

network news

For practitioners and providers of Kaiser Permanente
Produced by Kaiser Foundation Health Plan of the Mid-Atlantic States,
Inc. in partnership with the Mid-Atlantic Permanente Medical Group, P.C.

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Introducing Kaiser Permanente's Attestation Portal for Validating Provider Information

We are pleased to announce the launch of the Kaiser Permanente Attestation Portal, a streamlined platform designed to simplify your attestation process for validating provider information. This portal enhances the accuracy and efficiency of your 90-day provider demographics attestations, ultimately helping to maintain the integrity of our directory data.

With a user-friendly interface, the Attestation Portal makes it easier to submit and manage your attestations, ensuring that provider information is up-to-date and accurate. In early 2025, we will be rolling this new platform out to a select group of providers in a pilot program, with plans to expand the rollout later in the year.

To help you get started, we've provided the following resources outlining the portal's features and functionalities:

- [Kaiser Permanente Attestation Portal Introductory Video.](#)
- [Kaiser Permanente Attestation Portal Guide](#)

Should you have any questions about the Attestation Portal or other Online Affiliate features, please visit the Online Affiliate Support Site at <https://kpnationalclaims.my.site.com/support/s/>.

Thank you for your continued partnership and commitment to maintaining accurate provider information. We look forward to working with you to streamline and enhance our processes.

The screenshot displays the Kaiser Permanente Provider Support Portal. At the top, there is a search bar and navigation links for 'Kaiser Permanente Staff Sign In' and 'OneHealthPort Sign In'. The main navigation menu includes 'Billing', 'Authorization & Clinical Review', 'Coverage & Eligibility', 'Patient Services', 'Provider Support', 'Resources', and 'Pharmacy'. The 'Provider Support' menu is expanded, listing options such as 'Contracting with Kaiser Permanente', 'Provider Assistance Unit', 'Continuing Medical Education', 'Provider Contracting', 'Provider Services', 'Provider Demographic and/or Practice Changes', 'Quality Resources', and 'Provider Data Attestation'. The 'Provider Data Attestation' option is highlighted with a red rectangular box. Below the navigation, there is a notification banner that reads 'We want to hear from you' and a 'Welcome contracted providers' section with a sub-header 'Kaiser Permanente Washington's online tools help you quickly check patient eligibility, referral and claims status, member'.

APTC Subsidy Delinquent Claims

The federal government provides a premium subsidy in the form of the Advance Premium Tax Credit (APTC) to qualifying individuals to help them pay their monthly premium. Our members enrolled in a Kaiser Permanente Individuals and Families (KPIF) plan often elect to receive this subsidy. When they make this election and they do not pay their monthly premium payment on time, they are entitled to a three-month grace period pursuant to federal law. This message is to notify you of upcoming changes to how delinquent claims for these members are processed.

In November, we sent providers a notification about a change coming to how Kaiser Permanente will be handling claims for members electing to receive the APTC subsidy.

The new process, effective January 6, 2025, is outlined below:

