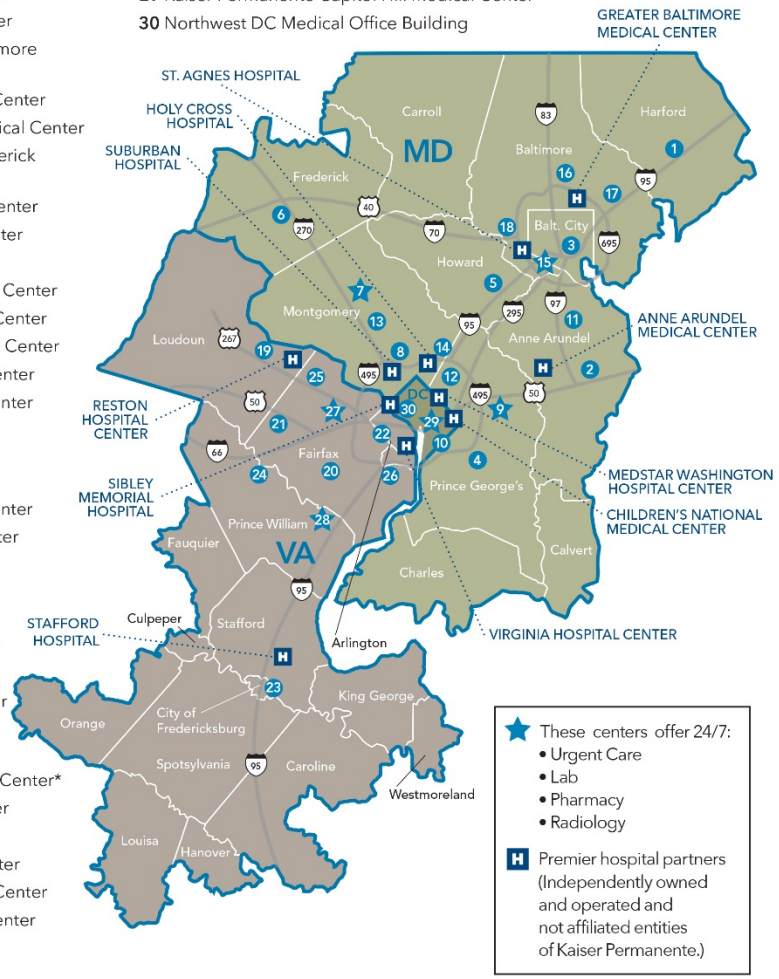
1 Abingdon Medical Center
2 Annapolis Medical Center
3 Kaiser Permanente Baltimore Harbor Medical Center
4 Camp Springs Medical Center
5 Columbia Gateway Medical Center
6 Kaiser Permanente Frederick Medical Center
7 Gaithersburg Medical Center
8 Kensington Medical Center
9 Largo Medical Center
10 Marlow Heights Medical Center
11 North Arundel Medical Center
12 Prince George's Medical Center
13 Shady Grove Medical Center
14 Silver Spring Medical Center
15 South Baltimore County Medical Center
16 Towson Medical Center
17 White Marsh Medical Center
18 Woodlawn Medical Center

Washington, DC

29 Kaiser Permanente Capitol Hill Medical Center
30 Northwest DC Medical Office Building

Virginia

19 Ashburn Medical Center
20 Burke Medical Center
21 Fair Oaks Medical Center
22 Falls Church Medical Center
23 Fredericksburg Medical Center*
24 Manassas Medical Center
25 Reston Medical Center
26 Springfield Medical Center
27 Tysons Corner Medical Center
28 Woodbridge Medical Center



Please check **kp.org/facilities** for the most up-to-date listing of the services located at Kaiser Permanente medical centers.

