KPEP Handbook

Kaiser Permanente Southern California
Behavioral Healthcare

January 2021

KAISER PERMANENTE Entry Pathways (KPEP) GUIDELINES AND PROCEDURES

REFERENCING THIS HANDBOOK

This handbook serves as a reference to important guidelines for external providers with Kaiser Permanente (KP). When attesting to be a part of the panel, a provider agrees to follow these guidelines. It is the provider's responsibility to review all information and attend to any updates that may be sent via email or in subsequent updates of this handbook.

Providers can find answers to questions using the Table of Contents to identify a section and reference the ***Frequently Asked Questions*** starting on page 20. Commonly referenced sections are:

PROVIDER CHECKLIST

STEPS TO ONBOARD KPEP	ONGOING RESPONSIBILITIES
✓ Refer to your welcome email - Review the Tridiuum Trainings and KPEP Handbook provided on your welcome email or go to **Tridiuum Pathways Training Modules**	✓ Verify patient insurance benefit information e.g., copay via the KP Online Affiliate portal
✓ Submit Attestation	✓ Implement FIC, administer TPI at the beginning of every session
✓ Look for your Tridiuum 1 Connect App Login invitation email from tridiuum1notifications@tridiuum.com	✓ Submit **initial evaluation within 48 hours** of intake session
✓ Create your Tridiuum profile	✓ Graduate patients when clinically indicated
✓ Input Availability via Tridiuum 1 Connect as instructed by the HUB team	✓ Complete discharge summaries and safety plans in Tridiuum when appropriate
✓ Register for the Kaiser Permanente Southern California Online Affiliate Community Provider Portal (link and contact under *Important Contacts and Resources* in the Appendix)	✓ Input new availability as you graduate patients or as available
	✓ Update Triduum profile as needed
	✓ Complete Clinical Review in Tridiuum when requested by the KP Quality Review/Hub Team
	✓ Consult as clinically indicated e.g., reach out for KP adjunct services or higher level of care to assist with patient's progress

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INTRODUCTION

We appreciate you working with KP members to provide quality care. Please refer to this handbook for information related to the provision of individual and family therapy for Kaiser Permanente members.

KP POLICIES

MAINTAINING COMPLIANCE WITH PHI/HIPAA

Therapists must maintain full compliance with HIPAA laws involving protected health information.

CLINICALLY INDICATED CARE

Patients must meet clinically indicated care guidelines: have a DSM V diagnosis, functional impairment, and be able to make progress in treatment.

FEEDBACK INFORMED CARE/TREATMENT PROGRESS INDICATOR

Feedback Informed Care (FIC) is a **collaborative** process of engaging patients in discussions about outcomes, the therapeutic alliance, progress in treatment and all decisions that affect patients' care.

- FIC is not just a measurement process. It uses measurement to inform and help focus clinical conversations.
- FIC helps us better identify those patients who aren't improving so we can better engage them and change course.
- FIC is not just about symptoms; it connects symptoms and other variables to what the patient's treatment expectations and goals are.
- FIC privileges the patient's voice about what is working for them and the alliance – the primary driver of change.

The **treatment progress indicator (TPI)** is an online assessment tool that helps you and the patient monitor progress on their symptoms, functioning, subjective well-being, as well as other areas. TPI is the clinical questionnaire that KP uses for providing Feedback Informed Care (FIC).

The TPI is accessible for you to administer to patients via a Tridiuum online account.

- You will **administer the TPI to your KP patients before every session**, no more than once per week.

TPI IS THE CLINICAL QUESTIONNAIRE THAT KP USES FOR PROVIDING FEEDBACK INFORMED CARE (FIC).

Kaiser Permanente seeks to retain contracted providers who are consistent with KP's treatment philosophy, treatment goals, and objectives. We are committed to improving the care of our members by utilizing Feedback Informed Care (FIC) in treatment and working toward treatment progress. Goals should be formulated collaboratively with a discussion of graduation as the end goal. Therefore, **discussion of graduation should start at the first session, and be discussed often during treatment to establish an expectation of progress and improvement**.

FIC puts the patient's needs at the forefront of treatment and emphasizes the therapeutic alliance as a catalyst for change. We know that 86% of patient change is due to patient's own factors (Duncan, B., 2014[1]); therefore, it is vital that we continually seek the patient's feedback regarding his/her perceived progress in treatment. It is also important to build upon the strengths and internal resources the patient may already have and find a way to connect them to the resources in their communities to further support their progress after treatment's end.

Treatment for our patients is solution-focused so we focus on attaining reasonable levels of functioning. We hope for our patients to be empowered, learn skills, gain insight, and be able to sustain these skills outside of therapeutic services. The goal of FIC is progress toward treatment goals. Progress should happen soon in treatment. Research shows if improvement does not happen by session 8 then progress is not likely to happen (Baldwin et al., 2009[2]). If there is no treatment progress within the first few sessions, the treatment needs to be adjusted to promote progress. Once treatment goals have been achieved, graduation may be indicated. Ongoing supportive care can be offered with Kaiser Permanente Department of Psychiatry mental health groups, Center for Healthy Living classes, or through community resources if indicated. Patient may return for subsequent episodes of care if clinically indicated.

We care about our members progressing. The KP Behavioral Health team is here to help support this process. One of our Quality Review Consultants may reach out to you on occasion to ensure KP members are provided with high quality and clinically indicated care. As clinicians ourselves, we also welcome your feedback, questions, and consults as needed (SCAL-BH-PANEL@kp.org - **this email is not for patients**). We are a resource for you to collaborate regarding any treatment concerns you may have with the KP members you are serving. We also encourage you to access your professional supports, such as peer consultation and/or professional association resources (e.g. CAMFT—California Association of Marriage and Family Therapists) to help support you in your clinical practice.

CRISIS INTERVENTION/SAFETY PLANNING

Established patients calling in crisis or presenting as emergent should be evaluated initially by the contracted provider. If patients need to speak with a therapist urgently and cannot reach you, they can call the Kaiser Permanente Behavioral Health Care Helpline (BHCL)-- **800-900-3277.**

A critical alert will be generated in the Tridiuum app when a patient receives a Columbia-Suicide Severity Rating Scale (CSSRS) score of 3 or higher on the TPI. **A safety plan is required for a patient with a score of 3 or higher.** Please submit a Safety Plan via Tridiuum when the CSSRS is a score of 3 or higher or when you determine that, in your clinical judgement, a patient presents with some level of risk. Also, **ensure the patient has a hard copy of the completed safety plan**.

Please also use the Safety Plan template when indicated for patients with homicidal ideation. Note, the HARM alert (discussed below, page 10) may or may not indicate true risk.

Safety Plans

Use the **Safety Plan Template** included in the Appendix and ensure the patient has a copy of the completed safety plan.

[1] Duncan, B. (2014). *On Becoming a Better Therapist, 2nd Ed.* Washington, D.C.: APA.

[2] Baldwin, S. A., Berkeljon, A., Atkins, D. C., Olsen, J., & Nielsen. S. (2009). Rates of change in naturalistic psychotherapy: Contrasting dose-effect and good-enough level models of change. *Journal of Consulting and Clinical Psychology, 77*(2), 203–211.

EMERGENCIES

Providers are to inform patients of their emergency contact policy and practice during the first session. Contracted providers will inform all KP patients of emergency care options.

Contracted providers will consistently assess patients for safety concerns and provide appropriate therapeutic interventions. Contracted providers will follow their standing emergency protocols, to include calling 9-1-1 or the PET (Psychiatric Emergency team) if necessary.

When sending patients to the hospital or Emergency Department for evaluation, contracted providers will ask that patients be taken to the closest Kaiser Permanente and/or other Medical Center.

COMMUNICATION

Providers should have the availability to see/talk to their patients in a timely fashion. Typically, this means seeing patients at appropriate treatment return intervals based on modality of treatment and community standard. **All calls should be responded to within 24 hours from the time of call, unless it's an emergency**, **which would require more immediate action**.

When there are times that you are not reachable (e.g. you are on vacation) and your patient has an urgent clinical need, please advise the patient to call the Kaiser Permanente Behavioral Health Care Helpline (BHCL) at **800-900-3277**. This number accesses a 24 hour a day hotline staffed by KP therapists for support; it is an internal KP number. **Please do not provide the KP BHCL number to non-KP patients or include on your personal communications.**

In the cases of missed appointments without notice from the patient, the provider should call the patient during time of appointment. If unsuccessful, a second attempt should take place within 2 business days and a third attempt should take place within 5 business days. Please double check the contact information. Document all three attempts to contact the patient on Tridiuum 1 Connect in the patient's profile under "Notes" as a "freeform note".

KPEP HUB

OVERVIEW

The Kaiser Permanente Entry Pathways (KPEP) Hub will serve as the main point of contact for all contracted behavioral health providers.

WHAT IS THE KPEP HUB'S FUNCTION AND CONTACT?

- Clinical consultation for external providers
- Clinical quality reviews to support clinically indicated treatment
- General support for the contracted providers to answer questions, assist with FIC and TPI, etc.

The HUB team can be reached at SCAL-BH-PANEL@KP.ORG. **This email is not a crisis line.** Providers are to follow their own protocols for crises and emergencies, as explained above. This email is only for business communication between the KP HUB team and contractor and **should not be distributed to patients or any other parties**. Please do not provide this email or the consultants' phone contacts to patients. <u>If a patient needs to communicate with KP about their care, please have them reach out to the local psychiatry department.</u> (See Appendix for KP Behavioral Health Phone Numbers.)

CLINICAL REVIEWS

A Clinical Review allows KP and the provider to collaborate about patient care. There are 3 situations in which a Clinical Review may be submitted: 1) When requested by a HUB team Quality Review Consultant (via Tridiuum), 2) To consult about a clinical concern, 3) To request a medication treatment evaluation (for some cases). **Email the HUB team (scal-bh-panel@kp.org) when the Clinical Review form is complete.** The HUB response time may take up to 10 business days. During this time please continue therapy as clinically indicated.

Some clinical criteria that may lead a Quality Review Consultant to contact you are:

- If patient does not seem to be progressing in treatment at the expected rate
  - Patients should be making progress within the first few sessions and throughout treatment—recall that if patients are not making progress early in treatment, they are much less likely to make progress later in treatment. The BHI graph (which shows the expected treatment response for BHI and actual BHI outcomes) is one helpful visual measurement for monitoring progress
- If patient is demonstrating a consistently low BHI (behavioral health index) score suggesting low distress, which may mean care is no longer indicated
- If Therapeutic Alliance is consistently poor
- And for any other reasons regarding general quality care

External providers will **complete a Clinical Review form via Triduum 1 Connect under "Notes" in the patient's profile and email scal-bh-panel@kp.org of completion**. The Clinical Review template is included in the Appendix.

Following completion of the Clinical Review form, a Quality Review Consultant may reach out for further information, to discuss next steps in treatment, to assist with other treatment services as indicated or provide recommendations. Clinical case review consultations may involve:

- Discussion of the clinical review form
- Reviewing the Treatment Plan and progress towards treatment goals
- Answering questions related to administering TPI and Feedback Informed Care
- Care coordination, which may include connecting the patient with internal services
- Discussion about how to help graduate the patient
- If necessary, assist with repatriation of patient

TRIDIUUM 1 CONNECT

HOW WILL THIS APP BE USED?

Tridiuum 1 Connect will be the portal through which you will receive KP patients, administer the Treatment Progress Indicator (which will assist you in delivering Feedback Informed Care), and communicate with KP's electronic health system.

In addition to scheduling, the app will allow contracted providers to administer the Treatment Progress Indicator (TPI), view TPI reports, submit documentation to Kaiser Permanente, and maintain a provider profile that will be available for patients to view. All your KP patients will have their TPI information stored in the app and their KP health record.

For any support needed with the Tridiuum1 Connect app, you can reach out to the Tridiuum Customer Support: https://polarishealth.atlassian.net/servicedesk/customer/portal/1

App Features

Scheduling

The Call Center schedules all new referrals. Providers will only add patients when authorized.

Referral notifications

Tridiuum intake appointment notifications serve as the referral authorizations. No other paperwork will be provided. Access patient information via the KP Online Affiliate portal (see Contacts & Resources below).

Administering TPI

TPI assessments are administered at the beginning of every session.

Viewing TPI reports

Providers can view patient's TPI reports immediately to discuss and elicit feedback per FIC guidelines.

Submitting documentation

All required documentation (Adult Initial Evaluation, Child Initial Evaluation, Discharge Summary, Clinical Review, Safety Plan can be submitted in Tridiuum. (More information below in *Submitting Documentation*)

Provider Profile

You set up, manage, and update your profile on Tridiuum, which will be sent to patients via email if requested.

SCHEDULING INTAKES

The scheduling feature of the app will require you to indicate appointment slots that you are able to provide for intakes (Initial Evaluations) with KP patients. Kaiser Permanente will then be able to view your availability and schedule patients into the intake slots you make available. KP will only book initial appointments. Contracted providers will be responsible for booking all subsequent appointments. <u>You are not required to schedule follow-up sessions in Tridiuum, but you may if that works for you.</u>

Generally, KP call center agents message that the time identified for the scheduled intake may or may not be the ongoing session time. Providers have different practices, so KP does not send one standard message about recurring appointment time. We hope that providers and patients can work out a time for follow-up appointments, but if not please direct the patient back to the call center.

If you need to use a slot for a non-KP patient that has already been entered to the app, you may remove that slot at any time. Changes to your appointment availability will be immediately viewable by KP. If for some reason you have a time conflict with a KP patient that is already scheduled for an intake with you, please call the patient as soon as possible to reschedule the intake appointment.

REFERRAL NOTIFICATIONS

HOW IS A REFERRAL PROCESSED?

When KP or a patient identifies a treatment need for individual therapy, we will screen the patient to determine if they meet guidelines for clinically indicated care. **If we determine that they are clinically appropriate to be referred to an external provider, we will book them into an external provider's schedule in the Tridiuum 1 Connect app. You will immediately receive a notification that will act as an approval to begin treatment** via the Tridiuum 1 Connect app when the appointment is booked into your schedule. If you determine upon intake that they don't meet clinically indicated care, you may continue with your typical practice for discharging a patient. Feel free to consult with the KPEP hub (SCAL-BH-Panel@kp.org).

A Tridiuum intake booking authorizes services as clinically indicated. As explained above in *Clinical Reviews* you may be asked to complete a Clinical Review form (see *Submitting Documentation below for instructions).*

Since you are a KPEP Tridiuum user, you do not need to make any more reauthorization requests. To clarify, the expiration date for treatment on your original authorization is automatically extended if your authorization for a patient expires on or after your Tridiuum Go-Live date. If your authorization expires before your Go-Live date, you will need to follow the request for re-authorization protocol that you have been using prior to Tridiuum. Requirements for ongoing treatment are that patients meet the definition for clinically indicated care, and that they are making progress in treatment—which will be internally tracked. To add Pre-KPEP patients into Tridiuum see instructions on page 24 in *Frequently Asked Questions*.

WHAT INFORMATION DO I RECEIVE WHEN A PATIENT IS REFERRED TO ME?

You will receive patient contact information via the Tridiuum1 Connect app and the initial Kaiser Permanente screening results when the patient is booked into your schedule. You can access the patient insurance coverage information including copay/share of cost via the KP Online Affiliate portal.

You may call ahead of the first session to remind patient of the upcoming session, share your website as indicated, and/or to discuss your approach to treatment.

ADMINISTERING TPI

The TPI can be administered either through the iPad app or a web browser.

TPI ASSESSMENT

The average time to complete the TPI is 5 minutes at intake and 3 minutes at follow-up. The following are assessed in the TPI:

- SUICIDE RISK (C-SSRS)*
- HARM TO OTHERS
- DEPRESSION (PHQ9)*
- ANXIETY (GAD2/GAD7)*
- PTSD*
- ALCOHOL USE (US AUDIT 1-3)*
- DRUG USE
- SUBJECTIVE WELL-BEING
- FUNCTIONING
- PSYCH HISTORY
- PSYCH MEDICATION USE BARRIERS
- THERAPEUTIC ALLIANCE

**Gold standard measures*

CRITICAL ALERTS

When captured in the TPI, the app will alert you to the following types of critical alerts.

