

Provider Relations Newsletter

September 2021

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More information on OAL Features

[Watch a Short Video of the New Features!](#)

Need a Reminder on how to submit a claim appeal or Request for Information?

[See attached Link to Online Provider Messaging Reminder](#)

Do you need to register for access to Online Affiliate?

Please go to providers.kp.org, choose your region, and select Online Affiliate from the left side menu option and choose Registration.

Online Affiliate

- Registration
- Sign On
- View claim status as a guest user

Check out the Brand-New Online Affiliate Portal Features!

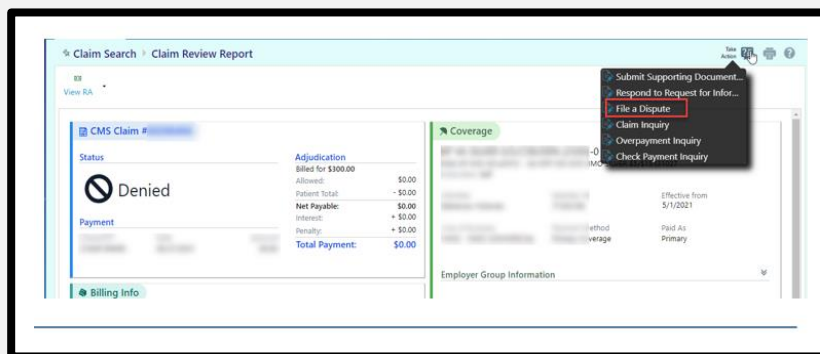
Did you know Online Affiliate now has new capabilities that allow you to communicate directly with Kaiser Permanente?

As you may already know, earlier this year Online Affiliate was updated with new features that allow providers to **File a Claims Dispute**, **Respond to Requests for Information**, and **Submit Supporting Documentation**.

Now providers will no longer have to call the claims line to obtain the information they need. Online Affiliate information is available at your fingertips 24 hours a day, 7 days a week!

What kind of inquiries you can make with the claims department via the Online Affiliate Portal?

- **Claim Inquiry** – Determine why a claim was denied.
- **Check Payment Inquiry** – Request a copy of a check, check tracer, void/reissue a check, or report a change of address.
- **Overpayment Inquiry** - Ask for information regarding an overpayment or self-report a refund request/recoupment authorization.
- **Request for Information (RFI) submission response** – Inquire if RFI was received or why claim is pending for RFI, e.g., incorrect submission, additional information needed, information submitted outside of allotted timeframe.
- **View CRM** (Customer Relationship Management) submissions, including disputes and RFI.



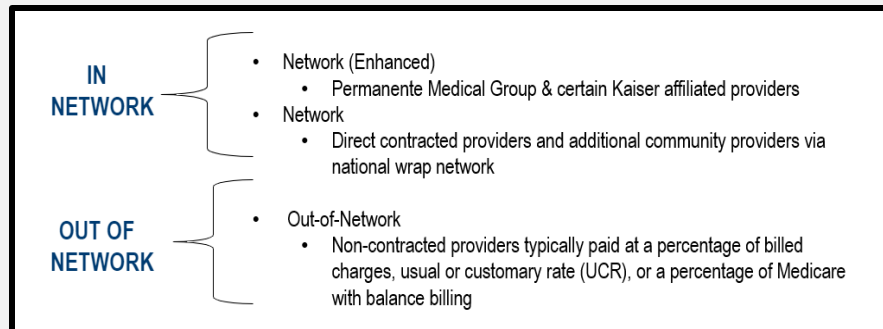
New Dual Choice PPO Product

Effective July 1st Kaiser Permanente has introduced a new product called Dual Choice PPO. This product was created to address our consumers demand for higher quality PPO products with more flexibility than HMO products. This product allows members the choice to be seen by Permanente Medical Group providers, KP direct contracted providers, or by certain providers in the First Choice Health Network. Members may also select from in-network and out-of-network providers. Members may seek certain types of specialty care without a referral and see the PCP of their choice.

What providers are in-network and out-of-network?

The Kaiser Permanente PPO Network will be built on the core of the Permanente Medicine with directly contracted providers within our service area and a national wrap network.

Provider Directory Link: <https://kpnw.sapphirecareselect.com>



Is it more expensive for members to go to out-of-network providers?

Remaining inside the network means smaller copays, seeking care out of network means members will have higher out of pocket costs; however, by working with all KP providers in the network community members will experience an integrated and guided PPO experience.

