

An all-in-one Health Care Solution



COLORADO CHOICE PPO

**Kaiser Permanente
PPO Provider Orientation**

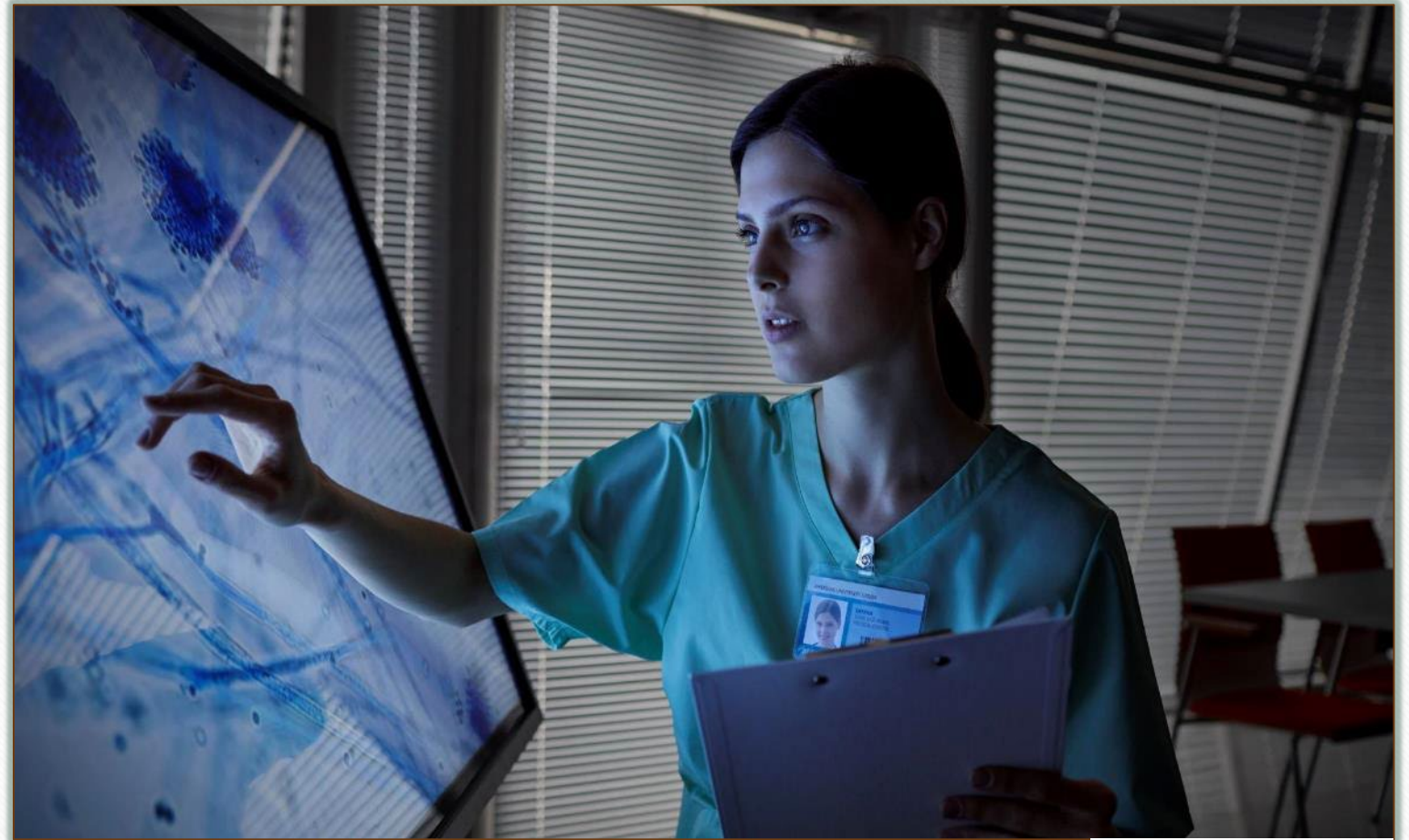
We're expanding our nationally recognized value-based health care to reach more Coloradans. Kaiser Permanente's new Choice PPO allows more Coloradans to receive medical care from Kaiser Permanente's best-in-class physicians and clinicians while also enjoying the flexibility and convenience of additional options.

AGENDA

- **Introductions**
- **KP Mission**
- **Provider Experience & Contracting Team**
- **Highlights of the New PPO Program**
- **Authorizations**
- **Claims Submission & Resolution**
- **Overview of the Community Provider Portal**
- **Adds, Changes, Terms & Credentialing**
- **Online Affiliate Link**
- **Thank You!**

OUR MISSION

"Kaiser Permanente exists to provide affordable, high quality healthcare services to improve the health of our members and the communities we serve."