ADULT MENTAL HEALTH ASSESSMENT
SUICIDE RISK (**SUI**)
HARM TO OTHERS (**HARM**)
ALCOHOL (**AUD**) & SUBSTANCE USE (**SUBS**)
THERAPEUTIC ALLIANCE FEEDBACK (**TA**)
NOT PROGRESSING AS EXPECTED (**TX PLAN**)

YOUTH MENTAL HEALTH ASSESSMENT
SUICIDE RISK (**SUI**)
ACCESS TO GUNS (**GUNS**)
SUBSTANCE USE (**SUBS**)
THERAPEUTIC ALLIANCE FEEDBACK (**TA**)

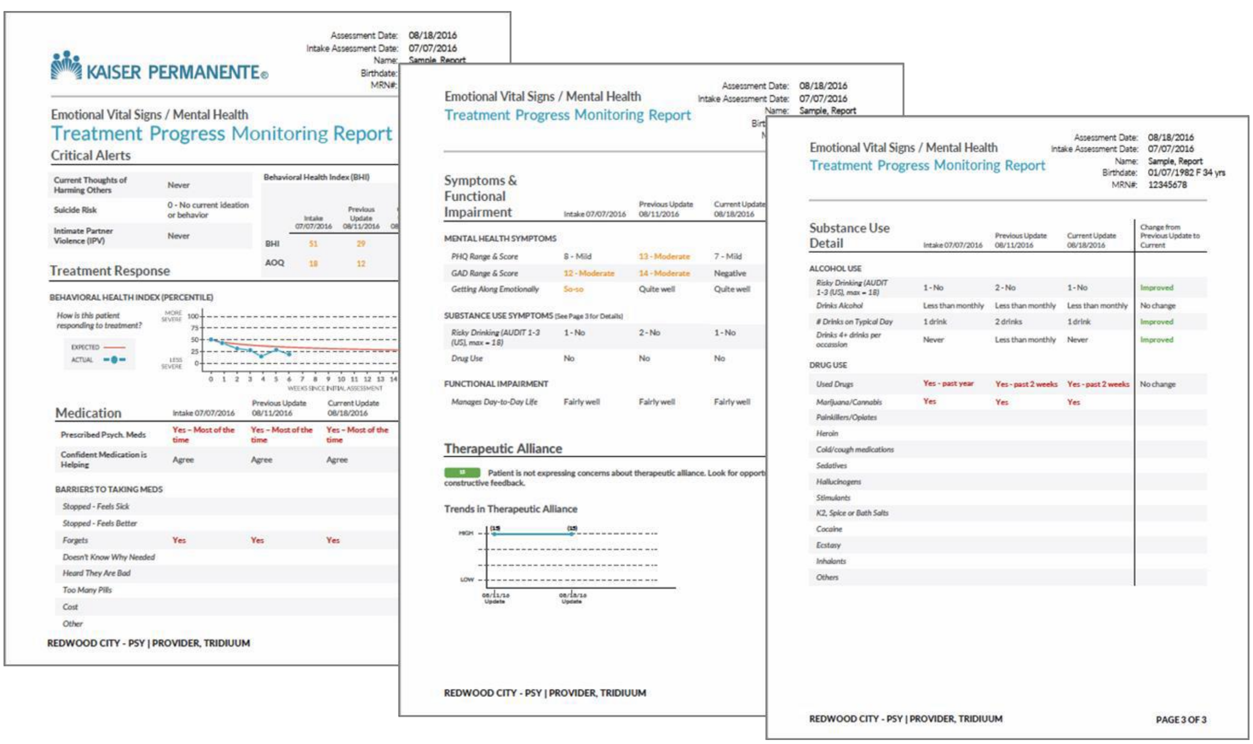
The critical alerts can inform you of patient risks. Review the patient responses to ascertain the details of each risk. The HARM alert is triggered by yes to one question, *Over the last two weeks, how often have you had thoughts of harming someone else?* and would require further assessment by the provider. Consistent with FIC, the provider will elicit more information about any alert triggered. For more information on this alert, please refer to adult and youth TPI training guides provided by Tridiuum.

VIEWING TPI REPORTS

Once the patient has completed the questionnaire, a report will automatically generate, and you will need to review it with the patient.

Included in the report is the patient's BHI. BHI (Behavioral Health Index) is a composite score of overall behavioral health calculated from multiple questions pertaining to overall well-being, depression, anxiety and functioning. Higher scores are indicative of more severe behavioral health issues. The scale ranges from 0 – 100. A BHI score of 50 indicates that patient is at the 50th percentile relative to mental health patients at intake. This score is plotted in blue at each visit to view a trend in the patient's BHI.

Sample reports:



SUBMITTING DOCUMENTATION

Documentation completed in Tridiuum will be integrated into the patient's chart in Health Connect (Kaiser Permanente's Electronic Medical Record).

The following note templates are available on Tridiuum in the *Notes* section of the patient's profile.

ADULT INITIAL EVALUATION (INCLUDES TREATMENT PLAN)
CHILD INITIAL EVALUATION (INCLUDES TREATMENT PLAN)
DISCHARGE SUMMARY
CLINICAL REVIEW
SAFETY PLAN

- **Initial evaluations and discharge summaries are to be submitted within 48 hours.**
- The **Clinical Review is to be submitted within 1 week of the request.**
- **Safety plans need to be completed immediately.**

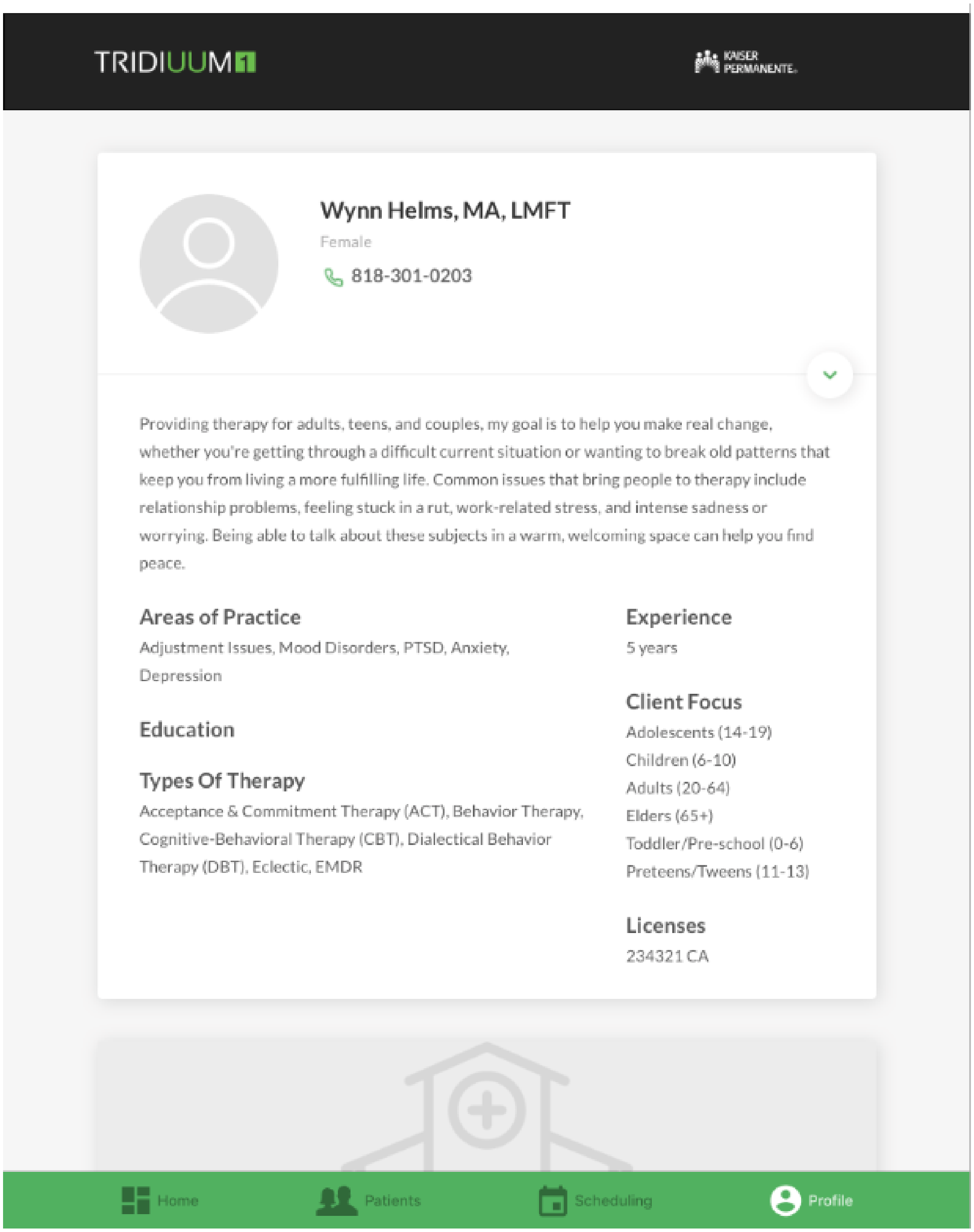
Each template is included in the Appendix.

Weekly progress notes are not required in Tridiuum. You will continue to record progress notes as you typically do for your private practice. As a guide, see a sample progress note in the Appendix. You can communicate important clinical information such as a no show using the **freeform note template in Tridiuum**.

PROVIDER PROFILES

You will be able to enter a profile with information about you and your practice. This information will then become available for patients when they are booked into an appointment with you. See sample profile below. The KPEP Hub will review provider profiles and will contact you if needed. Your provider profile must be complete to receive Kaiser Permanente referrals. It is important to update your profile as needed (e.g., accepted insurance) so the system can appropriately match you to patients.

See example below.


TRIDIUUM 1
KAISER PERMANENTE
Wynn Helms, MA, LMFT
Female
818-301-0203
Providing therapy for adults, teens, and couples, my goal is to help you make real change, whether you're getting through a difficult current situation or wanting to break old patterns that keep you from living a more fulfilling life. Common issues that bring people to therapy include relationship problems, feeling stuck in a rut, work-related stress, and intense sadness or worrying. Being able to talk about these subjects in a warm, welcoming space can help you find peace.
Areas of Practice
Adjustment Issues, Mood Disorders, PTSD, Anxiety, Depression
Education
Types Of Therapy
Acceptance & Commitment Therapy (ACT), Behavior Therapy, Cognitive-Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Eclectic, EMDR
Experience
5 years
Client Focus
Adolescents (14-19)
Children (6-10)
Adults (20-64)
Elders (65+)
Toddler/Pre-school (0-6)
Preteens/Tweens (11-13)
Licenses
234321 CA
Home
Patients
Scheduling
Profile

GUIDELINES FOR THE FIRST SESSION

FEEDBACK INFORMED CARE/TREATMENT PROGRESS INDICATOR AT INTAKE

Please ORIENT PATIENT TO TPI AND FIC - Explain to patient that TPI scores will be used to monitor progress at each session and to facilitate a discussion about what is working or not working in treatment so adjustments can be made.

ORIENT PATIENT TO 6 BHI ITEMS - Ensure patients' presenting concern(s) are reflected in their endorsement of BHI items (e.g. if presenting complaint is about work, ensure patient is answering BHI questions with work functioning in mind)

ORIENT PATIENT TO THERAPEUTIC ALLIANCE QUESTIONS - Remind patient that any and all feedback is welcomed and encouraged. You, as a therapist, will not be evaluated or penalized for critical feedback. In fact, the more critical feedback you receive from your patients on these three items, the better the chance of a successful treatment (this shows you have created a safe space where the patient feels free to be open about their perceptions/feeling related to the treatment with you). The therapeutic alliance questions are not asked at intake but are asked at all follow-up appointments.

ENSURE PATIENT'S PERCEPTION OF THEIR OWN LEVEL OF DISTRESS IS CONSISTENT WITH TPI SCORES

If you have questions about TPI/FIC, please consult with a KPEP Hub Clinician.

INTRODUCING TPI – SAMPLE SCRIPTING TO MAKE IT MEANINGFUL

"I want to make sure that the work we do together is helping you achieve your goals. Your feedback is critical to success because it will help us know if what we are doing is working. Usually change happens sooner rather than later. If we aren't seeing any change, then we need to talk about what we can do to help things move forward. I'd like you to complete the TPI before each session. The first part asks about how you've been doing, and the last few questions asks about how well our last session met your needs. The whole thing usually takes about 3 minutes, and it will really help us know when things are on or off track"

ADDRESSING PATIENT CONCERNS – TIPS AND BEST PRACTICES

With very few exceptions, patients' willingness to engage with TPI/FIC mirror the extent to which clinicians communicate that it is a useful part of treatment

- Describe TPI as a snapshot of "mental health vital signs"
- Discuss results every time a client completes it
- Link results to the patient's reason for coming in *(e.g. "if we start to accomplish your goals for treatment, where will we see a change on the TPI?")*
- Discuss trends over time, using the graph
- Confirm that today's score fits with patient's experience

WEB-BASED TRAININGS

Training videos for TPI and FIC are available. Please reach out to the KPEP hub if you have additional questions.

NO-SHOWS AND PAYMENT

You are responsible for reviewing your private practice internal payment and scheduling policies with the patient in the first session, including:

- No-show policy: You cannot bill KP for missed or canceled appointments (i.e. no-shows). Also, you may not bill members for a missed intake/initial session. For missed follow-up appointments, please adhere to the terms of your Agreement, including compliance with applicable law governing services to Medicare and Medi-Cal members, and follow your internal policies for no-shows. **Please note:** If you provide services to both Medicare and Medi-Cal members, you cannot bill or otherwise seek or collect reimbursement for missed or canceled appointments from any such members, or any person acting on behalf of such members. You can bill or otherwise seek or collect reimbursement for missed or canceled appointments from patients who are not Medicare or Medi-Cal members to the extent permitted by applicable law, provided the charges must not exceed your contracted rate and you must obtain informed consent from the patient.
- Rescheduling/Cancellations: If a patient needs to reschedule or cancel the first appointment, the patient can call the KP call center; if the patient reaches out to you to reschedule, please do so. If subsequent appointments need to be rescheduled, you must reschedule them.
- Member Cost Share: Collect cost-share at each visit. These payments are part of your compensation from KP and will be deducted by our billing department. Please note that the co-pay field in Tridiuum is the patient's estimated liability. To verify the patient's co-payment and/or deductible please logon to Kaiser's Online Affiliate Community Provider Portal (please see link under Contacts and Resources in the Appendix). If your registration for the Online Affiliate is not yet complete, you may call Member Services at 1-800-464-4000 to verify patient eligibility and co-pay. You may find a list of Eligibility/Member Services numbers according to Kaiser Plan type on the attached Provider Reference Guide (See Appendix).
- **If patients return within 4 months, they can start services without a new screening/referral.** (Refer to page 18 *Patients Returning to Treatment* for more information.)

Attempts to contact patient must be documented in Tridiuum 1 Connect as a "freeform note" under *Notes* in the patient's profile.

REQUIREMENTS FOR INTAKE

PAYMENT: You will verify and collect cost share/co-pay from patient. You will need to verify patient co-pay/deductible via KP's Online Affiliate portal.

LICENSURE: Discuss your credentials with patient.

DOCUMENTATION REQUIRED: Informed Consent, Notice of Privacy Practices, Release of Information. You will use your private practice paperwork for these documents.

SET EXPECTATIONS: Discuss with members that treatment includes the use of Treatment goal-focused models of care and consistent use of FIC. **The focus of the treatment is goal attainment**. You can explain, "*Both Kaiser Permanente and I will be monitoring your progress. Both Kaiser Permanente and I, as well as you and I, will discuss a plan for how to adjust your treatment if you are not making progress toward goals. When you meet your treatment goals, we will be discussing graduation from treatment*."

