KAISER PERMANENTE®

June 2021

# Provider Newsletter

## PCR UPDATES: HMO AND QUEST INTEGRATION AFFILIATED PROVIDERS

## FIGHT COVID-19 GET VACCINATED

### TELEHEALTH

Please continue billing your typical codes (procedure and diagnosis codes), please POS 2 and modifiers 95, GT, GQ or GO, this will drive the member's telehealth benefits (no copayment) and you will be paid at your current contracted.

### CLINICAL REVIEW PAYMENT DETERMINATION POLICY

Providers may receive updated 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, updated Clinical Review Policy link: providers.kaiserpermanente.org/info_assets/cpp_hi/

### MD CALL CENTER AND VECTORCARE

Kaiser Hawaii is in the process of implementing the VectorCare platform for online ordering of non-Emergent AMR ambulances for patient transfer. This system simplifies the ordering and tracking of these ambulances. If a Kaiser patient needs to be transferred via ground ambulance, please contact the Kaiser Transfer Center at **808-643-6363**, who will submit the request for ambulance transfer via the VectroCare platform. We anticipate that the platform will be fully implemented by mid-2021.

VectorCare also provides a read-only option if your facility would like to utilize the platform to track the arrival and departure times for AMR ambulances ordered via the VectorCare platform.

### EDUCATE TO ELEVATE: VIRTUAL MONTHLY PROVIDER TRAININGS

**JOIN US LIVE!!**

CURIOUS ABOUT WHAT WE CAN DO FOR YOU

All 2020 Demonstrations are **Free of Charge**

Every 2nd Thursday of the Month **10 AM to 11 AM**

Jan 14th, Feb 11th, March 11th, April 8th, May 13th, June 10th, July 8th, Aug 12th, Sept 9th, Oct 14th, Nov 18th, Dec 9th

Provider Contracting & Relations
National Claims Administration (NCA)
**Every 2nd Thursday of the Month at 10 - 11 AM**

For more information and to register, please email our team:
**ProviderContractingandRelations@kp.org**

Or visit us at:
**www.providers.kp.org/HI**

### PROVIDER DISPUTES YOUR RIGHTS TO CLAIMS REVIEW

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 PROVIDER DISPUTE FORM (paper or electronic) **you must submit your dispute in writing within 60 DAYS** of the date the claim was originally processed or denied to the following addresses.

### ATTENTION LTSS HCBS PROVIDERS:

**Effective 8/1/2021 changes that may affect your payments.**

### HCBS SERVICES

For HCBS services, please bill separate claims for each service (code) and bill one claim line per day (instead of date ranges). This will improve alignment across all systems to meet the State's requirements. Please start billing services separately immediately. Claims submitted with service dates on or after August 1st that have more than one service code or date ranges will be denied – this excludes CCFFH, CCMA and EARCH providers..

### QI CCFFH AND EARCH POS

Effective August 1, 2021, Kaiser Permanente will be following Med-QUEST guidelines (Memo No. QI-2104A) that requires services performed by CCFFH and EARCH providers to be coded under Place of Service = 14 (POS 14). Claims submitted with service dates on or after August 1st that do not show POS 14 will be denied as invalid. The POS section is located on Box 24-B on the CMS 1500 claim form.

In summary, please use the following guidance:

- Service date before 8/01/21 = use POS 12
- Service date after 8/1/21 = use POS 14

### EVV PROVIDERS – RURAL ZIP CODES LIST UPDATED

Rural Mileage applies to EVV providers with an approved authorization. Please note that new zip codes have been added. Please use code S0215 and (POS) Point of Service 12.

| Zip Code | Rural Area | Zip Code | Rural Area |
|---|---|---|---|
| 96712 | Haleiwa | 96713 | Hana |
| 96825 | Hawaii Kai | 96753 | Kihei |
| 96717 | Hauula | 96790 | Kula |
| 96730 | Kaaawa | 96761 | Lahaina |
| 96731 | Kahuku | 96779 | Paia |
| 96734 | Kailua | 96768 | Pulalani |
| 96744 | Kaneohe | 96795 | Waimanalo |
| 96707 | Kapolei/Makakilo | 96821 | Niu Valley |
| 96762 | Laie | 96815 | Wikiki |
| 96791 | Waialua | 96786 | Wahiawa |
| 96792 | Waianae | 96789 | Mililani |
| 96708 | Haiku-Pauwela | 96797 | Waipahu |

## PROVIDER OVERPAYMENTS

Overpayments may occur when a service is submitted under an incorrect patient's name or member number, another insurance payor is identified, incorrect services are reported, or any payments received in error.