Do Dual Choice Product Members still need a referral for some services?

Yes, there are some services that still require prior authorization from the Medical Review Program. All in-network and out-of-network covered services require prior authorization except for the following:

- Ambulance Services.
- Emergency Services.
- Health education Services.
- Limited outpatient drugs and supplies as described in the “Limited Outpatient Prescription Drugs and Supplies” section of provider manual.
- Maternity Services.
- Outpatient Laboratory Services, except genetic testing. (For genetic testing prior authorization requirements, see the “Outpatient Laboratory, X-ray, Imaging, and Special Diagnostic Procedures” section of provider manual.)
- Outpatient radiology Services, except MRI, CT scans, PET scans, and bone density (DEXA) scans. (For MRI, CT scan, PET scan, and bone density (DEXA) scan prior authorization requirements, see the “Outpatient Laboratory, X-ray, Imaging, and Special Diagnostic Procedures” section of provider manual.)
- In-Network Provider and Out-of-Network Provider office visits.
- Services that are billed as preventive care Services.
- Urgent Care.

Note: The above list is subject to change. For the most current information, please call the Medical Review Program at (855)281-1840 (TTY 711), twenty-four (24) hours a day, seven (7) days a week.

Pre-Authorization Instructions and Form can be found at:

http://info.kaiserpermanente.org/info_assets/cpp_knw/Auth_Request.pdf

[OR see the attached Link to the Pre-Authorization Request Form](#)

Where can I go to learn more about the new KP Dual Choice PPO Product?

- You may learn more about the KP Dual Choice PPO product at: <https://choiceproducts-northwest.kaiserpermanente.org/> OR call the Customer Service Team at **1-866-616-0047** (TTY 711) for specialized support for Network clarification and billing questions.

Do you need to communicate with Kaiser regarding a Demographic Change?

The [Provider Data Management \(PDM\) team](#) processes demographic changes necessary for claims adjudication, patient referrals, provider directories, and regulatory reporting. In addition to the quarterly outreach, the Provider Data Management (PDM) team can be contacted at any time for practitioner additions and terminations, updates to addresses, tax IDs, NPIs, and change in administrators. Below are the required data elements for adding and terminating practitioners to your contract.

PRACTITIONER ADDS:

Please provide the required information for each new practitioner and enter N/A in any of the fields that do not apply.

Practitioner Information:

- Start Date:
- Company Name
- Company Tax ID:
- Billing NPI (Type 2 Organizational):
- Practitioner's Full Name (first, middle initial, last):
- License Type *specific to contracted services* (LPC, LCSW, QMHP, CADC-III, etc.):
- Social Security Number:
- Date of Birth:
- NPI Number (Type 1 Individual):
- Taxonomy Number:
- Medicare Number:
- Specialty:
- Any Hospital Privileges (list all hospital(s):
- Hospital based only? (Yes/No):
- Board Eligible/Certified? If yes, in which specialty?
- Company Location(s):
- Practitioner's email (for sending credentialing packet):
- Languages spoken other than English:
- Accepting new patients? (Yes/No):
- Providing Telemedicine? (Yes/No):

PRACTITIONER TERMS:

Please provide the required Information for terminating a practitioner

- Practitioner's Full Name (first, middle initial, last):
- Credentials (MD, DO, PA-C, NP, etc.):
- Company Name:
- NPI Number:
- Last Date with company:

PDM CONTACT INFORMATION:

Email: ProviderDemographics@kp.org

Mailing Address: 500 NE Multnomah Street, Portland, OR 97232

Fax Number: 1-855-406-0429



Key Provider Contacts

Regional Member Services Call Centers

Regional Member Services Call Centers (MSCC)

Colorado	1-800-632-9700
Georgia	1-404-261-2590
Hawaii	1-800-966-5955
Mid Atlantic	1-800-810-4766
Northern CA	1-800-464-4000
Northwest	1-800-813-2000
Southern CA	1-800-464-4000
Washington	1-888-767-4670

NW Provider Relations

Email: NW-Provider-Relations@kp.org

Contracted Provider Representatives:

Lonnie Hosley: 503-318-9475
 Beckie Crocker: 503-312-9879
 Molly Phillips: 503-310-7126

Provider Demographics

Email: ProviderDemographics@kp.org

Mailing Address: 500 NE Multnomah Street,
 Portland, OR 97232
 Fax Number: 1-855-406-0429