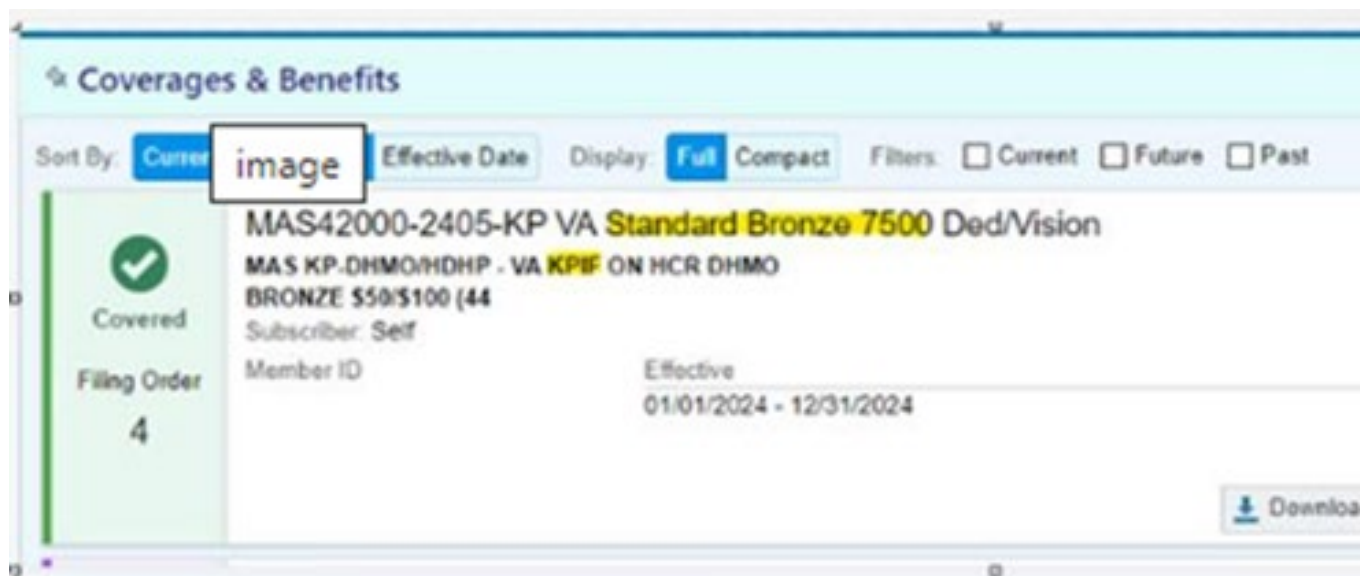
- During the first month of the grace period, Kaiser Permanente will process the member's claims.
- If the member fails to make payment during the second and/or third months (so that all the premiums owed for the three months are paid on or before the last day of the grace period), the member's claims will be held and not processed, until the end of the grace period.
 - Kaiser Permanente notifies providers in writing of their patient's claim status when the patient enters the second month of the grace period.
- If premiums are not paid in full by the end of the grace period, the Member's coverage will terminate on the last day of the first month of the grace period. Any claims incurred in the second and third months will be denied due to the retroactive termination of coverage based on the Member's failure to be enrolled on the date(s) of service due to their non-payment of premiums.
- Providers may seek reimbursement directly from the member at the end of the three-month grace period, if the claim is denied for the member not being enrolled (and, therefore, ineligible), due to termination of coverage based on the non-payment of premiums.



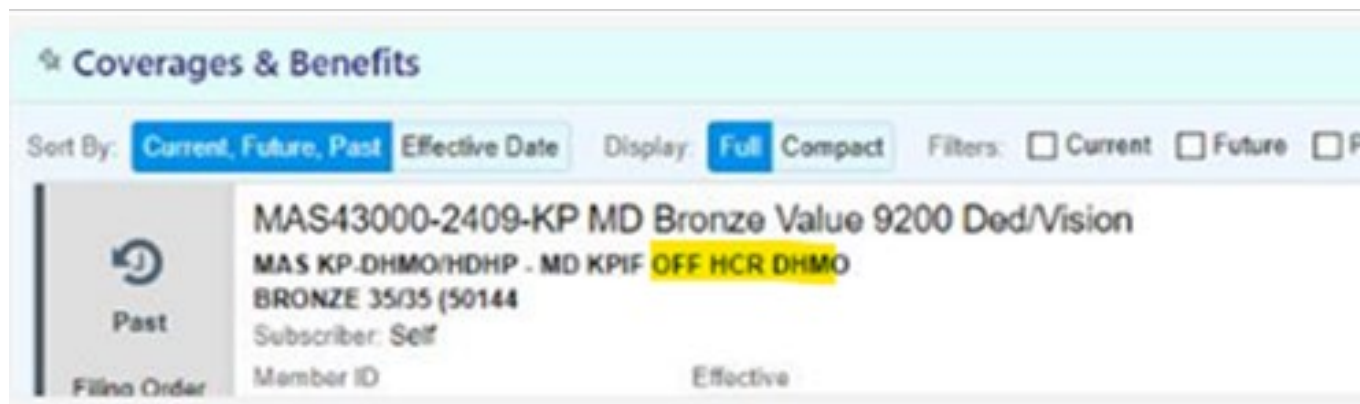
APTC Subsidy Delinquent Claims – Continued from page 3

As always, providers can check the status of submitted claims and view other claims details through Online Affiliate, accessible at www.kp.org/providers/mas.

