MEDI-CAL MANAGED CARE LONG-TERM SERVICES AND SUPPORT

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

TABLE OF CONTENTS

Provider Training Objectives	Slide	5
About Kaiser Permanente	Slide	6
Kaiser Permanente Mission and Promise	Page	7
Long-Term Services and Support (LTSS)	Page	8
Member Placements Scenarios	Page	9
Initial Long-Term Care Request	Page	10
Long-Term Care Extension of Service	Page	11
Bed Holds and Therapeutic Leaves of Absence	Page	13
Discharge Notification	Page	14
Changes to Notification Letters	Page	15
Notice of Extension of Services	Page	16
KP Custodial Referral Process Reference Guide	Page	17
Outside Referral Department	Page	18
KP Medical Center Long-Term Care Departments	Page	19
Recommended Billing	Page	20

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

TABLE OF CONTENTS

Billing Guidelines	Page	21
Copayment, Co-Insurance and Deductibles	Page	22
Claims Submission and Inquiries	Page	23
Claim Submission	Page	24
LTSS Claims Submission	Page	26
LTSS Common Provider Issues	Page	27
Process for EDI Claim Submissions	Page	28
Claim Status and Determinations	Page	29
Electronic Fund Transfers and Electronic Remittance Advice	Page	30
Provider Self-Service Tools	Page	30
Refunds to KP	Page	31
Provider Disputes	Page	32
Timely Filing Denials	Page	34

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

TABLE OF CONTENTS

Additional Information	Page	35
KP Medi-Cal Plan Partner by County, Assignment to KP	Page	36
Medi-Cal Eligibility and Benefits	Page	39
Provider Contact Information	Page	41
Language Assistance Program	Page	42
Long Term Care Pharmacy, LTC Pharmacy Background	Page	46
SNF Member Pharmacy Needs	Page	46
Community-Based Adult Services (CBAS)	Page	50
Hospice, Transition to Hospice, KP Hospice Agencies	Page	55
Medi-Cal Non-Medical Transportation	Page	61
Appendix	Page	63
Resources	Page	67
Summary of Important Phone Numbers	Page	68

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

PROVIDER TRAINING OBJECTIVES

By the end of today's presentation participants will:

- Have a comprehensive understanding of the unique benefits or processes related to serving Kaiser Permanente's (KP) Medi-Cal Members
- Understand the administrative process related to claim submissions and payment
- Identify resources/contacts for specific Medi-Cal services

This training covers specific Medi-Cal regulations. This presentation is a supplement to the HMO Provider Manual for institutional providers serving Kaiser Permanente's Medi-Cal members.

- Please refer to the Table of Contents beginning on slide 5 to locate a specific

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

About Kaiser Permanente

Kaiser Permanente is committed to helping shape the future of health care. We are recognized as one of America's leading health care providers and not-for-profit health plans.

Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services, and to improve the health of our members and the communities we serve. We currently provide services to more than 12.5 million members in eight regions - CA,CO,GA HI,OR,WA, Mid-Atlantic, and the District of Columbia.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Kaiser Permanente Mission

Kaiser Permanente exists to provide affordable, high-quality health care services to improve the health of our members and the communities we serve.

Kaiser Permanente Promise

Is our commitment to our members and patients to provide high-quality, convenient, and affordable care with a personal touch.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

LONG-TERM SERVICES AND SUPPORT (LTSS)

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

MEMBER PLACEMENT SCENARIOS

Placement Scenarios	Authorization Request
Skilled short-term placements	*KP case manager manages referral*
Skilled placement from KP hospital that extends to long-term care Member admits from home as long-term care Member was placed under another Medi-Cal health plan and transitioned to KP Medi-Cal Member was previously Medi-Cal Fee-For-Service (FFS) and is now KP Medi-Cal	**SNF faxes request to KP Regional Long-Term Care (LTSS)** **Fax: (866) 473-0344** Department Phone: (626) 405-5218
Member placed in a noncontracted facility	A letter of agreement (LOA) is required for both skilled and long-term care (contact local LTC dept.)

long-term care = custodial

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Initial Long-Term Care Request

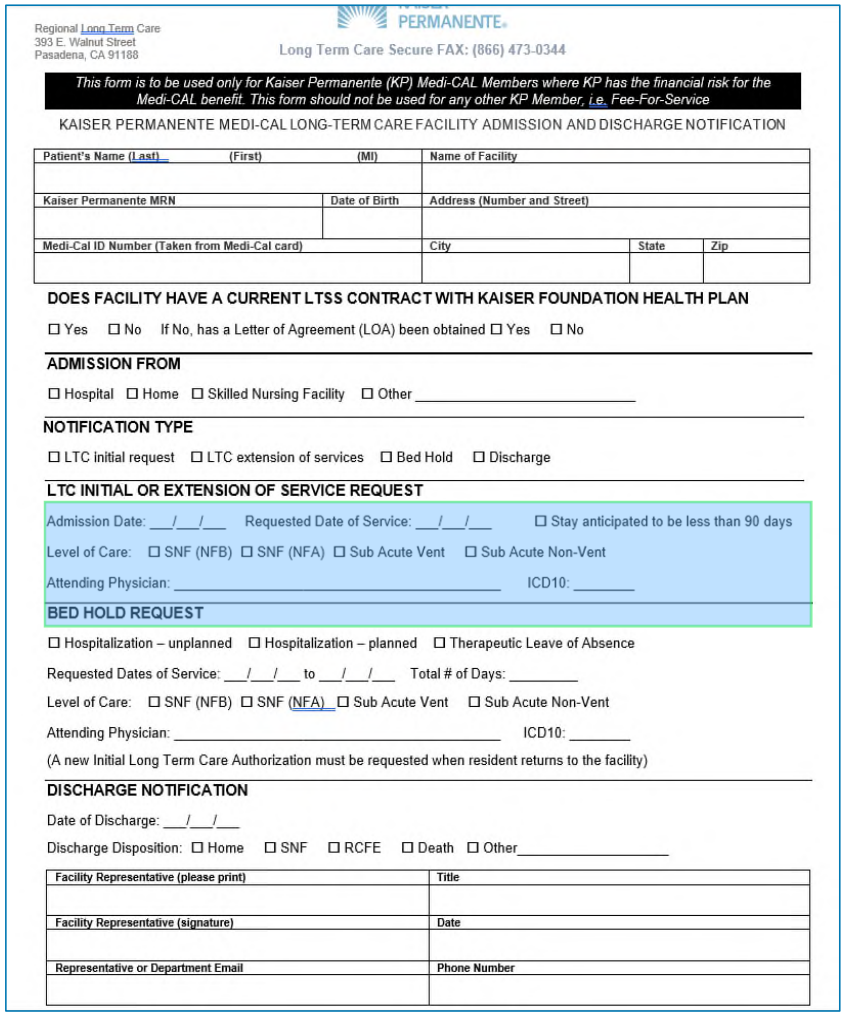
Fax the following documentation:

- KP Admission and Discharge Notification
- Nursing Face Sheet
- Current Minimal Data Sheets (MDS)
- Pre-Admission Screening (PAS)/Pre-Admission Screening Resident Review (PASARR)

Referral process is typically 5 to 10 business days (timeframe may be longer if documentation is incomplete)

*This does not replace the facility's responsibility to submit the MC 171 with the state

Fax: (866) 473-0344



Regional Long Term Care
393 E. Walnut Street
Pasadena, CA 91188

PERMANENTE

Long Term Care Secure FAX: (866) 473-0344

This form is to be used only for Kaiser Permanente (KP) Medi-CAL Members where KP has the financial risk for the Medi-CAL benefit. This form should not be used for any other KP Member, i.e. Fee-For-Service

KAISER PERMANENTE MEDI-CAL LONG-TERM CARE FACILITY ADMISSION AND DISCHARGE NOTIFICATION

Patient's Name (Last) (First) (MI)		Name of Facility		
Kaiser Permanente MRN	Date of Birth	Address (Number and Street)		
Medi-Cal ID Number (Taken from Medi-Cal card)		City	State	Zip

DOES FACILITY HAVE A CURRENT LTSS CONTRACT WITH KAISER FOUNDATION HEALTH PLAN

☐ Yes ☐ No If No, has a Letter of Agreement (LOA) been obtained ☐ Yes ☐ No

ADMISSION FROM

☐ Hospital ☐ Home ☐ Skilled Nursing Facility ☐ Other _____

NOTIFICATION TYPE

☐ LTC initial request ☐ LTC extension of services ☐ Bed Hold ☐ Discharge

LTC INITIAL OR EXTENSION OF SERVICE REQUEST

Admission Date: ___/___/___ Requested Date of Service: ___/___/___ ☐ Stay anticipated to be less than 90 days

Level of Care: ☐ SNF (NFB) ☐ SNF (NFA) ☐ Sub Acute Vent ☐ Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

BED HOLD REQUEST

☐ Hospitalization – unplanned ☐ Hospitalization – planned ☐ Therapeutic Leave of Absence

Requested Dates of Service: ___/___/___ to ___/___/___ Total # of Days: _____

Level of Care: ☐ SNF (NFB) ☐ SNF (NFA) ☐ Sub Acute Vent ☐ Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

(A new Initial Long Term Care Authorization must be requested when resident returns to the facility)

DISCHARGE NOTIFICATION

Date of Discharge: ___/___/___

Discharge Disposition: ☐ Home ☐ SNF ☐ RCFE ☐ Death ☐ Other_____

Facility Representative (please print)	Title
Facility Representative (signature)	Date
Representative or Department Email	Phone Number

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE

Long-Term Care Extension of Service

Fax the following documentation:

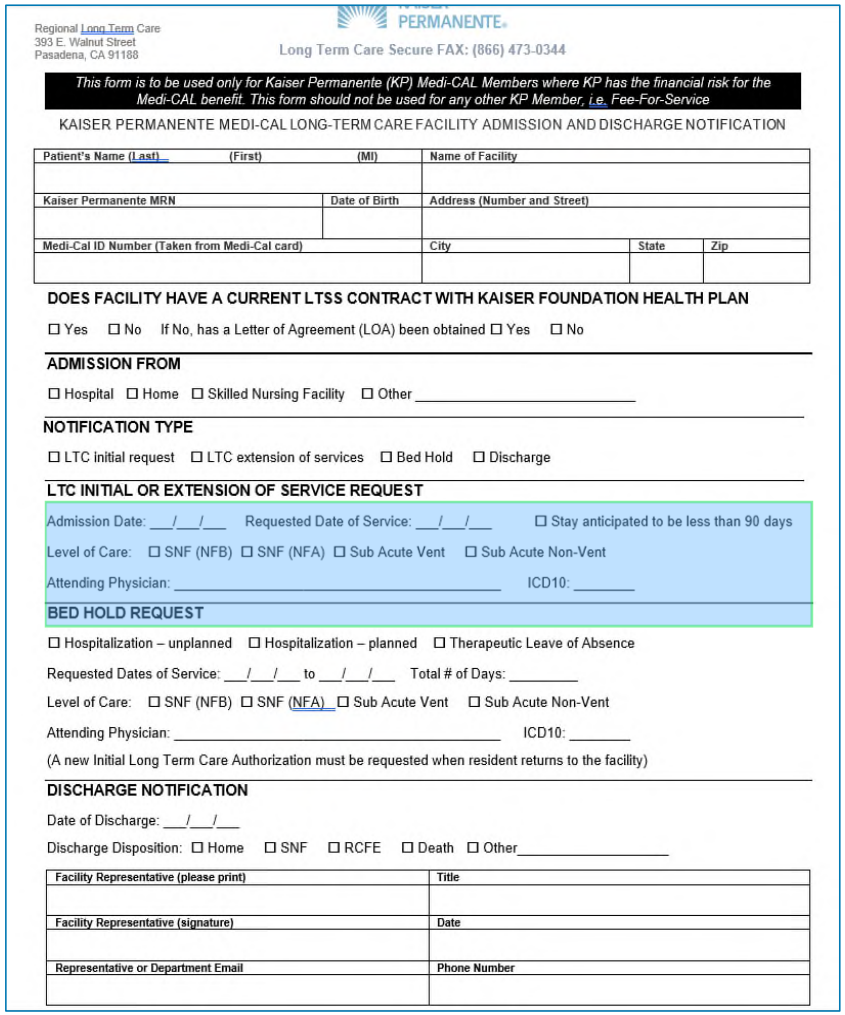
- KP Admission and Discharge Notification
- Nursing Face Sheet
- Most recent Minimal Data Sheets (MDS)