Dual Choice PPO Products

1-866-616-0047 (TTY 711)

Self-Funded Customer Service

Phone: 1-866-441-1221

Regional Referral Center

Phone: 503-813-4560

Provider Inquiry/Claims Line

Phone: 503-735-2727 or 1-866-441-1221

EDI Billing Support

Email: EDISupport@kp.org

EDI Engagement Team: EFT/ERA Enrollment

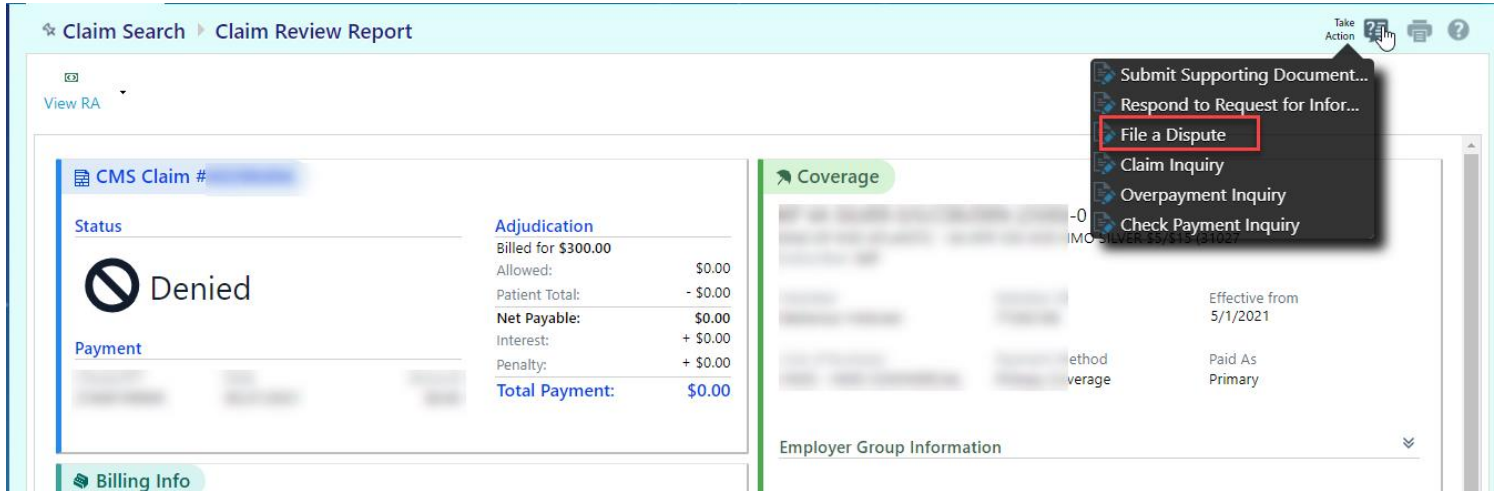
Email: EDIEngagementTeam@kp.org

Kaiser Permanente members welcome at PeaceHealth Southwest Medical Center starting July 1st, 2021

- The collaboration with PeaceHealth Southwest Medical Center will expand access to high quality care in Clark County.
- The contract with PeaceHealth Southwest represents a long-term investment and commitment to Clark County. While there may be some shifts in patient assignments amongst community providers, the overall trend is for growth in health care services in Clark County. It will not trigger shifts in care from Washington to Oregon.
- KP physicians are on-site at PHSW to evaluate patient needs and determine the best course of action. Our hospitalists, care managers, and transitional pharmacists have moved into PHSW. We will continue to provide members will a full array of specialty care and services.
- Legacy Salmon Creek remains an in-network hospital for emergency department, obstetrics, and other care as authorized by KP primary care providers.
- Kaiser Permanente Physicians direct the patient's care, whether they are seen in the emergency room at Legacy Salmon Creek or PeaceHealth Southwest. The member's condition and care needs will determine their course of treatment and the location for the treatment.

