Provider Manual

- **Utilization Management**

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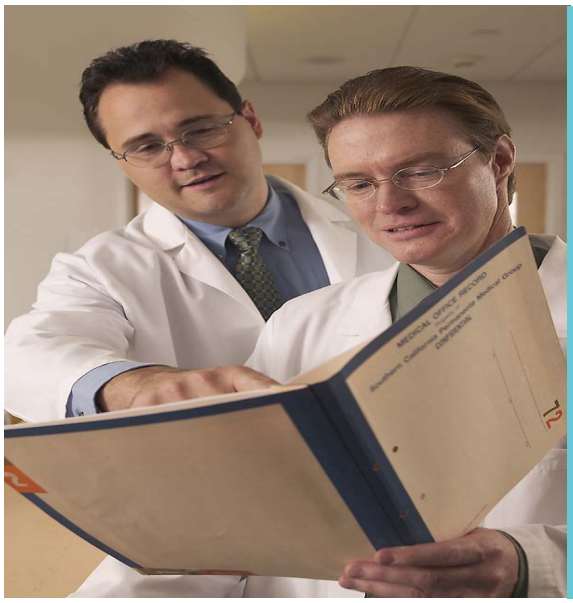

Utilization Management

This section of the Manual was created to help guide you and your staff in working with Kaiser Permanente's Utilization Management (UM) policies and procedures. It provides a quick and easy resource with contact phone numbers, important websites and detailed processes for UM services.

If, at any time, you have a question or concern about the information in this Manual, you can reach our Provider Relations Department by calling 510-268-5448.

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4.4 Overview of UM Program

Appropriate utilization management contributes to the success of Kaiser Permanente and its Members. The ultimate goal of utilization management is to determine what resources are necessary and appropriate for an individual Member, and to provide those services to the Member in an appropriate setting and in a timely manner. Kaiser Permanente utilization management consists of prospective and concurrent review programs, in which we assess the Member's medical condition using evidence based criteria for medical appropriateness and the professional Provider's judgment.

4.4 Medical Appropriateness

Kaiser Permanente uses evidence based clinical guidelines in its Utilization Management activities. Kaiser Permanente uses nationally developed evidence based clinical criteria and internally developed criteria for appropriate resource management decisions. All transplant services authorized by the Utilization Management Department at Kaiser Permanente will be evaluated to determine medical appropriateness based on Patient and Site selection transplant criteria developed by Kaiser Permanente's National Transplant Network.

4.3 Authorization Policy and Procedure

Kaiser Permanente Members that have been deemed potential candidates for transplantation services are referred by their local Permanente Medical Group physician to a contracted Provider for evaluation. The referring Kaiser Permanente physicians work with the NTN Hub Transplant Coordinators to ensure that patient selection criteria are applied consistently and appropriately. All referrals must be authorized by the Member's home region before transplant services are rendered.

Hub personnel do not authorize or deny service, rather, they act as a liaison between the Provider, the referring Kaiser Permanente Region, and referring physician. In addition, Hub personnel receive Member eligibility and benefit information from the Member's home region. Hub personnel do not make determinations regarding Member eligibility or benefits.

If you have any questions regarding authorized referrals contact the NTN Hub Transplant Coordinator responsible for the Member's care. NTN Hub telephone numbers can be found in the Key Contacts Section of this Manual.

4.4 Authorization Procedures

All transplant services require a pre-authorization prior to rendering services. Transplant authorizations are issued for three separate phases of the transplant episode of care:

1. **Pre-transplant Evaluation and Care:** Services provided to a patient being evaluated for transplantation or waiting for transplantation. This stage usually begins when a patient is listed for transplantation.
2. **Transplant Period:** This stage begins the day of the transplant and concludes at the end of the follow up period as defined in the Agreement. This authorization will cover both inpatient and outpatient services. When services are reimbursed by a case rate payment methodology, the case rate is inclusive of all charges, including, but not limited to, both hospital and physician services.
3. **Post-transplant:** This stage covers outpatient follow-up services following the transplant period, but may also include inpatient and home health services.

Failure to obtain authorization prior to providing services will result in a denial of payment.

4.4.1 Admission to Skilled Nursing Facility (SNF)

Transfers from the contracted COE to SNF facilities will be facilitated by the COE discharge planning staff. All SNF services require an authorization. Providers must contact the NTN Hub Transplant Coordinator to obtain authorization prior to the transfer. NTN Hub telephone numbers can be found in the Key Contacts Section of this Manual.