Providers can use Online Affiliate to identify members who purchased their insurance through the Affordable Care Act (ACA) to receive the APTC subsidy. On the “Coverages & Benefits” page, these members will have plan names that say “KPIF” on or off exchange (see examples below): .



The screenshot shows the 'Coverages & Benefits' interface. At the top, there are controls for 'Sort By' (Current, Effective Date), 'Display' (Full, Compact), and 'Filters' (Current, Future, Past). A search box contains the word 'image'. Below the controls, a table lists a plan: 'MAS42000-2405-KP VA Standard Bronze 7500 Ded/Vision'. The plan details include 'MAS KP.DHMO/HDHP - VA KPIF ON HCR DHMO BRONZE 550/5100 (44)', 'Subscriber: Self', and 'Effective: 01/01/2024 - 12/31/2024'. A green checkmark icon and the word 'Covered' are visible on the left side of the plan entry. A 'Download' button is located at the bottom right of the table.



The screenshot shows the 'Coverages & Benefits' interface. At the top, there are controls for 'Sort By' (Current, Future, Past, Effective Date), 'Display' (Full, Compact), and 'Filters' (Current, Future, P). Below the controls, a table lists a plan: 'MAS43000-2409-KP MD Bronze Value 9200 Ded/Vision'. The plan details include 'MAS KP.DHMO/HDHP - MD KPIF OFF HCR DHMO BRONZE 35/35 (50144)', 'Subscriber: Self', and 'Effective'. A circular arrow icon and the word 'Past' are visible on the left side of the plan entry.

“On” exchange means the member purchased their insurance through the ACA, and “Off” means the member purchased their insurance directly with Kaiser Permanente.

Kaiser Permanente’s provider manuals will be updated to reflect these changes – Commercial Manual (Chapter 8; Chapter 10), Virginia Medicaid Manual (Chapter 8; Chapter 10), and Maryland HealthChoice Manual (Section I; Section VI; Section VII). You may access these manuals on our Community Provider Portal at www.kp.org/providers/mas.

2024 Maryland Medicaid CAHPS Results

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey designed to better understand patient experience with health care. The survey asks patients about their experiences with, and their ratings of, their health care providers and plans, including hospitals, doctors, and health and drug plans, among others. The survey focuses on matters that patients themselves say are important to them and for which patients are the best and/or only source of information.

In Spring 2024, a third-party vendor conducted the annual survey of a select number of Maryland Medicaid members on behalf of Kaiser Permanente and the Maryland Department of Health. The results from the survey are used to identify areas for the health plan and for providers to improve patient experience. The 2024 Maryland Medicaid CAHPS show the following results:



Measure	MD Adult			MD Child		
	2024	2023	2022	2024	2023	2022
Health Care Rating	59%	52%	60%	71%	64%	74%
PCP Rating	65%	62%	63%	77%	75%	76%
Specialist Rating	70%	68%	67%	69%	69%	77%
Health Plan Rating	60%	53%	65%	66%	66%	64%
Getting Needed Care	75%	73%	86%	75%	75%	75%
Getting Care Quickly	73%	68%	82%	68%	73%	72%
MD Communication	91%	87%	92%	91%	89%	92%
Customer Service	89%	91%	88%	88%	83%	89%
Care Coordination	91%	76%**	84%**	80%	78%**	83%**

** Base size less than 100 – interpret with caution

Kaiser Permanente's Mid-Atlantic Headquarters is Moving

Starting January 6, 2025, Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.'s (Kaiser Permanente) regional headquarters will have a new location at the address below:

**4000 Garden City Drive
Hyattsville, MD 20785**

Going forward, we ask that you direct all pertinent written correspondence to the new address beginning January 6, 2025.

We are in the process of updating our documentation to reflect this change including our provider manuals – Commercial Manual (Chapter 10), Virginia Medicaid Manual (Chapter 10), and Maryland HealthChoice Manual (Section I; Section VI; Section VII). You may access these manuals on our Community Provider Portal at www.kp.org/providers/mas.

Kaiser Permanente's leaders, employees, and physicians are embedded within the communities we serve, with administrative offices in each of our 37 medical centers, 2 rehabilitation centers, and other administrative buildings throughout Maryland, Virginia, and the District of Columbia. We are committed to the communities we serve and are proud to have a robust presence throughout the Mid-Atlantic region.