If you discover that you have received an overpayment, you must notify us in writing of the reason for the overpayment and return the overpaid amount to us within 60 calendar days after identifying the overpayment as follows:
**http://providers.kaiserpermanente.org/html/cpp_hi/reporting_overpayments.html?**

Mail the EOP, check and itemized information to:
Kaiser Foundation Health Plan
Attention: Hawaii Regional Claims Recovery
P.O. Box 745820
Los Angeles, CA 90074-5820

## ONLINE AFFILIATE

Beginning April 1, 2021, we are transitioning claim status, member eligibility and benefit information exclusively to our Online Affiliate platform.

Kaiser Permanente Online Affiliate allows external providers the opportunity to perform self-service for many claims' related tasks.

There are many advantages to registering for Online Affiliate. You can have at your fingertips many claim and patient details such as:

- Date claim received by Kaiser Permanente
- Claim processing status – in progress or complete
- Claim payment status – paid or denied
- Amount Paid
- See claim details such as services rendered, referrals, diagnosis, coverage information, and procedure codes
- View and print a copy of your Explanation of Payment (EOP)
- Verify patient eligibility and benefits
- Respond online to KP Request for Information (RFI)
- Submit online claim disputes/appeals
- Receive claim status acknowledgment letters

One of the great benefits of the self-service tool is that you no longer need to wait on hold while calling the Kaiser Permanente Member Services Contact Center. With Online Affiliate, patient information is at your fingertips 24 hours a day, 7 days a week.

If you have any questions regarding this communication, please reach out to **KP-HI-OnlineAffiliate@kp.org**.

## 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**

## EVV SYSTEM and NDC CODES

**EVV System** – electronic visit verification for Medicaid Home Health Agency Services and Personal Care & Private Duty Nursing Services, a system that verifies provider visits and documents, ensuring member receive their authorized services. Additional information available: Provider EVV Letter at **http://www.medquest.hawaii.gov/EVV**

**EVV HCPCS Codes and Modifier List**
**http://providers.kaiserpermanente.org/info_assets/cpp_hi/QI_1929_EVV_HCPCS_Codes_and_Modifiers_Lists_FINAL_1.pdf**

**Provider billing:** EVV services should be billed daily, one service per claim. Claims Validation of services is required prior to payment.
*Home Health (PT 23) ***per visit***

*Home Care (PT 24) ***per 15 minutes***

*Private Duty Nursing (PT 46) ***per 15 minutes***

**Clarification on minimum hours**
*Units billed on claims for Home Care and Private Duty Nursing services must reflect the amount of service time actually rendered.

Please follow authorization instructions when submitting a claim.

## COVID-19 VACCINE ADMINISTRATION FEES

Kaiser Permanente follows CMS COVID-19 vaccine administration rates for Commercial and Medicaid (please note, for Kaiser Permanente Medicare Advantage members, please bill CMS directly)

- By DOS – dates of service and CMS (geographically-adjusted) effective date
- Claims configuration is targeted to be completed by 5/30/21, claims will be reprocessed if needed

## NEW PROVIDER FORMS

New forms are available in the Community Provider Portal specifically for minors, 14 years of age or older, may consent to outpatient mental health services without parental or legal guardian consent, knowledge or participation, after consulting with a licensed mental health professional and there is agreement on confidentiality for minor initiated services.
**http://providers.kaiserpermanente.org/info_assets/cpp_hi/mental-health-teen-confidentiality.pdf**

Provider dispute form link:
**providers.kaiserpermanente.org/info_assets/cpp_hi/Provider_Appeals_Form.pdf**

Online Affiliate access, electronic feature link:
**https://extsso.kp.org/kpsso-ap/signIn.html**