TIMELINESS OF COMMUNICATION: **Urgent calls** should be returned immediately. **Non-urgent calls** should be returned within 1 business day

EMERGENCY PROTOCOL: Follow normal office or group practice protocols

PROVIDE PATIENTS WITH KP BEHAVIORAL HEALTH CARE HELP LINE: **800-900-3277**. Patients can call if they have an urgent need 24/7 hours a day (KP Patients Only). **This number can also be given to KP patients with the direction to call if they have an urgent clinical need when you are out of the office and not reachable via phone (e.g. on vacation). Please note that KP expects that external providers will actively manage their KP patient's behavioral health crises.**

ADMINISTER THE TREATMENT PROGRESS INDICATOR: If CSSRS score is 3 or higher or when clinically indicated, you must do a **safety plan**.

INTAKE DOCUMENTATION: You must use the Initial Evaluation template included in the Tridiuum1 Connect app and submit within 48 hours of the intake session. The Initial Evaluation template and the KP behavioral health phone numbers by area needed for the intake are provided in the Appendix.

TREATMENT PLAN: The treatment plan should be documented within the Initial Evaluation and must include **SMART goals**.

Specific **M**easurable **A**ttainable **R**ealistic/Relevant **T**ime oriented

Ask Yourself: 1. Does the client have a stated goal for treatment and if so, what is it?
2. Does the client have specific ideas about how to reach the goal?

If the answer is "no" or "I don't know" then provider interventions are unlikely to be helpful

SMART GOAL SETTING EXAMPLE

Patient goal: *friends/less alone* → Provider translates: *increase socialization* (Not SMART GOAL) →

SMART GOAL: Patient will initiate 2 or more conversations each week for the next 4 weeks

GUIDELINES FOR FOLLOW-UP SESSIONS

FEEDBACK INFORMED CARE - HOW TO USE TPI IN FOLLOW-UP SESSIONS?

REVIEW THE PROGRESS GRAPH WITH THE PATIENT AT EVERY SESSION - Seeing progress helps reinforce positive change; seeing stagnation or deterioration may help increase engagement and/or enhance motivation to engage in a different, more productive way.

ENSURE PATIENT'S PERCEPTION OF THEIR OWN LEVEL OF DISTRESS IS CONSISTENT WITH TPI SCORES. – If there is a discrepancy, help patient connect their reason for seeking service to the way they complete the TPI questions.

REVIEW THERAPEUTIC ALLIANCE QUESTIONS AT EACH SESSION - If patient "strongly agreed" with all three therapeutic alliance (TA) questions, ask what went well, ask if there is something that did not go well and encourage any future critical feedback. If any question was not endorsed "Strongly Agree," ask how you can adjust to ensure the sessions are a little better fit for them (it's okay if they can't answer; asking the questions builds therapeutic alliance). Do not personalize any Therapeutic Alliance Feedback (e.g., "What did I do wrong?"). Instead, focus on how the session content can be adjusted to feel more comfortable or productive for the client.

IF THERE IS NOT PROGRESS - Remind patient that change tends to happen sooner rather than later, so if you're not seeing change early, you need to make sure you try something different as soon as possible. If lack of progress continues, start preparing patients that a change in treatment, e.g., treatment modality/structure/interventions or provider change, may be appropriate.

If a change is indicated, **please consult with the hub team for care coordination**. **Please do not direct patients back to KP without first reaching out to the HUB for care coordination.**

IF THERE IS PROGRESS - If a patient has already achieved a benefit from treatment and progress is now plateaued, review the treatment plan (which would include transition toward treatment graduation per FIC guidelines) and discuss decreasing session frequency and/or graduation accordingly.

BEST PRACTICES RECOMMENDED

- Check patient insurances (via Online Affiliate portal) at the minimum monthly to monitor for lapses/changes
- Consult with: KP treatment team (e.g., patient's psychiatrist) & other colleagues
- Conduct family therapy when indicated
- Create safety plan when indicated, upload in Tridiuum (under "Notes" in the patient's profile) and review at every session
- If patient's express concerns about the TPI, try the following:
    - Explore patient concerns about taking the TPI
    - Discuss the value of the TPI tool (i.e., TPI is another way of tracking progress as a part of the client's treatment)
    - Explain much of what is being asked in the TPI we would address anyway (i.e., check-in about symptoms, safety check), and now it is being asked in a brief 3-5 min questionnaire
    - If patient continues to decline, adopt TPI completion as part of the patient's clinical goals and reach out to the HUB to discuss other tracking options
- For transfer patients (even with recent intakes), you would complete a new initial evaluation and submit in Tridiuum based on your assessment with the patient.

HIGHER LEVEL OF CARE

Providers are to reach out to the HUB (scal-bh-panel@kp.org) to identify higher level of care options indicated for a particular case. There are varying levels of care. It is recommended to start with the least intrusive level of care if appropriate and transition as clinically indicated. See below example of higher level of care progression.

↑ SESSION FREQUENCY	•Generally, 2x/week sessions are provided for a temporary time frame as clinically indicated •Document adjusted treatment plan, including the time frame under "Notes" as a "freeform note" in the patient's Tridiuum profile (via the web version)
ADJUNCT SERVICES	•Options in addition to individual therapy: group therapy, medication treatment, addiction treatment •Reach out to the HUB to coordinate care and/or consult with KP psychiatrist/other provider on the case
IOP	•Reach out to HUB; there may be a referral form for you to complete •Consult with patient's KP psychiatrist as the psychiatrist makes/approves this referral
HOSPITAL	•Emergency cases will be hospitalized (managed by you per your typical protocols if patient is with you) •Patient may return to individual therapy if clinically indicated; reach out to the HUB, psychiatrist, or other KP treatment team members (e.g., case manager) to coordinate care as needed
INPATIENT	•Facilitated by KP internal medical center team for severe cases

*The above list is not exhaustive. There may be other higher level of care options.

PATIENT DOCUMENTATION REQUESTS

Patients may request clinical records from you as your private practice is the holder of the patients' clinical records. For patients requesting verification of therapy, you can write attendance confirmation letters for the patient/caregiver; we recommended addressing the letters to the patient/caregiver, then patient/caregiver can share the letter with whom they choose.

For a patient interested in clearance for hormones/transitioning surgery, please direct the patient to call the KP behavioral health clinic or their KP behavioral health provider (if the patient has one).

For a patient requesting time off/disability please refer the patient to the local KP appointment center/behavioral health call center. External providers will not approve time off or disability requests. **Please defer to the medical doctor/psychiatrist to assess, recommend and approve time off requests.** If you have further questions about a specific request, you can email scal-bh-panel@kp.org.

DISCHARGE PLANNING

Follow normal discharge planning protocols and submit the discharge summary in Tridiuum 1 Connect with 48 hours of the last session or within 48 hours of discharge confirmation. On the discharge summary form, document the CPT code of the last session with the patient.

A few instances indicating a discharge summary are:

1. Patient has met goals and successfully completed treatment
2. Patient has missed appointments without notice. If after attempting to contact patient (see page 20 for guidelines on call attempts) the patient has not responded, you can submit the discharge paperwork.
3. Patient is planning to take a 4-week or more break from therapy; this may be a time for patient to complete this episode of care and patient can return if needed.
4. If the patient misses the intake appointment, you can document in the missed session in the patient's Tridiuum profile under "Notes" as a "freeform note" (web version). If after attempting to contact patient (see page 6 or 21 for guidelines on call attempts) the patient has not responded, you can remove the patient from your Tridiuum patient list.

PATIENTS RETURNING TO TREATMENT

If a patient returns for treatment before 4 months have elapsed since the last session, and within a year of the original referral, then services can resume without a new referral. If the patient is not on your Tridiuum profile, email scal-bh-panel@kp.org. However, if the patient returns after 4 months or more than a year since the original referral, patient must call the local KP call center for a referral for a screening and new referral.

There is no guarantee screening will indicate an external referral. The provider must have availability on Tridiuum in order to have patient booked with them. Providers can utilize the HOLD in Tridiuum for a returning patient to be scheduled for an intake if the patient is eligible for an external referral.

BILLING AND CLAIMS

You will be expected to bill KP directly for your services, and in a timely fashion. You will be reimbursed at your KP-contracted rate minus the patient's cost share/copay. Patients should not be told to pay your full rate and to seek reimbursement directly from KP. You will use the CMS 1500. You may sign up for electronic billing. Authorization numbers and referring provider information are no longer required with the KPEP platform.

It is the provider's responsibility to verify patient eligibility, co-pay and any deductible before treatment begins as well as on-going during treatment, since patient coverage can change or lapse at any time. The fastest way to verify coverage is via **KP's Online Affiliate Portal** (see link in Contacts and Resources of the Appendix). All Kaiser external providers are now required to register for access to Online Affiliate. If you do not yet have access to Online Affiliate, you may also call KP Member Services (reference the appropriate contact numbers according to the member's plan in the Appendix).

All billing and claims inquiries should be handled by the provider with the appropriate departments. For claim denials or other claim issues, email scal-bh-panel@kp.org and we will link you to the right KP contact.

Please see the Appendix for more detailed information about billing, claims, and Online Affiliate including the contact information for these departments.

CPT CODES

The standard CPT codes for your contract are:

90791 | INITIAL EVALUATION
90832 | PSYCHOTHERAPY – 30 MINUTES
90834 | PSYCHOTHERAPY – 45 MINUTES (38-52 MINUTES)
90837 | PSYCHOTHERAPY – 60 MINUTES (53 MINUTES +)
90846 | FAMILY THERAPY WITHOUT PATIENT
90847 | FAMILY THERAPY WITH PATIENT

FREQUENTLY ASKED QUESTIONS

PATIENT REFERRALS AND AUTHORIZATIONS

WILL I HAVE TO SUBMIT REAUTHORIZATION FORMS?

Referrals are approved as clinically indicated. You may be asked to complete a clinical review form or consult via phone with a clinician (Quality Review Consultant) in the KPEP Hub. Requirements for ongoing treatment are that patient meets the definition for clinically indicated care, and that they are making progress in treatment--which will be internally tracked. When a Clinical Review form is requested please submit the form on time and email scal-bh-panel@kp.org securely with the patient's name, DOB and medical record number (MRN) upon completion.

For patients who were referred to you prior to the KPEP launch (the ones for whom you were submitting reauthorization requests), they should have been loaded into Tridiuum 1 Connect --which means you will not have to submit reauthorizations for them. However, if you are not able to administer the Treatment Progress Indicator (TPI) or use Tridiuum 1 Connect to schedule follow up appointments, the patient will need to be added to the platform for reimbursement and authorization. You can add authorized patients only to your Tridiuum patient list using the instructions here.

HOW WILL PATIENTS BE MATCHED WITH PROVIDERS?

Initially, matching will occur based on geographic location and availability. As more data is uploaded into the system, matching will be based on patient-provider fit.

UNDER THE KPEP PLATFORM WILL THERE BE LAST MINUTE SCHEDULED APPOINTMENTS FOR AN OPEN INTAKE SLOT?

Standard policy for the KP call center is to not schedule an appointment within 48 hours from the appointment request, therefore the provider will not have last minute appointments (unless permission is obtained from KP staff).

WHAT IF A PATIENT RETURNS TO ME FOR CARE?

If patients return for care within one year of initial referral and no more than 4 months from their last session with you, you may see them again. **Treatment that is active counts as one episode of care. If a patient receives care and then discontinues (e.g. does not receive care for four months), when he/she returns, that will be the second episode of care**. They will need a new referral if seeking care after 1 year from the initial referral or after 4 months since the last session with you. The patient will need to phone KP (i.e., local medical center) for a screening and, if a referral is indicated, the patient can make a request to see the same therapist if the therapist has appointments in Tridiuum. You are welcome to place an appointment on HOLD for this patient in Tridiuum since the patient is a returning patient.

I AM SEEING A PATIENT FOR THE FIRST TIME, BUT THEY SAID THEY ALREADY DID AN INTAKE AT KAISER. DO I STILL COMPLETE AN INTAKE?

Yes.

PATIENT CARE MANAGEMENT

DO I GET REIMBURSED FOR PATIENT NO-SHOWS?

KP does not reimburse you for patient no-shows. You may not bill KP or members for a missed intake/initial session. For missed follow-up appointments, please adhere to the terms of your Agreement, including compliance with applicable law governing services to Medicare and Medi-Cal members, and follow your internal policies for no-shows.

WHAT IF A PATIENT CANCELS PRIOR TO THE FIRST VISIT?

If the patient cancels prior to their first visit, the provider cannot charge the patient. Document this cancellation in Tridiuum using the "freeform note" template.

If the patient cancels the intake appointment you are welcome to reschedule with the patient. Also, you can direct the patient to call their local medical center to reschedule. They may request the same provider if there is availability.

WHAT IF I CANNOT CONTACT A PATIENT OR A PATIENT DOES NOT SHOW?

The provider should call the patient during time of appointment if there is a no show.

If unsuccessful, a second attempt should take place within 2 business days and third attempt should take place within 5 business days. Be sure to double check the contact information (email scal-bh-panel@kp.org for assistance as needed) and document all three attempts to contact the patient on Tridiuum 1 Connect in the patient's profile under "Notes" as a "freeform note".

CAN I SEE MY PATIENTS MORE THAN ONCE A WEEK?

Typically, patients referred to your practice will not clinically need to be seen more than once per week. Please seek consultation with the KPEP Hub to evaluate the severity of your patient's condition along with adjunct services to supplement your treatment. You may be asked to submit a Clinical Review.

CAN I SEE MY PATIENTS MORE THAN ONCE A DAY?

You cannot bill for the same service twice in the same day. If a crisis has resulted in you providing more than one session, seek consultation with the KPEP Hub, scal-bh-panel@kp.org.

IS THERE A LIMIT ON THE NUMBER OF SESSIONS?

KP does not limit the number of sessions. The number of sessions is based on the patient's documented clinically indicated need for treatment. Please contact the KPEP Hub if you have concerns with patient treatment progress.

HOW CAN MY PATIENT REQUEST CLINICAL RECORDS?

Your private practice is the holder of the patients' clinical records. They will request clinical records from you. If you have questions about a specific request you can consult with one of the Quality Review Consultants (scal-bh-panel@kp.org).

WHAT DO I DO IF MY PATIENT IS ALREADY ON MEDICATION?

If your patient is already on medication, that patient will continue to receive medication management services with their KP psychiatrist. If you would like to consult with the patient's psychiatrist for treatment planning or continuity of care reasons, you may contact the local Behavioral Health call center (see Appendix for phone numbers) and leave a message with your office number or cell phone number for the psychiatrist and/or nurse to return your call.

WHAT DO I DO IF MY PATIENT'S COVERAGE CHANGES?

If a patient is no longer covered by Kaiser Permanente, follow your typical protocol and have a discussion with the patient about continuity of care. Patients are responsible for letting an external provider know about changes to their KP coverage. If they do not, they may be responsible for the cost of their care as per your office policies.

If a patient has different Kaiser Permanente coverage, verify on KP's Online Affiliate portal the new co-pay and collect that co-pay.

CAN I ADVERTISE THAT I AM A KAISER PANEL PROVIDER?

No, you may not advertise that you are a provider on the KP panel. Patients access a wide range of psychiatry services, including an external referral, by phoning their KP Behavioral Health Department.

HOW DO I INITIATE "RETURNING A REFERRAL" WHEN CLINICALLY INDICATED?

We hope that providers and patients will be appropriately matched and that providers will not have to return a referral. However, if the provider finds they need to return a referral for clinical reasons after an intake is complete, providers would contact the HUB Quality Review Consultants to discuss the case to coordinate care. The same process should be followed for patients who may need a higher level of care.

WHAT DO I DO IF THE PATIENT NEEDS ADJUNCTIVE SERVICES?

Email the KPEP Hub for consultation (SCAL-BH-Panel@kp.org).

WHAT DO I DO IF I AM ALREADY SEEING A KP PATIENT WITHOUT A REFERRAL?

