Skilled Nursing/Acute Rehabilitation Facilities
Quick Reference Guide

Online Affiliate	Online Affiliate (OLA) is Kaiser Permanente's secure, self-service portal available to external providers. Providers can enroll in OLA on our [Community Provider Portal](#) and access a wealth of information about the platform including the [User Registration Guide](#) and [Online Affiliate Support](#). **OLA allows providers access to several time-saving features, such as:** • Checking patient eligibility, benefits, and demographics • Viewing referrals/authorizations/bed day table • Viewing and printing Explanation of Payments (EOP) • Viewing Kaiser electronic medical records (contracted groups and licensed clinical staff) • Entering laboratory/radiology order requests into Kaiser Permanente medical centers and viewing radiology images (users with clinical access) • Confirming payment information (check number, payment date, amount) • Checking the status of submitted claims and view claim details (service date, billed amount, allowed amount, patient responsibility) • Taking actions on claims including submitting claim inquiries, appeals, or disputes, and responding to requests for information (ROI) **Whenever possible, providers should utilize OLA to answer questions (specifically those related to benefits, eligibility, and claims).** Providers who use OLA regularly find it saves them time by helping them get answers right away. It also helps reduce provider wait times when calling the Member Services Call Center (MSCC) for escalated issues that cannot be resolved directly through the portal. If you would like to receive training on how to best use Online Affiliate, please email Provider.Relations@KP.org.
Online Affiliate – Coverages and Benefits	The insurance type "MFA" listed in *Coverages and Benefits* tab applies to Kaiser Permanente internal services only and should **not** be considered when coordinating benefits with another payer.
Schedule Primary Care or Specialty Appointments for Members	The appointment line to schedule follow-up appointments for members at Kaiser Permanente medical centers is 866-311-0531.
Referrals / Authorizations – Skilled setting	Skilled nursing facility (SNF) admission authorizations are provided prior to admission. You may contact the Kaiser Permanente hospital case manager for the authorization number or check Online Affiliate. All ancillary services, including rounding physician services, are covered under the admission authorization; therefore a separate authorization is **not** required. For professional services, claims should be billed with the authorization number in Box 23 of the CMS 1500 and place of service 31. Ancillary services may include therapies, physician consultations, vision, hearing,

KAISER PERMANENTE®

podiatry, imaging, labs and behavioral health. Physicians or vendors contracted with Kaiser Permanente should be used when ancillary services are required.

SNF Levels of Care:
- SNF Levels of Care are provided upon admission
- Levels of care may change during SNF stay
- The Kaiser Permanente case manager may increase or decrease the level based upon services needed
- You may contact the assigned case manager regarding levels of care

Rehabilitation Authorizations:
- Reauthorization of outpatient rehab
- Request should also include your own fax cover sheet with the member's name, Kaiser Permanente medical record number, and number of visits you are requesting

Requests should include therapy evaluation, supportive clinical notes, and plan of care faxed to 855-414-1698. You can check the status of your request within 2-3 days on the Kaiser Permanente Portal.

Contracted Mobile Diagnostic Vendors:
- Preventive Diagnostics (800-749-9729)
- Symphony Diagnostic Services (443-662-4123)
- Physicians Mobile Xray, Inc (717-561-4940)

To obtain information regarding the Registered Nurse assigned to a specific SNF, please contact the Case Management Assistant (CMA) listed below:
- Tyisha Christian │Office: 301-552-5821│Fax: 855-414-1707 | Tyisha.Christian@kp.org