4.4.2 Home Health/Hospice Services

Home Health/Hospice services will be facilitated by the hospital discharge planning staff. All Home Health/Hospice services require an authorization. Providers must contact the NTN Hub Transplant Coordinator to obtain authorization prior to the transfer. NTN Hub telephone numbers can be found in the Key Contacts Section of this Manual.

4.4.3 Durable Medical Equipment (DME)

DME services are coordinated and administered by the Kaiser Permanente Continuing Care Department in the Member's home region. All DME services require an authorization. Providers must contact the NTN Hub Transplant Coordinator to facilitate the authorization process for DME services. NTN Hub telephone numbers can be found in the Key Contacts Section of this Manual.

4.5 Provider Receiving Authorization

Upon receipt of an approved Authorization Form, you should:

1. Place the copy of the Authorization Form in the Member's chart
2. Forward all work-up results to the referring Provider with any other pertinent clinical information pertaining to the consultation, and call the referring Provider, if your findings are urgent.
3. If you believe the Member will require continued treatment or additional care beyond what is authorized, you must contact the NTN Transplant Coordinator responsible for the Member's care.

NTN Hub telephone numbers can be found in the Key Contacts Section of this Manual.

4.6 Concurrent Review Process

The KP UM Department performs concurrent review of all inpatient facility admissions. On-site review may be performed on a case-by-case basis. The inpatient facility's utilization review department is responsible for providing clinical information to KP UM by telephone where onsite reviews are not conducted. The KP UM Department may contact the attending physician if further clarification of the Member's clinical status and treatment plan is necessary. Concurrent review is performed by KP UM nurses, based on medical appropriateness criteria adopted by Kaiser Permanente, as described in Section 4.2, above. If the clinical information does not satisfy applicable medical appropriateness criteria, the case will be referred to the KP UM physician. The KP UM nurse will notify the Member, and the Provider of the results of the review.

4.7 Member Appeals

If a Kaiser Permanente Member is not satisfied with the medical services or care they received, we encourage the Member to resolve the issue directly with the Provider. If the issue cannot be resolved in this manner the Member may file a complaint in the following ways:

- Send a written complaint to the Kaiser Permanente Member Services Department; or
- Request to meet with a Member Services representative at the Health Plan Administrative Offices; or
- Call the Kaiser Permanente Member Services Department

If the Provider presents a complaint on behalf of the Member, and the issue is felt to be of an emergent nature, the Provider or the Member may contact the Member Services Department to request assistance in facilitating an expedited review.

Receipt of the complaint or grievance will be acknowledged within the required time-frame applicable to the Kaiser Permanente Member's health plan region. The Member Services Department will resolve the issue within the required time frame applicable to the Member's health plan region.

The Member Services addresses and phone numbers can be found in the Key Contacts Section of this Manual.

4.8 Emergency Admissions and Services

In the event that an emergent inpatient admission or other emergent service is needed, in order to expedite reimbursement and facilitate case management, please follow these procedures:

1. Contact the NTN Transplant Coordinator who is responsible for managing the Member's care at Kaiser Permanente
2. Provide the NTN Transplant Coordinator with the following information:
   - Member Name
   - Member Identification Number
   - Your name
   - Admitting Hospital or Facility
   - Admitting Diagnosis
   - Proposed Treatment and LOS
   - Date of Admission

The contracting facility is also responsible for notifying Kaiser Permanente of all inpatient emergency admissions. The Provider must contact the NTN Transplant Coordinator responsible for managing the Member's care as soon as reasonably possible. Failure to notify Kaiser Permanente within this time frame may result in the denial of payment for services. If the admitting physician is not the Member's Primary Care Physician (PCP), it is the admitting physician's responsibility to contact the NTN Hub Transplant Coordinator responsible for the Member's care in order to discuss plans for care.

4.9 Case Management

Kaiser Permanente has a transplant support structure of nurse transplant coordinators. The coordinators assure continuity of care by acting as liaisons between Kaiser Permanente and the transplant COE. The Transplant Coordinator manages all phases of the transplant continuum of care for Kaiser Permanente Members.

4.10 Drug Formulary

Kaiser Permanente's drug formulary is developed, updated and maintained by a group of Kaiser Permanente physicians, pharmacists, and nurses who meet regularly to evaluate medications that are most effective, safe, and useful in caring for our Members. Using formulary medications helps Kaiser Permanente maintain a high quality of care for our Members while helping to keep the cost of prescription medications affordable. Kaiser Permanente reviews and updates the formulary regularly throughout the year. To obtain a copy of our drug formulary, please contact the Provider Relations Department at 510-268-5448.

Kaiser Permanente uses a closed formulary, which means that only those medications included in the formulary are covered under the Member's prescription drug benefit. Non-formulary or designated criteria restricted medications may be covered but require prior authorization.