Refer them to their local Behavioral Health Call Center to be screened. You should only continue to see patients who meet clinically indicated care guidelines (i.e., DSM diagnosis and significant functional impairment in one or more important areas). During the phone call to the clinic, patient would indicate a need for care, the desire to see you for ongoing treatment, and take a brief screening. <u>If the screening determines that therapy is indicated, and KP elects to use the external panel, the patient can be booked with you. Please note that you will need to have provider availability open in your Tridiuum1 Connect calendar</u> for the Call Center to book the member with you. The Call Center booking authorizes treatment with you.

WHAT IF A PATIENT CONTACTS ME FROM THE COMMUNITY?

If this occurs, you should refer the patient to call their local KP Behavioral Health Clinic to be screened. Keep in mind the KP Behavioral Health Clinic may choose to book the patient internally, according to their workflow. If the KP Behavioral Health Clinic makes the decision to book the patient to the external panel, the patient may be booked with you if you have openings in Tridiuum.

WHERE DO I SUBMIT CLINICAL DOCUMENTATION?

You will submit the following documentation via the Tridiuum 1 Connect app on the web or IPAD in the patient's profile under *Notes*: Initial Evaluations, TPIs, Discharge Summaries, Safety Plan (called Safety Plan in Tridiuum 1 Connect) and Clinical Case Reviews (called Clinical Review in Tridiuum 1 Connect). You can continue your standard procedures for progress note records.

TRIDIUUM 1 CONNECT/TPI/IPAD

DOES EVERY PROVIDER NEED TO OWN AN IPAD ON THE KPEP PLATFORM?

We strongly recommend that each provider have their own iPad to access the App since this is the most user-friendly way to navigate the Tridiuum platform. Additionally, taking the TPI via the iPad is the preferred way to administer this assessment for both clinical and logistical reasons. Tridiuum platform functionality can be accessed on either an iPad or on a web-based browser. This means that providers can access the platform's features via desktop or laptop through a web-based version in addition to the iPad App version.

WILL I RECEIVE PATIENT REFERRALS IF I DO NOT LOAD INTAKE AVAILABILITY INTO THE TRIDIUUM APP?

No. Once you've been sent the invitation to the Tridiuum app (invitation is sent after trainings are completed and attestation is signed) you will need to load intake availability (called "Provider Availability" in Tridiuum) into the app to receive patients in order to receive referrals.

WILL KAISER'S SCHEDULING SYSTEM INTERFACE WITH OTHER SOFTWARE THAT EXTERNAL PROVIDERS CURRENTLY USE (I.E. THERANEST ETC.)?

No, it will not. Providers will need to indicate open slots for the initial intake slots they have available in the app via the iPad or web browser. There is no way to make the app compatible with all other existing scheduling programs.

WILL THERE BE SOME TYPE OF TRAINING ON THE TPI/ NEW SCHEDULING SYSTEM, ETC.?

Yes, Tridiuum and the KPEP HUB will send you training information via email.

WHAT IF I FORGOT MY TRIDIUUM PASSWORD OR USERNAME?

If you have forgotten your password, you can reset it at the login screen (https://polestarapp.com). Click on "Forgot your password?", enter your email address that is tied to your Tridiuum account, and you will be emailed a link to change your password. Please note, your username is not the same as your email address.

Your username was included in your setup e-mail from Tridiuum, which also contained a link for you to follow to setup your password initially. The subject line of this email includes the text "Welcome to Tridiuum1" and it is from the sender: Tridiuum Notifications, email: tridiuum1notifications@tridiuum.com.

If you cannot find this email to obtain your username after searching your email for it, please reach out to the Tridiuum customer support portal to request it.

I RESET MY PASSWORD AND WAS THEN ABLE TO LOG IN. LATER, I TRIED TO LOG IN AND WAS TOLD THE USERNAME OR PASSWORD DOES NOT MATCH OUR RECORDS (AGAIN). WHAT AM I DOING WRONG?

You are likely inputting an incorrect username, but your password is correct. When you reset your password, you only have to input a new password and not your username in order to log in. After you are logged out and try to log back in with the new (correct) password and the same incorrect username, you will get the same error and be prompted to change your password again.

Please try logging in to the website (https://polestarapp.com) with the correct username and the last password you created. Your correct username can be obtained from the Tridiuum setup email, as outlined above in “What if I forgot my Tridiuum password or username?”

HOW DO I GET PATIENTS ADDED TO MY PATIENT LIST IN TRIDIUUM?

Telehealth sessions

Providers are now able to send at-home TPI assessments and video sessions to clients not currently on their lists in Tridiuum (**only clients authorized by KP for a referral**). Once the client completes one assessment with you, the client will automatically be added to your list. See links to instructions below.

How to send TPI assessments to clients not on your list in Tridiuum

How to send video sessions to clients not on your list in Tridiuum

In person sessions

For clients not yet in your patient list in Tridiuum, please administer the TPI assessment to them at the start of their next session using one of the below methods, after which they will then get added to your patient list.

1. Sign into the website (https://polestarapp.com) and select Start Assessment from the Clinical Home page. Click here for step by step instructions.

2. Sign into the iPad app and select Start Assessment from the Home screen. Click here for step by step instructions.

3. Using your TPI Assessment website. If you do not know what this is, you can find it by logging into the website, selecting the gear icon in the upper right – My Profile – Site – Site URL. You can copy and paste the URL into a web browser. Use the dropdown menu to select the site URL you are looking for.

   It is important to omit any leading 0’s when entering your client’s MRN (medical record number), otherwise you will receive an error message after entering the patient’s information.

HOW DO I REMOVE PATIENTS FROM MY PATIENT LIST?

If a patient has completed treatment with you and you no longer wish to have the patient appearing on your patient list, please select **“Remove patient”** in the patient’s profile. Step by step instructions provided here.

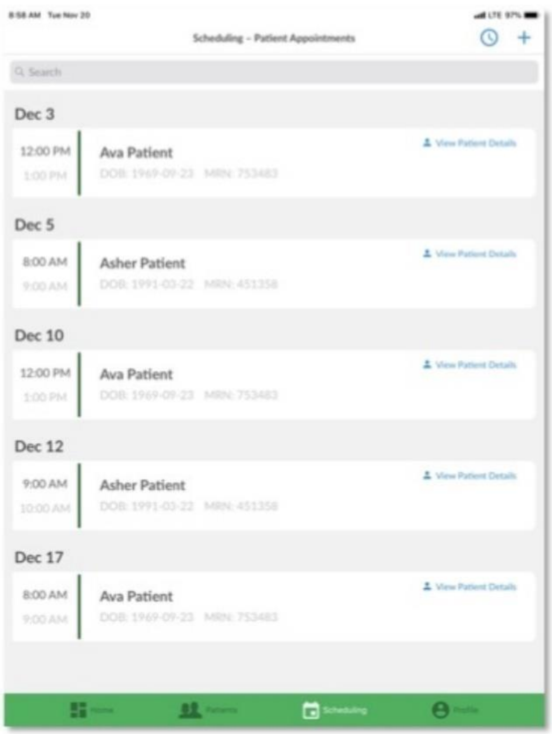
WHY ISN'T THE MRN I AM INPUTTING INTO TRIDIUUM TO ADD A HOLD OR TO ADMINISTER THE ASSESSMENT BEING RECOGNIZED?

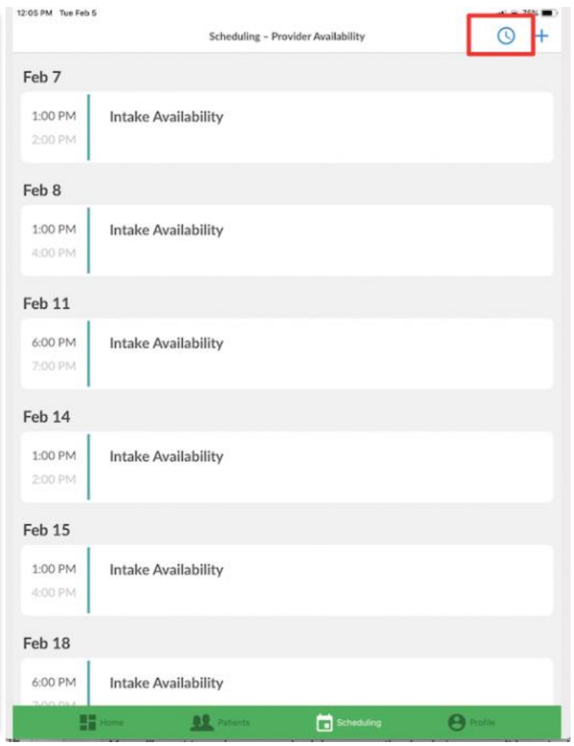
Try eliminating the leading zeros when inputting MRNs into Tridiuum. If this doesn't correct the issue, please double check the MRN for typos, as the number must be an exact match to be pulled from Kaiser's electronic health record. If that does not work contact,

Tridiuum Customer Support: https://polarishealth.atlassian.net/servicedesk/customer/portal/1

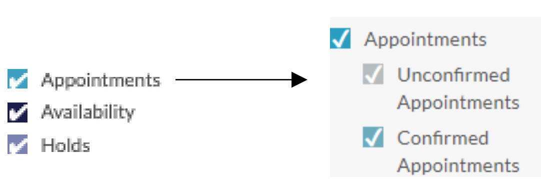
I'M HAVING TROUBLE VIEWING INTAKES IN THE SCHEDULING SECTION OF MY TRIDIUUM CALENDAR.

In the iPad application, under "Scheduling" you will need to select the clock icon at the top right to toggle between the Availability and Appointments section in the app:



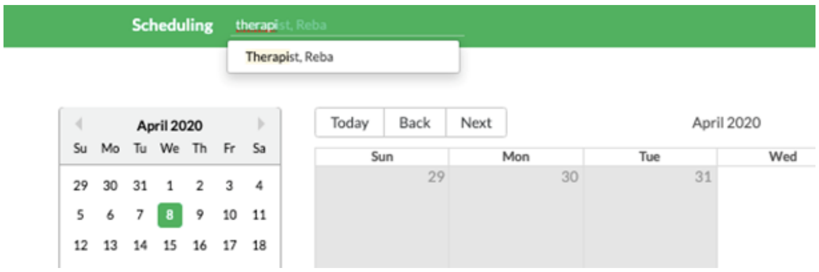


In order to view your own intake appointments under the Scheduling tab in the Tridiuum website, please make sure the "Appointments" box on the left side of the screen is checked when viewing the calendar:



Appointments will show up in blue. Click on the blue appointment thumbnail of the patient name to expand it, which will then show the patient's appointment information. From this box, click on the patient's name to navigate over to the Patient's Profile page. NOTE: Patients do not have to "confirm" an appointment. A booked appointment occurs with patient's consent and is a valid referral. So some of your referrals may remain as "unconfirmed appointments".

If you are a Scheduling Admin for a group, you will first need to search for the provider whose schedule you wish to view in the Search box in the upper left of the Scheduling tab. Just begin typing the provider's name in the box and select it when it appears from the drop-down list to display that provider's schedule:



WHAT SHOULD I INCLUDE IN MY PROVIDER PROFILE?

Please keep in mind that this profile will be sent to a KP patient once they have been matched with you (patient is not using the profile to select you as their therapist). As a reminder, you are not able to advertise in any location that you are a provider with the KP external panel because we refer patients to you. **Please ensure your provider profile is complete before entering your provider availability, as the fields completed contribute to appropriate patient matching.**

As in the sample on page 11, your profile should include the following information about you:

- Brief introduction about your strengths as a therapist (a short paragraph)
- Areas of practice
- Education (clinical degree, school)
- Types of therapy
- Post licensure experience in years
- Client focus (ages you work with)
- License number

Provider profiles must have the following fields complete:

- Provider Name
- Accepted Insurance Plans
- Individual NPI

Each site must have the following fields complete:

- Phone
- Address (this must be a valid address, free of typos so address matching software can identify it)
- Accessibility
- Transportation Access

WHO DO I CONTACT IF I HAVE A NEW SITE/LOCATION?

Email the KPEP Hub at SCAL-BH-Panel@kp.org and

Please go the Community Provider Portal by clicking on the following link: SCAL Community Provider Portal. On Step 3 please click on the link "indicating "Update your address, phone, fax or email information". Complete the form and email the completed form to the email indicated.

*Please allow time for the appropriate departments to review and contact you for further information.

WHY MIGHT MY INTAKE AVAILABILITY NOT BE GETTING BOOKED WITH NEW PATIENTS?

Sometimes providers' profiles and site(s) may be incomplete or filled out a certain way which would limit or prevent bookings. Additionally, providers will not always be a match for every patient. Patients are screened by Kaiser medical centers and matched up with providers based on insurance type, location, age, accessibility needs, among other things which are pulled from providers' profiles/sites.

Provider profile/site fields that can limit bookings:

- Client Focus: If nothing is input in this field, you will be booked clients of all ages. If you select an age range in this field, you will only be booked clients in that range and you will not be a match for anyone outside the age range.
- Language(s): If nothing is input in this field, you will be booked clients who speak English. If you select a language in this field, you will only be booked clients who speak that language, so be sure to add English to this field as well. For example, if you would like to be booked clients who speak Spanish but also English, be sure to select both in this field.
- Accepted Insurance Plans: You will not be booked patients who do not have the same insurance as what is listed in your profile in this field, so make sure it is up to date.
- Site Address: Please make sure the address inputted for your site is a valid address (free of typos, etc.) so our address-matching software can find it. If not, you will not be booked intakes. Also, you will not be a match for clients who are more than 50 miles from your location.
- Site Accessibility and Transportation Access: If a client indicates they need assistance to their session, they will not be booked with you if the items in these fields do to meet their needs.

TPI FAQS

IN ORDER TO COMPLETE THE TPI DO I HAVE TO USE AN IPAD?

No, the TPI can be administered via the iPad App version and the web-based version of the platform.

IS A TPI REQUIRED FOR YOUTH PATIENTS (AGE 0-17)?

Yes. The YTPI (Youth Treatment Progress Indicator) is available for patients ages 5-17. For patients 5-7, the patient's proxy (caregiver) completes the YTPI on behalf of youth patient. For ages 8-17, the youth and proxy both complete the YTPI. If the proxy is not available, the proxy questionnaire portion of the assessment can be skipped. See Tridiuum's *Youth TPI Training Guide -Tridiuum 1 Connect* for more information.

WHAT DO I DO IF I MISSED ADMINISTERING A CLIENT A TPI ASSESSMENT?

Tridiuum will not allow providers to input a note (adult/child initial evaluation, discharge summary, etc.) with the exception of a freeform note, without the patient completing at least one TPI assessment with the provider first. If the TPI assessment was missed at the first session, or if the provider was seeing the patient prior to the start of the KPEP rollout, providers should complete the paperwork on the patient in their own records and input into Tridiuum after the patient's next session once they have completed a TPI assessment. Also, providers are asked to input a freeform note in the patient's profile. Freeform notes are currently only available in the website (https://polestarapp.com).

CAN I PRACTICE GIVING THE TPI ASSESSMENT ON A TEST PATIENT?

Please do not administer a TPI assessment to an MRN as a practice assessment. These assessments will save to Kaiser's electronic health record and are not easily removed, as a ticket will need to be created with Kaiser Permanente's Data Accuracy Unit in order to correct the data.

CAN GROUP ADMINISTRATORS ADMINISTER THE TPI TO THE PATIENT FOR A PROVIDER?

Group Administrators (Admin) can use their site url to administer the assessment and select the provider the patient is going to see. Admin can also start the assessment from the patient page, and then go to the assessment tab on the patient page to select the correct provider that will work with the patient.

GROUP ENTITIES

HOW CAN ADMIN TRACK REQUIRED DOCUMENTS?

Admin will need to go to each patient's page to review.

HOW CAN I ADD A NEW PROVIDER TO A GROUP PRACTICE?

1. Please go the Community Provider Portal by clicking on the following link: [SCAL Community Provider Portal](). On Step 3 please click on the link indicating "Update your Practitioner Roster". This will allow you to add and associate a new provider.