Facilities should submit renewal request no sooner than two weeks before the expiration date

Extension of services are not processed until eligibility is updated on the Medi-Cal website on the first of each month

- Example: July extensions will not be processed until after July 1

Fax: (866) 473-0344



Regional Long Term Care
393 E. Walnut Street
Pasadena, CA 91188

PERMANENTE

Long Term Care Secure FAX: (866) 473-0344

This form is to be used only for Kaiser Permanente (KP) Medi-CAL Members where KP has the financial risk for the Medi-CAL benefit. This form should not be used for any other KP Member, i.e. Fee-For-Service

KAISER PERMANENTE MEDI-CAL LONG-TERM CARE FACILITY ADMISSION AND DISCHARGE NOTIFICATION

Patient's Name (Last) (First) (MI)		Name of Facility		
Kaiser Permanente MRN	Date of Birth	Address (Number and Street)		
Medi-Cal ID Number (Taken from Medi-Cal card)		City	State	Zip

DOES FACILITY HAVE A CURRENT LTSS CONTRACT WITH KAISER FOUNDATION HEALTH PLAN

☐ Yes ☐ No If No, has a Letter of Agreement (LOA) been obtained ☐ Yes ☐ No

ADMISSION FROM

☐ Hospital ☐ Home ☐ Skilled Nursing Facility ☐ Other _____

NOTIFICATION TYPE

☐ LTC initial request ☐ LTC extension of services ☐ Bed Hold ☐ Discharge

LTC INITIAL OR EXTENSION OF SERVICE REQUEST

Admission Date: ___/___/___ Requested Date of Service: ___/___/___ ☐ Stay anticipated to be less than 90 days

Level of Care: ☐ SNF (NFB) ☐ SNF (NFA) ☐ Sub Acute Vent ☐ Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

BED HOLD REQUEST

☐ Hospitalization – unplanned ☐ Hospitalization – planned ☐ Therapeutic Leave of Absence

Requested Dates of Service: ___/___/___ to ___/___/___ Total # of Days: _____

Level of Care: ☐ SNF (NFB) ☐ SNF (NFA) ☐ Sub Acute Vent ☐ Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

(A new Initial Long Term Care Authorization must be requested when resident returns to the facility)

DISCHARGE NOTIFICATION

Date of Discharge: ___/___/___

Discharge Disposition: ☐ Home ☐ SNF ☐ RCFE ☐ Death ☐ Other_____

Facility Representative (please print)	Title
Facility Representative (signature)	Date
Representative or Department Email	Phone Number

Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE

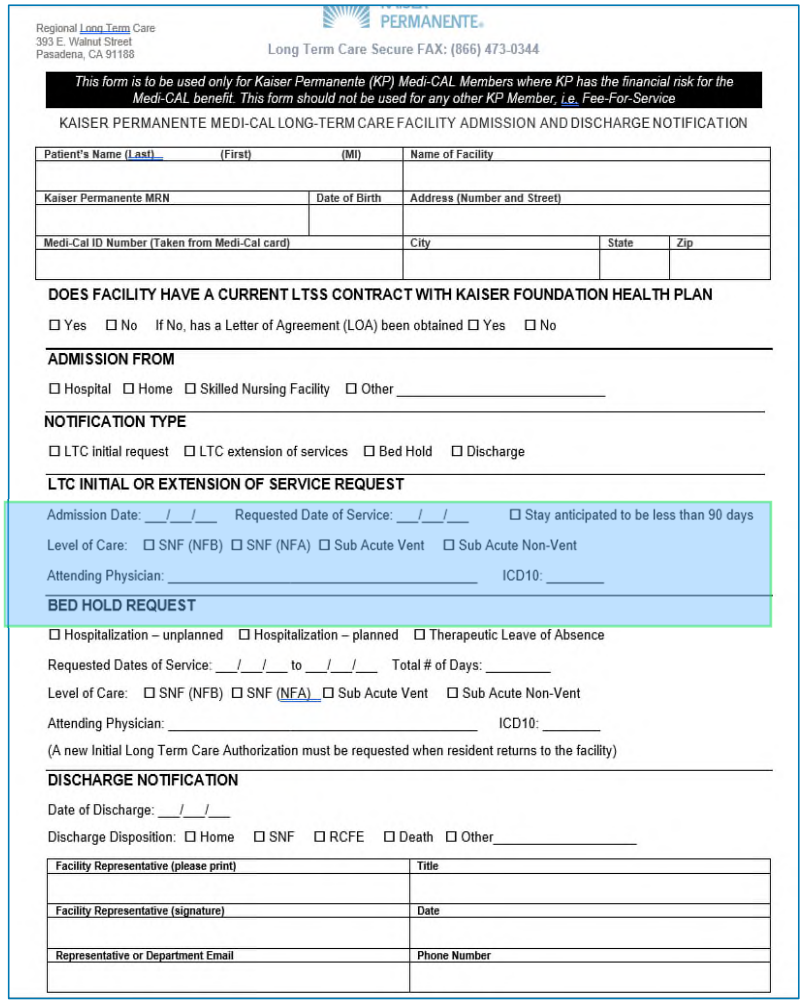
Long-Term Care Extension of Service
cont'd

All room and board referral service dates are set in 6-month increments.

KP may extend an existing referral to 12 months, so long as the resident's stay is uninterrupted (no hospitalization, skilled transition, etc.).

- Following that, a new referral ID will be issued

Fax: (866) 473-0344



Regional Long Term Care
393 E. Walnut Street
Pasadena, CA 91188

KAISER PERMANENTE

Long Term Care Secure FAX: (866) 473-0344

This form is to be used only for Kaiser Permanente (KP) Medi-CAL Members where KP has the financial risk for the Medi-CAL benefit. This form should not be used for any other KP Member, i.e. Fee-For-Service

KAISER PERMANENTE MEDI-CAL LONG-TERM CARE FACILITY ADMISSION AND DISCHARGE NOTIFICATION

Patient's Name (Last) (First) (MI)		Name of Facility		
Kaiser Permanente MRN	Date of Birth	Address (Number and Street)		
Medi-Cal ID Number (Taken from Medi-Cal card)		City	State	Zip

DOES FACILITY HAVE A CURRENT LTSS CONTRACT WITH KAISER FOUNDATION HEALTH PLAN

☐ Yes ☐ No If No, has a Letter of Agreement (LOA) been obtained ☐ Yes ☐ No

ADMISSION FROM

☐ Hospital ☐ Home ☐ Skilled Nursing Facility ☐ Other _____

NOTIFICATION TYPE

☐ LTC initial request ☐ LTC extension of services ☐ Bed Hold ☐ Discharge

LTC INITIAL OR EXTENSION OF SERVICE REQUEST

Admission Date: ___/___/___ Requested Date of Service: ___/___/___ ☐ Stay anticipated to be less than 90 days

Level of Care: ☐ SNF (NFB) ☐ SNF (NFA) ☐ Sub Acute Vent ☐ Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

BED HOLD REQUEST

☐ Hospitalization – unplanned ☐ Hospitalization – planned ☐ Therapeutic Leave of Absence

Requested Dates of Service: ___/___/___ to ___/___/___ Total # of Days: _____

Level of Care: ☐ SNF (NFB) ☐ SNF (NFA) ☐ Sub Acute Vent ☐ Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

(A new Initial Long Term Care Authorization must be requested when resident returns to the facility)

DISCHARGE NOTIFICATION

Date of Discharge: ___/___/___

Discharge Disposition: ☐ Home ☐ SNF ☐ RCFE ☐ Death ☐ Other_____

Facility Representative (please print)	Title
Facility Representative (signature)	Date
Representative or Department Email	Phone Number

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 08-22)

KAISER PERMANENTE

Bed Holds and Therapeutic Leaves Of Absence

Bed holds are granted for a maximum of 7 days per admission

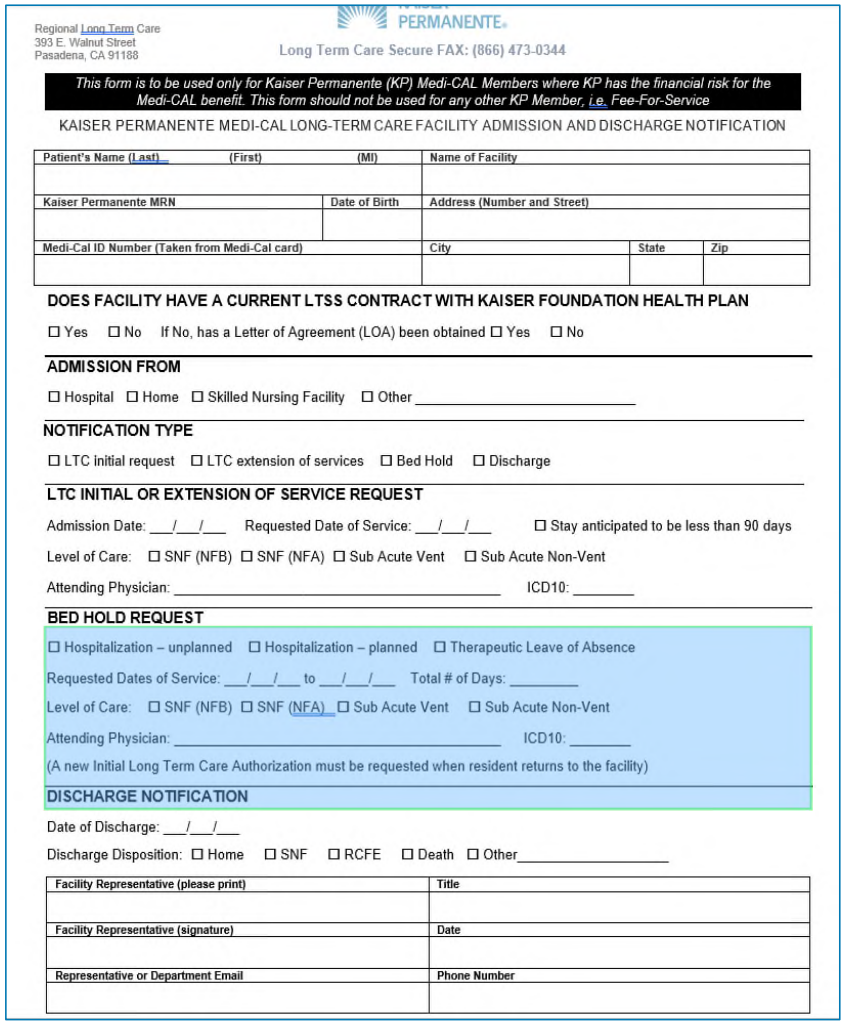
Bed hold and leave referrals can only be requested once BOTH the start and end dates are known (or after the 7th day)

Fax the following documentation:

- KP Admission and Discharge Notification form
- Either the SNF Transfer Order for Hospitalizations for bed hold, or the SNF physician order for Therapeutic Leaves of Absence

A new initial referral is needed once the member returns to the facility (follow Initial Long-Term Care Referral process)

Fax: (866) 473-0344



Regional Long Term Care
393 E. Walnut Street
Pasadena, CA 91188

PERMANENTE

Long Term Care Secure FAX: (866) 473-0344

This form is to be used only for Kaiser Permanente (KP) Medi-CAL Members where KP has the financial risk for the Medi-CAL benefit. This form should not be used for any other KP Member, i.e. Fee-For-Service

KAISER PERMANENTE MEDI-CAL LONG-TERM CARE FACILITY ADMISSION AND DISCHARGE NOTIFICATION

Patient's Name (Last) (First) (MI)		Name of Facility		
Kaiser Permanente MRN	Date of Birth	Address (Number and Street)		
Medi-Cal ID Number (Taken from Medi-Cal card)		City	State	Zip

