

# Provider Contracting and Relations

UPDATE FOR OUR HAWAII AFFILIATED PROVIDERS  
APRIL 2019

## MD CALL CENTER

MD Call Center 808-643-6363

In 2018 Kaiser Permanente launched the “MD Call Center” which, among other functions, serves as an ED-to-ED emergency transfer hotline to support emergency department physicians, providers, and staff who encounter Kaiser Permanente members at their facilities. This hotline is staffed 24/7 by emergency department RNs, who work directly with our emergency department physicians at Kaiser Permanente Moanalua Medical Center.

When you encounter a Kaiser Permanente member at your emergency department who may need to be admitted or requires follow-up care, we request that you call the MD Call Center (808-643-6363). Via this hotline, our support staff will be able to assist you in providing care to our members, including transfers and follow-up care. When necessary, the support staff will also arrange for Medical Flights for inter-island transfers.

## CLINICAL REVIEW PAYMENT DETERMINATION POLICY

Providers may receive letters that provide information on rules that govern National Payment Integrity (NPI) Clinical Review processes related to determining payment for claims under review. NPI Clinical Review is responsible for reviewing facility and professional claims to ensure that providers comply with billing and coding standards, that

services rendered are appropriate and medically necessary, and that payment is made in accordance with applicable contract and/or provider manual requirements. Please see attached Clinical Review Policy.

<http://clinicalreviewpolicy.com>

## PROVIDER APPEALS

### IMPORTANT INFORMATION ABOUT YOUR RIGHTS TO DISPUTE OUR DETERMINATION ON THIS CLAIM

For information generally about a paid claim, please call: 877-875-3805. If you wish to dispute our action or decision, you must submit your dispute in writing to the following addresses you must submit your dispute in writing **within 90 days of the date the claim was originally processed or denied to the following addresses. Please make a note of this address to use for all future correspondence with us regarding our provider dispute resolution process.**

Kaiser Permanente Hawaii - Provider Appeals  
Claims Administration Department  
ATTN: Provider Appeals  
PO Box 378021  
Denver, CO 80237-9998

Requests for reconsideration of a denied claim must be submitted in writing and should include:

- Your name and address
- Signed Waiver of Liability statement (see reverse side for Waiver of Liability Statement)

- Copy of original claim
- Remittance notification showing the denial
- Any clinical records or other information that explains why you should be reimbursed for the item or service
- Member Name
- Member Date of Birth
- Kaiser Permanente Medical Record Number (MRN) or Member Health Record Number (HRN)
- Date(s) of Service
- Kaiser Permanente Assigned Claim Number

Once we receive the required information, we will give you a decision on your appeal within **60 calendar days**. If we find in your favor, payment will be made to you at the applicable Medicare rate. If we do not receive the required Waiver of Liability, we will not review your request. We will send you a Notice of Dismissal of Appeal Request. You have the right to ask an independent reviewer contracted with Medicare to review our decision. Please follow the instructions in the Notice of Dismissal of Appeal Request.

**If you received a Self-Funded Claim Denial** (CARC 109/ RARC N418) the claim was submitted to Kaiser Permanente Health Plan in error and the claim was denied.

Please forward this claim(s) for processing to Kaiser Permanente Insurance Company (KPIC) to the address or EDI payor code listed below to:

Kaiser Permanente Insurance Company  
 Claims Administrator  
 P.O. Box 30547  
 Salt Lake City, UT 84130-0547  
 EDI Payor ID # 94320

To expedite the processing of future claims submitted for this member, please update your file to reflect the correct claims payor address. If you have any questions or concerns, please contact our Claim Service Representatives at 1-800-533-1833.

## **NATIONAL DRUG CODE (NDC) REQUIREMENT**

Kaiser Permanente is implementing a claim edit that will require the inclusion of a National Drug Code (NDC) number on Medicaid claims where a clinic-administered medication (CAM) was given.

**What is driving this change?:** Our states require that Medicaid payors report NDC codes on claims involving clinic-administered medication. States, in turn, have a federal regulation that make the NDC number a required data element for rebate purposes. As such, since Kaiser has been accepting these Medicaid CAM claims without the NDC number, our regions are out of compliance with both the State and Federal Medicaid requirements.

## **TELEMEDICINE SERVICES**

If you are a contracted behavioral health psychologist or licensed clinical social worker, patients have to have a face to face encounter with the provider before telemedicine can be done. Billing of claim with telemedicine services require appropriate cpt code, modifier GT and place of service code (POS) 02.

## **LIVE PROVIDER TRAINING**

Join us for free monthly demonstrations:

- Community Provider Portal
- Online affiliate
- EDI/ERA/EFT

To register, please email

[ProviderContractingandRelations@kp.org](mailto:ProviderContractingandRelations@kp.org)

## ADDITIONAL RESOURCES

You can access the Kaiser Permanente Hawaii Online information at <http://providers.kaiserpermanente.org/hi/index.html>

You will have information available for you regarding:

- Eligibility verification
- Authorizations and Referral Process
- Claims Processes
- Member and Provider Information
- Pharmacy Information
- QUEST Integration
- Online Affiliate Log-in

To find status of a claim, please register for KP Online Affiliate. [http://providers.kaiserpermanente.org/html/cpp\\_hi/registration.html](http://providers.kaiserpermanente.org/html/cpp_hi/registration.html) or join us for a free training.

