Reminder – 2011 Targeted Review List

Kaiser Permanente will release an updated Targeted Review List to be effective January 1, 2011.

Upcoming changes include the following:
- addition of the drug Saxagliptin (Onglyza)
- addition of designated referral providers
- instructions for referring imaging and pain management services to TSPMG

The Targeted Review list will be updated on our Provider website, as well as in the Provider Manual. As a reminder, failure to obtain authorization prior to providing the services listed will result in a denial of payment.

Effective March 1, 2011, there will also be additional changes to the Targeted Review List, primarily to accommodate upcoming 2011 coding changes. In addition, Kalbitor and Berenert will be added to the list of medications requiring authorization.

Should you have any questions, please contact our Member Services department at 404-261-2590.

Non-Payment of CMS Consultation Codes

Kaiser Permanente of Georgia will discontinue paying consultation service codes (CPT 99241-99245 and 99251-99255 performed in the office and in hospital settings) on any claims with dates of service on or after January 1, 2011. This change in our payment policy is in accordance with CMS Transmittal 1875.

You were notified of this change in March 2010. If you have any questions please contact Provider Contracting & Network Management at 404-364-4934.

Changes to the Referral Process

Currently, a Kaiser Permanente referral generated through KP Online Affiliate allows a default number of visits of six (6) and the referral is good for 270 days.

Effective January 1, 2011, the default visit limit will be three (3). Requests for more than three (3) visits will pend for medical necessity review.

Referrals and authorizations will be good for 180 days, and the visits authorized must be used within that time frame. A referral will cover services performed in the office except for those on the Targeted Review List.

Specialty-to-specialty referrals will only be allowed in limited circumstances. Primary Care Physicians (PCPs) should generate all referrals for specialty care in KP Online-Affiliate, and specialists should coordinate with the member’s PCP to have the member referred and all relevant clinical information forwarded. If you have any questions regarding specialty to specialty referrals, please contact QRM at 1-800-221-2412 or 404-364-7320.
Physicians are strongly encouraged to utilize a Kaiser Permanente radiology facility. Results of studies performed at a Kaiser Permanente facility are available online through KP Online Affiliate. The patient will also be given a disc of the images from the scan, to take to any future appointments. Members can call 404-365-0966 to make an appointment at any of our Kaiser Permanente radiology facilities.

For CT and MRI scans to be performed at external approved outpatient radiology facilities, prior authorization is required. To submit your external CT / MRI imaging referral for authorization, please enter your request online via KP Online-Affiliate, or call Quality Resource Management intake at 404-364-7320.

Below is a listing of all Kaiser Permanente facilities with a list of services provided at each location. The listed facilities should be utilized for all scheduled outpatient radiology services. Studies performed at locations other than those listed will result in benefits denial or higher co-payment or coinsurance for the member.

**Services**  
(effective 9/29/2010)

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<th>Services</th>
<th>Ultrasound</th>
<th>Mammography</th>
<th>MRI</th>
<th>CT</th>
<th>PET/CT</th>
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Kaiser Permanente wants every member to receive high quality care and service. Our Quality and Patient Safety Program has several quality improvement initiatives that helps our organization achieve and sustain quality standards by:

- **Fostering an environment of continuous clinical and service quality**
  - Incident reporting in KPGA facilities has increased by 67%
- **Providing support for and monitoring of performance improvement**
  - In August 2010 KPGA Leadership sponsored a “Process Improvement Day” to recognize our Process Improvement Advisors and their contributions towards quality
- **Promoting & Implementing best practices**
  - Process improvement practices have been implemented and are successful in the following areas of our Medication Safety Program:
    - Reconciliation
    - Administration
    - Dispensing
    - Prescribing & Ordering
- **Facilitating education**
  - All new employees and physicians receive education regarding patient safety on their first day at Kaiser Permanente

The Quality & Patient Safety department measures the success of Kaiser Permanente’s care management programs via reports on clinical outcomes and member satisfaction from the following:

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

Results of these reports are shared with both our contracted providers and members. This way, our members and partners in healthcare have reliable information from an accredited organization that helps them to understand the quality of care Kaiser Permanente delivers by comparing our performance to other health plans.

For additional information on our programs and policies please visit KP Online-Affiliate, accessible via our website: [http://providers.kp.org/ga](http://providers.kp.org/ga)
Kaiser Permanente of Georgia (KPGA) offers a Medicare Advantage Special Needs Plan (SNP). This plan is a specialized managed care plan offered to persons who are dually eligible and entitled to both Medicare and Medicaid benefits. Persons eligible for the Special Needs Plan often have significant medical conditions and co-morbidities. The parameters and guidelines of the SNP including eligibility criteria, benefits and the scope of the services and care offered to our SNP members are established and monitored by the Centers for Medicare and Medicaid Services (CMS).

