New Emergency Care Hub Reminder

Effective January 1, 2014, KP requires prior notification and authorization for post-stabilization care, including observation and inpatient care. This change in payment practice is nothing more than consistent enforcement of a long-standing provision in our insurance policies that requires pre-authorization for non-emergent hospital services. Your cooperation will help ensure that our members have benefits relating to such services.

As you know, care coordination is the hallmark of Kaiser Permanente’s integrated medical care model. Our efforts to coordinate care for a member seeking treatment in the Emergency Department can only be optimal (or even possible) when the Emergency Department physician speaks with a Kaiser Permanente physician while the member is in the Emergency Department. In our experience, this does not always happen.

To assure our physicians are available, we have established an Emergency Care Hub that is covered 24 hours a day, seven days a week. The telephone number is 404-365-4254. A Kaiser Permanente physician is available to consult with Emergency Department physicians about Kaiser Permanente members who have been stabilized and require post-stabilization treatment. If the Kaiser Permanente physician, in consultation with the Emergency Department provider, determines that inpatient admission or other post-stabilization care at the hospital is appropriate, authorization will be provided at that time. The authorization number will be required to obtain payment for post-stabilization care. Alternatively, stable patients may be transferred to hospitals where our physicians will be able to provide their inpatient care.

Reminder: Institutional Claims Submission for Home Health

Home health agencies, personal care providers, are reminded to submit institutional claims for home health services. Effective December 1, 2013, for claims with this date of service and forward, Kaiser Permanente will accept only institutional claims for home health and may deny claims for these services submitted as any other claim type.
Kaiser Permanente aims to be a leader in integrated health delivery by making lives better. We strive to provide high quality care by delivering the best care possible with a patient and family-centered focus. Improved care at Kaiser Permanente translates to improved health and better outcomes for the members we serve, helping us accomplish the goal we all want to achieve.

The success of our goals and programs are measured annually utilizing reports from clinical outcomes and member satisfaction sources including:

- National Committee for Quality Assurance (NCQA)
- Health Plan Employer Data and Information Set (HEDIS)
- Consumer Assessment of Health Providers and Systems (CAHPS) Survey

Kaiser Permanente’s quality improvement goals for Quality and Patient Safety are to:

- Improve Service Quality: Improve member access to care and increase CAHPS & Meteor scores by 3% by providing our members with member centric coordinated care.

- Improve Clinical Quality: Maintain Georgia region’s Medicare Advantage Plan 5-Star rating and achieve NCQA’s Commercial Health Plan top 25 ranking for HEDIS outcomes by providing our members with reliable Evidence Based Care, The Right Care at the Right Time.

- Improve Patient Safety: Measurably improve culture of patient safety by achieving Safety Attitude Questionnaire (SAQ) “safe zone.”

Results of these reports, as well as additional information regarding our commitment to quality are available to our members, TSPMG practitioners and contracted affiliated community providers via our website at www.kp.org under the section titled Measuring Quality.

For more information regarding Quality & Patient Safety contact Jeanne Leslie, RN, MHA, CPHQ, Director Quality, Risk and Patient Safety: (404) 364-7151, Jeanne.Leslie@kp.org

**Reminder: Updated Targeted Review List effective January 1, 2014**

Kaiser Permanente released an updated Targeted Review List, effective January 1, 2014. Please be sure to review it carefully. The Targeted Review list is on our Provider Web-site. As a reminder, failure to obtain authorization prior to providing the services listed will result in a denial of payment. If you have questions about these changes, contact Provider Contracting & Network Management at 404-364-4934.
Get to Know Us

The Quality Resource Management Department (QRM) professionals are here to assist you in providing the highest quality care to your patients. QRM can assist you with utilization questions and issues with referrals, authorizations and medical necessity and review of elective targeted services. Our physicians and nurses are available to discuss any details including criteria used in making a review decision. The information and medical criteria used for coverage or medical necessity determination are available upon request and provided free of charge.

Notice About Kaiser Permanente’s Utilization Management Program

Kaiser Permanente does not use financial incentives to encourage barriers to care and service. Decisions involving utilization management are based solely on appropriateness of care and service, and existence of coverage under the member’s benefit plan. Kaiser Permanente does not reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service, and does not use financial incentives that encourage decisions that result in underutilization.

