KP NCal CLAIM FAQ

Long Term Care (LTC) SNF Providers Serving KP NCal Members

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Submitting clean claims to Kaiser Permanente is key to getting paid accurately and promptly. Learn how to submit claims and when you can expect to be paid.

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Understanding how to check claim status and how to interpret and understand the claim payment determination process is essential to reconciling your accounts. Learn how to interpret documents and check claim status.

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Review common claims issues experienced by other LTC providers. Learn the common causes before filing a dispute or contacting Kaiser Permanente.

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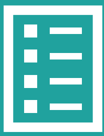
Additional information to assist in the claim submission process.

Claim Submission

Question	What to Do
How do I submit my claims to Kaiser Permanente?	We encourage you to submit your claims electronically, utilizing EDI for UB04 claim submissions. For information on EDI claims submissions, please see the EDI/ERA/EFT flyer on the "Provider Information" page at: **kp.org/providers/ncal/**
What form can be used to bill for services rendered to Kaiser Permanente members?	Institutional charges must be submitted on a form UB-04 (or successor form) with appropriate coding.
How do I know which Kaiser Permanente entity to bill?	It is important to bill the Kaiser Permanente region of the member receiving services. Verify the member's region displayed on their membership card. If the member is from the Northern California Region, follow the billing instructions in Section 5 of the Northern California HMO Provider Manual available on the "Provider Information" page at: **kp.org/providers/ncal/** Claims submitted to the wrong Kaiser Permanente region are not processed and must be resubmitted to the correct address/payor ID.
How do I fill out the UB04 form?	Providers are required to follow industry standard guidelines for completing the UB04 claim form or 837I. Entries must be completed in accordance with National Uniform Billing Committee (NUBC) directions and contain all mandatory entries, and as required by federal statutes and regulations. For LTC claims, Kaiser Permanente requires the following value codes to ensure timely and accurate processing: • **Share of Cost**: Value code 23 indicates the member's share of cost and should **ALWAYS** be included in box 39. If the share of cost is $0, please include "0" and do not leave the box blank • **Accommodation Code:** Value code 24 represents the accommodation code and should **ALWAYS** be included in box 40 • **Units:** Value code 80 represents the number of units billed and should **ALWAYS** be included in box 41 **See Appendix for detailed list of UB04 required fields.**



Claim Submission

Question	What to Do
How do I submit a corrected/replacement UB04 claim?	If you should need to correct a claim that has already been adjudicated, you are required to follow the appropriate process for correcting/replacing a UB04 claim. This includes entering BOTH: • Bill Type XX7 in box 4 (Type of Bill) • Original claim number (claim you are replacing) in box 64 (Document Control Number) For more information about billing and payment, see Section 5 of the Northern California HMO Provider Manual, available on the "Provider Information" page at: **kp.org/providers/ncal/** Please include "AB1629" in box 80 of your corrected claim **Note**: If you submit a correction or changes to a claim without indicating **both** the appropriate bill type **and** original claim number, the claim will either reject or deny as duplicate to the original claim.
How long does it take to receive payment?	Please allow up to 45 business days from the date Kaiser Permanente receives the claim.
How long do I have to submit my claims if Kaiser Permanente is the primary payor?	All claims for services provided to Kaiser Permanente members must be submitted within one hundred eighty (180) calendar days (or any longer period specified in your agreement or required by law) after the date of service or date of discharge, as applicable. The timely filing period includes the submission of original as well as any subsequent corrected or replacement claims. For information about Coordination of Benefits (COB), see Section 5 of the Northern California HMO Provider Manual, available on the "Provider Information" page at: **kp.org/providers/ncal/**