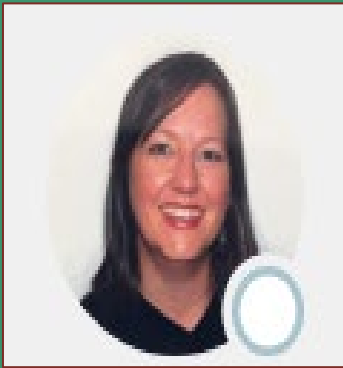
Provider Experience Team

Provider Experience Team: Responsible for the management of the collaborative partnership with the provider community and Kaiser.

- **Liaison between the provider and Kaiser Permanente teams**
- **Present, promote, and resolve concerns of the provider**
- **Main contact for provider education**
- Our team collaborates with internal partners to ensure that there is an adequate network of providers and that our members have the best possible access to care for all services.
- **Provider Experience Consultant:**
- **Contract Manager**



The Provider Experience Team



Rhonda Meili



Khalilah Hunter



Katherine Jones



Joe Baran



Heathcliff Warren



Ernest Damoah



Teresa Richard



Katie Hastie



Reginald Chambliss



Deanyale Scott



Cheryl Tillery



Monique Torres

OVERVIEW OF THE NEW PPO – LAUNCHING JANUARY 1, 2024

Choice PPO (Commercial)

What is it?

- Members have a choice of providers for medical and pharmacy services and may receive care in or outside of the service area
- The in-network coverage will align with our HMO network and service area, with the addition of a state-wide directly contracted proprietary network
- Out-of-network will consist of non-contracted providers with a higher cost share differential to encourage steerage to providers that are part of the network
- This single product can be used for both in and out of area, with higher premiums for members outside. Employees can live in or outside the service area, but employers must be based within the KPCO service area

Network--A strict 2 Tier Product with in-network and out-of-network providers with same cost parity in-network:

In-Network:

- In Colorado:
 - Kaiser Permanente Providers
 - Direct Contracted Providers
- In KP states other than Colorado:
 - Kaiser Permanente and First Health Providers
- Non-KP States & Outside of Colorado:
 - Cigna Healthcare PPO Network

Out-of--Network:

- non-contracted providers

Pharmacy

- Kaiser Permanente & MedImpact Pharmacies at same cost share
- MedImpact is the Pharmacy Benefits Manager (PBM) for KP and non KP pharmacies
- KP Mail order Only

Senior Advantage Choice PPO (Medicare)

What is it?

- Members have a choice of providers for medical and pharmacy services and may receive care in or outside of the service area
- The in-network coverage will align with our HMO network and service area, with the addition of a state-wide directly contracted proprietary network
- The out-of-network coverage provides access to providers of choice nationwide at a higher cost (copayment and coinsurance)

Network -- A strict 2 Tier Product with in-network and out-of-network providers with same cost parity in-network:

In-Network:

- In Colorado:
 - Kaiser Permanente Providers
 - Direct Contracted Providers
- In KP states other than Colorado:
 - Kaiser Permanente and MultiPlan Medicare Advantage Network Providers

Out-of--Network:

- Any OON provider who takes Original Medicare

Pharmacy

- Preferred: Kaiser Permanente Pharmacies (nationally)
- Standard: Optum Medicare National Network
- Optum is the Pharmacy Benefits Manager (PBM) for both Preferred and Standard Pharmacies
- KP Mail order Only

Authorizations

COMMERCIAL CHOICE PPO PLAN SUMMARY

<p>Network Design</p>	<ul style="list-style-type: none"> • <u>In Network:</u> <ul style="list-style-type: none"> ➤ In Colorado - CPMG and Contracted Providers; ➤ Outside CO in other KP states - KP Providers and First Health Network in all KP regions ➤ Non-KP States – Cigna Healthcare PPO Network • <u>Out of Network:</u> Any licensed provider
<p>Pharmacy</p>	<ul style="list-style-type: none"> • MedImpact is the Pharmacy Benefits Manager (PBM) for KP and non KP pharmacies • Follows the MedImpact formulary at any pharmacy the member uses, which includes Kaiser Permanente pharmacies
<p>Prior Authorization</p>	<ul style="list-style-type: none"> • Authorization Teams: <ul style="list-style-type: none"> • For care received in CO = Regional UM • For care received outside of CO = Permanente Advantage <p><u>In Network:</u> Limited prior authorization the same as current PPO focused on certain conditions and targeted value-added navigation opportunities</p> <p><u>Out of Network:</u></p> <ul style="list-style-type: none"> • Prior authorizations and referrals ARE required for out-of-network services; a penalty is assessed if not received and the service does meet Medical Necessity or denied if not.
<p>Claims</p>	<ul style="list-style-type: none"> • Both in-network and out-of-network claims will be processed by NCA • Cigna Healthcare PPO claims will be priced by Cigna and processed by NCA
<p>Member Relations (Appeals)</p>	<ul style="list-style-type: none"> • Appeals for services received within the State of Colorado (whether it's an in-network provider or non-contracted provider), will be supported by the CO Member Relations Team • Appeals for services outside of the State of Colorado will be supported by Permanente Advantage