Kaiser Permanente is prohibited from making decisions regarding hiring, promoting or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

See Section 4 of the Kaiser Permanente Provider & Practitioner Manual for details of the KPGA Utilization Management (UM) policies & procedures.

How to Contact QRM

Routine Calls:
Monday – Friday 8:30 a.m. – 5 p.m.
Excluding company holidays.
404-364-7320 or 1-800-221-2412

Urgent after Hours Calls/Holidays and Weekends:
404-365-0966 or 1-800-611-1811

QRM nurses are on call to respond to inquiries. Non-urgent elective voice mail messages are returned the next business day. You can also contact QRM staff via email, or US mail. For more information regarding pre-authorization of services, verification of eligibility, applicable co-payments, deductibles, or coinsurance you can view online via KP Online- Affiliate or by calling Member Services at 1-800-221-2412.

Please note that payment for services is based on membership eligibility and the level of benefit being accessed in accordance with the terms of the member’s coverage. A referral or authorization is not a guarantee for payment of services.
Kaiser Permanente Orthopaedic and Sports Medicine Services

Kaiser Permanente would like to announce additional specialty services in Orthopaedics and sports medicine, now available at Kaiser Permanente's Gwinnett Comprehensive Medical Center, which began seeing patients in late 2013.

Three physicians are on staff currently.

**Dr. William Craven** treats all types of orthopedic conditions, including sports-related injuries. A former professional football player for the Cleveland Browns and the World Football League’s Philadelphia Bell, he has treated a wide variety of professional athletes and has worked as an orthopedic consultant for Morgan State University, Tuskegee University, and Grambling State University.

Dr. Craven earned his medical degree from UCLA Medical School and completed an orthopedic surgery residency at Johns Hopkins Hospital. He performed his fellowship training in Orthopedics Sports Medicine at American Sports Medicine Institute. He is board certified in Orthopaedic Surgery by the American Board of Orthopaedic Surgeons and is a fellow in the American Academy of Orthopaedic surgeons. Prior to joining TSPMG, he served as Medical Director for both Alliance Orthopaedics and Sports Medicine and Proactive Fitness and Physical Therapy.

**Dr. Beatrice Shu**, who began seeing Kaiser Permanente members in January 2014, received her medical degree from New Jersey Medical School and completed General Surgery training at Stanford University. She stayed on at Stanford to complete her Orthopaedic Surgery residency and research fellowship before joining the faculty as a Hip Fellow/Clinical Instructor. During her time there, she won many accolades and provided care for Stanford’s nationally ranked football team. Dr. Shu has received numerous recognitions for her research publications, including the Orthopaedic Research Society’s Hip Award. She was an Orthopaedic Sports Medicine fellow with Atlanta Sports Medicine prior to joining TSPMG.

**Dr. Michael Bakheet** received his medical degree from the University of Saint Eustatius School of Medicine and completed a Family Medicine residency at Medical College of Georgia. He performed his fellowship training in Primary Care and Sports Care at Toledo Hospital. He is board certified in Family Medicine and holds a Certificate of Added Qualifications in Primary Care Sports Medicine. After completing his training, Dr. Bakheet worked as a research assistant for both the Department of Neuropharmacology at Emory University and the Department of Esophagology at the University of South Florida. He later joined the faculty at the University of Toledo as a Kinesiology and Athletic Training instructor. Prior to joining TSPMG, he served as the head team physician for Emory Oxford College and practiced Primary Care Sports Medicine at Loganville Sports Medicine and Convenient Care.
Complete Care Program through The Center for Care Partnership

Miriam T. Bell, MPH  
Director, Center for Care Partnership

The KPGA Center for Care Partnership (CCP) Complete Care Program exists to improve and maintain the health of our members through high quality, patient centered programs. The programs offered through Complete Care allow CCP to segment the population and direct individuals to the most appropriate and effective resource.

Complete Care enables us to look at our total membership and provide programs for healthy members, those at risk, the chronically ill and those with catastrophic/end of life needs. Complete Care includes care management programs for Kaiser Permanente members with chronic conditions such as Asthma, Coronary Artery Disease, Depression, Diabetes, Heart Failure and Hypertension. These programs are evidence based and are designed to support practitioners in giving consistent, coordinated care to your chronically ill patients.