Claim Status and Determinations

Question	What to Do
What if my claim is denied for untimely filing?	Claims submitted for reconsideration of timely filing denial must be formally disputed with supporting documentation that indicates the claim was initially submitted within the appropriate timeframe. Kaiser Permanente accepts system generated reports that indicate the original date of claim submission and acceptance. Please note, handwritten or typed documentation is not acceptable proof of timely filing. For more information about provider payment dispute submission and resolution, see Section 6 of the Northern California HMO Provider Manual available on the "Provider Information" page at: **kp.org/providers/ncal/**
How can I check the status of my claim?	Claim status can be obtained 24/7 by utilizing our KP Online Affiliate self-service tool. • To register for access to KP Online Affiliate, visit: **kp.org/providers** and choose your region to navigate to Online Provider Tools • Registering for the Online Affiliate portal allows you to check KP member eligibility and benefits, claims, and submit provider payment disputes • For questions about Online Affiliate, please see the **Appendix** for support contact information You can also check your claim status as a guest user without registering for KP Online Affiliate. **NOTE:** checking claim status must be done using the appropriate regional portal. For example, if your service location is in Northern California but you serve a KP member whose coverage originates in the Southern California region, you must use the Southern California regional Online Affiliate portal or Claim Guest Access site to check the claim status. If you are unable to resolve your questions through KP Online Affiliate, call the Northern California Member Services Contact Center (MSCC) at (888) 576-6789 or Southern California MSCC at (800) 390-3510, as applicable. **See Appendix for the KP Online Affiliate Fact Sheet.**

Claim Status and Determinations

Question	What to Do
What is an Explanation of Payment (EOP) or Electronic Remittance Advice (ERA/835)?	Explanation of Payment (EOP) or Electronic Remittance Advice (ERA/835) contains a detailed explanation of payment, including: • Patient information – benefit, MRN • Claim information – billed services, claim reference number • Payment information – pricing detail, member cost share, etc. When multiple claims are adjudicated during the same time frame, the EOP or ERA consolidates all claim payments onto one document and issue a single check or Electronic Fund Transfer (EFT) for the total combined amount. EOPs are available in KP Online Affiliate from two locations: **Option 1:** From the home page, user can hover over the *Claims* drop down and select *Remittance Advice*. **Option 2:** When viewing claims under the *Claims Search* option, an EOP can be download by selecting the URL under *Check #.*
What are these remark codes on my Explanation of Payment (EOP)?	Kaiser Permanente uses industry standard reason codes on the EOP: • Claim Adjustment Reason Codes (CARC) • Remittance Advice Reason Codes (RARC) Click the to learn more about these codes: http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/
How do I read my EOP?	To learn more about the EOP, watch this brief video: https://kp.qumucloud.com/view/EOP-and-EOB-Updates--Ext-#/

Claim Disputes

Question	What to Do
When should I dispute a claim?	If you disagree with the outcome of the processing of the claim, you may file a provider payment dispute. This may include: • **Incorrect Claim Payments** – Denied/Underpaid • **Request for Overpayments** – Overpayment requested by Kaiser Permanente For more information about provider payment dispute submission and resolution, see Section 6 of the Northern California HMO Provider Manual available at: **kp.org/providers/ncal/**
What are required key elements for dispute submission?	Provider disputes must contain the following information: • Kaiser Permanente Claim Number • Tax ID Number (TIN) • Medical Record Number (MRN) • Date of Service (DOS) • Dispute Reason (Include "AB1629" and a detailed description of your dispute and expected payment or reimbursement) • Documentation to support your dispute
How long do I have to dispute a claim?	Subject to any longer period specifically permitted under your Agreement or required under applicable law, provider dispute notices must be received by KP within 365 calendar days from our action (or the most recent action if there are multiple actions) that led to the dispute, or in the case of inaction, the provider dispute notice must be received by KP within 365 calendar days after our time for contesting or denying a claim (or most recent claim if there are multiple claims) has expired.
When will I know the outcome of my dispute?	Written disputes are acknowledged within 15 business days and electronic disputes are acknowledged within 2 business days of receipt. Kaiser Permanente makes a determination within 45 business days of receipt of your complete provider payment dispute. Providers are notified of the resolution in writing (resolution letter or EOP with payment details).