*Please allow time for the appropriate departments to review and contact you for further information.

2. Once the provider is fully credentialed:
   a. Submit Approval to Participate Letter (sent to provider by the credentialing department) to SCAL-BH-Panel@kp.org.
   b. If more than one office location, identify office location (s) the provider will be seeing KP patients. *If you don't have the letter, verification from the credentialing department will be obtained by our team.*
3. Group Owner/Administrator forwards training email to group provider for the provider to complete the following:
   a. FIC and Suicide Prevention Video
   b. Tridiuum Pathways Training Modules
   c. Attestation (via link in email)
   d. After the above is complete, it can take 2 weeks to finalize setup.

HOW DO I ADD A PROVIDER TO THE GROUP WHO IS ASSOCIATED WITH ANOTHER KP CONTRACTED GROUP?

1. Please go the Community Provider Portal by clicking on the following link: SCAL Community Provider Portal. On Step 3 please click on the link indicating "Update your Practitioner Roster" and the "Practitioner Addition Form". This will allow you to add and associate a new provider.

2. Once the provider is associated to your group, the provider will receive an e-mail from the credentialing department confirming association. Forward this email to SCAL-BH-Panel@kp.org. If you do not receive the above communication, please contact our team by proving the provider's name and NPI; our team will obtain direct verification from Regional Credentialing.

   **If you have more than one office location, please indicate what office (s) the provider will be seeing KP patients. (i.e. All Offices, Office A, Office A and Office B)*
3. Group Owner/Administrator forwards the KPEP Handbook along with the following training and attestation link. *Note that provider will need to provide a unique e-mail, different from the one being used in the other KP contracted group.
4. After the above is complete, it can take 2 weeks to finalize setup.

WHO DO I CONTACT IF A PROVIDER IS LEAVING MY GROUP PRACTICE?

SCAL Regional Behavioral Health/KPEP team at SCAL-BH-Panel@kp.org

In your e-mail, include the providers First and Last name, NPI and date of separation. In this communication you may also include any feedback pertaining to the provider leaving your group.

You will also need to go to the Community Provider Portal by clicking on the following link: SCAL Community Provider Portal. On Step 3 (in diagram above) please click on the link indicating "Update your Practitioner Roster" and complete the "Practioner Removal Form" This will allow you to remove and dissociate a provider.

APPENDIX

SAFETY PLAN - SAMPLE TEMPLATE

Date:
Patient Name
Date of Birth:
Sex:
Kaiser MRN:

KAISER PERMANENTE®

KP External Provider

Safety Plan Summary

STEP 1. KNOW WHEN TO GET HELP

What are some warning signs you're beginning to struggle? (These may include thoughts, feelings, or behaviors.)

Warning Sign 1

Warning Sign 2

Warning Sign 3

STEP 2. USE YOUR COPING SKILLS

What things might you do on your own to take your mind off the problem? (This may include things like doing a relaxation exercise or engaging in physical activity.)

Skill 1

Skill 2

Skill 3

STEP 3. PEOPLE AND/OR SOCIAL SETTINGS THAT PROVIDE RELIEF FROM SYMPTOMS?

Who or what places help you to take your mind off your problems?

Name 1

Name 2

Place 1

Place 2

KAISER PERMANENTE®

Date:
Patient Name
Date of Birth:
Sex:
Kaiser MRN:

Who helps you feel better when you are around them?

Name 1	
Name 2	
Name 3	

STEP 4. HOW/WHERE CAN I GET SUPPORT?

If you are unable to deal with this distress on your own, contact a trusted family member or friend who can provide support. List a few people in case the first person is not available.

Name and Number 1	
Name and Number 2	
Name and Number 3	

STEP 5. CONTACT A PROFESSIONAL FOR HELP

If the distress persists and/or if you have suicidal thoughts, reach out to your professional support system.

Local Emergency Number	
MH Provider Contact	
Kaiser Permanente 24 Hour Crisis Hotline	1-800-900-3277
National Suicide Hotline Number	1-800-SUICIDE; 1-800-273-TALK; 1-800-799-4889 for deaf/hard of hearing

STEP 6. KEEP YOURSELF SAFE:

What can you do to keep yourself safe? (This might include things like removing guns from the home or allowing someone you trust to keep your prescription medication, etc.)

Safety Action 1	
Safety Action 2	

KAISER PERMANENTE®

Date:
Patient Name
Date of Birth:
Sex:
Kaiser MRN:

STEP 7. COUNSELING ON ACCESS TO LETHAL MEANS

GUNS

Does anyone in your house own guns?

If so, how many guns?

If so, how are they stored?

If so, how long has the gun(s) been around/owned?

Based on the provider's clinical assessment, the following was agreed:

Family member/friend agree to provide emotional support, help implement the plan and prevent access to guns located at the address noted below.
*This person was called during the session to discuss risk and means restriction plan.

Patient agrees that the provider can speak with the person noted.

Address where guns are located.

Patient and Family member/friend agree to store the guns

If out of the home, where?

If in the home, the patient is unable to store them outside of the home for the following reason:

The individual(s) noted above, agree to:

Store firearm(s), unload all guns, lock up all guns, and store ammunition separately

Hold the keys to the gun locks and safes.

Help move the guns.

KAISER PERMANENTE®

Date:
Patient Name
Date of Birth:
Sex:
Kaiser MRN:

Barriers to implementing the Gun Safety Plan:

Barrier 1	
Barrier 2	
Barrier 3	
Date by which this plan will be implemented:	

MEDICATIONS

Have you stockpiled any medications with the intent to overdose?	
Family member/friend agrees to provide emotional support, help implement the plan and prevent access to stockpiled medication located at the address noted *This person was called during the session to discuss risk and means restriction plan.	
Patient agrees that the provider can speak with the person noted.	
Address where stockpiled medication are stored.	
Agree to remove unneeded medications from the home and to keep only non-lethal quantities of necessary medications on hand.	
Are aware we can ask a doctor or a pharmacist for guidance on what constitutes a safe quantity.	
Were told that relatively inexpensive lock boxes are available online and at stores.	
List abuse prone drugs that are recommended to be locked up because of their abuse potential and their toxicity.	

PAGE 4 OF 5

KAISER PERMANENTE®

Date:
Patient Name
Date of Birth:
Sex:
Kaiser MRN:

OTHER MEANS

Are there any cars, ropes, sharp objects, or local areas that you've been thinking of using to take your life?	
What is the plan to address this?	
Family member/friend you can contact for support:	

STEP 8. PROTECTIVE FACTORS

List one or two people or things that give you a reason for living.

Protective Factor 1	
Protective Factor 2	

ADULT INTAKE - SAMPLE TEMPLATE

Date:
Name:
Birthdate:
Sex:
Kaiser MRN:

KAISER PERMANENTE®

KP External Provider

Adult (18+) Initial Evaluation

CPT:

Evaluation Checklist

- ✓ Patient information reviewed and signed which includes confidentiality/exceptions to confidentiality and office procedures.
- ✓ Informed consent given, including clinician's credentials.
- ✓ Release of information for KP signed.
- ✓ Emergency protocols discussed.
- ✓ KP Behavioral Healthcare Line given 800-900-3277.
- ✓ KP local Behavioral Health Clinic number given.

Personal Information

Identifies As:

Ethnic Group:

Occupation:

Education:

Current or Prior Military Service:

Individuals Present:

Other Sources of Information:

Date:
Name:
Birthdate:
Sex:
Kaiser MRN:

KP External Provider

Adult (18+) Initial Evaluation

INTAKE EVALUATION SUMMARY

Presenting Problem

(Reason for seeking MH treatment, recent losses/changes/stressors)

.

Symptoms/Behaviors and Onset

(Frequency, duration)

.

TPI at Intake

BHI	
PHQ	
GAD	

Date:
Name:
Birthdate:
Sex:
Kaiser MRN:

KP External Provider
Adult (18+) Initial Evaluation

RISK ASSESSMENT/CRITICAL ALERTS

COLUMBIA SUICIDE SEVERITY RATING SCALE(CSSRS)

CSSRS Score:

CSSRS Risk Level:

SAFETY PLAN

Was a safety plan completed

If No, Why?

HISTORY OF SI/SA

.

CURRENT SELF-HARMING BEHAVIORS

.

HISTORY OF SELF-HARMING BEHAVIORS

.

CURRENT HOMICIDAL IDEATION, PLAN OR INTENT

.

HISTORY OF HI/HA

.

Date:
Name:
Birthdate:
Sex:
Kaiser MRN:

KP External Provider
Adult (18+) Initial Evaluation

HISTORY

Current or History of Traumatic Events

.

PTSD Screening

Behavioral Health History
(Previous treatment, medication history, psych hospitalizations, addiction treatment with approximate dates)

.

Family Behavioral Health History
(Mental health disorder, substance use history)

.

Date:
Name:
Birthdate:
Sex:
Kaiser MRN:

KP External Provider
Adult (18+) Initial Evaluation

Social History/Support System

Family of Origin

Relationship Status

Social Support

Living Arrangements (who does patient live with)

Legal Issues

Other

Patient Medical History
(Medical problems, chronic conditions, allergies)

.

Family Psychosocial History
(Cultural or religions, transportation)

.

Date:
Name:
Birthdate:
Sex:
Kaiser MRN:

KP External Provider
Adult (18+) Initial Evaluation

SUBSTANCE USE ASSESSMENT

CURRENT USE

Type of Substance	
Amount	
Frequency	
Last Used	
History	

PAST USE

Type of Substance	
Amount	
Frequency	
Last Used	
History	

PAGE 6 OF 8

Date:
Name:
Birthdate:
Sex:
Kaiser MRN:

KP External Provider
Adult (18+) Initial Evaluation

OBSERVATIONS AND DIAGNOSIS

Mental Status Exam

Appearance
Behavior
Impairment in Cognition or Memory
Eye Contact
Speech
Mood
Affect
Stream of Thought
Impulse Control
Judgement
Insight

Other Observations/Additional Information

Date:
Name:
Birthdate:
Sex:
Kaiser MRN:

KP External Provider
Adult (18+) Initial Evaluation

DSM V Diagnosis

.

TREATMENT PLAN

TREATMENT COURSE RECOMMENDATION

Estimated Duration of Treatment Recommended	.
Estimated Frequency Recommended	
Patient Recommended to Return for Next Follow-up Therapy Appointment in	
Next Appointment Scheduled For	

TREATMENT GOALS (Specific, measurable, related to presenting behaviors)

- .

PAGE 8 OF 8

CHILD/ADOLESCENT INTAKE - SAMPLE TEMPLATE

KAISER PERMANENTE®

Date:
Patient Name:
Date of Birth:
Sex:
Kaiser MRN:

KP External Provider

KP Child Initial Evaluation

CPT:

Presenting Problem

- ✓ Patient information reviewed and signed which includes confidentiality/exceptions to confidentiality and office procedures.
- ✓ Informed consent given, including clinician's credentials.
- ✓ Release of information for KP signed.
- ✓ Emergency protocols discussed.
- ✓ KP Behavioural Healthcare Line given 800-900-3277.
- ✓ KP local Behavioural Health Clinic number given.

Personal Information

Identifies as:

Ethnicity:

Grade Level:

Individuals Present:

Other sources of information: .

Emergency Contact:

PAGE 1 OF 10

Date:
Patient Name:
Date of Birth:
Sex:
Kaiser MRN:

KP External Provider

KP Child Initial Evaluation

INTAKE EVALUATION SUMMARY

Presenting Problem

(Reason for seeking MH treatment, recent losses/changes/stressors)

.

Symptoms/Behaviors and Onset

(Frequency,Duration and Timing of Onset)

.

Date:
Patient Name:
Date of Birth:
Sex:
Kaiser MRN:

KP External Provider

KP Child Initial Evaluation

RISK ASSESSMENT/CRITICAL ALERTS

SAFETY PLAN

Was a safety Plan completed

If No, Why?

HISTORY OF SI/SA

CURRENT SELF-HARMING BEHAVIORS

HISTORY OF SELF-HARMING BEHAVIORS

CURRENT HOMICIDAL IDEATION, PLAN OR INTENT

HISTORY OF HI/HA

KP External Provider	Date:
KP Child Initial Evaluation	Patient Name:
	Date of Birth:
	Sex:
	Kaiser MRN:

HISTORY/FAMILY COMPOSITION

Biological Father

Name

Age

Occupation

Biological Mother

Name

Age

Occupation

Custody/Legal

- Absent information to the contrary, either parent may take treatment decisions for a minor patient, including consenting to medication.
- Release of Information (ROI) may be required to speak with family members regarding treatment.

Date:
Patient Name:
Date of Birth:
Sex:
Kaiser MRN:

KP External Provider

KP Child Initial Evaluation

Social History/Support System

Family of Origin	
Living Arrangements	
Family Communication Style	
Discipline Style/Strategies	
Family/Blended Family Problems	
Parental Quality Time with Child	
Friends/Social Support	
IEPs/SSTs/504 Plan/Tested at School for Learning Disability	

Socialization

Is patient a victim of bullying?	
Does patient tease or bully others?	
Sports/Hobbies/Extracurricular activities	

Current or History of Traumatic Events

Date:
Patient Name:
Date of Birth:
Sex:
Kaiser MRN:

KP External Provider

KP Child Initial Evaluation

Developmental History

(Developmental Problems)

Family Psychosocial History

(Cultural or religions, transportation)

Behavioral Health History

(Previous treatment, medication history, psych hospitalizations, addiction treatment with approximate dates)

Family Behavioral Health History

(Mental health disorder, substance use history)

Date:
Patient Name:
Date of Birth:
Sex:
Kaiser MRN:

KP External Provider

KP Child Initial Evaluation

Patient Medical History

(Mental Problems, Chronic Conditions, Allergies)

Sleep Issues

(Frequent nightmares/sound/restless sleeper/frequent nightly awakenings/difficulty falling asleep or difficulty awakening/shares a room/sleeps in own bed/average hours per night)

Eating Issues

(Changes in appetite, concern about weight, picky-eater, recent weight gain or loss due to eating habits)

SUBSTANCE USE ASSESSMENT

CURRENT USE

Do you or your friends use drugs?	
Type of Substance	
Amount	
Last Used	
History	

KP External Provider

KP Child Initial Evaluation

Date:
Patient Name:
Date of Birth:
Sex:
Kaiser MRN:

OBSERVATIONS AND DIAGNOSIS

Mental Status Exam

Apparent Age	
Attire	
Grooming	
Hygiene	
Behavior/Manner	
Gait and Posture	
Eye Contact	
Speech	
Mood	
Affect	
Stream of thought	
Impulse Control	
Judgement	
Insight	
Thought content/perceptual disturbances	
Motor Activity	
Sensory and Cognitive	
Reliability	

Date:
Patient Name:
Date of Birth:
Sex:
Kaiser MRN:

KP External Provider

KP Child Initial Evaluation

Other Observations/Additional Information

General Summary and Clinical Impression

DSM5 Diagnosis

Date:
Patient Name:
Date of Birth:
Sex:
Kaiser MRN:

KP External Provider

KP Child Initial Evaluation

TREATMENT PLAN

TREATMENT COURSE RECOMMENDATION

Estimated Duration of Treatment Recommended	
Estimated Frequency Recommended	
Patient recommended to return for next follow-up therapy appointment in	
Next Appointment Scheduled For	

TREATMENT GOALS (Specific, Measurable, Related to Presenting Behaviors)

DISCHARGE SUMMARY - SAMPLE TEMPLATE

KAISER PERMANENTE®

Patient Name:

Date of Birth:
Sex:
Kaiser MRN:

KP External Provider
Discharge Summary

CPT:

Discharge Date:

Number of Sessions:

DIAGNOSIS SUMMARY

Presenting Problem
(Reason for seeking MH treatment, recent losses/changes/stressors)

DSM 5 Symptom Evaluation:

BHI

PHQ

GAD

DSM 5 Diagnosis Upon Discharge

PAGE 1 OF 2

Date:

Patient Name:

Date of Birth:

Sex:

Kaiser MRN:

KP External Provider

Discharge Summary

PROGRESS AND RECOMMENDATIONS

Treatment Plan

TREATMENT GOALS(Specific, Measurable, Related to Presenting Behaviors)

•

TREATMENT GOALS PROGRESS

•

REASON FOR DISCHARGE

RECOMMENDATIONS (include any referrals provided)

PAGE 2 OF 2

CLINICAL REVIEW FORM - SAMPLE TEMPLATE

Date:

Patient Name:

Date of Birth:
Sex:
Kaiser MRN:

KAISER PERMANENTE®

KP External Provider
Clinical Review

Intake Date:

Number of Sessions:

DIAGNOSIS SUMMARY

DSM 5 Diagnosis Upon Discharge

TREATMENT PROGRESS SUMMARY

Observed and Reported Clinical Symptoms

Functioning

Date:

Patient Name:

Date of Birth:

Sex:

Kaiser MRN:

KP External Provider

Clinical Review

Patient participation in treatment

Patient participation in treatment

Response to Treatment

With continued treatment, how likely is it that the presenting mental health condition will improve?