DOES FACILITY HAVE A CURRENT LTSS CONTRACT WITH KAISER FOUNDATION HEALTH PLAN

☐ Yes ☐ No If No, has a Letter of Agreement (LOA) been obtained ☐ Yes ☐ No

ADMISSION FROM

☐ Hospital ☐ Home ☐ Skilled Nursing Facility ☐ Other _____

NOTIFICATION TYPE

☐ LTC initial request ☐ LTC extension of services ☐ Bed Hold ☐ Discharge

LTC INITIAL OR EXTENSION OF SERVICE REQUEST

Admission Date: ___/___/___ Requested Date of Service: ___/___/___ ☐ Stay anticipated to be less than 90 days

Level of Care: ☐ SNF (NFB) ☐ SNF (NFA) ☐ Sub Acute Vent ☐ Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

BED HOLD REQUEST

☐ Hospitalization – unplanned ☐ Hospitalization – planned ☐ Therapeutic Leave of Absence

Requested Dates of Service: ___/___/___ to ___/___/___ Total # of Days: _____

Level of Care: ☐ SNF (NFB) ☐ SNF (NFA) ☐ Sub Acute Vent ☐ Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

(A new Initial Long Term Care Authorization must be requested when resident returns to the facility)

DISCHARGE NOTIFICATION

Date of Discharge: ___/___/___

Discharge Disposition: ☐ Home ☐ SNF ☐ RCFE ☐ Death ☐ Other_____

Facility Representative (please print)	Title
Facility Representative (signature)	Date
Representative or Department Email	Phone Number

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE

Discharge Notification

Nursing facilities are to notify KP of member changes as soon as known/possible

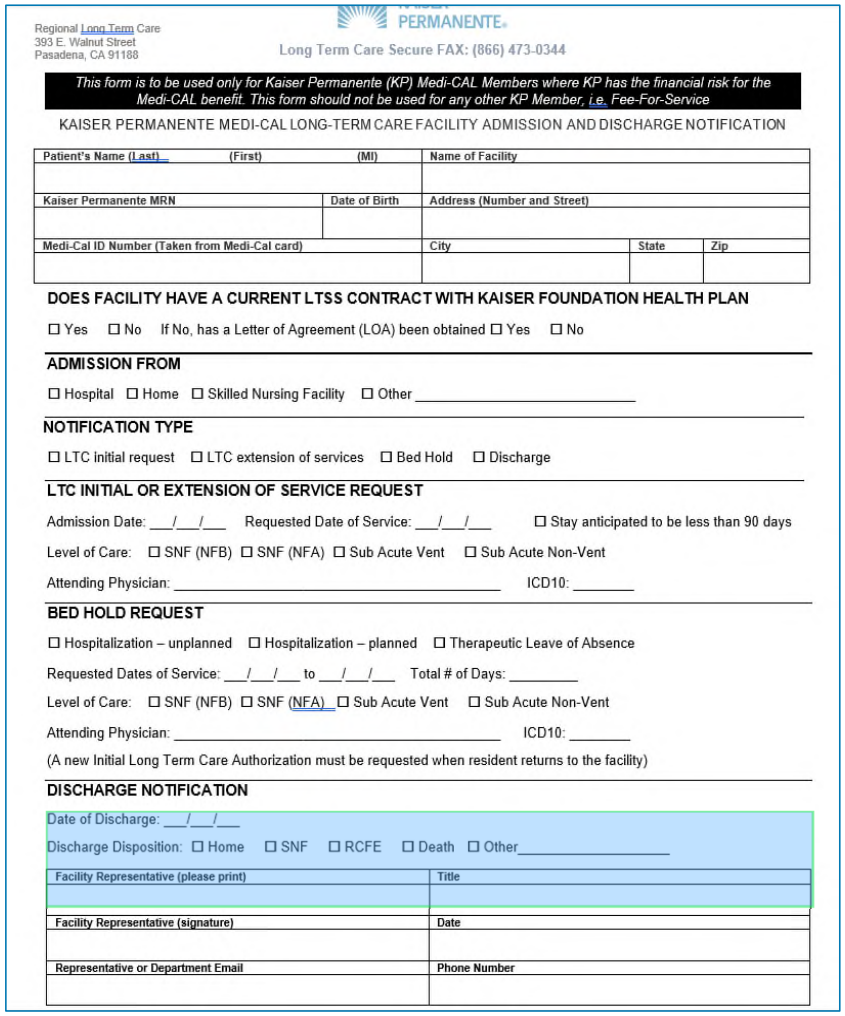
Fax the following documentation:

- KP Admission and Discharge Notification

Discharges include:

- Discharge to home
- Discharge community setting
- SNF to SNF transfer
- Member expiration
- Other setting

Fax: (866) 473-0344



Regional Long Term Care
393 E. Walnut Street
Pasadena, CA 91188

PERMANENTE

Long Term Care Secure FAX: (866) 473-0344

This form is to be used only for Kaiser Permanente (KP) Medi-CAL Members where KP has the financial risk for the Medi-CAL benefit. This form should not be used for any other KP Member, i.e. Fee-For-Service

KAISER PERMANENTE MEDI-CAL LONG-TERM CARE FACILITY ADMISSION AND DISCHARGE NOTIFICATION

Patient's Name (Last) (First) (MI)		Name of Facility		
Kaiser Permanente MRN	Date of Birth	Address (Number and Street)		
Medi-Cal ID Number (Taken from Medi-Cal card)		City	State	Zip

DOES FACILITY HAVE A CURRENT LTSS CONTRACT WITH KAISER FOUNDATION HEALTH PLAN

☐ Yes ☐ No If No, has a Letter of Agreement (LOA) been obtained ☐ Yes ☐ No

ADMISSION FROM

☐ Hospital ☐ Home ☐ Skilled Nursing Facility ☐ Other _____

NOTIFICATION TYPE

☐ LTC initial request ☐ LTC extension of services ☐ Bed Hold ☐ Discharge

LTC INITIAL OR EXTENSION OF SERVICE REQUEST

Admission Date: ___/___/___ Requested Date of Service: ___/___/___ ☐ Stay anticipated to be less than 90 days

Level of Care: ☐ SNF (NFB) ☐ SNF (NFA) ☐ Sub Acute Vent ☐ Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

BED HOLD REQUEST

☐ Hospitalization – unplanned ☐ Hospitalization – planned ☐ Therapeutic Leave of Absence

Requested Dates of Service: ___/___/___ to ___/___/___ Total # of Days: _____

Level of Care: ☐ SNF (NFB) ☐ SNF (NFA) ☐ Sub Acute Vent ☐ Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

(A new Initial Long Term Care Authorization must be requested when resident returns to the facility)

DISCHARGE NOTIFICATION

Date of Discharge: ___/___/___

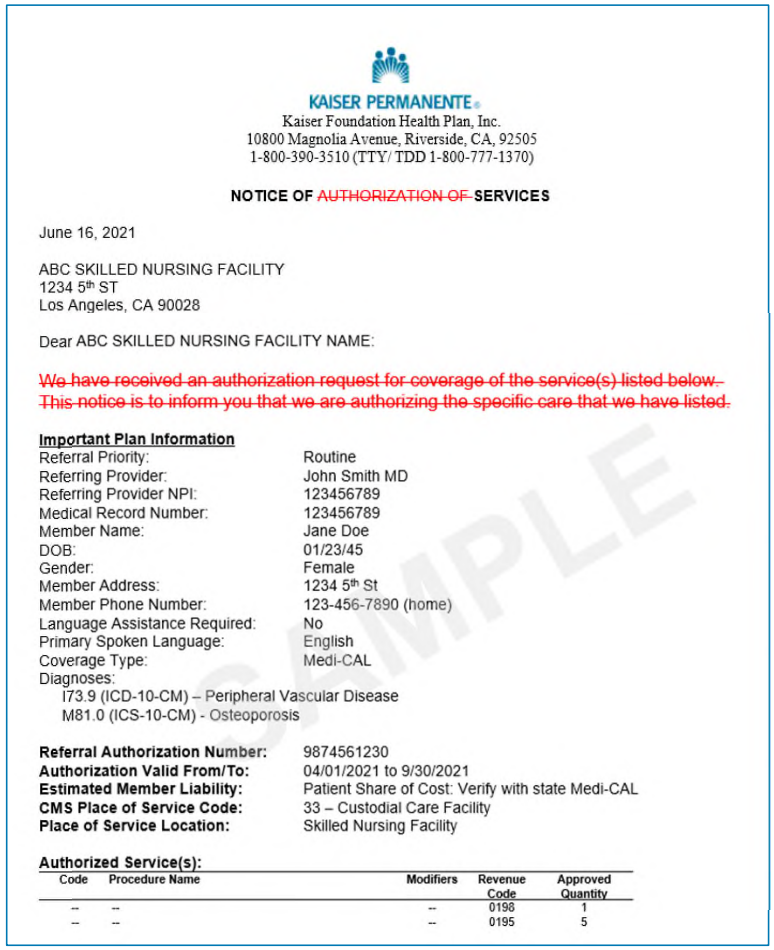
Discharge Disposition: ☐ Home ☐ SNF ☐ RCFE ☐ Death ☐ Other_____

Facility Representative (please print)	Title
Facility Representative (signature)	**Date**
Representative or Department Email	**Phone Number**

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE

Changes to Notification Letters



KAISER PERMANENTE®
Kaiser Foundation Health Plan, Inc.
10800 Magnolia Avenue, Riverside, CA, 92505
1-800-390-3510 (TTY/ TDD 1-800-777-1370)

NOTICE OF ~~AUTHORIZATION OF~~ SERVICES

June 16, 2021

ABC SKILLED NURSING FACILITY
1234 5th ST
Los Angeles, CA 90028

Dear ABC SKILLED NURSING FACILITY NAME:

~~We have received an authorization request for coverage of the service(s) listed below. This notice is to inform you that we are authorizing the specific care that we have listed.~~

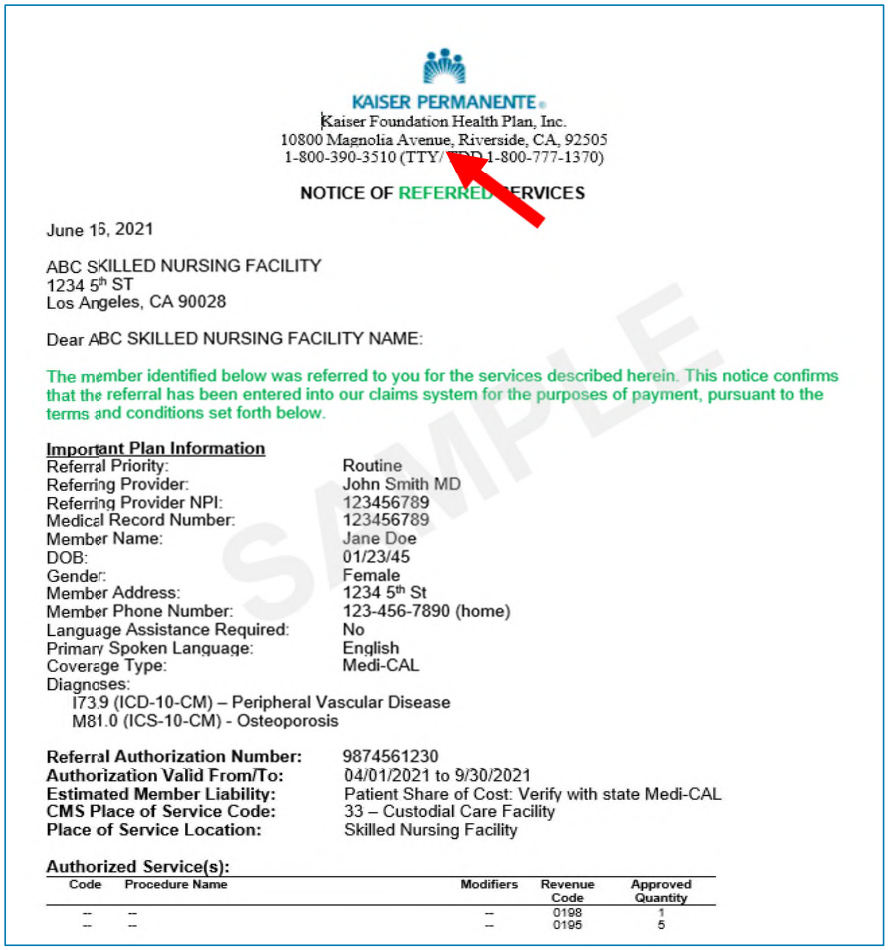
Important Plan Information

Referral Priority:	Routine
Referring Provider:	John Smith MD
Referring Provider NPI:	123456789
Medical Record Number:	123456789
Member Name:	Jane Doe
DOB:	01/23/45
Gender:	Female
Member Address:	1234 5th St
Member Phone Number:	123-456-7890 (home)
Language Assistance Required:	No
Primary Spoken Language:	English
Coverage Type:	Medi-CAL
Diagnoses:	
I73.9 (ICD-10-CM) – Peripheral Vascular Disease	
M81.0 (ICS-10-CM) - Osteoporosis	