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VA Premier KP Medicaid Pharmacy Locations

VA Premier KP Medicaid Program members will be able to fill prescriptions at **ALL** Kaiser Permanente Mid-Atlantic pharmacies

VA Premier KP Medicaid Program Members also have the option to use non-Kaiser Permanente participating network Pharmacies, including but not limited to the following:

- Giant
- Wal-Mart
- Target
- CVS
- Rite Aid
- Walgreens
- Contracted Independent Pharmacies

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VA Premier KP Medicaid Programs

Based on the eligibility and program requirements, the Medicaid participant is enrolled into one of the following KFHP* Virginia MCO programs:

Medicaid

Under the KFHP Virginia Medicaid program, the plan will have comprehensive health care benefits for :

- o Eligible Virginia Medicaid individuals
- o Any children under age 19 in families with little to no income
- o Uninsured pregnant women and for newborns two months following the birth month
- o Women with high risk pregnancies

FAMIS

Family Access to Medical Insurance Security (FAMIS) is Virginia's program that helps eligible families provide comprehensive health care benefits to **children** up to the age of 19.

New enrolled Medicaid members will receive their **Kaiser Permanente ID cards** and **Member handbooks** within 10 days.

**Kaiser Foundation Health Plan*

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Enrollment & Eligibility

Kaiser Permanente has established an automated membership eligibility verification phone line:

FOR PROVIDERS ONLY

Call 1 (800) 810-4766

Select Option for Co-pay and Eligibility

Participating Provider's enrolled with KP HealthConnect AffiliateLink may also verify eligibility and benefit information online by logging on at www.providers.kaiserpermanente.org/mas

Participating Providers or members may call Member Services at 1 (855) 249-5025 or for TTY (301) 879-6380 regarding:

- General enrollment questions
- Clarification of eligibility verifications
- Clarification of member benefits
- Members terminated greater than 90 days
- Members presenting with no Kaiser Permanente identification number
- Clarification of claims issues

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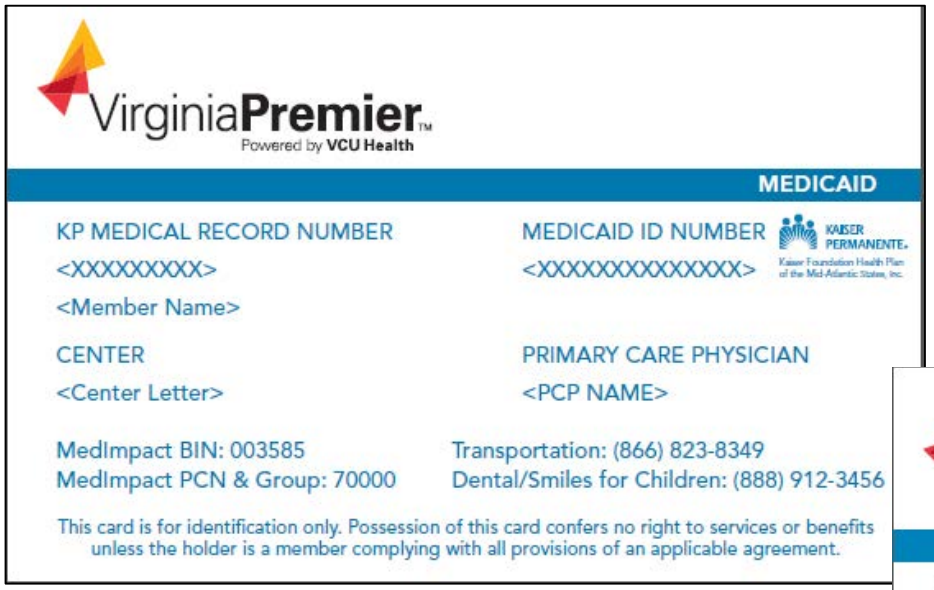
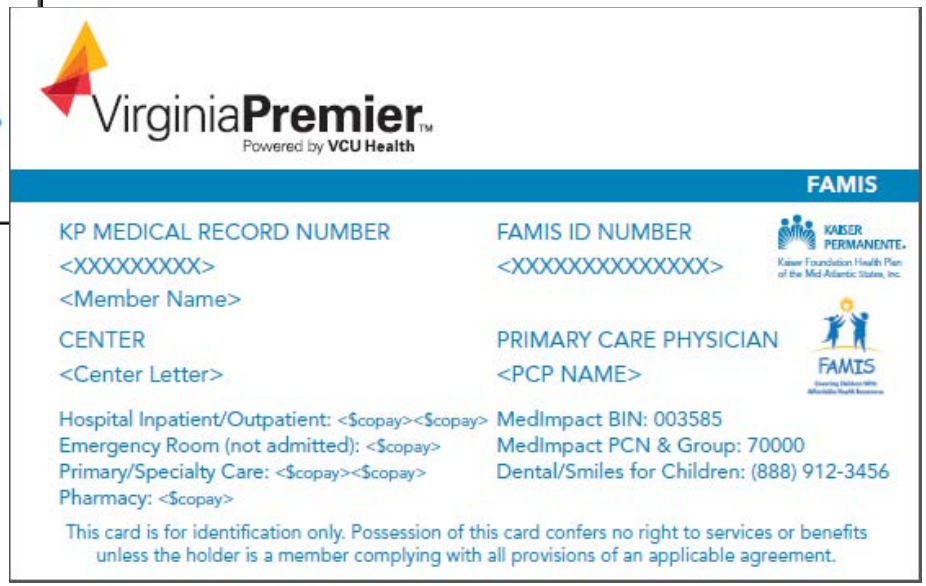
Identification Cards

