

4.0 Enrollment and Eligibility

4.1 Enrollment / Eligibility Verification

Providers may enroll with Online Affiliate to verify eligibility and benefit information for Kaiser Permanente members. Online Affiliate allows providers to view key information for verifying eligibility and benefits. You can also view the member Evidence of Coverage document to get comprehensive benefits information. Sign on or register for Online Affiliate at www.kp.org/providers/mas select **Online Provider Tools** from the Provider Resources menu.

If you need assistance with Online Affiliate registration, please contact Provider Experience at ☎ 877-806-7470.

Kaiser Permanente has established an automated membership eligibility verification phone line (for providers only). Participating Providers can call ☎ 800-810-4766 any time of day. Select option for co-pay and eligibility.

For other information or problem resolution, Participating Providers or Members may call:

Member Services	☎ 800-777-7902.
Medicare Member Services	☎ 888-777-5536
TTY:	☎ 711

4.2 The Enrollment Process

Kaiser Permanente follows standard enrollment requirements and procedures for all members.

Employees who live or work in the Service Area and who meet their employer's eligibility requirements, if any, may be given an opportunity to enroll into a Kaiser Permanente Health Plan through their employer (Group), as new hires. This may be performed during the Group's annual open enrollment period, and at other times for certain qualifying events (such as marriage, divorce, adoption, birth, job change, and loss of coverage on another plan).

Open Enrollment

Employer Groups conduct an open enrollment period annually. During this time, eligible employees may elect to enroll in a Health Plan or change Health Plans among those offered by the Group. Employees may also elect to enroll eligible dependents not previously enrolled during open enrollment periods.

4.3 Effective Date of Coverage

Newly Eligible Members

The effective date of coverage varies according to the terms of the contract between the Group and Kaiser Permanente.

Newborn Coverage

Kaiser Permanente pays for services provided to newborn dependent children of a subscriber for thirty-one (31) days from birth. Subscribers must enroll newborns by completing and submitting an enrollment form in accordance with their Group or individual contracts. Usually, this must be done within the first thirty-one (31) days following birth.

4.4 Coverage Period

Members are covered from the first day of the month (when coverage becomes effective) through the entire month.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) coverage, continuation of coverage, and conversion coverage to a non-group, direct pay membership is available through Kaiser Permanente for members who leave their employer Group; unless the Group has selected another Health Plan to which those former Kaiser Permanente members will have access. Information about conversion is available upon request from Kaiser Permanente Membership Accounting or Member Services at the phone numbers at the beginning of this section.

Members may also have the option of coverage under the COBRA. The Group is responsible for distribution of COBRA information.