Referral Authorization Number:	9874561230
Authorization Valid From/To:	04/01/2021 to 9/30/2021
Estimated Member Liability:	Patient Share of Cost: Verify with state Medi-CAL
CMS Place of Service Code:	33 – Custodial Care Facility
Place of Service Location:	Skilled Nursing Facility

Authorized Service(s):

Code	Procedure Name	Modifiers	Revenue Code	Approved Quantity
--	--	--	0198	1
--	--	--	0195	5



KAISER PERMANENTE®
Kaiser Foundation Health Plan, Inc.
10800 Magnolia Avenue, Riverside, CA, 92505
1-800-390-3510 (TTY/ TDD 1-800-777-1370)

NOTICE OF REFERRED SERVICES

June 15, 2021

ABC SKILLED NURSING FACILITY
1234 5th ST
Los Angeles, CA 90028

Dear ABC SKILLED NURSING FACILITY NAME:

The member identified below was referred to you for the services described herein. This notice confirms that the referral has been entered into our claims system for the purposes of payment, pursuant to the terms and conditions set forth below.

Important Plan Information

Referral Priority:	Routine
Referring Provider:	John Smith MD
Referring Provider NPI:	123456789
Medical Record Number:	123456789
Member Name:	Jane Doe
DOB:	01/23/45
Gender:	Female
Member Address:	1234 5th St
Member Phone Number:	123-456-7890 (home)
Language Assistance Required:	No
Primary Spoken Language:	English
Coverage Type:	Medi-CAL
Diagnoses:	
I73.9 (ICD-10-CM) – Peripheral Vascular Disease	
M81.0 (ICS-10-CM) - Osteoporosis	

Referral Authorization Number:	9874561230
Authorization Valid From/To:	04/01/2021 to 9/30/2021
Estimated Member Liability:	Patient Share of Cost: Verify with state Medi-CAL
CMS Place of Service Code:	33 – Custodial Care Facility
Place of Service Location:	Skilled Nursing Facility

Authorized Service(s):

Code	Procedure Name	Modifiers	Revenue Code	Approved Quantity
--	--	--	0198	1
--	--	--	0195	5

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Notice Of Extension Of Services

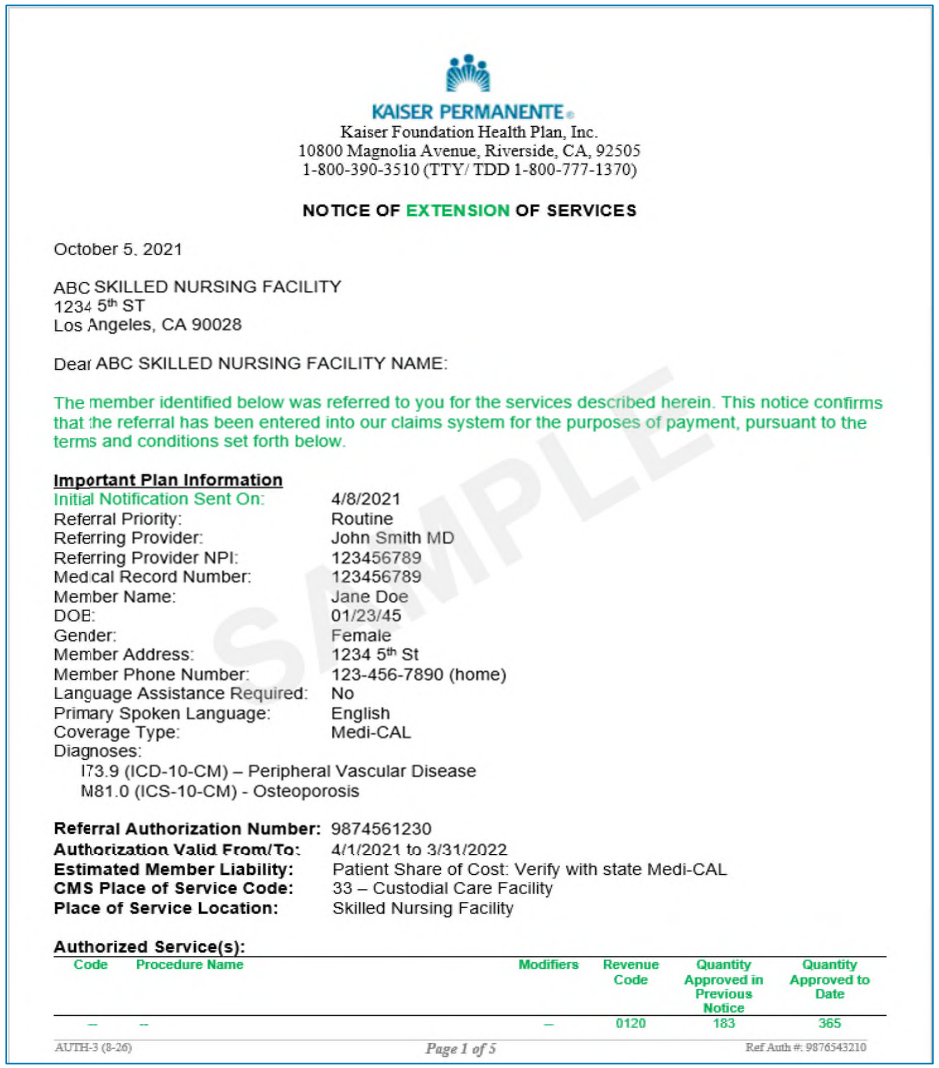
For all referrals that are being extended (ex: new month of a skilled stay)

A “Notice of Extension of Services” will be sent for services billed after initial notification

Date of initial notification will be displayed

Approved quantity will be updated will every extension

For custodial referrals only one extension will be given for each referral



KAISER PERMANENTE®
Kaiser Foundation Health Plan, Inc.
10800 Magnolia Avenue, Riverside, CA, 92505
1-800-390-3510 (TTY/ TDD 1-800-777-1370)

NOTICE OF EXTENSION OF SERVICES

October 5, 2021

ABC SKILLED NURSING FACILITY
1234 5th ST
Los Angeles, CA 90028

Dear ABC SKILLED NURSING FACILITY NAME:

The member identified below was referred to you for the services described herein. This notice confirms that the referral has been entered into our claims system for the purposes of payment, pursuant to the terms and conditions set forth below.

SAMPLE

Important Plan Information

Initial Notification Sent On:	4/8/2021
Referral Priority:	Routine
Referring Provider:	John Smith MD
Referring Provider NPI:	123456789
Medical Record Number:	123456789
Member Name:	Jane Doe
DOB:	01/23/45
Gender:	Female
Member Address:	1234 5th St
Member Phone Number:	123-456-7890 (home)
Language Assistance Required:	No
Primary Spoken Language:	English
Coverage Type:	Medi-CAL
Diagnoses:	
I73.9 (ICD-10-CM) – Peripheral Vascular Disease	
M81.0 (ICS-10-CM) - Osteoporosis	

Referral Authorization Number:	9874561230
Authorization Valid From/To:	4/1/2021 to 3/31/2022
Estimated Member Liability:	Patient Share of Cost: Verify with state Medi-CAL
CMS Place of Service Code:	33 – Custodial Care Facility
Place of Service Location:	Skilled Nursing Facility

Authorized Service(s):

Code	Procedure Name	Modifiers	Revenue Code	Quantity Approved in Previous Notice	Quantity Approved to Date
–	–	–	0120	183	365

AUTH-3 (8-26) *Page 1 of 5* Ref Auth #: 9876543210

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

KP Custodial Referral Process Reference Guide

Scenario*	KP Process	Provider Process	Provider Notification Received
Skilled patient transitions to a custodial level of care	Existing skilled referral will be closed. An Initial custodial referral is entered	Send a request to Regional LTC for an Initial Long-Term Care referral	"Notice of Referred Services" letter
Direct admission at a custodial level of care	Initial custodial referral is entered	Send a request to Regional LTC for an Initial Long-Term Care referral	"Notice of Referred Services" letter
Custodial referral expires; patient's stay is uninterrupted	Additional 6 months will be authorized.	Send a request to Regional LTC for a Long-Term Care Extension of services referral	Provider will receive either a "Referred Service" notification if a new referral ID is issued, or "Extension of Service" notification if an existing referral ID is used.
Custodial patient returns from hospital stay after any length**	Existing custodial referral is closed. A new custodial referral will be created upon readmission to custodial level if care	Send one request to Regional LTC for both the bed hold and new initial referral upon readmission	Two separate "Notice of Referred Services" letters, one for the bed hold and one for the initial referral
Custodial patient transitions to a skilled level of care	Existing custodial referral is closed. A new custodial referral will be created when patient transitions back to a custodial level of care	Send a request to Regional LTC for a new initial referral upon transition back to a custodial level of care	"Notice of Referred Services" letter
Coverage loss	Existing referral is closed at loss of coverage. New referral may be entered when KP coverage is reinstated	Send a request to Regional LTC for an Initial referral when coverage is reinstated	"Notice of Referred Services" letter
Custodial patient discharges	Existing custodial referral will be closed	Send Discharge Notification to Regional LTC	Updated version of most recent letter
Hospice transitions	Existing custodial referral is closed. A new custodial referral will be created if patient transitions back to a custodial level of care	Send a request to Regional LTC for a new initial referral if patient transitions back to a custodial level of care	"Notice of Referred Services" letter

**all scenarios apply to members with Medi-Cal assigned to KP*
***if a patient is transferred and returned to the SNF on the same day, no new referral is required*

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

OUTSIDE REFERRAL DEPARTMENT (ORD)

- Responsible for coordinating and tracking authorized referrals.
- Authorization is required for payment of covered services.
- Kaiser Permanente will compensate according to the scope and duration of the authorization.
- Authorization/Referral Contact information for:

Service Area	Telephone	Service Area	Telephone
Antelope Valley	(661) 729-7108	Orange County	(714) 564-4150
Baldwin Park	(562) 622-3880	Panorama City	(818) 375-2806
Downey	(562) 622-3880	Riverside	(951) 602-4294
Coachella and Yucca Valley	(951) 602-4294	San Diego	(619) 589-3360
San Bernardino County	(909) 609-3262	South Bay	(310) 816-5324
Kern County	(661) 852-3482	West Los Angeles	(323) 783-4401
Los Angeles	(323) 783-4401	Woodland Hills and West Ventura	(844) 424-1869

- If it's been 15 business days since authorization was requested, provide follow-up with details to ORD and confirm your fax or mailing address.
- If there is a trend of ongoing issues, then call provider support because ORD phone number may have changed or other changes may have occurred.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

KP MEDICAL CENTER LONG-TERM CARE DEPARTMENTS

Medical Center	Telephone	Medical Center	Telephone
Antelope Valley	(661) 428-1306	Orange County	(714) 734-5500
Baldwin Park	(626) 851-7037	Panorama City	(818) 832-7292
Downey	(562) 622-3823	Riverside	(951) 602-4230
Fontana	(909) 609-3500	San Diego	(619) 528-1245
Kern County	(661) 337-7235	South Bay	(424) 251-7875
Los Angeles	(213) 351-4534	West Los Angeles	(323) 857-3606
Ontario	(909) 609-3500	Woodland Hills	(818) 592-2400

- If you have any questions, please contact KP's Regional LTSS Department at (626) 405-5218, Monday through Friday, from 9 a.m. to 5 p.m.
- Email address: LTSS-SNF@kp.org

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

RECOMMENDED BILLING

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

BILLING GUIDELINES

- Provider shall bill the normal, usual, and customary charges for **authorized** services.
  - KP does not encourage providers to bill at the expected reimbursement rate
- Provider should inform our Medi-Cal members, in writing, that Kaiser Permanente may not cover, or continue to cover, the cost of a specific service or services, that may not be covered under their benefits.
- Members **should not be billed** for services that are **pending** payment from Kaiser Permanente.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

COPAYMENTS, CO-INSURANCE, AND DEDUCTIBLES

- Contracted providers are responsible for collecting copayments, coinsurance and deductibles (collectively, “Copays”) in accordance with member benefits unless explicitly stated otherwise in your contract.