Referrals / Authorizations – Custodial Care/ Long-Term Care	**Custodial Care Members Requiring Ancillary and/or other Covered Medically Necessary Services:**
	• Custodial/Long-Term care admission charges are not a covered benefit.
	• When a need for ancillary services is identified for a Kaiser Permanente member in post-acute or long-term care, and the member is unable to seek care in our Kaiser Permanente medical center, you must contact Kaiser Permanente to obtain authorization. Ancillary services may include therapies, physician consultations, vision, hearing, podiatry, imaging, labs, and behavioral health. Only physicians or vendors contracted with Kaiser Permananete should be used when ancillary services are required. Services not authorized will be denied.
	• **Pre-authorization is required for all services.** These services can be billed with place of service 32 along with the authorization.
	• <u>Required:</u> MD orders (this is ordering physician's name), completed Uniform Referral Form (URF) and related clinical documentation. The URF *Reason for Referral* section should include the facility name and address where the member is located. Additionally, the "Extended Care Facility" box should be checked for the *Place of Service* section.
	• All forms and documentation must be included. For therapy service requests, a separate URF is needed for each therapy discipline.
	• Utilization Management Operations fax numbers:
	   o Therapy Services: 855-414-1698
	   o Skilled Nursing Consultations and Wound Care: 800-660-2019
	• Link to URF: https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/community-providers/mas/ever/uniform-consultation-referral-form-en.pdf

KAISER PERMANENTE®

	Checking for SNF Authorizations in Online Affiliate: • Sign-on to the Online Affiliate Portal, accessible on our Community Provider Portal at www.kp.org/providers/mas. • From the "Home" screen, click on "Select Patient," enter the member information, and then click "Search." • Open the member record and click on the three dots below the "Menu." • Go to "Referral by Member," and under "View Option," click the drop-down and select "Show All Referrals." • Locate a current skilled nursing facility admission. If one is available, the authorization number should be included in your billing for services rendered. • If there is not an available authorization or a denied status authorization, a referral should be requested for routine care prior to rendering it. Note: In most cases, routine care is obtained at our Kaiser Permanente medical centers, but when the member is unable to ambulate to a center, a referral is needed. **Referral Request for Members Transitioning from Long-Term Care (LTC) to Home:** A member being discharged from LTC with medical needs (DME and Home Health) should be communicated to the UMOC Continuing Care HUB Team with the following options: • Phone: 1-800-810-4766 or 301-562-6683 • Fax: 855-414-1698
Direct Transfers from Hospital to SNF	• Some Kaiser Permanente plans may waive the SNF cost share when a member is admitted to an extended care or skilled nursing facility directly from a hospital inpatient stay. • To apply this benefit, bill Source of Admission code "Transfer from Hospital" in Box 15 of UB04.

Place of Service Codes Commonly Billed	Plc of Serv Code	Place of Service Description
	13	Assisted Living Facility
	31	Skilled Nursing Facility
	32	Nursing Facility (above custodial level of care)
	33	Custodial Care Facility

Claim Submissions	• All claims must be submitted on a fully completed CMS 1500 or UB04 form unless otherwise indicated by contract. • All claims must be received by Kaiser Permanente within 180 days of the date of service to be considered for payment. • Medicare Advantage member claims should be submitted to Kaiser Permanente, not CMS – The same billing requirements for CMS (PPS Pricing) are applicable to all claims billed to Kaiser Permanente. • Interested in EDI claim submissions? – Contact our Provider Self-Service Strategy Team at EDIEngagementteam@kp.org, 866-285-0361 option 2 or EDISupport@kp.org	**Claim Information:** Claim Status Online (Portal) or call 301-468-6000 or 1-800-777-7902 **EDI Clearinghouses and Payor IDs:** • Change Healthcare – 52095 • Office Ally – 52095 • Availity – 54294 • Relay Health – RH010 **Paper Submissions** Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998