The VA Premier KP Medicaid Program ID card will contain the DMAS-assigned Medicaid number in addition to the Kaiser Permanente assigned Medical Record Number





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Preventing Fraud

Fraud and abuse is defined as:
"An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law."

Recognize that fraud and abuse can happen in several ways:

- Using another patient's Medicaid card or Kaiser Permanente Member ID card
- Filing a false claim
- Inappropriately obtaining non-emergency medical transportation

Members and providers suspected of fraud and abuse are to be reported to the Provider Experience Department within 24 hours of discovery

Failure to report fraud and abuse may result in several sanctions for people and the organization. Those sanctions could include:

- Criminal and civil penalties
- Financial fines
- Loss of Medicaid contract(s)
- Loss of membership
- Overall Kaiser Permanente reputation

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LogistiCare Transportation Services

LogistiCare

(866) 823-8349

LogistiCare is a transportation management solution; not a transportation company

VA Premier KP Medicaid Program members are provided LogistiCare transportation services to and from **non-emergency** medical appointments, including Urgent Care

Transportation services can include public transportation, van, taxi, etc

If a Medicaid Member inquires about transportation, please refer them to LogistiCare. (Members are to schedule transportation)

FAMIS members do not have access to non-emergent transportation

Benefits and Copays

Benefits and Copay Grid By Program			
Benefit	**Medicaid**	**FAMIS**	
		Tier 1*	**Tier 2***
Primary Care Office Visit	No Copay	$2 per Office Visit	$5 per Office Visit
Specialty Care Office Visits	No Copay	$2 per Office Visit	$5 per Office Visit
Radiology	No Copay	$2 per Office Visit	$5 per Office Visit
Laboratory	No Copay	$2 per Office Visit	$5 per Office Visit
Vision Service	**Routine Eye Exam (Every 24mos)**		
	No Copay	$2 per Office Visit	$5 per Office Visit
	Eyeglass Frames (one pair)		
	No Copay	$25	$25
	Eyeglass Lenses (one pair)		
	No Copay	Single Vision	
		$35	$35
		Bifocal	
		$50	$50
		Trifocal	
		$88.50	$88.50
		Contact Lenses	
		$100	$100

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Benefits and Copays

Benefits and Copay Grid By Program			
Benefit	**Medicaid**	**FAMIS**	
		Tier 1*	**Tier 2***
2nd Opinions	$0	$2	$5
Pharmacy **Prescription Drug** If a generic is available, member pays the copayment plus 100% of the difference between the allowable charge of the generic and the brand drug	No Copay	$2 per prescription	$5 per prescription
		Retail 35-90 day supply	
		$4 per prescription	$10 per Prescription
		Mail service up to 90-day supply	
		$4 per prescription	$10 per Prescription
Physician Care in the Emergency Room	No Copay	$2 per visit (waived if part of ER visit for a true emergency)	$5 per visit (waived if part of ER visit for a true emergency)
Non-Emergent Services in Emergency Room	No Copay	$10 per visit	$25 per visit
Inpatient Hospital Services	No Copay	$15 per confinement	$25 per confinement
Skilled Nursing	Not Covered	$15 per confinement	$25 per confinement
Outpatient Hospital Services	No Copay	$2 per visit (waived if admitted)	$5 per visit (waived if admitted)