- Invoices submitted by providers who are responsible for collecting copays will be paid at the applicable rate(s) under your contract less the applicable copay amount due from the Member.

- You must not waive copays you are required to collect, except as expressly permitted under applicable law and your contract.

- Please verify applicable copays at the time of service. You may do this via Kaiser Permanente Online Affiliate (see page 30 on how to enroll) or by contacting Member Services at (888) 576-6789.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

CLAIM SUBMISSION AND INQUIRIES

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Claim Submission

Providers must submit itemized claims for covered services on an appropriate billing form, as follows:

- **Timely Claim Submission:**
  - Claims must be submitted with reasonably relevant supporting information required **within 90 calendar days after the date of service**, or as noted in your contract
- **Claim Submission Method**
  - **Electronic Data Interchange (EDI):**
    - We urge you to submit claims electronically utilizing EDI, following all HIPAA standards and appropriate coding and regulatory requirements. Please see appendix for EDI information.
  - **Paper Claim Submission:**
    - If a paper claim must be submitted, institutional charges must be submitted on a form UB-04 (or successor form)
    - Entries must be completed in accordance with National Uniform Billing Committee (NUBC) directions and contain all mandatory entries
- **KP Authorization Number is Required**
  - The KP authorization number is required in box 63 of the paper UB claim, or the Ref*9F segment of Loop 2300 on the 8371 EDI Claims. This is the referral number given by the Utilization Management department.
- **Supporting Documentation:**
  - You can submit supporting information required for the payment of your claim proactively (i.e.: invoice or requested records) and/or respond to a Request for Information (RFI) through the Online Affiliate Link self-service tool, see appendix for more information

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

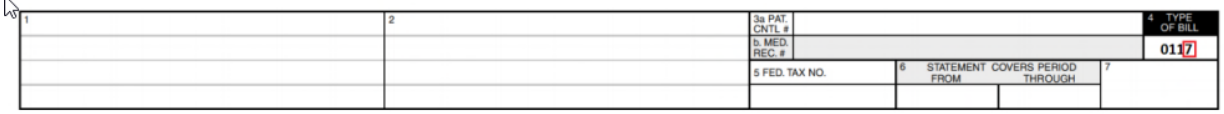
Claim Submission

Billing the correct KP entity:

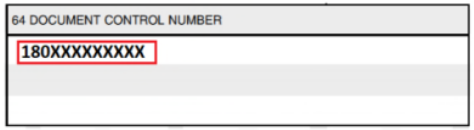
- It is important to bill the Kaiser Permanente entity associated with the member receiving services
  - For example, if the member is self-funded, bill the Kaiser Permanente self-funded entity for payment
- Kaiser Permanente membership cards include claim submission details on the back of the card for reference
- Claims submitted to the wrong Kaiser Permanente entity are not processed and must be resubmitted to the correct entity

Corrected and Replacement Claims:

- 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:
  - Frequency code 7 in box 4 (Type of Bill)



  - Original claim number (claim you are replacing) in box 64 (Document Control Number)



- If you submit a correction or changes to a claim without indicating both the appropriate frequency code **and** original claim number, the claim will either reject or deny as duplicate to the original claim

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

LTSS Claim Submission

- For LTSS claims, Kaiser Permanente requires the following value codes to ensure timely and accurate processing:

Share of Cost	Accommodation Code	Units
• Value code 23 indicates the members 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 blank	• Value code 24 represents the accommodation code and should always be included in box 40	• Value code 80 represents the # of units billed, and should always be included in box 41

39 Value Codes	
Code	Amount
23	730.00

40 Value Codes	
Code	Amount
24	0.01

41 Value Codes	
Code	Amount
80	5.00

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

LTSS COMMON PROVIDER ISSUES

Category	Issue	Resolution
Rx Exclusions	Billed with Rev 250 instead of 636	Provider to be rebill with Rev 636
Rx Exclusions	Invoice required for payment, but no Invoice Submitted	Provider to submit copy of invoice through online portal
Corrected/ Replacement claim	Incorrect frequency code. Denied as duplicate.	Provider to send with bill type '217'
Corrected/ Replacement claim	No reference to original KP claim number	Provider to send original KP claim number in box 63.
Share of Cost Required	Share of Cost (SOC) not included in box 39 per LTSS requirements (claim denied as Medicare Primary)	Provider to send SOC in box 39, even if $0. Provider to file a dispute.
Authorizations	Not matching – additional dates/services may have been added to authorization	Provider to verify and update authorization from KP when appropriate so dates/services match the claim.

For LTSS specific Claims FAQs please click **here** to access:

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Process for EDI Claim Submissions

Submit Claims Electronically!

- **Reduce Costs**: Eliminate expenses associated with paper claim submission: Paper Claim Forms, Ink, Envelopes & Postage.
- **Save Time**: Receive verification of Claim Receipt within 48 hours of submission. Submit claims and check claims status online 24/7 by using Kaiser Permanente Online Affiliate (see page 30 on how to enroll)

Check member's ID card for Payer ID, if no Payer ID use the Regional Clearinghouse information below:

Clearinghouse	Northern CA	Southern CA	Hawaii	Georgia	Northwest	Mid-Atlantic	Colorado
ChangeHealthcare (CHC) www.changehealthcare.com	94135	94134	94123	21313	93079	52095	91617
OptimumInsight/Ingenix www.optum.com/solutions/provider	N/A	N/A	N/A	NG010**	NG009**	NG008**	COKSR
Navicure www.waystar.com/	N/A	N/A	N/A	21313	N/A	N/A	N/A
Office Ally https://cms.officeally.com	94135	94134	94123	21313	NW002	52095	91617
Availity (formerly REALMED) www.availity.com	N/A	N/A	N/A	N/A	N/A	54294	N/A
Relay Health www.changehealthcare.com/	RH009	94134	RH0011	RH008	RH002	RH010	RH003
SSI http://thessigroup.com	NKAISERCA	SKAISERCA	N/A	21313	SS002	N/A	999990273

**Providers may send EDI through one of Kaiser's direct clearinghouses; or any clearinghouse that can reroute through a Kaiser direct clearinghouse.

Go Paperless!

Questions: EDISupport@kp.org

If you are pending EDI set up, submit claims via **PAPER** to Kaiser Permanente for payment:

Kaiser Permanente Claims Administration Department
Post Office Box 7004
Downey, CA 90242-7004

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

Claim Status and Determinations

Claim Payment timeframe:

- Payment for covered services shall be made within 45 working days of the date of receipt by Kaiser Permanente of all necessary documents

Claim Status/Inquiries:

- Claim status can be obtained 24/7 by utilizing our provider KP Online Affiliate Link self-service tool
  - To register for access to KP Online Affiliate Link, visit: kp.org/providers/scal
  - Registering for the Online Affiliate portal allows you to check member benefits, eligibility, submit claim inquires and provider disputes
  - For questions, submit an Online Affiliate Support Case via: https://onlineaffiliatesupport.force.com/support/s/
- You can also check your claim status as a guest user without registering for KP Online Affiliate Link
  - Navigate to kp.org/providers/scal, select Online Provider Tools and locate the Claims Guest Access portal
- If you are unable to resolve your questions through KP Online Affiliate Link, call the Member Services Contact Center (MSCC) at (800) 390-3510

See Appendix for the KP Online Affiliate Link Fact Sheet and Online Affiliate Link Quick Reference Guide

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

Electronic Fund Transfers (EFT) & Electronic Remittance Advice (ERA)

Providers seeking to register or manage account changes for EFT and ERA will need to use the **City Payment Exchange** Enrollment tool. Visit the Community Provider Portal Website information on how to register or manage your account.

https://healthy.kaiserpermanente.org/southern-california/community-providers/claims

This secure electronic tool will:

- Eliminate the need for paper registration
- Reduce time and costs
- Allow you to register with multiple payers at one time!

For more information, please contact the **National Claims Administration-Provider Data Management and Contracting** Team:
Email: EDISupport@kp.org

Or visit your **Community Provider Portal (CPP) website** for additional information: kp.org/providers/scal

Provider Self-Service Tools

As a Kaiser Permanente contracted provider, you're eligible to access **Online Affiliate** to view your patients'…

- Claim details and status
- Benefits and Eligibility
- Referrals
- Explanation of Payments (EOPs)

Register today by following the steps outlined on the Southern California (SCAL) Community Provider Portal (CPP) site: **providers.kp.org/scal**

For questions or additional information, please contact the **KP Online Affiliate Support** Team:

Web Form: https://onlineaffiliatesupport.force.com/support/s/

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Refunds to KP

If you have identified an overpayment (including Share of Cost), please forward your refund to:

Kaiser Permanente
Attention: Regional Claims Recovery
PO Box 741639
Los Angeles, CA 90074-1639

Please include the following information with your refund:

- Provider Name
- Provider Tax Identification Number
- Member Name
- KP Medical Record Number
- Kaiser Claim Number
- Dates of Service
- Copy of each applicable remittance advice
- Refund Reason, e.g., Member Share of Cost
- Authorization number(s) for all applicable non-emergency

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

PROVIDER DISPUTES

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Provider Disputes

Types of Disputes

- **Claims disputes**:
  - Challenging, appealing, or requesting reconsideration of a claim (or bundled group of claims) that has been denied or paid incorrectly (e.g.denied for timely filing, pharmacy exclusions, etc.)
- **Responding to requests for overpayment reimbursement:**
  - Disputing a request by Kaiser Permanente of reimbursement by provider of overpayment of a claim.
- **Billing determinations disputes:**
  - Seeking resolution of a billing determination (or bundled group of billing determinations) by Kaiser Permanente.
- **Other contract disputes**:
  - Seeking resolution of a contract dispute.

Provider Dispute Requests

- **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 (detailed description of your dispute and expected payment or reimbursement)
  - Documentation to support your dispute

Time Period for Submitting Disputes

- Disputes must be received within 365 calendar days from the date the claim was finalized (pay or denied).