Other programs include annual outreach reminders for preventive services and screenings; targeted outreach to high-risk members by our health coaches; and patient educational materials on chronic conditions. Health Education classes, such as our American Diabetes Association (ADA) recognized diabetes self-management education program are available to members in the metropolitan Atlanta area. These programs are developed, maintained, and revised through a collaborative relationship among the department of Center for Care Partnership, the national Kaiser Permanente Care Management Institute (CMI), Primary Care Health Care Teams, clinical pharmacy, and other appropriate departments.

Clinical Guidelines Update
The Southeast Permanente Medical Group (TSPMG) Clinical Practice Guidelines are easily accessible by signing in on the Provider website at http://providers.kp.org/ga. Additional detailed information on Complete Care programs, and the services available, can be found on the Provider Website in the Affiliated Care Guidelines section, under the heading Population Care, Prevention and Health Promotion.

The guidelines include recommendations for outpatient management, preventative screening frequency, medication treatment options, referral criteria, and support services. We will notify you each time a new guideline is published and point you to key changes through quarterly CME tests.

The following evidence-based guidelines have been updated and will be posted on the KPGA Provider Website in January 2014:
- Prostate Cancer: updated November 2013
- Ovarian Cancer Screening: updated August 2013.

Disease evidence-based guidelines are in the process of being finalized and will be posted on the KPGA Provider Website in February 2014. If you would like to receive a printed copy of these guidelines summaries or other guidelines/practice resources posted on the KPGA Provider website, please contact Cristina Bozocea, RN by e-mail (cristina.e.bozocea@kp.org) or fax your request to 404-364-4798. Include what document(s) you are requesting, your mailing information, phone number and e-mail address.

Contact Information:
Kaiser Permanente, CMI
Attn: Cristina Bozocea, RN
Nine Piedmont Center
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Phone: 404-504-5628 Fax: 404-364-4798
Diagnosis Coding Hierarchical Condition Categories

Medicare requires annual submission of chronic systemic illnesses, which are grouped in Hierarchical Condition Categories (HCC) to determine a patient's health risk. From a Medicare perspective, these diagnoses refresh the diagnosis capture only if submitted as encounter diagnoses related to face-to-face visits. Regularly updating the diagnosis code and submitting all chronic systemic illnesses that impact the care provided throughout the year will increase the accuracy of documenting the disease burden of your patients.

When submitting claims or requesting referrals via KP Online-Affiliate you should include the following:

• Accurate and specific diagnosis code(s) should be included on all referral requests
• Previous MI should be coded in addition to CAD if there is a history of an acute MI
• History of cancer codes should be used if there is no active treatment (including radiation, chemotherapy, surgery)
• The medical cause of the fracture should be identified (osteoporosis, metastatic, etc.)
• Diabetes diagnosis should be as specific as possible, Type 1 or Type 2, Controlled or Uncontrolled. Manifestations should also be documented—renal, vascular, neurologic, etc. and supported with data in the note, labs, procedures or symptoms
• Report all diagnoses during the visit when submitting claims
• Aortic Atherosclerosis present in any Xray should be included in the Radiologists’ Impression and should be included as a chronic diagnosis

Remember, code chronic systemic illnesses at every visit and revise the diagnoses as often as necessary. Maximizing face-to-face encounters throughout the year will ensure that the medical record is a true reflection of your patient’s clinical picture.

News Briefs

Reminder: 2014 Codes and Ambulatory Surgery Center Groupers (Hospital and Ambulatory Surgery Centers)

Effective February 1, 2014 a routine update to the Ambulatory Surgery payment groupings, as outlined in your provider agreement with Kaiser Permanente, will be implemented. New surgical codes for 2014 will be added and grouped based on the Center for Medicare and Medicaid Services’ (CMS) 2014 Ambulatory Surgery Center (ASC) payment amounts and Kaiser Permanente’s existing code grouping methodology.

Yearly CMS Fee Release Effective March 1, 2014

The Centers for Medicare and Medicaid (CMS) recently released the updated base fee schedules for professional services. Per Kaiser Permanente’s policy, we implement the new schedules within 45 business days of the release of all components to the base fee schedule. We will implement 2014 fee schedules to be effective for claims with dates of services on or after March 1, 2014.