KAISER PERMANENTE®

Contractual Billing Summary	Verify the member coverage using our Online Affiliate portal. Once verified, bill claims according to your contract agreement and the member's plan. See below: • **Commercial:** Level of care with revenue code in range of 190-199. • **Medicare Advantage:** Bill the same data requirements for Original Medicare to include HIPPS code, etc. • **MD Medicaid (Health Choice):** Copy of MD Medicaid rate letter must be submitted. Claim can be billed electronically, and letter can be uploaded in affiliate link portal using the "Take Action" functionality. • **Virginia Medicaid:** SNF claims must be billed to the state (not Kaiser Permanente).	
Claim Submissions-Medicare Billing	For Medicare Advantage members, claims should be billed with the same data requirements for Original Medicare (see Medicare Claims Processing Manual, Chapter 6). **SNF Bill Type Sequence Reminder** SNF claims must be billed in sequential order for admissions spanning the series of confinement. This would apply for claims paid in full by Original Medicare and those denied for lack of three-day qualifying stay. If Medicare paid as primary, Kaiser Permanente should receive claims in the same order as listed below along with Medicare's payment explanation. • 212 = Interim First Claim • 213 = Continuing Claim (only if applicable) • 214 = Last Claim	
MD Medicaid Rate Letters	Reimbursement rates change quarterly for SNF admissions. You can continue to submit claims electronically and upload a copy of your rate letter, attaching it to the original claim. Once the claim is submitted and appears in our portal, open the Claim, and click the "Take Action" icon. Select "Submit Supporting Documentation", add a note, (*CRM ID field can be disregarded*), and go to "Add files' to upload the rate letter. This will attach the letter to the claim for processing. If you are unable to upload the document in the portal, send an email with letter, member name, date of service and claim number to Network Account Mgr. Shirley.v.redmond@kp.org.	
SNF Quality Metrics Reporting	All contracted SNFs must submit their quality metrics no later than the 15th of each month to the Kaiser Permanente Foundation Health Plan of the Mid-Atlantic States, Inc.'s Quality Department. **Providers should submit their quality metrics via one of the two links below:** • Non-CareStat Facilities: https://forms.office.com/r/eFER80bS3D • CareStat Facilities: https://forms.office.com/r/4z152RYuaa If you have any questions about this reporting requirement, please contact the Quality Department at kpmas_qualityimprovementspecialists@kp.org.	
Provider Disputes & Appeals	Providers who disagree with a decision not to pay a claim in full or in part may file a payment dispute request. Payment disputes must be filed within 180 days of the date of the denial and/or Explanation of Payment. Providers should include the reason for the dispute along with all necessary documentation. Providers may submit disputes through Online Affiliate or in writing via mail. **Submitting disputes via Online Affiliate:**	

KAISER PERMANENTE®

<table>
<tr>
<td></td>
<td>

- Providers can access Online Affiliate or request access to the platform by navigating to the "Online Provider Tools" section of our Community Provider Portal at www.kp.org/providers/mas.
- For help with Online Affiliate or to contact our support team, please access the Online Affiliate Support Site at https://kpnationalclaims.my.site.com/support/s/.
- More information about filing disputes can be found in chapter eight of our Provider Manual as well as in the "Claims" section of our Community Provider Portal at www.kp.org/providers/mas.

Disputes in writing should be mailed to the following address:
Mid-Atlantic Claims Administration
Kaiser Permanente
PO Box 371860
Denver, CO 80237-9998
</td>
</tr>
<tr>
<td>

Medications or Pharmaceuticals Reminder – Commercial plans
</td>
<td>All medications/pharmaceuticals are included in your contract. There may be different payment methodologies when reviewing your contract details. All medications/pharmaceuticals should be supplied by the SNF, and a member should not be refused admission due to the terms of the reimbursement method in your agreement. If you have any questions regarding your contract details, please contact your Kaiser Permanente Contract Manager.</td>
</tr>
<tr>
<td>

Post Acute Analytics (PAA) – Anna™
</td>
<td>Post Acute Analytics has partnered with Kaiser Permanente for the prior authorization and concurrent review process to streamline and expedite the patient tracking and management process using the software solution, Anna™.

If you need assistance creating, updating, or troubleshooting an account, please contact Anna Support: annasupport@paanalytics.com.</td>
</tr>
</table>

KAISER PERMANENTE®