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Benefits and Copays

Benefits and Copay Grid By Program			
Benefit	**Medicaid**	**FAMIS**	
		Tier 1*	**Tier 2***
Outpatient Mental Health and Substance Abuse Services	No Copay	$2 per visit	$5 per visit
Inpatient Behavioral Health	No Copay	$15 per confinement	$25 per confinement
Inpatient Mental Health Services Rendered in a Freestanding Psychiatric Hospital	Covered through Community Mental Health Rehabilitation Services	Not Covered	Not Covered
Accidental Dental Services	No Copay	$2 per visit	$5 per visit
Dental Care	**Participants <21yrs Old**		
	Dental Services are covered through the Smiles for Children Program :1-888-912-3456		
	Participants >21yrs Old		
	NOT COVERED		

* Tier 1 and Tier 2 refers to the two benefit plans under FAMIS. A FAMIS member's tier level is based on income.

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Benefits and Copays

Benefits and Copay Grid By Program			
Benefit	**Medicaid**	**FAMIS**	
		Tier 1	**Tier 2**
Chiropractic Services	Not Covered	$2 (limited to $500 per Calendar Year)	$2 (limited to $500 per Calendar Year)
EPSDT	No Copay	Not Covered	Not Covered
Non Emergent Transportation	No Copay	Not Covered	Not Covered
Maternity Services	No Copay	No Copay	No Copay
Pregnancy Related Visits♦	No Copay	No Copay	No Copay
Well Baby/Well Child Care	No Copay	No Copay	No Copay
Family Planning	No Copay	$2 per visit	$5 per visit
Abortions	Not Covered	Limited	Limited
Hearing Aids	No Copay	$2	$5
Home Health Services	No Copay	$2 per visit	$5 per visit

♦ Pregnancy-related and postpartum services to the end of the month in which the sixtieth (60th) calendar day after the date of birth

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Benefits and Copays

Benefits and Copay Grid By Program			
Benefit	**Medicaid**	**FAMIS**	
		Tier 1	**Tier 2**
Private Duty Nursing	Under 21yrs Old Not Covered Over 21yrs Old Covered - No Copay	$2 per visit	$5 per visit
Immunizations	No Copay	No Copay	No Copay
Mammogram	No Copay	No Copay	No Copay
Organ Transplants (Inpatient)	No Copay	$15 per confinement	$25 per confinement
Organ Transplants (Outpatient)	No Copay	$2 per visit♦	$5 per visit♦
Physical Therapy/Speech Therapy/Occupational Therapy	No Copay	$2 per Office Visit	$5 per Office Visit
Prosthetics/Orthotics	No Copay	$2 per Item	$5 per Item
Experimental and Investigational Procedures	Not Covered	Not Covered	Not Covered

♦Services to identify donor limited to $25,000 per member

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Participating Provider Responsibilities

- As a Participating Provider with KFHP, you have agreed to abide by all the rules and regulations in the contract between Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP) and DMAS. There are specific requirements that relate to compliance with the DMAS contract, the guidelines established by the Centers for Medicare and Medicaid Services (CMS) and/or other applicable state or federal law apply.
- You agree to provide medical services to all populations identified as eligible by DMAS and to comply with all non-discrimination requirements of the DMAS agreement
- No terms of your Participating Agreement are valid that terminate liability of KFHP in the DMAS contract
- You agree to participate in and contribute data to Kaiser Permanente quality improvement/assurance programs
- You agree to abide by the terms of your Participating Provider Agreement for timely provision of emergency and/or urgent care services and/or as defined in the Kaiser Permanente Participating Provider Manual/Virginia Medicaid and FAMIS Programs. Where applicable, you agree to follow those procedures for handling urgent and emergent care to members
- You agree to submit utilization/claims data in the format required by Kaiser Permanente, and so that this information can be provided to DMAS
- You agree to abide by Kaiser Permanente referral and authorization guidelines as defined in Section 9.0 Utilization Management of the Kaiser Permanente Participating Provider Manual/Virginia Medicaid and FAMIS Programs. You also agree to clearly communicate these requirements to your Participating Providers and/or sub-contractors
- You agree not to charge Kaiser Permanente Medicaid or FAMIS members for missed appointments

