



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).

 Login to your *AffiliateLink* account using existing login credentials, then proceed to *Claims Search* using the icon at the top of the Home screen.

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- Enter the KP assigned claim number in the *Claim ID* field (see Red Box 1 in Figure 1)
- Select the Claim ID in the search results table by clicking on the *Claim* # link. (see Red Box 2 in Figure 1)

| Claim Search Search for vendor, tax ID, provider, member ID, claim ID Search for vendor, tax ID, provider, member ID, claim ID Advanced Search Vendor Search for vendor, tax ID, provider, member ID, claim ID Ediam Bar Claim ID Check Number Check Number Check Number Claim V Member ID Check Number Billed Amount Claim Type Min Mox Claim Type Vendor Vendor Vendor Status Claim Type Vendor Vendor Vendor Member ID Check Number Billed Amount Claim Type Vendor Vendor Mox Claim Type Vendor Vendor Member ID Sve Frm Dt Vendor Tax ID Status Clim Rov Dt Provider Vendor | nt Epike | Menu Log Out | Menu | | | | | 2 Patient | nt List Claims | 👷 rt 🕆 Patient Lis | Home In Baske | KAISER PERMANENTI |
|---|---------------|----------------|----------|-------------------|-------------|------------|-------------|--------------|--------------------|-----------------------|------------------------|----------------------|
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| | | | _ | _ | | | | _ | _ | _ | | |
| | igure 1 | Fig | | | | | | | | | | |

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).







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| | A I R | Priority: Routin ecords: Remove | e Claim | | |
|------------------------------|-------------------------------|--|--------------------------------|-------------------------------|-----------------|
| | Claim # | Member ID | Svc Frm Dt | Vendor Tax ID | Status |
| * | \$38933661 | 000075125066 | 09/29/2019 | 201954907 | Denied |
| R | Requested Do | cumentation Que | estionnaire | | |
| | CRM ID | | | Comment | |
| e | Details | | | | |
| F | Please provide a | additional details reg | arding submissic | n | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Disputes and | d Appeals car | n only be filed on | completed clai | ms, please confiri | m status and if |
| Disputes and necessary re | d Appeals car emove and ad | n only be filed on d correct claim to | completed clai this communi | ms, please confiri cation. | m status and if |
| Disputes and necessary re | d Appeals car emove and ad | n only be filed on d correct claim to | completed clai this communi | ms, please confir cation. | m status and if |

5. Submit Supporting

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

NOTE: If you have the CRM ID from KP-provided correspondence, please enter that number in the *CRM ID* field (Red Box in Figure 4).

6. *Respond to Request for Information* (see Figure 5) 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.

| | - - | Topic: C | Online Receipt of N | on Claim Documents | s | 1 |
|--------------------------|-----------------------------|----------------------------------|--|---------------------------------|--------------|-------|
| | | Subtopic: | | • | | |
| | Submitted o | on behalf of: | Solicited Claims R | FI Letter | Q | |
| | | A Priority: Records: | Unsolicited RFI D Clinical Review RF Code Edit RFI Let | ocument I Letter ter | | |
| | Claim # | Member ID | Svc Frm Dt | Vendor Tax ID | Status | |
| * | 26742860 | 0393833 | 02/01/2020 | 262809380 | Denied | · |
| Re | quested Doc | umentation | Questionnaire | | | |
| | CRM ID | | | Comment | | |
| | Details | | | | | |
| Pi | ease provide a | dditional details | s regarding submiss | ion | | |
| putes and cessary ren | Appeals can nove and add | only be filed d correct clain | on completed cl n to this commu | aims, please confi nication. | irm status a | nd if |
| | | | | | | |



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7. **Respond to Request for Information** (see Figure 5) 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 5).

| CRM ID | | omment | ^ |
|-----------------------------|-------------------------------|------------------------------|----------|
| Details | | | |
| Please provide additional | details regarding submission | | |
| | | | |
| | | | |
| | | | |
| | | | - 1 |
| Additional Documents | | | _ |
| Documents: | Add files | | |
| ₽ | | | |
| | 19.5 MB Total Allowed | 0 Files | D |
| tes and Anneals can only be | filed on completed dame | alaasa sanfirm statu | and if |
| sary remove and add correct | t claim to this communication | please confirm status in. | and it |
| | | | |
| | | 🖌 Submit | × Cancel |
| | | | |
| | | | |

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 6 on following page)

8. *File a Dispute* window (see Figure 6) allows the provider to initiate the dispute/appeal process.

| | 4 | Submitted or | behalf of: | 1 | | | | | 2 |
|-----------------------------|------------|----------------------------|-------------------------------|--------------|--------------------------------|-----------------|-------------------|-------------|-----------|
| | | Claim # | Priority: Records: | Re | Routine move Claim | Ve | ndor Tay II |) Stat | 112 |
| | * 1 | 24346479 | 33261875 | | 02/02/2020 | 52 | 0591658 | Paid | |
| | lien | uting Paym | ent Denial | 0 | estionnaire | 0.00 | | 1100-00 | |
| | vish | uting rayin | ent Denia | Qu | estionnance | | | | |
| | | Dispute | | | | | Comment | | |
| | | Amount (5) | | | | | | | |
| | | O Dispute | | | | Q | Comment | | |
| | | Reason | | | | - | | | |
| | | Submission | | | | 0 | A STORY | | |
| | | Validation | | _ | | P | comment | | |
| Disputes an necessary re | d Al | ppeals can o ve and add | only be filed correct clai | d on im t | o completed cl o this commu | aims, nicati | please cor on. | nfirm stati | us and if |
| | | | | | | | | / Submit | × Cancel |





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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 7.