## ELECTRONIC DATA INTERCHANGE

### Get Connected! Submit Claims Electronically!

The Benefits of Electronic Data Interchange (EDI) 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 enroll in **ERA/EFT** please visit: <https://solutions.caqh.org>

If additional assistance is needed for **EDI, ERA or EFT**, please contact: 1-866-285-0361, Option 2 or [EDISupport@kp.org](mailto:EDISupport@kp.org) Or join us for a free training.

NORTHERN AND SOUTHERN CA	
Change Healthcare	Payor ID = 94135
Office Ally	Payor ID = 94135
Relay Health	Payor ID = RH009
SSI	Payor ID= NKAISER-CA/SKAISERCA
HAWAII	
Change Healthcare	Payor ID = 94123
Relay Health	Payor ID = RH011
GEORGIA	
Change Healthcare	Payor ID = 21313
OptimumInsight/ Ingenix	Payor ID = NG010
Navicare	Payor ID = 21313
Relay Health	Payor ID = RH008
NORTHWEST	
Change Healthcare	Payor ID = 93079
OptimumInsight/ Ingenix	Payor ID = NG009
OfficeAlly	Payor ID = NW002
Relay Health	Payor ID = RH002
SSI	Payor ID = SS002
MID-ATLANTIC	
Change Healthcare	Payor ID = 52095
OptimumInsight/ Ingenix	Payor ID = NG008
OfficeAlly	Payor ID = 52095
Availity (formerly REALMED)	Payor ID = 54294
Relay Health	Payor ID = RH010
COLORADO	
Change Healthcare	Payor ID = 91617
OptimumInsight/ Ingenix	Payor ID = COKSR
Relay Health	Payor ID = RH003
SSI	Payor ID = 999990273

## REQUESTING YOUR EMAIL ADDRESS

We continue to update our provider information file and request your email address. This will enable us to provide a convenient and efficient way to correspond with you. In the future, it will also enable us to electronically send our Newsletter, saving paper and trees. Please email your address to [ProviderDemographicsHawaii@kp.org](mailto:ProviderDemographicsHawaii@kp.org)

## VISITING KAISER MEMBERS

Submit member's claims to the home region identified on their member id card. The member ID card has the KP region and you will use the payor id for that region when submitting your claim via EDI.

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

## CULTURAL COMPETENCY PLAN

The Kaiser Permanente Hawaii Cultural Competency Plan is intended to ensure members receive care in a culturally competent manner including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.

The Cultural Competency Plan is available online at <http://providers.kaiserpermanente.org/hi/index.html>.

## PROVIDER MANUAL

Please see our provider manual for helpful information regarding claims, referrals and polices.

## CONTACT NUMBERS

### IMPORTANT KAISER PHONE NUMBERS AND EMAIL ADDRESSES

Customer Service

1-808-432-5955 (Oahu)

1-800-966-5955

Fax: 1-808-432-5300

Claims Department: 1-877-875-3805

Authorization & Referrals: 1-800-432-5687

Fax: 1-808-432-7517

Durable Medical Equipment Authorizations:

1-808-432-5692 (Oahu)

Behavioral Health Authorizations

1-808-243-6031 (Maui)

Customer Service QUEST: 1-808-432-5330 (Oahu)

1-800-651-2237 (toll free)

Fax: 1-808-432-5260

Added Choice Helpline: 1-800-238-5742

EDI

[edisupport@kp.org](mailto:edisupport@kp.org)

Option 2: 1-866-285-0361

Credentials

[HI-Credentials-Department@kp.org](mailto:HI-Credentials-Department@kp.org)

Fax: 1-877-515-4956

Alternate Fax: 1 -808-432-7480

Community Provider Portal

[http://providers.kaiserpermanente.org/html/cpp\\_hi/index.html](http://providers.kaiserpermanente.org/html/cpp_hi/index.html)

Online Affiliate Information/Support (e.g. claims status, member eligibility)

[http://providers.kaiserpermanente.org/html/cpp\\_hi/onlineaffiliate.html](http://providers.kaiserpermanente.org/html/cpp_hi/onlineaffiliate.html)

## OUTSIDE SERVICES

DEPARTMENT	PHONE NUMBER	HOURS OF OPERATIONS
Please contact the Hospital Operations Center (HOC) for daily transfers. <b>Transfer Coordinators</b>	1-808-432-7252	Monday through Friday 8 a.m. to 4:30 p.m.
	1-808-432-0000 Page the Nursing Supervisor via MOA Operator. Fax: 1-808-432-7251	Weekends, KP observed holidays and after hours.
<b>Emergency Hotline</b>	1-808-432-7038	24 Hours
<b>Continuing Care</b>	1-808-432-8046	Monday through Friday (8 a.m. to 4:30 p.m.) After hours and on holidays: For non-urgent matters, please call this line and leave a voice mail. <i>Note: In the event of any KP Member death, call this line and make a report.</i>
	1-808-432-0000	After Hours and on holidays: For urgent matters, request to speak with the on-call Continuing Care provider.
	Fax: 1-808-432-7419	Please do not fax lab results unless specifically asked to do so.