Quarterly CMS Fee Release Effective March 1, 2014

The Centers for Medicare and Medicaid Services (CMS) recently released the 1st quarter update for drugs and biologicals, one of the components to the base fee schedules. Per Kaiser Permanente’s policy, we implement the quarterly updates for drugs and biologicals within 45 business days of the release, making this quarterly update effective March 1, 2014.
Kaiser Permanente Ophthalmology Services

The Southeast Permanente Medical Group’s (TSPMG) Ophthalmology and Optometry departments started treating patients in 2012. Kaiser Permanente recently added six ophthalmologists and one optometrist, bringing the team up to 10 ophthalmologists and 4 optometrists. These clinicians now also provide eye care in several Kaiser Permanente Medical offices. Later in 2014, additional services will be available at the Kaiser Permanente Southwood Comprehensive Medical Center.

Services
Eye care services are currently offered in the following Kaiser Permanente locations:

- TownPark: Ophthalmology and Optometry
- Gwinnett: Ophthalmology and Optometry
- Cumberland: Ophthalmology
- Coming in 2014: Glenlake Medical Center

Services are for adult members (over age 15) and include general ophthalmology services, including medical eye exams/care, retina, cornea and cataract, and glaucoma services. We plan to offer contact lens fittings and sell contact lenses in the Spring of 2014.

Members who need pediatric ophthalmology are seen by the Thomas Eye Group. Members requiring surgical retina care are being referred by our ophthalmologists to Georgia Retina. Vision services are still available through the contracted Avesis network.

Referrals
A referral is not necessary to make an appointment with a Kaiser Permanente Ophthalmologist or Optometrist.

News Briefs

New DME Accreditation Policy
Kaiser Permanente of Georgia has implemented a new policy regarding the accreditation of our Durable Medical Equipment and Prosthetic/Orthotic Supplier (DMEPOS) vendors. Beginning in 2014, all accreditation documentation for these vendors will be collected and stored by our Provider Contracting staff, to ensure timely monitoring of the current and ongoing accreditation of these vendors.

Practitioner Rights
Your rights as a practitioner contracted with Kaiser Permanente are outlined in the Provider Manual. Please see the chapter entitled “Provider Rights and Responsibilities”, available on the provider website, 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.
Kaiser Permanente of Georgia offers a Medicare Advantage Special Needs Plan (SNP) for persons who are dually eligible for Medicare and Medicaid. Members who choose the Senior Advantage Medicare Medicaid plan are automatically enrolled in the Special Needs Plan (SNP) care management program.

The parameters and guidelines of the SNP are established and monitored by the Centers for Medicare and Medicaid Services (CMS). The SNP Model of Care provides the framework for delivering coordinated care and care management to SNP members.

The Model of Care requires:
- A dedicated Interdisciplinary Care Team (ICT) to provide coordination of care, and the integration of Medicare and Medicaid benefits. The ICT is led by Carole Gardner, MD – a geriatrician and Chief of Elder Care. Team members represent the fields of nursing, pharmacy, social work, and psychiatry
- An annual health risk assessment of overall conditions and needs with development of a care plan for each beneficiary
- Coordination of care and sharing of care plan during transitions between care settings
- Management of the medical, cognitive, psychosocial, and functional needs of beneficiaries
- Goals that address access to preventive health services, access to affordable care, improved beneficiary outcomes

and appropriate utilization

To assist with coordination of Medicare and Medicaid benefits for KPGA SNP members, the ICT has a dedicated social worker who is knowledgeable about the benefits to which members are entitled under both programs.

The SNP social worker may assist members to obtain services including:
- Non-emergent medical transportation
- Long term placement (assisted living, personal care homes, nursing homes, etc.)
- Community resources for personal care, light housekeeping, emergency response systems (ERS)

The ICT provides an annual “Benefits Check Up” to new SNP members to ensure that they have a clear understanding of the services and benefits they are entitled to receive.

Practitioners should be aware that SNP members may have reduced co-pays for some services. For example, primary care co-pays for the 2014 plan year are $5. Specialty care co-pays are $10. Some SNP members may pay less.

More information and a full range of the summary of benefits for the Kaiser Permanente Senior Advantage Medicare Medicaid Plan can be found at www.kp.org. The SNP ICT can be contacted at 404-364-7042.