2024 Utilization Management Affirmative Statement

Kaiser Permanente practitioners and health care professionals make decisions about which care and services are provided based on the member's clinical needs, the appropriateness of care and service, and existence of health plan coverage. Kaiser Permanente does not make decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits. The health plan does not specifically reward, hire, promote, or terminate practitioners or other individuals for issuing denials of coverage or benefits or care. No financial incentives exist that encourage decisions that specifically result in denials or create barriers to care and services or result in underutilization. In order to maintain and improve the health of our members, all practitioners and health professionals should be especially diligent in identifying any potential underutilization of care or service.

Online Affiliate - Radiology and Lab Order Entry

Kaiser Permanente's Online Affiliate offers a wealth of time-saving tools. Through this convenient online portal, providers can view eligibility and benefits, submit claims and appeals, as well as much more.

Online Affiliate allows external providers to request radiology and lab orders directly through the portal. Kaiser Permanente recently expanded the list of options for lab orders available through this feature.

The image displays two screenshots of the Kaiser Permanente Online Affiliate 'Order Entry' interface. Both screenshots show a navigation bar at the top with tabs: Snapshot, Chart Review, Results Review, Flowsheets, Histories, Face Sheet, Search Chart, Demographics, and Order Entry. The main content area is titled 'Order Entry > Preference List'.

The top screenshot shows the 'Radiology Orders' section expanded. Under 'My Preferences', there is a list of checkboxes for various CT scan options:

- CT ABD AND PELVIS WO/W CONTRAST
- CT ABD NO CONTRAST
- CT ABD WO/W CONTRAST AND FURTHER SECTIONS
- CT Abdomen - With IV Contrast
- CT Abdomen & Pelvis - No Contrast
- CT Abdomen & Pelvis - No Contrast (Renal Stone)

The bottom screenshot shows the 'Laboratory Orders' section expanded. Under 'My Preferences', there is a list of checkboxes for various lab tests:

- ALKALINE PHOSPHATASE
- APTT
- CALCIUM, IONIZED, BLOOD
- CBC NO DIFFERENTIAL

If there are lab procedures not currently listed that you would like added, please create a support ticket with your request through the Online Affiliate support site:

<https://kpnationalclaims.my.site.com/support/s/>.



Member Rights and Responsibilities: Our Commitment to Each Other

For your information and reference, here are Kaiser Permanente's "Member Rights and Responsibilities," providing guidance on Kaiser Permanente's members' engagement with their health care providers and health plan staff:

Kaiser Permanente is committed to providing you and your family with quality health care services. In a spirit of partnership with you, here are the rights and responsibilities we share in the delivery of your health care services.

Member rights

As a member of Kaiser Permanente, you have the right to do the following:

RECEIVE INFORMATION THAT EMPOWERS YOU TO BE INVOLVED IN HEALTH CARE DECISION MAKING

This includes your right to do the following:

- a. Actively participate in discussions and decisions regarding your health care options.
- b. Receive and be helped to understand information related to the nature of your health status or condition, including all appropriate treatment and non-treatment options for your condition and the risks involved – no matter what the cost is or what your benefits are.
- c. Receive relevant information and education that helps promote your safety in the course of treatment.
- d. Receive information about the outcomes of health care you have received, including unanticipated outcomes. When appropriate, family members or others you have designated will receive such information.



Member Rights and Responsibilities – *Continued from page 8*

- e. Refuse treatment, provided that you accept the responsibility for and consequences of your decision.
- f. Give someone you trust the legal authority to make decisions for you if you ever become unable to make decisions for yourself by completing and giving us an advance directive, a durable power of attorney for health, a living will, or another health care treatment directive. You can rescind or modify these documents at any time.
- g. Receive information about research projects that may affect your health care or treatment. You have the right to choose to participate in research projects.
- h. Receive access to your medical records and any information that pertains to you, except as prohibited by law. This includes the right to ask us to make additions or corrections to your medical record. We will review your request based on HIPAA criteria to determine if the requested additions are appropriate. If we approve your request, we will make the correction or addition to your protected health information. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement. You or your authorized representative will be asked to provide written permission before your records are released, unless otherwise permitted by law.