You may now submit your claim disputes and appeals online via Online Affiliate. With online submissions, you will receive an electronic acknowledgement and resolution letter to your Online Affiliate in-basket. Visit the Community Provider Portal website to sign up and start using Online Affiliate today – providers.kp.org/scal

If you are pending access to KP Online Affiliate, you may submit your disputes in writing to:

Kaiser Permanente Claims Administration Department
P.O. Box 7006
Downey, CA 90242-7006

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Timely Filing Denials

In the event that you receive a denial for untimely submission, you must:

1. Submit Provider Dispute Request.
2. Attach the appropriate proof as outlined below.

Proof of timely filing:
1) A copy of the billing system with proof of when claim was mailed, and Kaiser Permanente is listed as the payor with a date prior to timely filing cutoff.
2) Clearinghouse report of acceptance from Kaiser Permanente with a date prior to the timely filing cutoff (EDI submissions).
3) A claim may be denied if the request for additional information (RFI) is not received prior to timely filing cutoff.
4) Date claim denial letter. EOB or EOMB from Kaiser Permanente with date prior to timely filing cutoff.
5) Denial letter from other insurance carrier dated and printed on letterhead with date prior to timely filing cutoff.
6) Dated EOB from another insurance company matching claim in dispute with a date prior to timely filing cutoff.
7) Proof of mailing: certified mail receipt, Fed express receipt, Express mail receipt, or other mail service receipt that shows both the date mailed and the address of the receipt with a date prior to the timely filing cutoff. Reference contents on original receipt and include copies of documents submitted within packet.
8) Proof of hand delivery with the date delivered.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

KAISER PERMANENTE®

ADDITIONAL INFORMATION

- Kaiser Permanente Medi-Cal Plan
- Eligibility and Benefits
- Language Assistance Program
- Long Term Care Pharmacy
- Community-Base Adult Services
- Hospice
- Medi-Cal Non-Medical Transportation

Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE MEDI-CAL PLAN

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (07-22)

KAISER PERMANENTE®

KAISER PERMANENTE MEDI-CAL LONG TERM CARE RESPONSIBILITY BY COUNTY

KP manages and is responsible for paying LTC in four Coordinated Care Initiative (CCI) Counties – Los Angeles, San Diego, Riverside, and San Bernardino. In Kern, members are disenrolled to FFS. In Ventura and Orange Counties the plan partner is responsible.

SCAL County	Service Area	Local Plan Partner
Los Angeles – KP Manages LTC*	Antelope Valley, Baldwin Park, Downey, Los Angeles, Panorama City, South Bay, West Los Angeles, Woodland Hills	LA Care
San Diego – KP Manages LTC*	San Diego	*Geographic Managed Care (GMC)
Riverside & San Bernardino – KP Manages LTC*	Riverside & Fontana	Inland Empire Health Plan (IEHP)
Orange (COHS) – Cal Optima Manages LTC	Orange	Cal Optima
West Ventura (COHS) – Gold Coast Manages LTC	Woodland Hills	Gold Coast Health Plan
Kern is not a CCI County. Members disenroll from Managed Medi-CAL to Medi-CAL FFS		

*COHS=County Organized Health System

***Notes**:*

- *KP holds a direct contract for Medi-Cal in San Diego. In all other counties, we are a delegated plan partner.*
- Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) - KP pays for month of admission plus one month, member disenrolled to FFS, all counties.
- *Members 21YO+ are managed by KP, members <21 are disenrolled to FFS.
- **KP is NOT a part of Cal MediConnect.**

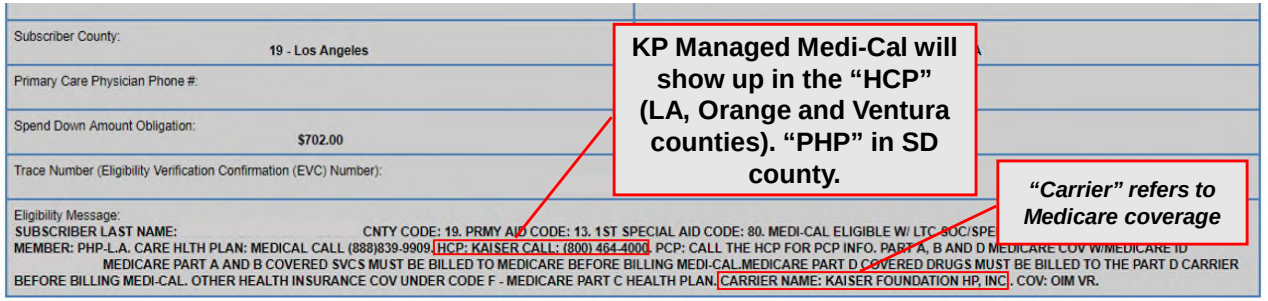
 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22

KAISER PERMANENTE®

MEDI-CAL ASSIGNED TO KAISER PERMANENTE

Checking eligibility:

- Medi-Cal website: assignment will show as the HCP (for Los Angeles, Ventura and Orange Counties) or as the PHP in San Diego.



- IEHP website: assignment will show as PCP for Riverside and San Bernardino counties

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

MEDI-CAL ELIGIBILITY AND BENEFITS

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Medi-Cal Eligibility and Benefits

- We encourage you to verify and confirm Member eligibility and benefits **prior** to services being rendered.
- Also verify at the beginning of the month, if continuing care from the previous month.

KP Online Affiliate

You can verify patient eligibility and benefits 24 hours a day 7 days a week via Online Affiliate (see page 30 on how to enroll)

TELEPHONE SYSTEM

Member Services Call Center - Provider Call Flow - 1-888-576-6789 *(toll free)*
You will be asked to provider either the Member Record Number (MRN) or the last four digits of the Social Security Number (SSN), the complete date of birth (month/day/year) and the Member's zip code to obtain:

- Eligibility
- Benefits
- Claims
- Deductible Status

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Provider Contact Information

Contact information	Type of Help or Information from this Department
Member Service Call Center Information is available: 24 hours a day, 7 days a week (888) 576-6789	• Copayments/Deductibles
Provider Self-Service tools 24 hours a day, 7 days a week Online Affiliate or Guest Access Feature kp.org/providers/scal	• Eligibility and Demographics • Copayment/Deductibles • Claims Status and Payment Details • Online Submission of Claim Inquiries, Disputes, Appeals and respond to Kaiser Request for Information

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

LANGUAGE ASSISTANCE PROGRAM

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Language Assistance – California Law

California Law Knox Keene Act: **§1300.67.04.** **"Language Assistance Programs"** **(formerly, SB-853)**	Effective January 1, 2009, Kaiser Foundation Health Plan, Inc. (or "Kaiser Permanente" or "KP") and its contracted providers are required to comply with the Language Assistance Program ("LAP") regulations for health plan enrollees who are Limited English Proficient ("LEP"), including enrollees who require sign language services. The California legislature in 2003 amended the Knox-Keene Health Care Services Plan Act of 1975 ("Knox-Keene Act") by enacting Senate Bill 853, which mandates that all California health plans provide language translation and interpretation services to their LEP enrollees. This legislation was deemed necessary to address the significant and growing language barriers encountered in the health care system by limited English proficient enrollees, defined as "enrollee[s] who [have] an inability or limited ability to speak, read, write, or understand the English language at a level that permits that individual to interact effectively with health care providers or plan employees."

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Language Assistance – Phone and Sign

Our expectation is that you will provide interpreter services in-person using your own qualified bilingual staff if you have them. If you do not have qualified staff, utilize KP Language Assistance.

When accessing KP Language Assistance, contracted providers must have the following data elements* available before placing the call:

- KP Client ID number
- KP referral or authorization number
- Enrollee's KP Medical Record Number

** This information will be provided to you on the document shown to the right. This document is normally the last page of the referral packet.*

KAISER PERMANENTE®

Interpreter Instructions and Documentation Form for Non-Kaiser Permanente (KP) Providers

In compliance with the Department of Managed Health Care (DMHC) Language Assistance Regulations under California Senate Bill 853 (SB 853)* this communication serves as notification that the referred Kaiser Permanente member is limited English language proficient (LEP) and will require interpreter services when receiving medical care at your facility. You must offer and document the use/refusal of interpretation services for this KP member.

If qualified bilingual staff are not available at your facility to provide interpreter services or you need American Sign Language support for the referred Kaiser Permanente member, you may obtain these language assistance services as follows:

Telephone Interpreter

- Call this telephone number to obtain interpreter services: **1-855-701-8100**;
- Provide this Kaiser Permanente **client identification number**;
- Enter the patient's **language of services** needed for interpretation;
- Enrollee's KP **Medical Record Number (MRN)**;
- Enter the **Referral Authorization Number** found on the "Notice of Authorization of Services";

Sign Language interpreter services (in-person interpreter)

- In-person interpreter requires a minimum of 24 hours lead time for scheduling.
- Interpreters are available 24 hours per day, 7 days a week.
- Call Interpreters Unlimited's telephone number, **1-800-726-9891**, press 3, then 1, 24 hours per day, 7 days a week.
- Multiple dates of an in-person interpreter service can be arranged with one call.
- Provide the following data elements to schedule:
  - Provide this Kaiser Permanente **client identification number**;
  - Enrollee's KP **Medical Record Number (MRN)**;
  - Enter the **Referral Authorization Number** found on the "Notice of Authorization of Services";
  - Date(s) of **enrollee's appointment(s)**;
  - Time and **duration** of each appointment;
  - Specific **address** and location of appointment(s);
  - Any access or **security measures** the interpreter will need to know to gain entry to the place of service.
- When the interpreter arrives at the appointment, the interpreter will request your staff to sign a Verification of Service form. Please sign and complete this form to confirm services were rendered in order to facilitate KP payment.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Language Assistance – Phone and Sign

PHONE

- We have contracted with United Language Group, with the capability to provide telephonic interpreter services in 200 different languages.
- Phone interpreter services are available 24 hours a day, 7 days a week. United Language Group: 1-855-701-8100. This phone number is dedicated to the interpreter needs of KFHP enrollees.

SIGN LANGUAGE

- KP has contracted the services of Interpreters Unlimited, with the capability to provide in-person interpreter services for enrollees requiring Sign Language (SL)
- Two week's advance notification of need for a Sign Language interpreter is recommended to help ensure an interpreter is available.
- Interpreters Unlimited: 1-844-855-0249, 24 hours a day, 7 days a week.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

LONG-TERM CARE PHARMACY

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

LONG TERM CARE (LTC) PHARMACY BACKGROUND

- In 2014, DHCS implemented the Care Coordination Initiative (CCI) which means many members in LTC are no longer disenrolled from Medi-Cal Managed Care into Fee For Service. They continue to be assigned to KP for their Medi-Cal benefit which includes medications.
    - CCI shifted the responsibility for LTC from Medi-Cal Fee for Service to Medi-Cal managed care plans and eliminated the need for disenrollment of those 21 years old and over in LTC in the SCAL CCI counties [Los Angeles, Riverside, San Bernardino, and San Diego].
    - Requires mandatory assignment of Medi-Cal to managed care for those dually eligible for Medicare and Medi-Cal.
- KP Medi-Cal only and partial dual managed care members in LTC may have their medications provided through the nursing facility pharmacy in their nursing facility. Includes select over the counter (OTC) medications when ordered by prescription.
- What does not change: KP Medi-Cal managed care members in LTC who are also eligible for Medicare Part D have access to their Medicare covered medications in their nursing facility through their Part D LTC pharmacy benefit.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

KP MEDI-CAL ONLY MEMBERS CAN OBTAIN MEDICATIONS THROUGH THE NURSING FACILITY PHARMACY

In the Los Angeles,Orange,Riverside San Bernardino and San Diego counties the Nursing Facility Pharmacy can obtain new or refill medication for members with Medi-Cal only or Partial Duals without Medicare Part D.

The PBM now receives member information on eligibility file and allows nursing facility's pharmacy to fill the prescription.