Claim Disputes

Question	What to Do
Can I submit a provider dispute electronically?	Kaiser Permanente encourages submission of provider disputes electronically through our KP Online Affiliate. **See Appendix for a KP Online Affiliate Fact Sheet** for information on submitting your provider dispute electronically.
Where do I send my written dispute?	Provider payment disputes involving referred services provided to **Northern California members** may be mailed to: **KP Referral Invoice Service Center (RISC)** **Attention: Provider Disputes** **2829 Watt Avenue, Suite 130** **Sacramento, CA 95821-6242** For all other Kaiser Permanente members please refer to the EOP instructions on where and how to submit a provider payment dispute.

Common Issues

Issue	Possible Cause/Next Steps
My claim was denied as Medicare primary, however LTC is a Medi-Cal benefit.	KP requires LTC providers to bill a share of cost on all claims, regardless of the amount. For claims billed without the share of cost, the claim will deny as Medicare primary. If your claim was incorrectly denied as Medicare primary, please follow the dispute process to dispute the denial. To prevent denials, please bill with value code 23 (SOC) in box 39 for all UB04 claims. If the member has a no share of cost (or it was billed on a prior claim), please reflect "0" with value code 23 in box 39.

39 Code	Value Codes Amount
23	182.00

Issue	Possible Cause/Next Steps
My authorization includes descriptions of the service but does not include an accommodation code, however my payment for LTC is based on accommodation codes.	Although accommodation codes are not included on your authorization, KP requires the appropriate accommodation codes to be billed on the UB04 in box 40 per DHCS requirements. Please use value code 24 in box 40 along with the two-digit accommodation code. For example, .01, .03 etc. Please reference the California Department of Health Care Services website at www.DHCS.ca.gov for more information about accommodation codes.

40 Code	Value Codes Amount
24	.01

Issue	Possible Cause/Next Steps
I reflected my total units in both box 41 and box 46 of the UB04.	That is correct! DHCS utilizes value code 80 to represent the number of units. KP requires service units to be billed on the UB04 in box 41. Please use value code 80 in box 41 along with the number of units.

41 Code	Value Codes Amount
80	1.(

Issue	Possible Cause/Next Steps
My claim was denied with code CLD89, *Review Provider Contract for Information*	It is possible you submitted an otherwise clean claim but reported a Revenue Code and/or Bill Type not recognized for LTC claims for KP Northern California members. **Contractors** should refer to the Billing and Payment Exhibit of their LTC contract. **Non-contractors** can find LTC claims coding guidance on the "Provider Information" page at: **kp.org/providers/ncal/**

Common Issues

Issue	Possible Cause/Next Steps
DHCS released updated LTC rates. When do I start to use them?	You are encouraged to bill with the rates in effect on the dates of service for which you are billing. If new rates are released with a retroactive effective date you are encouraged to use the new rates as soon as possible. IMPORTANT:: You are NOT required to submit corrected claims for claims already billed at the prior rate.
DHCS released updated LTC rates. How will I get paid for the rate differential on claims already submitted with prior rates?	Per DHCS, it is the payor's responsibility to identify and remediate claim payment at the newly published rates. After release of new rates, Kaiser Permanente will take responsibility to remediate claims to ensure we apply the new rate for all affected dates of service. Please note that this process can take several weeks or more to complete.
DHCS released updated LTC rates. Many of my claims were remediated at the new rate, but a few are still outstanding.	Unless providers bill per DHCS standards (including all value codes), it can be very difficult to identify LTC claims. Although we do our best to identify all impacted claims, it may be possible that a claim could be missed in the remediation process. Following a DHCS release, if there are claims still requiring remediation after six months, we encourage you to file a provider payment dispute (see provide dispute section) to ensure the affected claims are reprocessed at the correct rate/s. Please include "AB1629" in box 80 of the UB04 for easier identification/remediation.