RECEIVE INFORMATION ABOUT KAISER PERMANENTE AND YOUR PLAN

This includes your right to the following:

- a. Receive the information you need to choose or change your primary care physician, including the names, professional levels and credentials of the doctors assisting or treating you.
- b. Receive information about Kaiser Permanente, our services, our practitioners and providers, and the rights and responsibilities you have as a member. You also can make recommendations regarding Kaiser Permanente's member rights and responsibility policies.
- c. Receive information about financial arrangements with physicians that could affect the use of services you might need.
- d. Receive emergency services when you, as a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.
- e. Receive covered, urgently needed services when traveling outside the Kaiser Permanente service area.
- f. Receive information about what services are covered and what you will have to pay and examine an explanation of any bills for services that are not covered.
- g. File a complaint, a grievance, or an appeal about Kaiser Permanente, or the care you received, without fear of retribution or discrimination; expect problems to be fairly examined; and receive an acknowledgement and a resolution in a timely manner.

RECEIVE PROFESSIONAL CARE AND SERVICE

This includes your right to the following:

- a. See plan providers; get covered health care services; and get your prescriptions filled within a reasonable period of time and in an efficient, prompt, caring and professional manner.

Member Rights and Responsibilities – *Continued from page 9*

- b. Have your medical care, medical records and protected health information handled confidentially and in a way that respects your privacy.
- c. Be treated with respect and dignity.
- d. Request that a staff member be present as a chaperone during medical appointments or tests.
- e. Receive and exercise your rights and responsibilities without any discrimination based on age; gender; sexual orientation; race; ethnicity; religion; disability; medical condition; national origin; educational background; reading skills; ability to speak or read English; or economic or health status, including any mental or physical disability you may have.
- f. Request interpreter services in your primary language at no charge.
- g. Receive health care in facilities that are environmentally safe and accessible to all.

Member responsibilities

As a member of Kaiser Permanente, you have the responsibility to do the following:

PROMOTE YOUR OWN GOOD HEALTH

- a. Be active in your health care and engage in healthy habits.
- b. Select a primary care physician. You may choose a doctor who practices in the specialty of internal medicine, pediatrics, or family practice as your primary care physician.
- c. To the best of your ability, give accurate and complete information about your health history and health condition to your doctor or other health care professionals treating you.
- d. Work with us to help you understand your health problems and develop mutually agreed-upon treatment goals.
- e. Talk with your doctor or health care professional if you have questions or do not understand or agree with any aspect of your medical treatment.
- f. Do your best to improve your health by following the treatment plan and instructions your physician or health care professional recommends.
- g. Schedule the health care appointments your physician or health care professional recommends.
- h. Keep scheduled appointments or cancel appointments with as much notice as possible.
- i. Inform us if you no longer live or work within the plan service area.



Member Rights and Responsibilities – Continued from page 10**KNOW AND UNDERSTAND YOUR PLAN AND BENEFITS**

- a. Read about your health care benefits and become familiar with them. Detailed information about your plan, benefits and covered services is available in your contract. Call us when you have questions or concerns.
- b. Pay your plan premiums and bring payment with you when your visit requires a copayment, coinsurance, or deductible.
- c. Let us know if you have any questions, concerns, problems, or suggestions.
- d. Inform us if you have any other health insurance or prescription drug coverage.
- e. Inform any network or nonparticipating provider from whom you receive care that you are enrolled in our plan.

PROMOTE RESPECT AND SAFETY FOR OTHERS

- a. Extend the same courtesy and respect to others that you expect when seeking health care services.
- b. Ensure a safe environment for other members, staff and physicians by not threatening or harming others.