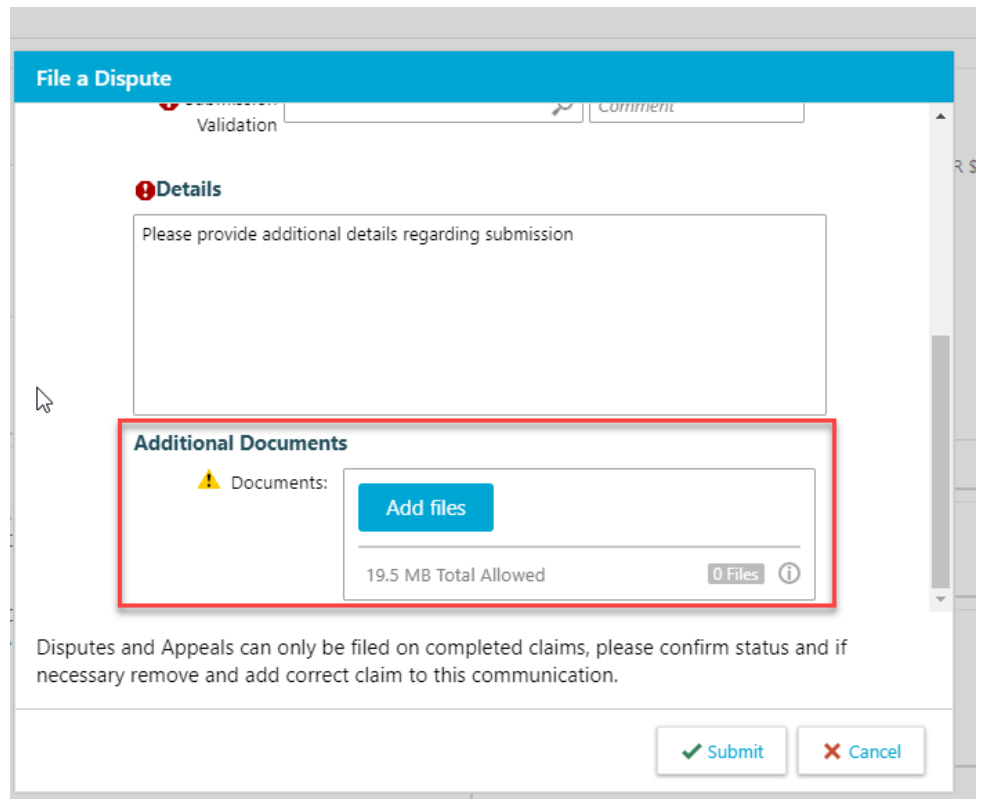
Online Provider Messaging Reminder FOR: KP Online Affiliate Users

1. If you would like Kaiser Permanente to review or reconsider payment on a claim you may take action of File a Dispute.



2. You may attach documents in the File a Dispute Action.
You may upload one or more documents (pdf/jpg) under 20mb (1000 pages).


NOTE: In order for Kaiser Permanente to efficiently and timely process your dispute please attach any and all supporting documents. More information is better!



Online Provider Messaging Reminder FOR: KP Online Affiliate Users

3. *Submitting Supporting Documentation Action: this action is meant to allow providers to proactively submit supporting documentation on a pending claim. If you think Kaiser Permanente will need medical records or itemized bill you may submit these documents here.*

Claim Search ▶ Claim Review Report

Take Action  

CMS Claim #60298496

Status	Adjudication
 In Progress	Billed for \$300.00


Billing Info

Vendor BLAIR MEDICAL ASSOCIATES [1639158488]	Place of Service ALTOONA HOSP ER	Provider Jabbour, George [1861447856]
P O BOX 360915 PITTSBURGH PA 15251-6915	620 HOWARD AVENUE ALTOONA PA 16601-4804	Claim Specialty Cardiovascular Disease

Coverage

KP VA SILVER 0/5/CSR/DEN (2500)-0
MAS KP-MID ATLANTIC - VA KPIF ON HCR HMO
Subscriber: Self

Member Belensor Historen	Member ID 77292196	
Line of Business HMO - HMO COMMERCIAL	Payment Method Primary Coverage	Paid As Primary

Employer Group Information 

- Submit Supporting Document...
- Respond to Request for Infor...
- File a Dispute
- Claim Inquiry ²⁷
- Overpayment Inquiry
- Check Payment Inquiry ^{5/1/2021}

Online Provider Messaging
FOR: KP Online Affiliate Users

RESOURCES: Who to contact with questions/issues regarding your Online Affiliate account/access and navigation.