Features of KPGA’s SNP Program include:

- Enhanced services and benefits
- A dedicated Interdisciplinary Team (IDT) to provide coordination of care, and the integration of Medicare and Medicaid benefits. The IDT 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. The team regularly assesses members’ overall conditions and needs and develops and implements care plans. It assists members during transitions between care settings.

Objectives:

CMS requires plans to provide coordination of services for SNP members because they have benefit coverage under both Medicare and Medicaid. This is to ensure that services are specific to the member needs and seamless whether reimbursement is covered by Medicare or Medicaid.

Coordination of Care:

To assist with coordination of care for KPGA SNP members, Kaiser Permanente provides the services of social workers who are knowledgeable about the benefits to which members are entitled under both programs. Additionally, the SNP Interdisciplinary Team (IDT) offers a “Benefits Check Up” to SNP members to ensure that they have a clear understanding of the services and benefits they are entitled to receive.

Covered Services:

Providers/practitioners should know that all services may not be fully covered and the responsibility of cost sharing may vary depending on the member’s plan. SNP members may receive some services that are not covered by Medicare if they are covered by
Medicaid, such as the following:

- Non-emergency medical transportation
- Some DME such as bathtub benches, toilet rails and surgical stockings
- Medications not covered by Part D: all generic benzodiazepines, Folic Acid 1mg; some generic OTC medicines with a prescription (including aspirin and ibuprofen), some barbiturates including phenobarbital
- Emergency dental care

**General Information:**
- Members who need to fill a prescription for medications excluded from Part D but covered by their Medicaid benefit should be directed to an outside pharmacy.
- The SNP IDT maintains a database of dentists who accept Medicaid.
- Members with additional questions regarding their Medicaid benefits or cost sharing questions should be referred to the local Division of Family and Children Services (DFCS) at (866) 211-0950.

The healthcare team/practitioners should make every effort to ensure the SNP member is able to obtain these benefits.

### Additional Features of KPGA’s SNP

More information and a full range of the summary of benefits (SOB) for the Kaiser Permanente Senior Advantage Medicare Medicaid Plan can be found at [www.kp.org](http://www.kp.org). The SNP IDT can be contacted at (404) 364-7042.

<table>
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<tr>
<th>Outpatient Care</th>
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<tr>
<td><strong>Primary care visit co-pay</strong></td>
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<td><strong>Specialty visit co-pay</strong></td>
<td>$0-$3</td>
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<td><strong>Medicare-covered preventive screenings</strong></td>
<td>$0 co-pay</td>
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<tr>
<td><strong>Diagnostic tests, labs, x-rays and radiology</strong></td>
<td>$0 to $3 co-pay for Medicare-covered diagnostic testing, labs, x-rays and radiology</td>
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</tbody>
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Cost-sharing is based on level of Medicaid eligibility.
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 under utilization.

Kaiser Permanente Utilization Management Satisfaction Survey

The QRM Department is responsible for processing referrals for general services, home health and DME, Targeted review authorizations, and hospital and inpatient concurrent review of care. The QRM staff consists of the Patient Service Coordination (PSC staff in the medical offices) and Intake Services, Ambulatory

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:
404-364-0966 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. Information regarding pre-authorization of services, verification of eligibility, applicable co-payments, deductibles, or coinsurance can be viewed 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.

>>> Continued on page 7
Targeted Review Services, and Complex Case Management, Social Services, and Hospital and Inpatient Concurrent Review of Care.

We are interested in knowing how you think we are doing our job and in how we might better assist you in providing services to our members. Please take the survey on the Provider website http://providers.kp.org/ga. See Kaiser Permanente Utilization Management Satisfaction Survey on the website. The survey should only take 3-5 minutes to complete. Also, you may write in any comments in the space provided. Your responses will be confidential and we encourage you to be candid with your survey answers and comments. We will use this information to verify that we are meeting patient needs in this area and to make improvements in our program.

Kaiser Permanente has recently completed negotiations with the following hospital facilities: DeKalb Medical Center (for LTAC and Rehabilitation services), Emory Eastside Medical Center, Gwinnett Medical Center, Northside Hospital, Piedmont Hospital, Rockdale Medical Center.

Effective January 1, 2011, the American Medical Association has released new component based vaccine administration CPT codes. They are:

90460 - Immunization administration through 18 years of age via any route of administration, with counseling by a physician or other qualified health-care professional; first vaccine/toxoid component

+90461 - Immunization administration through 18 years of age via any route of administration, with counseling by a physician or other qualified health-care professional; each additional vaccine/toxoid component (list separately in addition to code for primary procedure. 90461 is an add-on code, and can only be reported in conjunction with the primary code, which is 90460. There is no need to bill a modifier for these codes. These two codes will replace the existing range 90465-90468. Please note the new age range for these codes, which is a change from previous years. In addition, there is no change to the range 90471-90474, which are used to report immunization administration for those 19 years old and older.
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’s Rights & Responsibilities can be found on pages 5-6 in the **Kaiser Permanente Provider Manual**, Section 7: Member Rights and Responsibilities.