Participating Provider Responsibilities

- You agree not to bill a Kaiser Permanente Medicaid or FAMIS member for medically necessary services covered under the agreement between KFHP and DMAS
- You shall promptly provide or arrange for the provision of all services required under the Participating Provider Agreement
- You agree to report members you suspect of fraud and abuse by calling Provider Experience at 1 (877) 806-7470 for reporting to KFHP Fraud Unit and/or DMAS
- You agree to allow Kaiser Permanente and/or any authorized representative of DMAS access to your premises, contracts, and/or medical records in accordance with the DMAS contract
- You agree to preserve the full confidentiality of medical records in accordance with the DMAS contract
- You agree to comply with all record retention and maintenance requirements as required by DMAS and outlined under Section 10 of the VA Premier Kaiser Permanente Medicaid Program Participating Provider Manual. Upon request, making medical records available to members, their authorized representative, or Kaiser Permanente with (10) ten working days of the request
- You agree to obtain and document the consent form of 42 C.F.R. §441.259 prior to the performance of any sterilization, and to comply with the (30) thirty calendar day waiting period requirement as specified in Code of Virginia, §54.1-2974
- You agree to ensure confidentiality of family planning services in accordance with the DMAS contract, except to the extent required by law, including but not limited to the Virginia Freedom of Information Act

Participating Provider Responsibilities

- You acknowledge the therapeutic abortion is not covered by Kaiser Permanente for Kaiser Permanente Medicaid or FAMIS members. All abortion claims should be coordinated and filed directly with DMAS
- You agree to provide and coordinate the provision of health care services to Kaiser Permanente Medicaid and FAMIS members in the same manner as you provide those services to any other Kaiser Permanente member
- You agree to assist enrollees with their special needs which include health maintenance practice and preventive care services as well as communication challenges. You can coordinate assistance by referring members to community resources such as Women Infants and Children (WIC), Head Start, and or other community based intervention programs
- You agree to cooperate with Kaiser Permanente and external review organizations contracted by DMAS to perform quality studies
- All PCPs who have contracted with MAPMG have the same responsibilities regardless of their reimbursement structure.
- For Participating PCPs and OB/GYNs, you agree to advise every pregnancy member of the value of HIV testing and agree to request consent as set forth in §54.1-2403.01 of the Code of Virginia. A pregnant member may refuse HIV testing or recommended treatment. You agree to document refusal in the member's medical record

For a complete listing of Participating Provider responsibilities, download the VA Premier Kaiser Permanente Virginia Medicaid Programs Participating Provider Manual , Section 6.0 on our website www.providers.kaiserpermanente.org/mas

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Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

The EPSDT benefit provides comprehensive and preventive health care services for children under the age of 21

Early	Assessing and identifying problems early
Periodic	Checking children's health at periodic, age-appropriate intervals
Screening	Providing physical, mental, development, dental, hearing, vision, and other screening tests to detect potential problems
Diagnosis	Performing diagnostic tests to follow up when a risk is identified, and
Treatment	Control, correct or reduce health problems found

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EPSDT

For EPSDT Services, the medical records must indicate the age appropriate screening provided in accordance with the periodicity schedule:
Comprehensive health and development history, including assessment of both physical and mental development
Comprehensive unclothed physical examination including vision and hearing screening, dental inspection, nutritional assessment, review and administration of immunization according to age and health history
Appropriate laboratory test according to the recommendations of DMAS and health assessment of the members. Minimum tests include: • Hemoglobin/Hematocrit/EP • Hereditary/Metabolic screening • Urinalysis • Tuberculin test for high risk • Blood lead testing • Reporting of lead testing results to DMAS
Health education
Referral for treatment of any abnormalities or any diagnoses discovered

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EPSDT

All participating primary care pediatricians or specialists are required to adhere to standards established by the American Academy of Pediatrics (AAP) such as the EPSDT Periodicity Chart for well child visits for members under the age of 21. For the periodicity schedule, please go to: http://brightfutures.aap.org

All care will be documented in members' medical records. Participating Providers must submit claims for services for EPSDT with the appropriate modifiers.