Member's Home Region	Technical Support	Registration help/Password reset	System training/Navigation
Southern California	KP-SCAL-OnlineAffiliate@kp.org	KP-SCAL-OnlineAffiliate@kp.org	KP-NCAL-OnlineAffiliate@kp.org
Northern California	KP-NCAL-OnlineAffiliate@kp.org	KP-NCAL-OnlineAffiliate@kp.org	KP-SCAL-OnlineAffiliate@kp.org
Colorado	KP-CO-OnlineAffiliate@kp.org	KP-CO-OnlineAffiliate@kp.org	National Help Desk 1-844-563-4357
Georgia	KP-GA-OnlineAffiliate@kp.org	KP-GA-OnlineAffiliate@kp.org	National Help Desk 1-844-563-4357
Hawaii	KP-HI-OnlineAffiliate@kp.org	KP-HI-OnlineAffiliate@kp.org	National Help Desk 1-844-563-4357
Mid Atlantic	KP-MAS-OnlineAffiliate@kp.org	KP-MAS-OnlineAffiliate@kp.org	KP-MAS-OnlineAffiliate@kp.org
Northwest	NW-Provider-Relations@kp.org	NW-Provider-Relations@kp.org	National Help Desk 1-844-563-4357

INSTRUCTIONS FOR PRE-AUTHORIZATION FORM

Failure to include any required information will delay review.

For retrospective reviews, please contact the appropriate claims department.

Complete the top portion of the form with your name, phone and fax numbers, and what office you are from. Include patient's name, date of birth, and Kaiser Medical Record Number (MRN) from the patient's insurance card. Note: each member, including children and dependents, has his/her own unique Medical Record Number.

Recent supporting history and physical (H&P), clinical notes, and physician's order are required before review can begin. Failure to provide these documents in a legible format (i.e. dictated/typed) may delay review.

Diagnosis Codes and **Procedure Codes** (CPT or HCPCS) are required.

Requesting Provider (Physician) refers to the provider who is ordering the procedure or service and is following patient's care for this condition. Physician's specialty, mailing address, and phone number are required. Please include the best phone number for contacting the physician.

Place of Service/Servicing Provider refers to the facility or provider who is actually performing the procedure or providing the service (e.g. hospital/facility). Mailing address, phone number, and Tax ID number are required.

Please fax completed form with supporting documentation to 877-800-5456. Pre-authorization requests must be submitted by a healthcare provider. If you have any questions about the pre-authorization request form, the pre-authorization process, or what services require pre-authorization, please call us at the phone number below.

Kaiser Permanente NW Regional Referral Center: 503-813-4560 or 1-866-813-2437

NORTHWEST REGIONAL REFERRAL CENTER – PRE-AUTHORIZATION REQUEST FORM

COMPLETE ALL INFORMATION ON THE FORM. INCOMPLETE SUBMISSIONS MAY BE RETURNED UNPROCESSED. Please direct any questions regarding this form to the Regional Referral Center to which you submit your request for external service request. This form is not intended to replace payer specific prior authorization procedures, policies and documentation requirements.

ATTENTION: To avoid delays, please complete form in its entirety and fax all information at least 2 business days prior to scheduled procedure or service.
For retrospective reviews, please contact the appropriate claims department.

MEMBER INFORMATION	
Patient Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female DOB:
KP MRN:	Phone:

REQUESTING PROVIDER/PHYSICIAN	
Requesting Clinician:	MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/>
NPI#:	Contact Person:
Phone:	Fax:
Company Name:	
Address:	
Tax ID #:	

NOTE: Include any clinical information to support medical necessity (Required).

PLACE OF SERVICE/SERVICING PROVIDER	
NAME OF PLACE OF SERVICE:	
NAME OF SERVICING PROVIDER:	MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/>
Mailing Address:	
Phone:	Fax:
Tax ID #:	

SERVICE REQUESTED	
Care Requested (i.e. Consult, DX study, Procedure):	
Inpatient <input type="checkbox"/>	Outpatient <input type="checkbox"/>
Number of Visits Requested:	Date of Service (if known):
Specialty / Department:	
Diagnosis Code(s):	
Diagnosis Description:	
Procedure CPT/HCPCS Code(s):	
Procedure CPT/HCPCS Description:	
Additional Information:	

SUBMIT FORM TO: Kaiser Permanente – Regional Referral Center

Fax: 877-800-5456

500 NE Multnomah, Suite 100, Portland, OR 97232-2099

Questions related to this form should be directed to: **Phone:** 503-813-4560 or 1-866-813-2437

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