Risk Factors

Patients Specified Actions

PAGE 2 OF 2

PROGRESS NOTE - SAMPLE TEMPLATE

KP External Provider
Progress Note

Date:	
Patient Name:	
Kaiser MRN:	
DSM V Diagnosis:	
TREATMENT GOALS (Specific, Measurable, Related to Presenting Behaviors)	
1)	
2)	
Current Progress Toward Meeting Goals:	
1)	
2)	
Therapist Intervention:	
Patient Response:	
Plan (what patient will do in between session to help meet goals):	
Recommended Next Appointment	

*As noted above under *Submitting Documentation*, providers are not required to submit progress notes in Tridiuum.

CONTACTS AND RESOURCES

KPEP policies and procedures – IMPORTANT DOCUMENTS:	KPEP HANDBOOK KPEP NEWSLETTER – Quality Corner
KPEP questions, consultations, clinical issues:	SCAL-BH-PANEL@KP.ORG ***This email is not a crisis line.**
TRIDIUUM/Technical issues related to the app:	TRIDIUUM CUSTOMER SUPPORT PORTAL https://polarishealth.atlassian.net/servicedesk/customer/portal/1 TRIDIUUM WEBSITE https://polestarapp.com/admin/login TRIDIUUM ONE KNOWLEDGE BASE https://polarishealth.atlassian.net/wiki/spaces/TRAIN/overview?homepageId=650150211#!spacehome
Patient coverage information:	KP ONLINE AFFILIATE PORTAL http://info.kaiserpermanente.org/html/cpp_sca/onlineaffiliateaccess.html GUEST USER ACCESS https://epiclink-guest-sc.kp.org/claims_sc/tapestry/claims/ Email KP-SCAL-OnlineAffiliate@kp.org
Claims/Claim Denials	See Billing and Claims section of the Appendix. Follow the Provider Dispute Resolution protocols for claim denials.
Contract questions or notification of major changes to your practice (i.e., location)	Contact your KP contracts manager or call **626-405-3289**
Medi Cal enrollment support	https://files.medi-cal.ca.gov/pubsdoco/prov_enroll.aspx KP-CA-Provider-enrollment@kp.org or 833-628-1528
Medicare enrollment support	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications
Crisis and emergency protocols:	Provider is to follow their own protocol of assessing for safety and determining if patient meets criteria for higher intervention such as **911/PET TEAM/ER** For KP after hour advice patient can call: **1-800-900-3277**

KP BEHAVIORAL HEALTH PHONE NUMBERS BY MEDICAL CENTER AREA

For new behavioral health appointments and patient mental health care related questions/concerns, KP members should call their local Medical Center Area Behavioral Health Line.

MEDICAL CENTER AREA	BEHAVIORAL HEALTH LINE
Antelope Valley	661-951-0070
Baldwin Park and surrounding areas	626-960-4844
Downey and surrounding areas	562-807-6200
Fontana, Ontario and surrounding areas	1-866-205-3595
Kern County	1-855-323-2700
Metro Los Angeles	323-783-2600
Orange County	714-644-6480
Panorama City, Santa Clarita, Reseda and surrounding areas	1-800-700-8705
Riverside and Coachella and Canyon Crest	951-248-4000
Corona	951-898-7010
San Diego	1-877-496-0450
South Bay	310-325-6542
West Los Angeles	323-298-3100
Woodland Hills and surrounding areas (including western Ventura)	855-701-7955
TTY	711

BILLING AND CLAIMS REFERENCE GUIDE

PROVIDER CHANGES THAT MUST BE REPORTED

Please remember to send written notification to **Affiliated Provider Services (Contract Manager) and the KPEP HUB** when you have important changes to report.

A. **Relocations**: Notify your Contract Manager and the KPEP HUB at least ninety (90) days prior to relocation to allow for the transition of members to other Providers, if necessary.
B. **Adding/Deleting New Practice Site or Location**: Notify your Contract Manager and the KPEP HUB at least ninety (90) days prior to opening an additional practice site or closing an existing service location.
C. **Change in "Pay-To Address":** Notify your Contract Manager and the KPEP HUB a minimum of 30 days in advance to enable KP systems, including claims, to update your information.
D. **Changes in Telephone Numbers**: Notify your Contract Manager and the KPEP HUB at least thirty (30) days prior to the implementation of a change in telephone number. If the initial notification is given verbally, you must send written confirmation of what was verbally conveyed.
E. **Federal Tax ID Number and Name Changes**: If you plan on changing your Federal Tax ID Number and/or business name, please notify your Contract Manager and the KPEP HUB a minimum of 60 days in advance so that appropriate updates can be made to KP's systems, including claims. **Please note that if you change your Tax ID and do not inform us, you risk your claims being denied. Your Contracts Manager will need to create an "Amendment" to your Contract. Amendment processing time can take up to 60 days.**

Contact Information When Reporting Changes

- **Affiliated Provider Services (Contract Manager):** Phone - (626) 405-3289, Fax - (626) 405-2599
- **KPEP HUB:** SCAL-BH-Panel@kp.org

MEDICARE MEMBERS AND LMFT'S

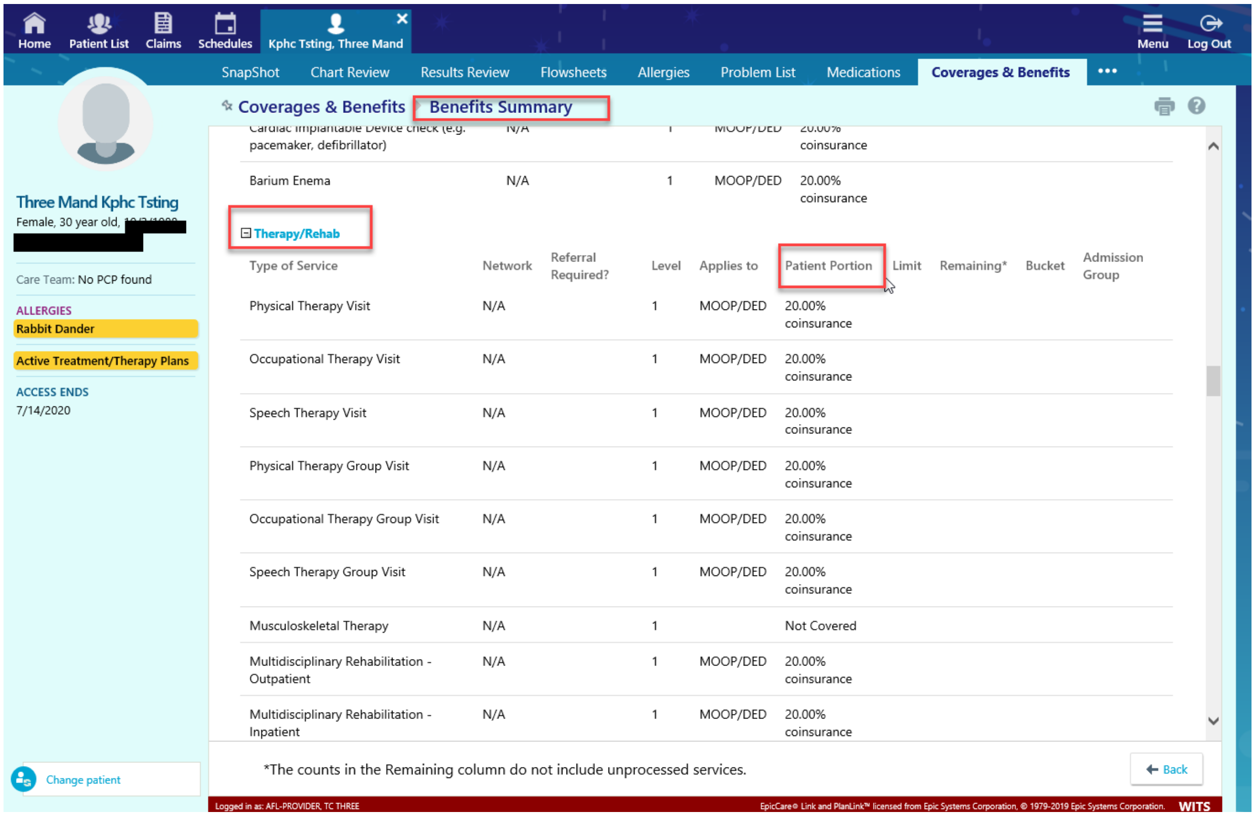
Please note that **only LCSW's and Psychologists** may bill services for KP Medicare members. **LMFT's are not able to bill for Medicare**. If you are an LMFT and you receive a KP referral for a Medicare member (whether the member has Medicare alone or Medicare along with another plan) please notify our team immediately at SCAL-BH-Panel@kp.org We will then work with you to transfer the patient. Please note that you are responsible for verifying the member's type of insurance **prior** to beginning services. Neither Kaiser nor the patient will be liable for any fees incurred by LMFT's who begin services with Medicare members.

CHECKING MEMBER ELIGIBILITY, BENEFITS AND LIABILITY (CO-PAY AND/OR DEDUCTIBLE)

Providers are responsible for checking member's eligibility and co-pays both prior to rendering any services as well as on-going as member coverage may change or lapse. Kaiser Permanente is not liable for fees incurred by any patient whose coverage has lapsed. Providers are now required to utilize Online Affiliate to check member eligibility and benefits. See sample Online Affiliate screenshot next page. If you receive member referrals prior to registering for Online Affiliate, you may check member benefits by call Member Services at 1-800-464-4000.

Online Affiliate can be reached by emailing kp-scal-onlineaffiliate@kp.org You may register for Online Affiliate at: http://info.kaiserpermanente.org/html/cpp_sca/index.html?

<u>Online Affiliate Portal Example</u>



See additional Online Affiliate information in the flyer below.

Kaiser Permanente Online-Affiliate and Claims Status Online

What is Online Affiliate?

Online-Affiliate is Kaiser Permanente's Health Connect-Based Online Tool that provides access to several clinical and administrative features. As an **Affiliated Provider** you are eligible to access **KP Online Affiliate** allowing you to:

- view member eligibility and benefits
- view referrals/authorizations
- view patient medical records
- view and print EOPs (Explanation of Payments)

In addition, Online-Affiliate also offers **Claim Status Online,** which is a functionality enabled within Online-Affiliate for providers to view claim information including, but not limited to:

- Claim Status
- Member name/MRN
- Claim number
- Claim details (service date, deductible, co-pay, billed amount, allowed amount)
- Check number/received date

How do I signup?

Register to view **Claim Status, Benefits & Eligibility, EOPs** and more!
MAS: http://providers.kaiserpermanente.org/html/cpp_mas/kponlineaffiliate.html
CO: https://idm.kp.org/kpim-ap/registration
HI: http://providers.kaiserpermanente.org/html/cpp_hi/registration.html
SCAL: http://providers.kaiserpermanente.org/html/cpp_sca/registration_onlineaffiliate.html
NCAL: http://providers.kaiserpermanente.org/html/cpp_nca/registration.html

Interested but don't have access yet?

No worries! You can still access our **Guest Access Feature** to check **Claim Status 24/7.**
SCAL: https://epiclink-guest-sc.kp.org/claims_sc
NCAL: https://epiclink-guest-nc.kp.org/claims_nc
HI: https://epiclink-guest-hi.kp.org/claims_hi
CO: https://epiclink-guest-co.kp.org/claims_co
MAS: https://epiclink-guest-ma.kp.org/claims_ma
GA: https://epiclink-guest-ga.kp.org/claims_ga

<u>COPAYMENTS, COINSURANCE AND DEDUCTIBLES</u>

A. Contracted providers are responsible for collecting copayments, coinsurance and deductibles (collectively, "Copays") in accordance with member benefits unless explicitly stated otherwise in your Agreement

B. Invoices submitted by providers who are responsible for collecting Copays will be paid at the applicable rate(s) under your Agreement less the applicable Copay amount due from the Health Plan member.

C. You must not waive Copays you are required to collect, except as expressly permitted under applicable law and your Agreement.

D. Please verify applicable Copays at the time of service via the KP Online Affiliate Portal (or by contacting Member Services at 1-800-464-4000 if you are not yet set up with the KP Online Affiliate portal).

<u>VISITING MEMBERS</u>

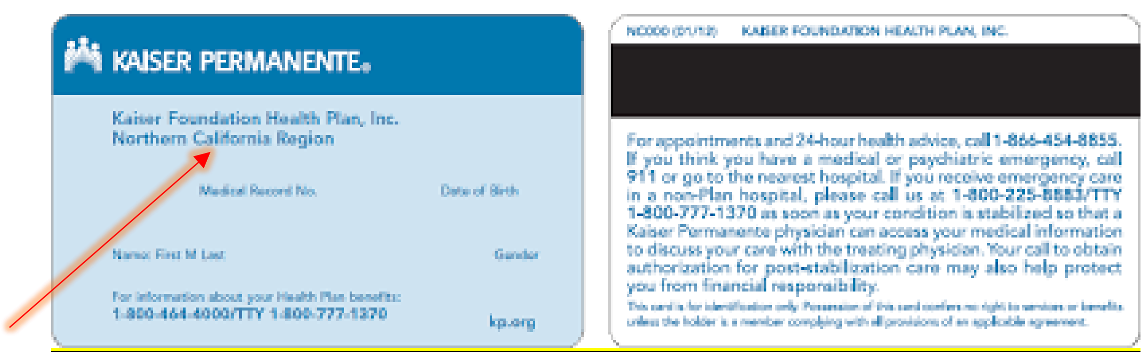
It is vitally important to verify the member's "Home Region" meaning: Is the member a Southern California Kaiser Member, Northern California, Hawaii, Oregon or other Kaiser region? See full list in this appendix. Although the member may have a Southern California MRN, if their plan is from a different region, you must bill the region that the member's plan originates from, along with the member's MRN from that region. The member's "home region" MRN will be different from their Southern California Visiting Member MRN.

Ways to verify the member's home region:

1) Ask the member if they have their home region Kaiser Card. Make a copy for your records and use the MRN from that card when you bill. Ensure you bill the member's home region, as every region has a different claims address and payor ID (for electronic billing). The full list of all Kaiser region's claims addresses and payor ID's is in this appendix.

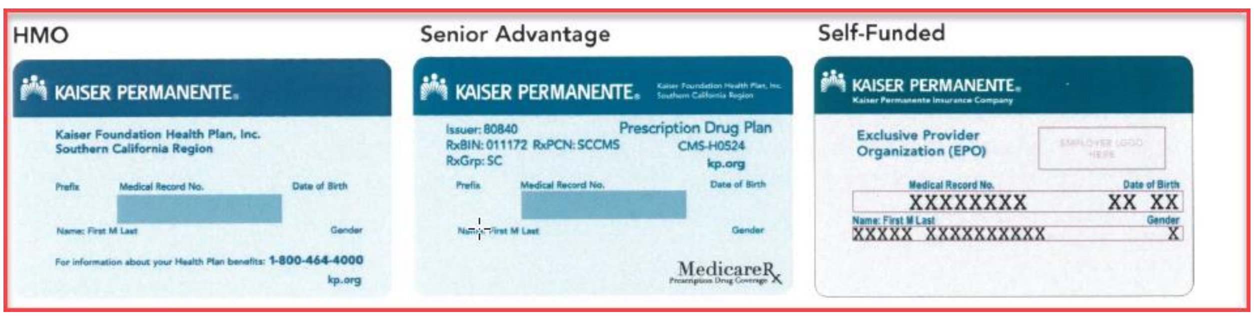
2) Call Member Services at 1-800-464-4000 to verify, since Visiting Member's normally will not be visible in Kaiser's Southern California Online Affiliate portal.