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| CONTACT INFORMATION | PHONE | FAX / WEB / EMAIL / ADDRESS |
|---|---|---|
| **Customer Service (CS)** | 800-966-5595 | 808-432-5300 |
| **Medicaid / QUEST Integration (QI)** | 808-432-5955 | 800-651-2237 and 808-432-5260 |
| **Medicaid / QI with nurse line (off-hours)** | 808-432-5330 | |
| **Added Choice Helpline** | 800-238-5742 or 800-392-8649 | https://providers.kaiserpermanente.org/html/cpp_hi/addedchoice.html? |
| **MD Call Center** | 808-643-6363 | |
| **Authorization & Referrals Management** | 800-432-5687 | 808-432-5691 |
| DME Authorizations | 808-432-5692 | 808-432-5689 |
| BH Authorizations | 808-243-6031 | |
| **Provider Credentialing** | 808-432-7990 ext 27927 | HI-Credentials-Department@kp.org |
| **Claims Department** | 877-875-3805 | P.O. Box 378021, Denver, CO 80237 |
| **Provider Demographic or Contact Changes** | | providerdemographicshawaii@kp.org |
| **Community Provider Portal: HMO / Medicare / Medicaid & QUEST Integration** | | |
| Authorizations and Referral Process<br>Contracts & Sample Contracts | | http://providers.kaiserpermanente.org/hi/index.html. |
| Provider Newsletters & EVV Codes | | Monthly Provider Training: every 2nd Thurs. of the month 10-11 A HT |
| QI Provider Education & Training Documents | | http://providers.kaiserpermanente.org/html/cpp_hi/qiprovidereducationandtraining.html? |
| Online Affiliate Tool & Provider Manual<br>Cultural Competency Plan | | **To Register** email: ProviderContractingandRelations@kp.org |
| **EDI** – Electronic Data Interchange | 866-285-0361 opt 2 | edisupport@kp.org |
| **EDI** – Enrollment | | EDIEngagementTeam@kp.org |
| Change HC Payer ID = 94123 | 866-817-3813 | www.changehealthcare.com |
| Relay Health Payer ID = RH011 | 866-735-2963 | www.relayhealth.com |
| Office Ally Payer ID = 94123 | 360-975-7000 | https://cms.officeally.com |
| **Office Ally DDE** – FREE*. This online claim entry tool allows you to create CMS1500, UB04 and ADA claims on its website and submit to KP | 360-975-7000 | https://cms.officeally.com/Pages/Products/Clearinghouse.aspx |
| **Office Alley DDE Solution Overview** | | http://www.providers.kaiserpermanente.org/info_assets/cpp_hi/Office_Ally_DDE_SolutionOverview.pdf |
| EDI Claims Subscriber Information | Use patient's information only (e.g. name, date of birth, KP MRN) | |
| **ERA & EFT** | 866-288-0361 | solutions.caqh.org |
| **OLA** – Online Affiliate Tool | 866-285-0361 opt 1 | KP-HI-OnlineAffilaite@kp.org |
| Check Claim Status (ANSI 276/277)<br>Verify Member Benefits and Eligibility (ANSI 270/271) | | providers.kp.org/hi |
| Registration Guide | | http://www.providers.kaiserpermanente.org/info_assets/cpp_national/KP-OLA_Complete_User_Registration_Guide.pdf |
| View and Print Remittance Advice (ANSI 835 ERA & EFT)<br>View Member Demographics | | providers.kp.org/hi |
| **Hawaii Entity Agreement** | | http://www.providers.kaiserpermanente.org/info_assets/cpp_hi/entity-agreement-hi-en-2021.pdf |
| **Guest Access User Guide** | | https://kp.qumucloud.com/view/Video-Tour---View-Claim-Status-as-a-Guest-User#/ |

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## KEY TIMEFRAMES – ACROSS ALL LOBs
(unless otherwise specified in a contract or other governing document)

| | |
|---|---|
| Provider Claims Timely Filing – Initial Submission and Corrected Claims | 365 days from Date of Service |
| Provider Dispute Timely Filing * | 60 days from the date last EOP was received |
| KP's Overpayment Reviews | Claims adjudicated in the last 12 months (paid / adjusted) ** |
| KP's Recoupment of Overpayments | 60 days after notification of the overpayment (if provider has not already submitted refunded) |

** Submit disputes via Online Affiliate! It is the fastest way for a dispute to be received and processed. And dispute status can also be checked via online affiliate! ** Note – HI Statute permits review of claims for overpayments up to 18 months after claims are paid (HRS § 431:13-108). As a courtesy, KP has generally elected to limit these reviews to 12 months after claims are paid.*

## COMMON CLAIMS REVIEWS AND CODES
(NOTE: Claim codes may be used for other claims adjudication purposes in addition to these reviews. As part of KP's continuous improvement efforts, claim code and CARC/RARC mapping may be reviewed and updated.)

| REVIEW | INTERNAL CLAIM CODES (viewable on Online Affiliate) | CARC / RARC CODES (on 835/ EOP) | PROVIDER ACTION / OPTIONS |
|---|---|---|---|
| **Request for Itemized Bill** (fully denied; adjusted on receipt of i-bill) | CED23: DENY, NEED ITEMIZED BILL CLD39: DENY, REQUESTED INFORMATION NOT RECEIVED | CARC 252: An attachment/ other documentation is required to adjudicate this claim/service. RARC N26: Missing itemized bill/statement. CARC 164: Attachment or other documentation referenced on the claim was not received in a timely fashion. | Upload itemized bill to claim via online affiliate. |
| **Line Item Deductions** (partially paid) | CRD03: DENY, CODES/ CHARGES NOT SUPPORTED BY DOCUMENTATION | CARC 150: Payer deems the information submitted does not support this level of service. RARC N163: Medical record does not support code billed per the code definition. | If questions, please review LID detail letter that KP mailed. Or call Customer Service center for a copy of the letter. |
| **LOC Not Matching Auth Denial** (fully denied) | CRD09: DENY, LEVEL OF CARE CRITERIA NOT MET | CARC 150: Payer deems the information submitted does not support this level of service. | Submit corrected claim. |
| **EDC: 99283-99285 E&M evaluation ***** (partially paid; paid based on CPT supported by the coding) | CEI21: INFO, EDC LEVEL OF CARE CRITERIA NOT MET | CARC 150: Payer deems the information submitted does not support this level of service. RARC M26: The information furnished does not substantiate the need for this level of service. | Submit corrected claim. |