- ***Participating primary care pediatricians or specialists*** will arrange for and/or refer patients for any medically necessary services to correct, maintain or ameliorate the child's medical condition. Services will include all those covered under EPSDT per the Virginia Medicaid Program.
- ***Kaiser Permanente*** will report EPSDT data ***for Health Plan members*** to DMAS as per contract requirements to ensure compliance with the Virginia Department of Medical Assistance Services (DMAS) and the Center for Medicare and Medicaid Services (CMS)

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Access and Appointment Standards

Type of Appointment	Kaiser Permanente Standard FAMIS	Kaiser Permanente Standard Medicaid
Routine primary care (excludes health assessments and regularly scheduled visits to monitor chronic conditions)	Within 2 weeks of request	Within 30 calendar days of request
Health assessments, preventive care, initial health assessments for new members	Within 30 calendar days of request	Within 30 calendar days of request
Urgent care	Within 24 hours of the request	Within 24 hours of the request
Emergency services	Available immediately upon request	Available immediately upon request

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Access and Appointment Standards

Type of Appointment	Kaiser Permanente Standard FAMIS	Kaiser Permanente Standard Medicaid
Maternity – During the first trimester	Within 14 calendar days of request	Within 14 calendar days of request
Maternity – During the second trimester	Within 7 calendar days of request	Within 7 calendar days of request
Maternity – During the third trimester	Within 3 business days of request	Within 3 business days of request
Maternity – If determined as high risk pregnancy	Within 3 business days or immediately if an emergency exists	Within 3 business days or immediately if an emergency exists

Additionally, you agree to participate in annual and/or periodic access and availability survey, as requested by Health Plan's Provider Experience Department

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Specialty Care Referrals

- **Initial Consultation**
  - Referral must be authorized by PCP or Specialist
  - Referral valid for 90 days (3 months), or as otherwise specified on the referral
- **Additional Visits (Specialist may initiate extension of referral) by:**
  - Faxing request (Uniform Referral Form) to the UMOC at 1-800-660-2019, or
  - Calling UMOC at 1-800-810-4766 follow voice prompts

After an approved initial consult you do not have to call the PCP to request additional visits, call the UMOC number shown above

Utilization Management Operations Center (UMOC)

Referral Management Unit: 8:00am-4:30pm, weekdays	Concurrent Review Unit: 8:30am-5:00pm, weekdays
Home Care/DME Unit: 8:30am-5:00pm, weekdays	Emergency Care Management (ECM): 24/7, 365 days/year

Referrals, authorizations, hospital observation & Inpatient admissions:

Automated Auth Requests/KP HealthConnect AffiliateLink	www.providers.kaiserpermanente.org/mas
General Number (listen for prompts)	1-800-810-4766
Fax Numbers • Specialty Care Referrals • Concurrent Review • Homecare/DME (Please send clinical information)	 Fax: 1-800-660-2019 Fax: 1-855-414-1702 Fax: 1-855-414-1695

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Claims & Billing Procedures

Kaiser Permanente member identification cards include claims submission instructions.

Billing address : **Mail all paper claims to:** **Mid-Atlantic Claims Administration** **Kaiser Permanente** **P.O. Box 371860** **Denver, CO 80237-9998**
Clearinghouse for electronic Claims: Emdeon Payor ID: 52095

Timely Filing: 180 days (6 months) from date of service
Timely Appeals filing: 180 days (6 months) from date of denial
“Clean Claim”: Standard format/completed fields, attachments, current industry standard data coding
All patient services must be billed on CMS 1500 or UB04
Explained in detail-Section 8 of Kaiser Permanente Participating Provider Manual Virginia Medicaid and FAMIS Programs

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Provider Payment Dispute Resolution

Providers who disagree with a decision not to pay a claim in full or in part may file a payment dispute request.

- A provider may initiate a payment dispute by calling Provider Experience at 1-877-806-7470. A payment dispute request may also be submitted in writing.
- A dispute decision will be given within forty-five (45) days from the date of receipt.
- In the event of adverse dispute decision by Kaiser Permanente, a provider may submit the dispute to DMAS within thirty (30) days of the decision. The provider must first exhaust Kaiser Permanente's payment dispute process prior to submitting the dispute to DMAS. A written request to appeal the decision with DMAS should be sent to:

  Appeal Division
  Department of Medical Assistance Services
  600 East Broad Street
  Richmond, VA 23219
- A decision to uphold or reverse the decision made by Kaiser Permanente will be issued by DMAS within thirty (30) days.

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