Check Member Identification card to find out which region to mail the claims to. See sample Member ID cards:



SELF-FUNDED, "KPIC", MEMBERS

Some members have a Kaiser Self-Funded or KPIC insurance plan. Please ensure if the member has this kind of plan that you bill Kaiser Self-Funded/KPIC directly as this plan has a different claims address and payor ID (see table to follow). This plan also has a different claims customer service phone number. Please contact KPIC Customer service at 1-866-213-3062 to verify patient eligibility and co-pay since Self-Funded members are not visible in Kaiser's Online Affiliate Portal (Self-Funded Plan has its own portal) and/or if you are having any claims issues.

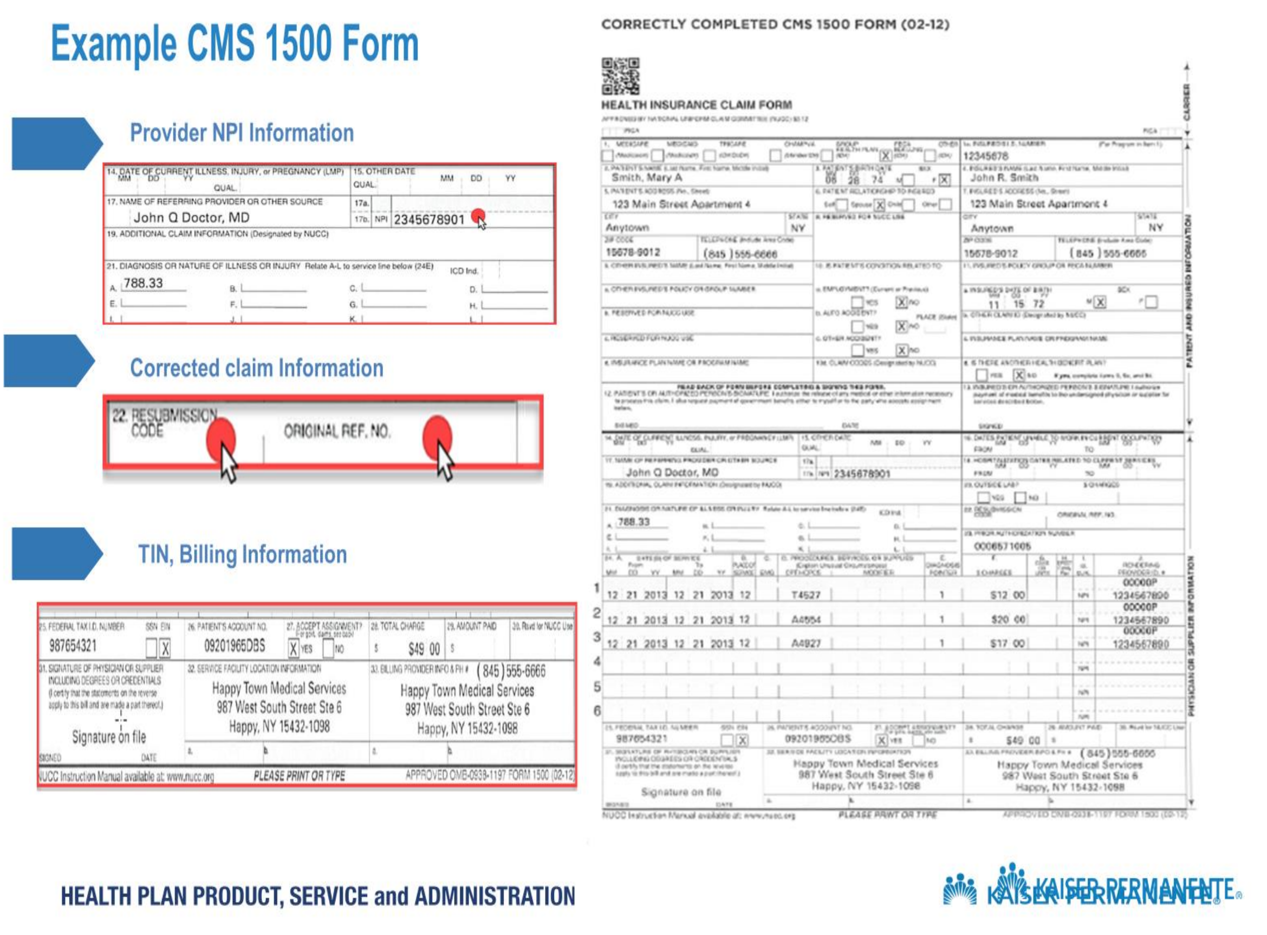


STANDARD BILLING CODES

CPT–4: Physicians Current Procedural Terminology
ICD-10-CM: Medical Index, for medical diagnostic coding

BILLING REQUIREMENTS

A. Registering for Tridiuum: The information used for registration is the same information used to bill (TIN, NPI etc.)
B. Claim must be submitted on a CMS -1500 form with current ICD-10 diagnostic and CPT-4 procedure coding. See example of CMS 1500:



C. TIN vs SS or EIN: All are acceptable to use for billingl; however, **<u>you must use the number on your Kaiser Contract. If you have changed or plan to change your Tax ID since contracting with Kaiser you must notify your Contract Manager immediately as you could be at risk of denied claims otherwise.</u>**
   1. **What is a TIN?** An **Individual Taxpayer Identification Number (or ITIN)** is nine-digit number issued by the IRS
   2. **What is a SSN?** A **Social Security number (SSN)** is issued by the SSA whereas all other TINs are issued by the IRS.
   3. **What is an EIN? Employer Identification Number (EIN)** is an EIN is a unique 9-digit number issued by the IRS to persons or entities doing business in the United States for purposes of identification

D. NPI
   1. **What is an NPI?** An **National Provider Identifier is a unique 10-digit identification number** issued to health care providers in the U.S by the Centers for Medicare and Medicare Services.
   2. All Individuals and Organizations who meet the definition of health care provider as described at 45 CFR 160.103 are eligible to obtain a National Provider Identifier, or NPI. If you are a HIPAA covered provider or if you are a health care provider/supplier who bills Medicare for your services, you need an NPI.

COORDINATION OF BENEFITS (COB)

A. Coordination of Benefits (COB) is a method for determining the order in which benefits are paid and the amounts which are payable when a member is covered under more than one health benefit plan.
B. **What's needed?** Provider must bill primary payor first. Then submit EOP from primary payor with claim to Kaiser for remaining balance to be reviewed for payment.

SUBMITTING CLAIMS

PROCESS FOR SUBMITTING CLAIMS

TIMELINESS – Claims must be submitted with reasonably relevant supporting information **required within 90 calendar days after the date of service**, or as noted in your contract or Letter of Agreement (LOA).

Submit **PAPER** claims to Kaiser Permanente for payment to:

Kaiser Permanente Claims Administration Dept.
P.O. Box 7004
Downey, CA 90242-7004

Questions:
1-800-390-3510 (toll free)

Go Paperless!

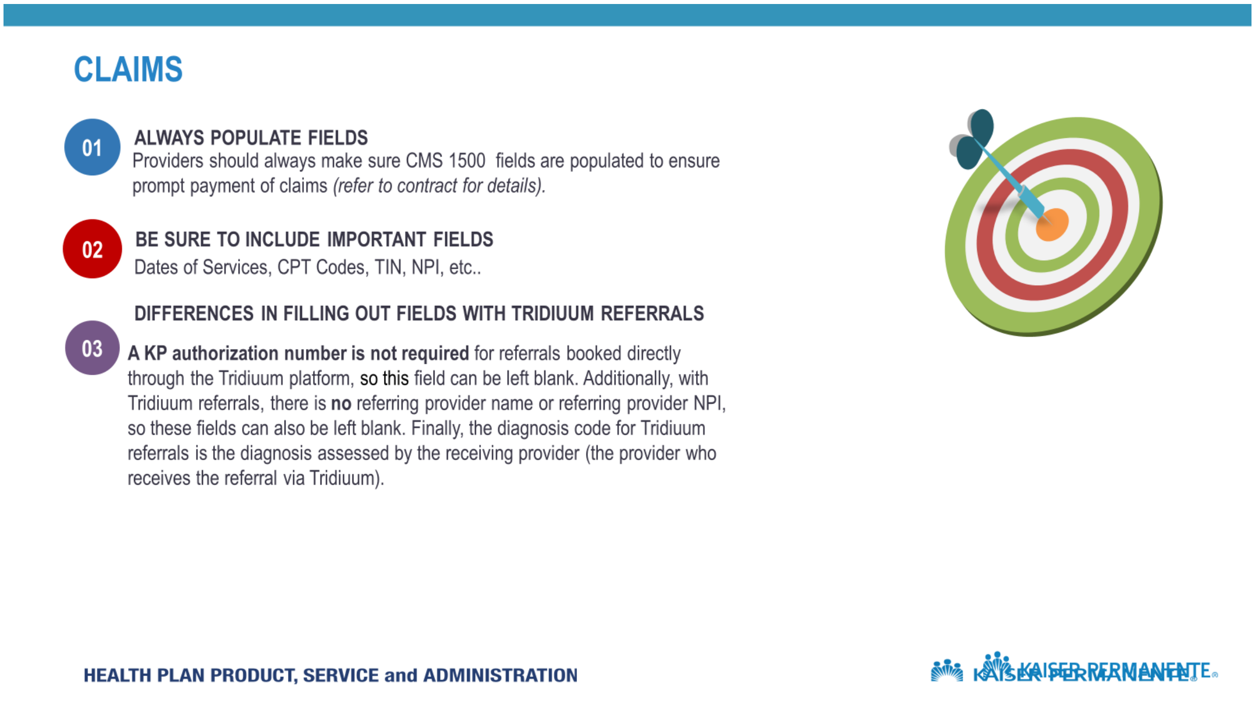
Clearinghouse	Southern CA Payer ID
ChangeHealthcare	94134
Office Ally	94134
Relay Health	94134
SSI	94134

Submit Claims Electronically!

- **Reduce Costs:** Eliminate expenses associated with paper claim submission: Paper Claim Forms, Ink, Envelopes & Postage.
- **Save Time:** Submit claims and check claims status online anytime 24/7; Provide verification of Claim Receipt within 48 hours of submission.

**Providers may send EDI through one of Kaiser's direct clearinghouses (see table on right); or any clearinghouse that can reroute through a Kaiser direct clearinghouse.

KAISER PERMANENTE.



ELECTRONIC SUBMISSION OF CLAIMS DATA

Electronic Data Interchange (EDI) transactions replace the submission of paper claims. Required data elements (for example: claims data elements) are entered into the computer only ONCE— typically at the Provider's office, or at another location where services were rendered or billed. Please contact the **Kaiser Permanente National EDI Helpline at 866.285.0361** or email EDI Support EDISupport@kp.org

See flyer below for more information.

Electronic Data Interchange

Get Connected! Submit Claims Electronically!

KAISER PERMANENTE • NATIONAL CLAIMS ADMINISTRATION

Electronic Data Interchange (EDI)

The Benefits are Numerous!

- Electronic claims are not subject to postal delays.
- Claims may be transmitted 24 hours a day, seven days a week.
- Electronic claims are faster and more accurate than paper claims.
- Reduce phone calls by obtaining electronic claim status.
- An electronic remittance advice is offered to all electronic submitters. This provides a cost savings and allows the provider to post payments automatically.

To sign up, please contact your clearinghouse and provide the appropriate payer ID from the table below.

For more information, please contact:

Provider Self-Service Strategy Team:
(866) 285-0361, option 2
or email: EDISupport@kp.org

Member Services Contact Center:

For other member-related issues, please call the following numbers:

Region	Phone Number
Colorado	303-338-3800
Georgia	404-261-2825
Hawaii	877-875-3805
Northern CA	800-390-3510
Southern CA	800-390-3510
Mid-Atlantic	800-777-7902
Northwest	866-441-1221

EFT and ERA

Providers seeking to register or manage account changes for EFT and ERA will need to use the Council for Affordable and Quality Healthcare (CAQH) Enrollment Tool, a secure electronic ERA/EFT registration platform.

This tool will eliminate the need for paper registration and reduce administrative time, cost and allow you to register with multiple payers at one time.

Regional Clearinghouse Payer IDs

Clearinghouse	Northern CA	Southern CA	Hawaii	Georgia	Northwest	Mid-Atlantic	Colorado
ChangeHealthcare (CHC)	94135	94134	94123	21313	93079	52095	91617
OptimumInsight/Ingenix	N/A	N/A	N/A	NG010	NG009	NG008	COKSR
Navicure	N/A	N/A	N/A	21313	N/A	N/A	N/A
Office Ally	94135	94134	N/A	N/A	NW002	52095	N/A
Availity (formerly REALMED)	N/A	N/A	N/A	N/A	N/A	54294	N/A
Relay Health	RH009	94134	RH0011	RH008	RH002	RH010	RH003
SSI	NKAISERCA	SKAISERCA	N/A	21313	SS002	N/A	999990273

If your clearinghouse is not directly affiliated, they may re-route claims to one of our direct trading partners!

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CLAIM MAILING ADDRESSES BY REGION

Region	Address	EDI Payer ID
KPIC SELF-FUNDED	KPIC Self-Funded Claims Administrator PO Box 30547 Salt Lake City, Utah 84130-0547	94320
NCAL	Kaiser Permanente National Claims Administration - NCAL PO Box 12923 Oakland, CA 64604-2923	Change Healthcare = 94135 Office Ally = 94135 Relay Health = 94135 SSI Group = 94135
SCAL	Kaiser Permanente National Claims Administration - SCAL PO Box 7004 Downey, CA 90242-7004	Change Healthcare = 94134 Office Ally = 94134 Relay Health = 94134 SSI Group = 94134
Hawaii	Kaiser Permanente National Claims Administration - Hawaii PO Box 378021 Denver, CO 80237-9998	Change Healthcare = 94123 Relay Health = RH0011
Georgia	Kaiser Permanente National Claims Administration - Georgia PO Box 370010 Denver, CO 80237-9998	Change Healthcare = 21313 Ingenix = 21313 Relay Health = RH008 SSI = 21313 Navicure = 21313
Northwest	Kaiser Permanente National Claims Administration - Northwest PO Box 370050 Denver, CO 80237-9998	Change Healthcare = 93079 Office Ally = NW002 Ingenix = NG009 Relay Health = RH002 SSI = SS002
Mid-Atlantic States	Kaiser Permanente National Claims Administration - Mid-Atlantic States PO Box 371860 Denver, CO 80237-9998	Emdeon (aka Change Healthcare) = 52095 Office Ally = 52095 OptumInsight (aka Ingenix) = NG008 Relay Health = RH010 REALMED = 54294
Colorado	Kaiser Permanente National Claims Administration - Colorado PO Box 373150 Denver, CO 80237-9998	Change Healthcare = 91617 Ingenix = COKSR Relay Health = RH003 SSI = 999990273
Washington	Kaiser Permanente WA Attention: Claims Department PO Box 34585 Seattle, WA 98124-1585	91051

EXPLANATION OF PAYMENT (EOP) AND ELECTRONIC REMITTANCE ADVANCE (ERA/835)

Explanation of Payment (EOP) or Electronic Remittance Advice (ERA/835) will contain detailed explanation of payment, including:

- Patient information – benefit, MRN
- Claim information – billed services, claim reference number
- Payment information – pricing detail, member cost share, etc.
- When multiple claims are adjudicated during the same time frame, the EOP or ERA will consolidate all claim payments onto one check or Electronic Fund Transfer (EFT)

Sample EOP

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Payment Date: 10/10/2019

Explanation of Payment

#	Service Dates	Service Code	Service Mod	Billed Amount / Allowed Amount	Disallowed Amount/Discount	Not Cov'd Amount	Applied to Deductible	CoPay / CoIns	Other Ins	Plan Pays	Remark Code(s)
Patient Name: TEST PATIENT 1 Patient ID/ MRN: 0000xxxxxxxx				Provider: SAMPLE PROVIDER Provider NPI: xxxxxxxxxx		POS: TOB: 111 LOB: HMO - COMMERCIAL	Patient Acct No (Provider): xxxxxxxxxx Vendor TIN: xxxxxxxxx		Claim #: xxxxxxxxxx Auth #: xxxxxxxxxxx	Clm Type: ORIGINAL	
1	09/17/2019 09/17/2019	90837		50.00 50.0 0	0.00	0.00	0.00	10.00 0.00		40.00	3
	Total			0 5 .00 50.00	0.00	0.00	0.00	10.00 0.00	0.00	40.00	
	Claim Payment Total									40.00	
	Method of Payment: Check / EFT Amount									40.00	
	Total Payment Amount									40.00	

Remark Codes

3 Co-payment Amount

HOW TO SUBMIT A CORRECTED CLAIM

In the event a mistake was made on the original billed claim, please do NOT submit another claim without doing the follow:

A. Identify the claims is a corrected claim by using the **frequency code number 7 in box 22 of the CMS 1500 form**.
B. Add the original claim number you are correcting in box 22 adjacent from the frequency code.
C. Ensure you made the correction to the claim (i.e., DOS or CPT code etc.)