Diversity

Members have the right to free language services for health care needs. We provide free language services including:

- **24-hour access to an interpreter.** When members call to make an appointment or talk to their personal physician, if needed, we will connect them to a telephonic interpreter.
- **Translation services.** Some member materials are available in the member's preferred language.
- **Bilingual physicians and staff.** In some medical centers and facilities, we have bilingual physicians and staff to assist members with their health care needs. They can call Member Services or search online in the medical staff directory at [kaiserpermanente.org](https://www.kaiserpermanente.org).
- **Braille or large print.** Blind or vision impaired members can request for documents in Braille or large print or in audio format.
- **Telecommunications Relay Service (TRS).** If members are deaf, hard of hearing, or speech impaired, we have the TRS access numbers that they can use to make an appointment or talk with an advice nurse or member services representative or with you.
- **Sign language interpreter services.** These services are available for appointments. In general, advance notice of two or three business days is required to arrange for a sign language interpreter; availability cannot be guaranteed without sufficient notice.
- **Video Remote Interpretation (VRI).** VRI provides on-demand access to American Sign Language & Spoken Language interpretation services at medical centers for members. It meets the need in the care experience of walk-in deaf patient and those in need of urgent care.
- **Educational materials.** Health education materials can be made available in languages other than English by request. To access Spanish language information and many educational resources go to kp.org/espanol or kp.org to access La Guía en Español (the Guide in Spanish). Members can also look for the ñ symbol on the English language Web page. The ñ points to relevant Spanish content available in La Guía en Español.
- **Prescription labels.** Upon request, the Kaiser Permanente of the Mid-Atlantic States pharmacist can provide prescription labels in Spanish for most medications filled at the Kaiser Permanente pharmacy.
- **After Visit Summary (AVS).** AVS can be printed on paper and available electronically via kp.org for KP members after their appointment. If the member's preferred written communication is documented in KP HealthConnect for a non-English language, the AVS automatically prints out in that selected language. This includes languages such as Spanish, Arabic, Korean, and several others.

Diversity – Continued from page 12

At Kaiser Permanente, we are committed to providing quality health care to our members regardless of their race, ethnic background or language preference. Efforts are being made to collect race, ethnicity and language data through our electronic medical record system, HealthConnect®. We believe that by understanding our members' cultural and language preferences, we can more easily customize our care delivery and Health Plan services to meet our members' specific needs.

Currently, when visiting a medical center, members should be asked for their demographic information. It is entirely the member's choice whether to provide us with demographic information. The information is confidential and will be used only to improve the quality of care. The information will also enable us to respond to required reporting regulations that ensure nondiscrimination in the delivery of health care.

We are seeking support from our practitioners and providers to assist us with the member demographic data collection initiative. We would appreciate your support with the data collection by asking that you and your staff check the member's medical record to ensure the member demographic data is being captured. If the data is not captured, please take the time to collect this data from the member. The amount of time needed to collect this data is minimal and only needs to be collected once. Recommendation for best practices for collecting data is during the rooming procedure.

In conclusion, research has shown that medical treatment is more effective when the patient's race, ethnicity and primary language are considered.

To access organization wide population data on language and race, please access the reports via our Community Provider Portal at www.providers.kp.org/mas under *News and announcements*.

To obtain your practice level data on language and race, please email the Provider Experience Department at **Provider.Relations@kp.org**.

Provider Access to Health Education Materials

Kaiser Permanente physicians and network providers have access to all health education materials to provide to patients as part of the After-Visit Summary and secure email communications, or to supplement discussions from patient visit.

Content can be viewed through the centralized internal "Clinical Library" which is an electronic inventory of health education information that can be used for all visit types. Health education content and links to education videos are also embedded into KP HealthConnect for inclusion in the member After Visit Summary, sent via secure messaging, or mailed directly to the patient's address. For health education programs, providers can:

- Refer or direct book members into some health education programs through the KP Consult system.
- Use KP HealthConnect, After Visit Summaries, or hard copy flyers to provide members with information on how to self-register for programs.

Additional information on health education programs, tools, and resources is available by:

- Visiting kp.org/healthyliving/mas
- Contacting the Health Education automated line at 301-816-6565 or toll-free at 800-444-6696

Provider Directory Validation Surveys

The Kaiser Permanente provider directory validation survey is designed to adhere to the Center for Medicare and Medicaid Services (CMS) regulations and the new Consolidated Appropriations Act of 2021, also known as the No Surprises Act. The objectives of both are to ensure that members have access to accurate provider information. The survey not only addresses directory accuracy but also accuracy of our other provider data systems.