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

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

| © | h → Claim Re | view Report | | The r | nessage has | been sent su | ccessfully. | | | | A | -9 6 6 |
|--|---|---|--|---|---|---------------|-------------|---------------|--------|--------------------|-------------|--------------------|
| Claims Deta | ails | - | | | | | | | | | | - |
| Member Name MRN: \$113729 LOB SRA - SE Patient Accoun Claim Number Claim Received Check Number Check Date: 10 | Lweybbxywc Xkphr NIOR ADVANTAGE t Number TC015 12537081 t 10/03/2019 2120001082 0/03/2019 | EH | | Provider ACI Provider ID: 1 Vendor ACC Vendor ID: 11 | CREDO HEALTH 12721999 REDO HEALTH 13358535 | I GROUP, INC. | | | | | | |
| | | | | | Status | Processed | | | | |] | |
| Service Date | Procedure/ DRG | Billed Amount | Allowed | Not Cov/ Exc Ben | Deduct | Coins | Сорау | Patient Total | Adjust | Disallow/ Dscnt | Net Payment | Code(s) |
| 9/17/2019 | 99214 | \$68.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 9 | 7, CEI04, CLI02, P |
| laim Total | | \$68.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| ode | Description | | | | | | | | | | | |
| 97] INFO, CODI CEI04] INFO, CO | E EDIT NO RECO DE EDIT NO REC A EDS PROFESSIO | MMENDATION COMMENDATI ONAL: Added | RETURNED ON RETURNE by AP Claims | D Rule Checker | | | | | | | | |

10. *Submitting on behalf of:* If the user is submitting a dispute on behalf of another provider, they can do so in the *File a Dispute* window (see Figure 8) you can type in the name of the Provider, or, click on the magnifying glass to search the list of Providers (see Step 10 below).

Note: this list may be very long, please ensure you select the correct Provider name to allow for proper processing of your claim.

(Applies to Mid-Atlantic, Colorado, Hawaii, and Northwest regions only)

| A Submitted on | behalf of: | | | | Q | . 1 |
|-------------------------|----------------|----------------|-------|---------------|-------------|-----------|
| | Priority: | Routine | | | | |
| | Records: | temove Claim | | | | |
| Claim # | Member ID | Svc Frm Dt | Ve | endor Tax ID | Status | |
| 24346479 | 33261875 | 02/02/2020 | 52 | 0591658 | Paid | |
| Disputing Payme | ent Denial Q | uestionnaire | | | | |
| | | | | | | |
| Dispute | | | | Comment | | |
| Amount (5) | | | | | | |
| Dispute | | | Q | Comment | | |
| Reason | | | - | | | |
| O Submission | | | 0 | Comment | | |
| Validation | | | P | comment | | |
| | | | | | | |
| putes and Appeals can o | nly be filed o | to this commun | aims, | please confir | m status an | d If |
| cessary remove and add | concer ciain | to this commun | iicau | 011. | | |
| | | | | | | an arrest |
| | | | | ~ | ubmit | X Cancel |





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11. The list of Providers linked to the Tax ID will display as in Figure 9.

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| Search Matches: | | | | | | | |
|-----------------|---------------|--|--|--|--|--|--|
| ID | Provider | | | | | | |
| 5303 | Inc, Digitrac | | | | | | |
| 5456 | Hospital, Sh | | | | | | |
| 14149 | Hospital, W | | | | | | |
| 14171 | Ctr-Baltimo | | | | | | |
| 21432 | Inc-Florida, | | | | | | |
| 49253 | Advent, Pot | | | | | | |





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Online Provider Messaging In Basket FOR: KP AffiliateLink Users

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 11





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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 | <u>KP-SCAL-</u> OnlineAffiliate@kp.org | KP-SCAL-OnlineAffiliate@kp.org |
| Northern California | National HelpDesk 844-563-4357 | <u>KP-NCAL-</u> OnlineAffiliate@kp.org | KP-NCAL-OnlineAffiliate@kp.org |
| Colorado | National HelpDesk 844-563-4357 | <u>KP-CO-</u> OnlineAffiliate@kp.org | KP-CO-OnlineAffiliate@kp.org |
| Georgia | National HelpDesk 844-563-4357 | <u>KP-GA-</u> OnlineAffiliate@kp.org | KP-GA-OnlineAffiliate@kp.org |
| Hawaii | National HelpDesk 844-563-4357 | <u>KP-HI-</u> OnlineAffiliate@kp.org | KP-HI-OnlineAffiliate@kp.org |
| Mid Atlantic | National HelpDesk 844-563-4357 | <u>KP-MAS-</u> OnlineAffiliate@kp.org | KP-MAS-OnlineAffiliate@kp.org |
| Northwest | National HelpDesk 844-563-4357 | <u>NW-Provider-</u> Relations@kp.org | NW-Provider-Relations@kp.org |