*Continues on next page*

*** In KP's continued efforts to ensure claims processing information is clear to our provider community, KP has enhanced the Emergency Department Claim (EDC) Analyzer process effective June 2021. We have addressed the total bill charge discrepancy issue when a claim is down coded by EDC Analyzer.

- You will no longer see a denial on the service line with the original E&M code and a new line added with an updated E&M code.
- Instead, the same service line will be adjusted accordingly and there will be a remark code that clearly states why the claim information received does not support the level of service. There will be no changes to the original total bill charges.
- If you are enrolled to receive an electronic remittance advice (ERA/835), both original and updated E&M codes will be present.
- If you are receiving the paper explanation of payment (EOP), only the original E&M code will be present. We are working on an enhancement to display both codes on the EOP. We encourage you to enroll in EFT/ERA for faster claim payments and clearer responses.

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| REVIEW | INTERNAL CLAIM CODES (viewable on Online Affiliate) | CARC / RARC CODES (on 835/ EOP) | PROVIDER ACTION / OPTIONS |
|---|---|---|---|
| **Request for Medical Documentation**<br>(fully denied; adjusted on receipt of medical documents) | CARC 252: An attachment/ other documentation is required to adjudicate this claim/service.<br>RARC M127: Missing patient medical record for this service. | CARC 252: An attachment/ other documentation is required to adjudicate this claim/service.<br>RARC M127: Missing patient medical record for this service. | Upload medical documentation to claim via online affiliate. |
| **PSNAP**<br>(partially paid – ER services until patient was stabilized) | CRD12: DENY, POST STABILIZATION CARE NOT AUTHORIZED | CARC 40: Charges do not meet qualifications for emergent/urgent care.<br>RARC N409: This service is related to an accidental injury and is not covered unless provided within a specific time frame from the date of the accident. | Submit a dispute with additional support documentation for request for authorization via online affiliate. |
| **DRG**<br>(fully denied) | CLD26: DENY, MISSING/ INVALID DRG | CARC 16: Claim/Service lacks information or has submission/billing errors.<br>RARC N208: Missing/ incomplete/ invalid DRG code. | Submit corrected claim or submit a dispute with additional support documentation for the DRG being billed via online affiliate. |
| **30 Day Readmission**<br>(fully denied) | CD105: DENY, 30 DAY HOSPITAL READMISSION POLICY | CARC 249: Claim has been identified as a readmission.<br>RARC N591: Payment based on an Independent Medical Examination (IME) or Utilization Review (UR). | Submit a dispute with additional support documentation if second admission within 30 days is unrelated to the first admission. |

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TRACKING NUMBER

Please return form to: **PROVIDER APPEALS, PO BOX 378021, DENVER, CO 80237- 9998**

# PROVIDER DISPUTE RESOLUTION REQUEST

***NOTE: WE STRONGLY URGE NON-CONTRACTED PROVIDERS NOT TO BILL HEALTH PLAN MEMBERS DURING THE DISPUTE RESOLUTION PROCESS.***

PROVIDER NAME _____

PROVIDER TAX ID _____

PROVIDER TYPE **(CHECK ALL THAT APPLY)**

Contracted Professional Provider

Non-Contracted Institutional Provider

Other Provider (please specify): _____

Please provide detailed information as to how the following claims should have been processed

**Description given here must apply to all claims listed below. If additional space is needed, please use a separate sheet and attach it to this form.**
**Required attachments: Copy of Original Claim and Remittance notification showing the denial**

| Patient Name | Patient Date of Birth | Medical Record # | Kaiser Claim # | Date Of Service | Billed Amount | Paid Amount |
|---|---|---|---|---|---|---|
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Contact Name (Please Print) Title

Signature Phone Number Date

NOTE: Please attach any support for your dispute, which may include additional supporting documentation, medical documentation (if appropriate), any related laws/regulations you believe are relevant, or any other information you believe would be helpful.

Please return form to: **KP HAWAII – PROVIDER APPEALS, CLAIMS ADMIN DEPT, PO BOX 378021, DENVER, CO 80237-9998**