Common Issues

Issue	Possible Cause/Next Steps
I looked in the KP Online Affiliate portal and do not see my claim.	If the claim submitted was complete and accepted by Kaiser Permanente, check the status through KP Online Affiliate. If you have checked and are unable to locate your claim, consider exploring the following: **Did you send the claim to the correct place?** • Check the electronic payor ID and ensure it is accurate for the Kaiser Permanente entity you are trying to bill. **See the EDI page for a list of Payor IDs.** • If claim was submitted by mail, check the address to ensure it is correct. **Was your claim accepted by Kaiser Permanente?** • Submission of the claim to your clearinghouse does not guarantee the claim will be accepted by Kaiser Permanente. Incomplete claims can be rejected by either your clearinghouse or Kaiser Permanente before entering our system. • If the claim was rejected, you will receive a rejection notification from your clearinghouse. Check with your clearinghouse to ensure the claim was not rejected before it got to Kaiser Permanente. • It is vital that you review the rejection reason and correct the claim for it to be accepted and processed for payment. **Need assistance or having trouble locating claims on the KP Online Affiliate?** Please see the **Appendix** for support contact information
I have recently changed or updated my National Provider Identification (NPI), Tax Identification Number (TIN) or location. What should I do next?	Check that you are billing with the Tax ID Number (TIN) and NPI that was provided to your KP Contracts Manager. If you need to update provider TIN or location information, please contact your KP Contracts Manager to ensure your contract is updated before submitting claims with new information.

Kaiser Permanente Online Affiliate and Claims Status Online Fact Sheet

What is Online Affiliate?

Online Affiliate is Kaiser Permanente's Epic-Based portal, that allows providers access to several time saving self-service features. It is not necessary to hold an executed agreement with Kaiser Permanente to be eligible to utilize the Online Affiliate portal. Online Affiliate will allow you to:

- View member eligibility and benefits
- View referrals/authorizations (for contracted providers)
- View patient medical records (for contracted licensed clinical staff)

In addition, Online Affiliate offers **Claim Status Online**, which is a functionality enabled within Online Affiliate for providers to view the following claim information:

- Claim Status, KP Claim number
- Claim received date, service date and billed amount
- Payment amount and check number
- View and download Explanation of Payments (EOP)
- Other claim details such as member coverage info, diagnoses codes, claim codes and detailed denial information

Online Affiliate also allows you to perform the following "**Take Action**" on a claim:

- Submit a claim inquiry related to 'denied', or 'in progress' claims
- Submit an inquiry related to a check payment, request a copy of a check or report a change of address for a specific claim.
- Submit appeals or disputes - request a reconsideration of a payment
- Respond to KP request for information (RFI)

Benefits to you as the provider:

- Allows you to submit claim appeals/disputes on-line
- Upload documents in response to a Request for Information, and medical records – avoiding having to deal with postal delays
- Proactively upload claim related documents for quicker review of claims
- Reduce paper output and cost of stamps for provider responses to Requests for Information (RFI)
- Reduce amount of time it takes for Kaiser Permanente to receive appeals/disputes, Request for Information, and claim related documentation

Kaiser Permanente Online Affiliate and Claims Status Online Fact Sheet (continued)

How do I sign up?

If you would like more information on accessing Online Affiliate, please navigate to kp.org/providers and choose your region from the drop down.

On the home page, select the section for **Online Provider Tools** and follow the instructions to set up access to Online Affiliate. You may also reach out to your regional Online Affiliate representative:

For more information or support:

Region	Method of Contact
Northern California	https://onlineaffiliatesupport.force.com/support/s/
Southern California	
Colorado	
Georgia	
Hawaii	
Maryland/Virginia/DC	KP-MAS-OnlineAffiliate@kp.org
Oregon/SW Washington	NW-Provider-Relations@kp.org