<u>IMPORTANT PHONE NUMBERS</u>

Service	Contact	Telephone	Claims Submission Address
HMO/DHMO/Senior Advantage Products			
Benefits & Eligibility	Member Service Call Center	1-888-576-6789 (toll free)	Kaiser Foundation Health Plan, Inc. Claims Administration Department P.O. Box 7004 Downey, CA 90242-7004 EDI Payor ID #94134
Claims	Claims	1-800-390-3510	
EDI	California Claims Administration	1-866-285-0361 (toll free)	
Provider Contracting	Permanente Affiliated Provider Services	626-405-3289	
Self-Funded Product			
Self-Funded: Benefits, Eligibility, Claims		1-800-533-1833	KPIC Claims Administrator P.O. Box 30547 Salt Lake City, UT 84130-0547 EDI Payor ID #94320
EDI		1-888-633-0835 (toll free)	
Provider Contracting	Permanente Affiliated Provider Services	626-405-3289	
KPIC Deductible for Individuals Product			
Claims Questions		1-800-464-4000	KPIC Claims Administrator P.O. Box 30547 Salt Lake City, UT 84130-0547 EDI Payor ID #21132
Benefits & Eligibility		1-866-213-3065 (toll free)	
EDI		1-800-464-4000	

Additional KPIC Benefits, Eligibility and Claims Phone Number for Self-Funded and KPIC Plans: 1-866-213-3062

<u>CLAIMS ASSISTANCE</u>

If you need assistance with your claims (i.e. denied claims, underpayment or overpayment, claims neither denied nor paid out) please call Kaiser Permanente Claims at 1-800-390-3510. If you would like to file a Provider Dispute, please follow the instructions found on your EOP - Explanation of Payment. The Provider Dispute process and Form are for **<u>Southern California Kaiser claims only</u>**. For **Visiting Member claims disputes**, please follow the instructions on the EOP you receive from the member's home region. Also, **for Self-Funded/KPIC Claims disputes**, please call KPIC Customer Service line at 1-866-213-3062. For assistance with electronic claims please contact EDI Support at EDISupport@kp.org For assistance with Online Affiliate please contact kp-scal-onlineaffiliate@kp.org

You may also file a Provider Dispute via the KP Online Affiliate Portal, (for example, for denied claim issues). See instructions below.

Online Provider Messaging
FOR: KP AffiliateLink Users

Kaiser Permanente is now permitting providers that use AffiliateLink to submit claim appeals/disputes, upload claim-related documents/attachments, and respond to requests for information (RFI).

1. Login to your *AffiliateLink* account using existing login credentials, then proceed to *Claims Search* using the icon at the top of the Home screen.
2. Enter the KP assigned claim number in the *Claim ID* field (see Red Box 1 in Figure 1)
3. Select the Claim ID in the search results table by clicking on the *Claim #* link. (see Red Box 2 in Figure 1)

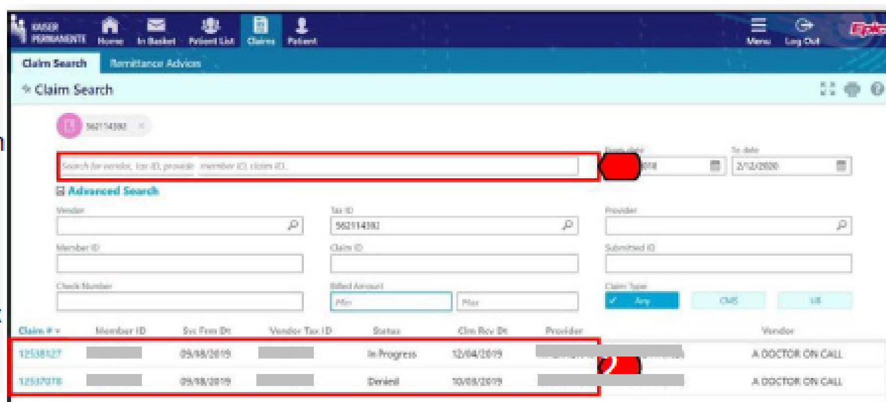

Figure 1

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Online Provider Messaging
FOR: KP AffiliateLink Users

4. **NEW**: Once the claim opens, there is a new *Take Action* icon, that, once selected, allow providers three choices (see red box in Figure 2, and zoom detail in Figure 3).

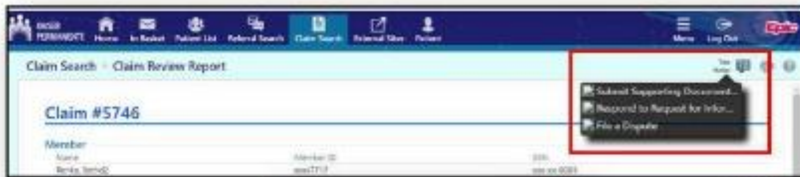

Figure 2

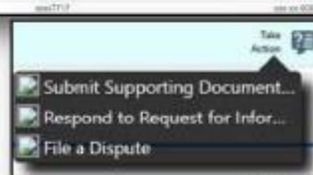

Figure 3

5. ***Submit Supporting Documentation*** window (see Figure 4) allows the provider to document additional details regarding the original claim submission, and can be done proactively.

NOTE: The CRM ID is not required to submit supporting documentation. If you have the CRM ID from KP-provided correspondence, please enter that number in the *CRM ID* field (Red Box in Figure 4).

NOTE: There could be up to 120 + minutes delay in uploads appearing in KP Tapestry records.

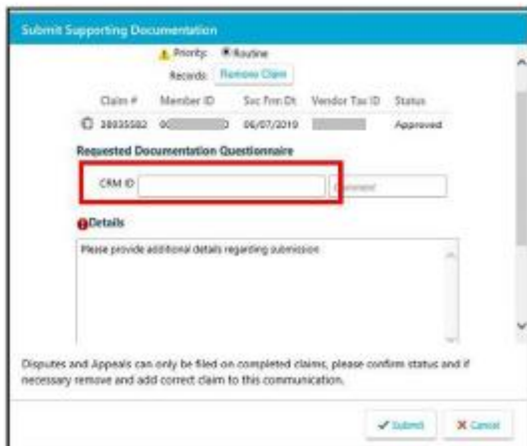

Figure 4

If you have questions on this request submission and call the Call Center, please refer to the **CRM ID** in your reply message

Figure 5

Once Kaiser has reviewed and determined resolution, the status on the reply will update to resolved. **You will receive written correspondence to this resolution via mail**.

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Online Provider Messaging
FOR: KP AffiliateLink Users

6. ***Respond to Request for Information*** (see Figure 6) window allows the provider to document requested information from KP.

NOTE: You will need to select a Subtopic to route to the appropriate claims area:

- Select **Solicited Claims RFI Letter** if you are responding a Letter you received from Kaiser Permanente, or you have received a Denial for Additional Information needed.
- Select **Clinical Review RFI Letter** if you received a letter from Clinical Review at Kaiser Permanente.
- Select **Code Edit RFI Letter** if you received a letter from Code Edit at Kaiser Permanente.
- Select **Unsolicited RFI Document** if you are uploaded documents that have not been officially requested by Kaiser Permanente yet.
- Select **SCPMG Solicited RFI Letter** if you received a letter from SCPMG at Kaiser Permanente (SCAL Only) Select **TPMG Solicited RFI Letter** if you received a letter from SCPMG at Kaiser Permanente (NCAL Only)

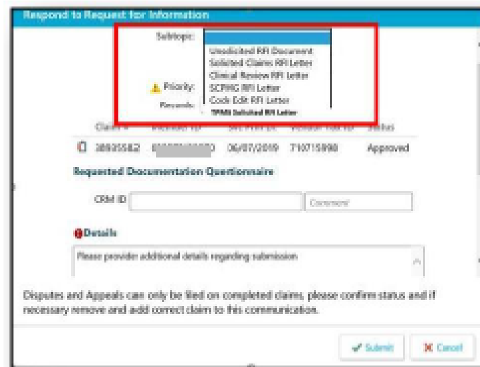

Figure 6

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7. ***Respond to Request for Information*** (see Figure 7) window allows the provider to document requested information from KP.

NOTE: If you have the CRM ID from KP-provided correspondence, please enter that number in the *CRM ID* field (Red Box in Figure 7).

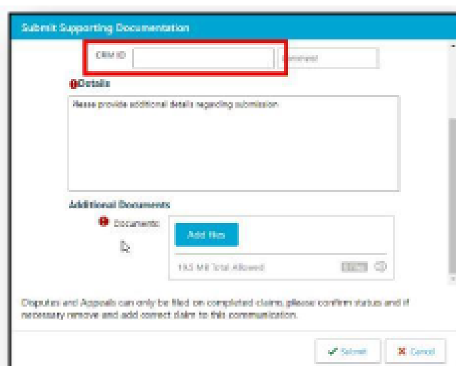

Figure 7

NOTE: Scrolling down in either the *Submit Supporting Documentation* or *Respond to Request for Information* window will bring you to the section where you can add attachments/documents to the claim (shown in detail in Figure 9 on following page)

Online Provider Messaging
FOR: KP AffiliateLink Users

8. ***File a Dispute*** window (see Figure 8) allows the provider to initiate the dispute/appeal process.

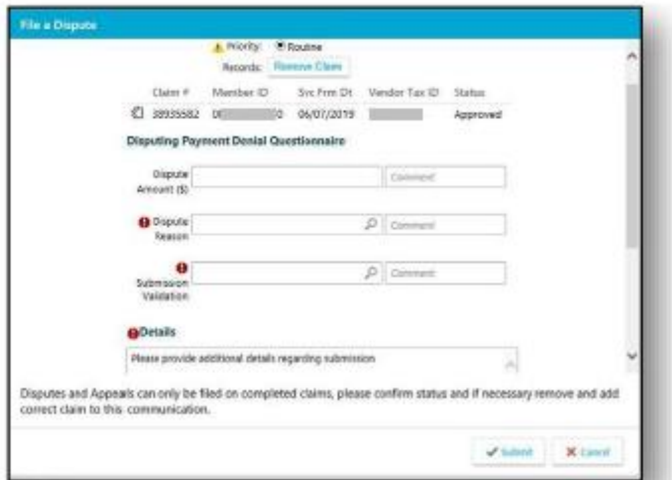

Figure 8

9. If the message, including attachments/documents are uploaded, the user will receive confirmation of successful receipt with "The message has been sent successfully" as shown in Figure 9.

Note: Only .pdf and .gif files are permitted at this time.

Note: *Maximum file size for uploading* is 20mb (approximately 1000 pages).

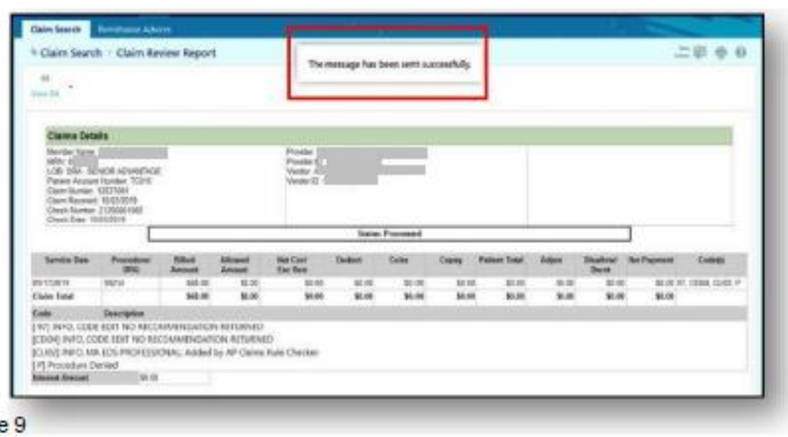

Figure 9

Online Provider Messaging In Basket
FOR: KP AffiliateLink Users

10. ***Acknowledgement Letter (California KP Members Only):*** You will receive an Acknowledgement Letter for all submission via your in-basket. These are automated responses from your submission and documentation for your records. The automated responses will be in the *Customer Service Reply* folder under *My Messages* (see figures 10 and 11 below)

Figure 10

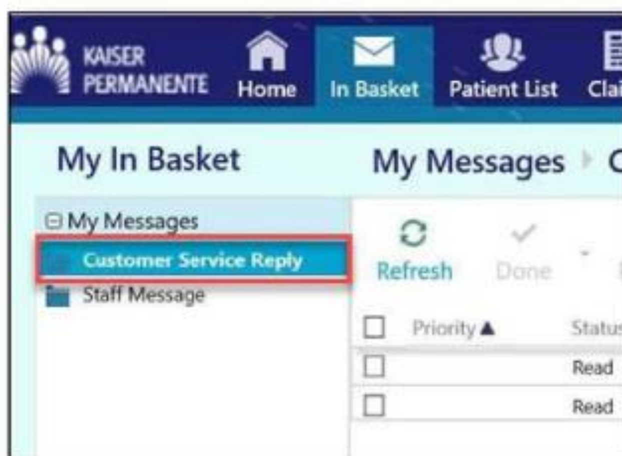

Figure 11

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Online Provider Messaging
FOR: KP AffiliateLink Users

RESOURCES: Who to contact with questions/issues regarding your AffiliateLink account/access

Member's Home Region	Technical Support	Registration help/Password reset	System training/Navigation help
Southern California	National HelpDesk 844-563-4357	KP-SCAL-OnlineAffiliate@kp.org	KP-SCAL-OnlineAffiliate@kp.org
Northern California	National HelpDesk 844-563-4357	KP-NCAL-OnlineAffiliate@kp.org	KP-NCAL-OnlineAffiliate@kp.org
Colorado	National HelpDesk 844-563-4357	KP-CO-OnlineAffiliate@kp.org	KP-CO-OnlineAffiliate@kp.org
Georgia	National HelpDesk 844-563-4357	KP-GA-OnlineAffiliate@kp.org	KP-GA-OnlineAffiliate@kp.org
Hawaii	National HelpDesk 844-563-4357	KP-HI-OnlineAffiliate@kp.org	KP-HI-OnlineAffiliate@kp.org
Mid Atlantic	National HelpDesk 844-563-4357	KP-MAS-OnlineAffiliate@kp.org	KP-MAS-OnlineAffiliate@kp.org
Northwest	National HelpDesk 844-563-4357	NW-Provider-Relations@kp.org	NW-Provider-Relations@kp.org

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