In collaboration with KP Pharmacy and MedImpact a process has been developed using MedImpact:

- **Members may obtain medications from their LTC facility's pharmacy**
- A network of pharmacies attached to LTC facilities can be associated to KP Medi-Cal members
- Medi-Cal members are identified using enrollment units (EU) from KP's membership system
- KP sends an automated file to MedImpact each month to allow the identified members to access the identified pharmacies

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

SNF MEMBER PHARMACY NEEDS

How to obtain member prescriptions by type of coverage

<table>
<tr><th>Member Coverage</th><th>LTC with KP (LA, OC, Riv, SB, SD, Vta)</th><th>LTC in FFS (member disenrolled – Kern, Member <21 YO in LA, Riv, SB, SD)</th></tr>
<tr><td>KP Full Dual (KP Medicare) Eligible and any Medi-Cal</td><td colspan="2" rowspan="2">Medications are covered by Medicare Part D – Catamaran</td></tr>
<tr><td>PARTIAL Dual Eligible with KP Part D and any Medi-Cal</td></tr>
<tr><td>KP Medi-Cal Only and Partial Dual Eligible without Part D</td><td rowspan="2">MedImpact: LTC Pharmacy processes order or refill and submit claim to MedImpact. MedImpact approves and provides to the Member via Pharmacy in facility</td><td>Meds covered by Medi-Cal FFS</td></tr>
<tr><td>KP Medi-Cal only</td><td></td></tr>
</table>

To set up with MedImpact: (800) 788-2949

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

COMMUNITY-BASED ADULT SERVICES (CBAS)

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

NEW REQUEST FOR CBAS SERVICES

1. CBAS provider completes Benefit Inquiry Form with health and physical attached and TB clearance and submits to KP Complex Case Management (CCM) via fax at (877) 515-6591
2. CCM reviews inquiry and applies pre-screen eligibility and criteria:
   - Medi-Cal eligible and assigned to KP
   - 18 years or older
3. If *not eligible*, CCM sends to the member and requestor notification of ineligible status
4. If *eligible*, KP sends acknowledgment letter to outside requester within *5 business days* from receipt of inquiry
5. KP schedules the Face-to-Face assessment within *5 business days* from receipt of Inquiry and completes the DHCS-approved CBAS eligibility determination tool (CEDT). If possible, KP will complete the DHCS-approved CBAS eligibility determination tool (CEDT) through a Kaiser Permanente medical record chart review and if needed a phone call with member/member's caregiver
6. Two additional attempts are made via the telephone to schedule Face-to-face assessment *between 5 and 8 business days* of receipt of request
7. KP mails letter to member to inform that she/he has until the 14th day from receipt of inquiry to schedule the Face-to-Face assessment
8. If KP member does not schedule the Face-to-Face within the 14 days of receipt of inquiry, KP sends a letter to both the member and the requestor stating that if services are still needed a new inquiry needs to be submitted to start the process again

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

NEW REQUEST FOR CBAS SERVICES (cont.)

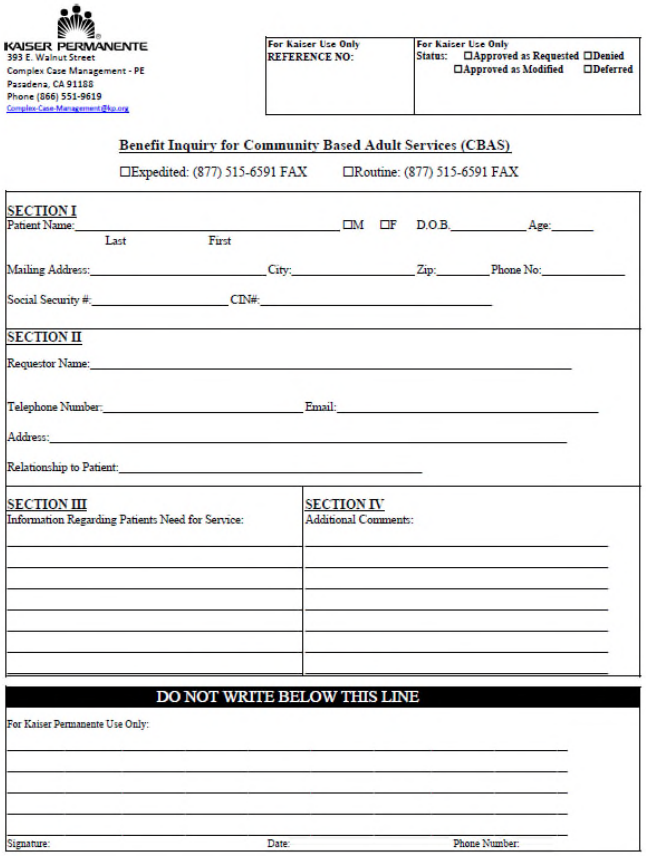
9. The face-to-face must be completed using CEDT tool within 30 days from initial inquiry
10. Approval or denial of eligibility for CBAS to conduct 3-day Comprehensive Multidisciplinary Evaluation will be faxed to the CBAS provider within 1 business day of decision; the authorization is valid for 3 months
    - **HCPCS Code for 3-day assessment: H2000**
11. CBAS provider must conduct the 3-day evaluation within 3 months of receipt of the approved authorization to develop the Individual Plan of Care (IPC); once completed, the CBAS provider sends in a prior authorization request, including the IPC with level of service recommendations and duration of services
    - **HCPCS Code for CBAS Services: S5102**
12. KP will authorize, modify, or deny prior authorization *within 5 business days.* If approved this authorization is valid for 6 months
13. KP will notify the CBAS provider *within 24 hours*, and the member *within 48 hours, via phone call, of the decision*
14. The written notification of the authorization, modification, or denial will go to the member, the CBAS provider and the requesting provider
15. If unable to make a decision within 5 business days, a 14-day delay letter will be sent to the member and CBAS provider
16. CBAS provider must reassess member and re-submit the new IPC before the expiration of the current authorization
17. When a member is discharged from services, the CBAS provider should fax a discharge summary to KP Permanente CCM at (877) 515-6591
18. Member has the right to choose a CBAS center

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

KAISER PERMANENTE CBAS FORMS

Benefit Inquiry Form



KAISER PERMANENTE
393 E. Walnut Street
Complex Case Management - PE
Pasadena, CA 91188
Phone (866) 551-9619
Complex-Case-Management@kp.org

For Kaiser Use Only REFERENCE NO:	For Kaiser Use Only Status: ☐Approved as Requested ☐Denied ☐Approved as Modified ☐Deferred

Benefit Inquiry for Community Based Adult Services (CBAS)

☐Expedited: (877) 515-6591 FAX ☐Routine: (877) 515-6591 FAX

SECTION I

Patient Name:_____ ☐M ☐F D.O.B._____ Age:_____
Last First

Mailing Address:_____ City:_____ Zip:_____ Phone No:_____

Social Security #:_____ CIN#:_____

SECTION II

Requestor Name:_____

Telephone Number:_____ Email:_____

Address:_____

Relationship to Patient:_____

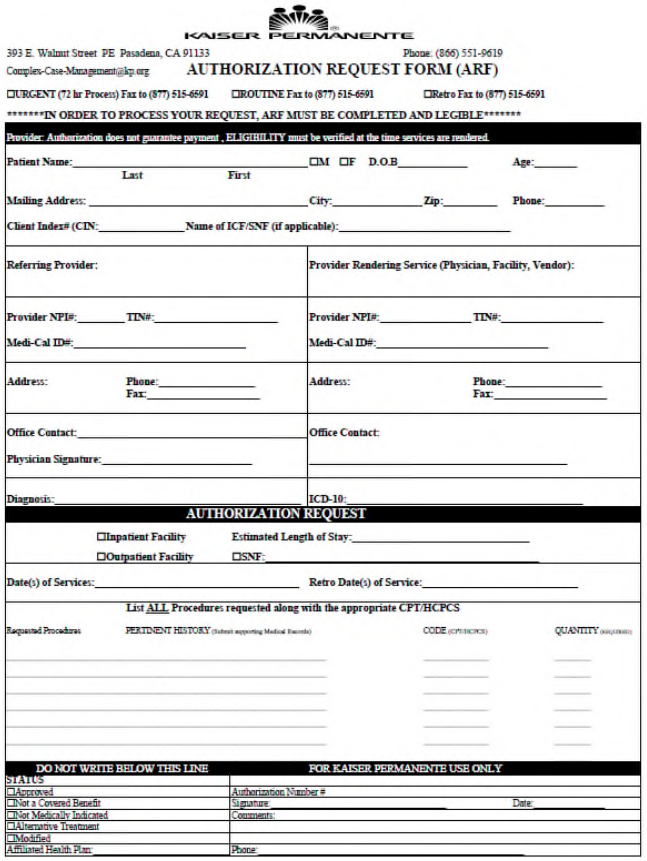
SECTION III Information Regarding Patients Need for Service:	SECTION IV Additional Comments:

DO NOT WRITE BELOW THIS LINE

For Kaiser Permanente Use Only:

Signature: Date: Phone Number:

Authorization Request Form



KAISER PERMANENTE
393 E. Walnut Street PE Pasadena, CA 91133 Phone: (866) 551-9619
Complex-Case-Management@kp.org

AUTHORIZATION REQUEST FORM (ARF)

☐URGENT (72 hr Process) Fax to (877) 515-6591 ☐ROUTINE Fax to (877) 515-6591 ☐Retro Fax to (877) 515-6591

*******IN ORDER TO PROCESS YOUR REQUEST, ARF MUST BE COMPLETED AND LEGIBLE*******

Provider: Authorization does not guarantee payment . ELIGIBILITY must be verified at the time services are rendered.

Patient Name:_____ ☐M ☐F D.O.B_____ Age:_____
Last First

Mailing Address: _____ City:_____ Zip:_____ Phone:_____

Client Index# (CIN:_____ Name of ICF/SNF (if applicable):_____

Referring Provider:	Provider Rendering Service (Physician, Facility, Vendor):
Provider NPI#:_____ TIN#:_____ Medi-Cal ID#:_____	Provider NPI#:_____ TIN#:_____ Medi-Cal ID#:_____
Address: Phone:_____ Fax:_____	Address: Phone:_____ Fax:_____
Office Contact:_____ Physician Signature:_____	Office Contact:_____
Diagnosis:_____	ICD-10:_____

AUTHORIZATION REQUEST

☐Inpatient Facility Estimated Length of Stay:_____
☐Outpatient Facility ☐SNF:_____

Date(s) of Services:_____ Retro Date(s) of Service:_____

List ALL Procedures requested along with the appropriate CPT/HCPCS

Requested Procedrus	PERTINENT HISTORY (Submit supporting Medical Records)	CODE (CPT/HCPCS)	QUANTITY (MM/DD/YY)

DO NOT WRITE BELOW THIS LINE	FOR KAISER PERMANENTE USE ONLY
STATUS	
☐Approved	Authorization Number #
☐Not a Covered Benefit	Signature:_____ Date:_____
☐Not Medically Indicated	Comments:
☐Alternative Treatment	
☐Modified	
Affiliated Health Plan:	Phone:_____

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

CBAS FORMS: Additional Information

- CBAS providers may download the following forms directly from the California Department of Aging website:
- https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/Eligibility_and_Service_Authorization/
    - CBAS Eligibility Determination Tool (CEDT)
    - Individual Plan of Care (IPC)

- To request a copy of the authorization, please contact the ORD department in your area (refer to slide 18)
- For additional questions, please contact Kaiser Permanente's CCM department at
- (866) 551-9619 or Complex-Case-Management@kp.org

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

KAISER PERMANENTE MANAGED CARE HOSPICE

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

HOSPICE

- Authorization for hospice services is based on some of the following information:
- A Medical Group physician must order and direct the requests for hospice services
- The Kaiser Permanente Continuing Care staff review referral requests from Medical Group
- The member is a Health Plan member
- The member requires the care in the member's place of residence within the Kaiser Permanente Service Area. Any place that the member is using as a home is considered the member's residence
- The member has a terminal illness that has a prognosis of six months or less, as certified by a hospice physician. In addition, the member understands and is in agreement with hospice philosophy, which is comfort-focused care and no longer seeking curative/aggressive treatment
- The home environment is a safe and appropriate setting to meet the member's needs and provide Hospice Services.
- There is a reasonable expectation that the needs of the member can be met by the provider

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

HOSPICE (Continued

- Medically necessary care must be provided by a registered nurse. The core hospice team includes physician, registered nurse, social worker, clinical chaplain, home care aide, and volunteer.
- The member and caregiver(s) are willing to participate in the plan of care and work toward specific end of life goals.
- Services are provided under Health Plan coverage and benefit guidelines.
- Such Hospice services are authorized for a member only if the services are appropriate for the member's clinical condition. The member must have a terminal illness with a prognosis of six months or less, as certified by a hospice physician.
- Hospice attending physician and Hospice Medical Director develop a plan of care in collaboration with the member, family and Hospice interdisciplinary team.
- Hospice staff coordinates with the Hospice provider and conduct concurrent telephone or on-site review to assess the member's progress toward achieving goals in the plan of care. Ongoing team discussion and collaboration regarding member's progress towards goals is discussed with entire team at least every 14 days during Interdisciplinary Team meetings. In addition, the Hospice attending physician conducts at least one face-to-face visit with the member before each new certification period (every 60 or 90 days depending on certification number)
- Eligibility for Hospice services is ongoing as the member's condition changes. A member will most often stay on Hospice services until death, but in some instances their condition improves to the point they no longer meet criteria. In these instances, the member is discharged from hospice for extended prognosis, and they are often referred to another service along the continuum, such as Palliative Care, Home Health of back to Primary Care

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

LONG TERM CARE MEDI-CAL MEMBERS IN HOSPICE

Hospice room and board in a SNF is a covered Medi-Cal benefit under hospice. The hospice agency pays the SNF directly for Room and Board and is reimbursed from Medi-Cal or the Medi-Cal payor.