In accordance with these regulations, provider data must be validated at least every 90 days. Therefore, Kaiser Permanente sends this provider directory validation survey each quarter, and providers are required to respond. Instructions are contained along with the survey, and **providers are reminded to return all pages with their response before the stated deadline.**

If you have any questions or concerns, please contact Provider Experience at 1-877-806-7470 or email us at provider.demographics@kp.org with the subject line: "Provider Directory Validation."

Thank you for communicating all data changes in a timely manner. We appreciate your cooperation!

Keeping Your Provider Data Updated

Be sure to submit any changes to your practice to Kaiser Permanente. Keeping Kaiser Permanente updated will ensure that our provider directory and data systems are accurate and help us to provide an excellent healthcare experience to our members. To access our provider directory online, go to kp.org. For your convenience, a sample form letter can be found on our Community Provider Portal at www.providers.kp.org/mas and on the following page. Utilize the sample to submit updates throughout the year.

Updates may be submitted to Provider Experience via:

Fax: 855-414-2623
Email: Provider.Demographics@kp.org
Mail: Kaiser Permanente
Provider Experience
4000 Garden City Drive
Hyattsville, MD 20785

Sample Provider Data Update Form Letter – Page One

Company Letterhead Logo

<<Date>>

Requestor:

Requestor's Correspondence Address:

Requestor's Phone #:

Email:

Tax ID#:

Effective date of change(s):

Reason for the request:

PLEASE DELETE SECTIONS NOT NEEDED BEFORE SUBMITTING

Address change (Specify if practice location or billing address is changing)

- Specify if adding or deleting address
- Include **old** and **new** demographic information when sending request
(Street Address, City, State, Zip, Phone, Fax, **Tax ID** and **NPI**)
- Billing/Payment Address/Tax ID/NPI
- Management Correspondence Address (include Phone & Fax Number)

Adding a new practice location

The following details must be included in your request:

- Address with City, State, and Zip Code
- Phone and Fax
- Tax ID
- Group NPI
- Billing/Payment Address
 - Must have Billing NPI- or list if it is the same as the group NPI
- Credentialing application for the following specialties is required:
 - Acute Care Hospital
 - Behavioral Health Care Facility - Ambulatory, Inpatient, Residential Treatment for BH and Substance Abuse, Applied Behavioral Analyst (ABA), Methadone Maintenance Program, Chemical Dependency Program
 - Clinical Laboratory
 - Community Health Center/ Community Service Boards
 - Rural Health Clinic
 - Federal Qualified Health Center
 - Comprehensive Outpatient Rehabilitation Facility
 - Dialysis Center- End Stage Renal Disease Providers
 - Durable Medical Equipment
 - Free-Standing ASC
 - Home Health/Home Visiting Agency
 - Hospice
 - Long-Term Services or Support (LTSS)
 - Physical Therapy & Speech Pathology Facility
 - Portable X-Ray Supplier
 - Skilled Nursing Facility
 - Sleep Study Center
 - Urgent Care Facility

Sample Provider Data Update Form Letter – Page Two

Company Letterhead Logo

Adding a provider to or deleting a provider from an existing group

- Specify if adding or deleting provider
- Include the information listed below if adding or deleting a provider:
 - First Name, Middle Initial, and Last Name
 - Gender
 - Title (*MD, CRP, CRNP, PA etc.*)
 - Date of Birth
 - NPI #
 - CAQH #
 - UPIN or SSN
 - Medicare #
 - Medicaid Participation State(s)
 - Medicaid #
 - Practicing Specialty
 - **Practicing Location(s) (include phone & fax numbers)**
- Indicate the primary practice location
- Indicate whether the practicing location is hospital-based or office-based
 - Billing/Payment Address (*include W-9*)
 - Management Correspondence Address (*include phone & fax number*)
 - Hospital Privileges
 - Foreign Languages
 - Effective Date
 - Provider Panel Status: Open or Closed

****A copy of provider licenses in all practicing states is required****

Changing the Tax Identification Number and/or the name of an existing group

- Include **old** and **new** Tax ID Number and/or group name
- Include effective date of the new Tax ID Number and/or group name
- Include NPI Number
- Include a signed and dated copy of the new W-9
- Billing/Payment Address
- Management Correspondence Address (include phone & fax number)

****Email the request to the Provider Demographics Department at Provider.Demographics@kp.org or fax to 855-414-2623.**