SENIOR ADVANTAGE CHOICE PPO PRODUCT SUMMARY

<p>Network Design</p>	<ul style="list-style-type: none"> • <u>In Network:</u> <ul style="list-style-type: none"> • In Colorado - CPMG and Contracted Providers; • <u>Outside CO</u> - KP Providers and MultiPlan Medicare Advantage Network providers in all regions • <u>Out of Network:</u> Any licensed provider who takes Original Medicare
<p>Pharmacy</p>	<ul style="list-style-type: none"> • Optum is the Pharmacy Benefits Manager (PBM) for both Preferred and Standard Pharmacies • Uses the existing National Medicare Part D Formulary • <u>Preferred:</u> Kaiser Permanente Pharmacy (nationally); Kaiser Permanente Mail Order • <u>Standard:</u> Optum Medicare Part D National Network
<p>Prior Authorization</p>	<ul style="list-style-type: none"> • Prior authorization Teams: <ul style="list-style-type: none"> • For care received in CO = Regional UM • For care received outside of CO = Permanente Advantage <p><u>In Network:</u> Limited prior authorization the same as current HMO focused on certain conditions and targeted value-added navigation opportunities</p> <p><u>Out of Network:</u></p> <ul style="list-style-type: none"> • In accordance with Medicare, prior authorizations and referrals are not required for out-of-network services • Claim Review/ Post-Service Review: certain services will be reviewed for Medical Necessity, and denied if standards are not met
<p>Plan Design</p>	<p>\$0 Premium</p> <p>Market-competitive plan design, including higher OON cost shares to steer toward In-Network utilization</p>
<p>Supplemental Benefits</p>	<p>Fitness, Dental, Vision, Hearing, OTC and non-emergent transportation</p>

Claims Submission & Resolution

Exhibit 3

What is Exhibit 3?

- Exhibit 3 of the contract is an overview of the Billing and Payment for Professional Services including:
- Instructions relating to claims
- Compensation by Member Classification
 - Commercial
 - Medicare
 - Medicare Cost Members and Medicare FFS Members
- Specific Reimbursements
 - Any carve-outs
 - **ALL BH provider groups** - Reimbursements are modifier-driven per contract

Claims Information

- All claims must include Members Health/Medical Record number (MRN/HRN)
- Kaiser Permanente does not recognize Social Security numbers as policy numbers.
- Submit on a CMS 1500 form for professional charges and CMS 1450 form (UB-40) for facility charges. **NPI numbers are required.**
- Kaiser Permanente has partnered with Citi Payment Exchange to provide a portal for enrolling in Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA). With this partnership, Kaiser Permanente requests that all vendors pursuing EFT/ERA enrollments utilize the Payment Exchange portal for enrollment and changes to existing EFT/ERA. The portal is open 24 hours a day and 7 days a week for new enrollments or changes.
- Note: As your Provider Rep, we cannot instruct you how to bill.
- **Timely Filing** - 90 days from the date of service, unless stated otherwise in your contract.
- **Corrected/Replacement Claim** - 90 days from SOR (statement of remittance)
- **Dispute Form** - Provider will have 90 days from the date of the Statement of Remittance (SOR) to submit the additional documentation.
- **Affiliate Link** - To file a dispute through Affiliate Link, provider RFI (Request For Information) or to check claim status, please go to [Sign-On](#)

Claims Tools for Claims Submission

Use Office Ally to submit claims to Kaiser Permanente electronically for free

- **You will need to register for Office Ally DDE Solution (see pdf deck)**
http://www.providers.kaiserpermanente.org/info_assets/cpp_cod/Office-Ally-DDE-Solution-Overview.pdf

- **Visit website to begin registration**
<https://cms.officely.com/Pages/Products/Clearinghouse.aspx>

Note: Important Note: If you are a provider retrieving ERAs from a clearinghouse, you must remember to complete the ERA setup with your clearinghouse as well as with Kaiser Permanente via the Citi Payment Exchange portal.

[Claims](#) | [Community Provider Portal](#) | [Kaiser Permanente](#)

Community Provider Portal

Welcome to the Community Provider Portal!

Visit: [Provider Information](#) | [Community Provider Portal](#) | [Kaiser Permanente](#)

Online Provider Tools

[Home](#)

[Eligibility](#)

[Authorizations](#)

[Claims](#)

[Member Information](#)

[Provider Information](#)

[Laboratory](#)

[Pharmacy](#)

[Radiology](#)













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[Online Provider Tools](#)

- [Provider manuals](#)
- [Provider Directory](#)
- [Registration](#)
- [Sign on](#)
- [Member Eligibility Guest Access](#)
- [Member Rights and Responsibilities](#)
- [Claims Guest Access](#)
- [Care Coordination and Guidelines](#)

Provider Resources

 Eligibility Verify member eligibility and benefits	 Authorizations View authorizations and policies	 Claims View claims and billing information
 Member information View member medical records and more	 Provider Information View provider manual, clinical library and more	 Laboratory View Laboratory, policies and more
 Pharmacy View formulary, policies and more	 Radiology View radiology, policies and more	 Care Coordination and Guidelines View Care Coordination and Guidelines
 News Download commonly used forms	 Contact us Contact us if you have any queries	 Online Provider Tools Register for online access

Adds, Changes, Terms & Credentialing

For new Practitioner and Location Add

Community Provider Portal!

Visit: [Provider Information | Community Provider Portal | Kaiser Permanente](#)

Complete template and send to: KPCO-PDM@kp.org.
or FAX: 866-380-9188



Provider information

Please Note: CONTACT UPDATES can be made in any template below.

- Please select from our recently updated templates below and send completed information to KPCO-PDM@kp.org or **FAX: 866-380-9188**
- Use [Practitioner Adds-Changes-Terms Template](#) to
 - Add new practitioner to existing location
(see Combined new Practitioner and New Office template for adding to a new location)
 - Change current practitioner demographics
 - Term a practitioner from group

Provider Demographics

- Change current practitioner demographics
- Term practitioner from group
- Use [Service and Billing Office Adds-Changes-Terms Template](#) to
 - Add and/or term locations
 - Includes location moves and/or TIN-NPI updates
 - Change location details i.e., phone and fax
- Use [Combined New Practitioner and New Office](#) for
 - New Agreements
 - Includes organization changes
 - For Voluntary Provider/Front Office Demographic Reporting Template

[Voluntary Provider/Front Office Demographic Reporting Template](#)

Quarterly Attestations- Very IMPORTANT

PLEASE NOTE:

Providers **cannot see Kaiser members until credentialing is completed and an effective date is issued!**

- These rosters are sent out quarterly by the Kaiser Permanente Data Management Team Quarterly to our contracted providers and hospitals
- Network providers and hospitals are to respond with any Adds, Changes, Terms or respond with validation that all information on the roster is correct
- This information is needed for KP.org Kaiser's provider directory and for proper claims payment
- Failure to verify this information could cause credentialing and claims issues

Culturally Sensitive and Anti – Bias (Payers will be collecting this data on a yearly basis)

Notice of Adoption – Amended Regulations 4-2-73 and 5-2-12 and New Regulation 4-2-80 (the links below provide additional information)

- <https://doi.colorado.gov/announcements/notice-of-adoption-amended-regulations-4-2-73-and-5-2-12-and-new-regulation-4-2-80>
- <https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/community-providers/co/ever/diversity-equity-inclusion-tool-kit.pdf>

Online Affiliate (Secure)



NOTE: If you move from one practice to another, your log-on will follow you. Log-ons are practice specific., so will you need to change your practice name.

Member Eligibility and Benefits

Detailed coverage information
Copays listed for specific benefits

Authorizations *This is faster and more accurate than faxing!*

Displays authorizations by members
Authorizations by provider group

Clinical Information -*Based on your security level assignment*

- Snapshot
- Result Review
- Chart Review
- Flow Sheet or Growth Chart
- Claims Status

Website: <https://healthy.kaiserpermanente.org/colorado/community-providers>

****Online Affiliate Link Support**** ndpc_affiliatelink@kp.org

Online Affiliate Registration

- **New Registration Process**
- **Bulk Registration with Group admin**

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- Link - <https://healthy.kaiserpermanente.org/colorado/community-providers/online-provider-tools#registration>
 - **[KP Online Affiliate Registration Guide \(flippingbook.com\)](#)**



Links to Helpful Resources

Commercial

Pre-Certification

<https://healthy.kaiserpermanente.org/colorado/community-providers/authorizations>

[Medication/J-Code PA list](#)

Formulary

[Colorado Commercial POS & PPO Formulary](#)

FAQs

[Colorado Choice PPO Communications/FAQs Page](#)

Microsite/Provider Directory

[Commercial Choice PPO Microsite](#)

Medicare

Prior Authorization

[20 https://healthy.kaiserpermanente.org/colorado/community-providers/authorizations](https://healthy.kaiserpermanente.org/colorado/community-providers/authorizations)

[Medication/J-Code PA list](#)

Formulary

[Medicare Drug Formulary | Kaiser Permanente](#)

FAQs

[Colorado Senior Advantage Choice PPO FAQs](#)

Microsite/Provider Directory

[Colorado Senior Advantage Choice PPO Microsite](#)

THANK YOU