Members maintain the choice to select their preferred hospice. We are encouraged by the response of our SNFs in aiding our members to seek this service.

Whenever a Long Term Care member, residing in a SNF, transitions to hospice, the nursing home needs to:

- Obtain a physician order for hospice Service or have the KP MD place the order.
- FAX the physician order to the KP hospice intake.
- Contact the hospice agency to coordinate care and obtain bed payment.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

For Hospice **Medi-Medi** Room and Board, the provider is to submit an invoice and/or UB-04 to Hospice-Medicare-Billing HOSPICE-MEDICARE-BILLING@kp.org

If the coverage is **Commercial** or **Medi-Cal only**, providers are to bill Claims, either electronically via their claims system or by regular mail.

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

KAISER PERMANENTE HOSPICE AGENCIES

Facility	Telephone	Fax
Antelope Valley Hospice	661-729-7250	661-729-7254
Baldwin Park Hospice	626-480-5176	626-480-5112
Metro LA Hospice	213-351-4522	213-351-4515
Orange County Hospice	714-734-5464	714-734-7590
Riverside Hospice	951-358-2655	951-358-2659
San Bernardino Hospice	909-609-3838	909-609-3865
San Diego Hospice	619-641-4100	619-641-4111
South Bay Hospice	877-486-4024	424-251-7719
Tri-Central Hospice	562-622-4300	562-622-3841
Valley Hospice	818-832-7422	818-832-7253

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

MEDI-CAL NON-MEDICAL TRANSPORTATION

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

MEDI-CAL TRANSPORTATION - Includes all the following benefits:

1. **Emergency medical transportation via air or ground** - no authorization required (i.e., 911)
2. **Non-Emergency Ambulance** - Member requires non-Emergency Ambulance transportation, MD authorization is required
3. **Non-Emergent Medical Transportation (NEMT)** – wheelchair or gurney van
   - Member's medical condition does not allow the member to travel by bus, car, taxi, public or private conveyance. Transportation is required for the purpose of obtaining needed medical care.
   - A physician must indicate medical necessity – can be for up to 12 months.
   - Pre-Authorization follows the member.
   - KP provides for member to go to County Mental Health and Substance abuse services (carved out)

4. **Non-Medical Transportation (NMT)** – no special needs
   - Members access by calling Kaiser Permanente Transportation (MTM, Medical Transportation Management is our vendor): 1-844-299-6230
   - Member physically able to travel by car, taxi, bus, etc., and needs transportation
   - Unlimited number of trips
   - KP provides for member to go to any Medi-Cal covered (carved out) service (CCS, dental, County mental health, substance abuse, etc.)

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Appendix

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

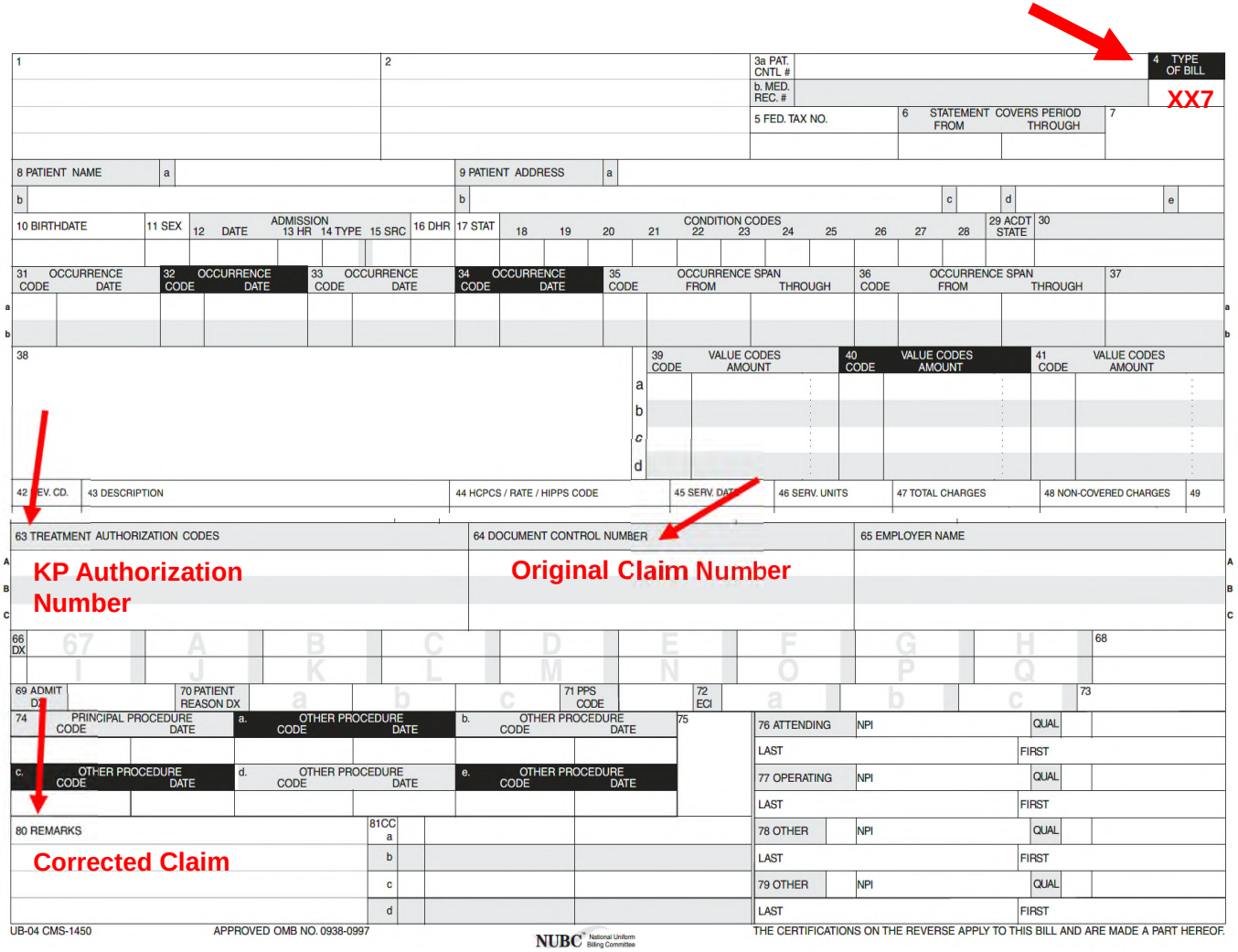
KAISER PERMANENTE®

Corrected Claims

TOB (Box 4) = XX7

Corrected or replacement of prior claim.

- Timeliness rules apply as initial claim (e.g., 90 days or as noted in contract)
- Preference is for the corrected claim to be submitted via EDI
- Use frequency code of 7 to indicate replacement claim
- Original claim number is required in Field 64: Document Control Number.
- EDI Claims: Enter the original claim number in the 2300 Loop, REF*F8, and the Kaiser Permanente original claim number from your EPO/ERA.



 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Kaiser Permanente Online Affiliate and Claims Status Online Fact Sheet

What is Online Affiliate?

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

On the home, locate Online Provider Tools for 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	Online Affiliate Support Webform
Southern California	
Colorado	
Georgia	
Hawaii	
Maryland/Virginia/DC	KP-MAS-OnlineAffiliate@kp.org
Oregon/SW Washington	NW-Provider-Relations@kp.org

 Copyright © 2022 Kaiser Foundation Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

Keep ND&A Informed of Any Changes to the Following:

- Federal Tax Identification Number (TIN)
- Include copy of W-9 form/Copy of Letterhead Effective date of change
- National Provider Number (NPI)
- Information that may affect billing and payment

Notify ND&A by email at: NDANDA-PROVIDERRELATIONS@KP.ORG

or by US Mail at:

Kaiser Permanente
Network Development and Administration
393 E. Walnut Street – 7th Floor (S/W)
Pasadena, CA 91188-8116
Tel: 1-626-405-3240 Fax: 1-626-405-6774

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

RESOURCES

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

SUMMARY OF IMPORTANT TELEPHONE NUMBERS

Automated Telephone System (eligibility/benefits)
1-888-576-6789 *(toll free)*

Claim Denial Inquiry / Provider Disputes
1-800-390-3510 *(toll free)*

Complex Case Management Department
1-866-551-9619 *(toll free)*

Medical Transportation Management (MTM)
1-844-299-6320 *(toll free)*

Member Services (eligibility/benefits verification/complaints, grievances, inquiries)
1-800-464-4000 *(toll free)*

Provider Relations – Network Development and Administration (Contracting) Department
Tel: 626-405-3240 Fax: 626-405-6774

Regional Long-Term and Post Acute Care Department
Tel: 626-405-5218 Fax: 1-866-473-0344

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.

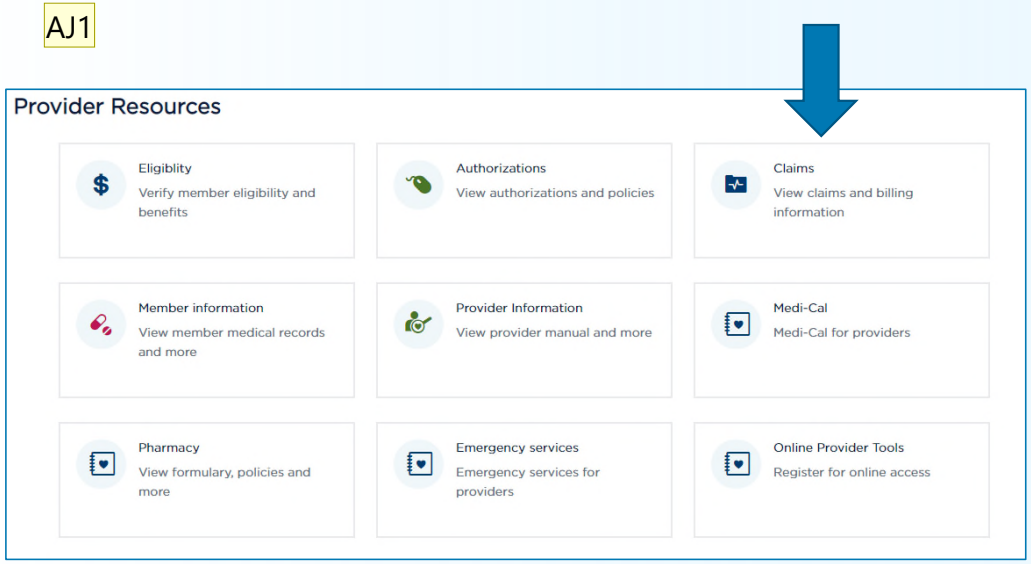
KAISER PERMANENTE®

Claims:

If you need additional information regarding billing or anything else specific for claims, here is the link to the to the SCAL-Kaiser Permanente Community Provider Portal:

CPP Southern California - Claim procedures (kaiserpermanente.org)

AJ1



 Copyright © 2021 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 10-21)

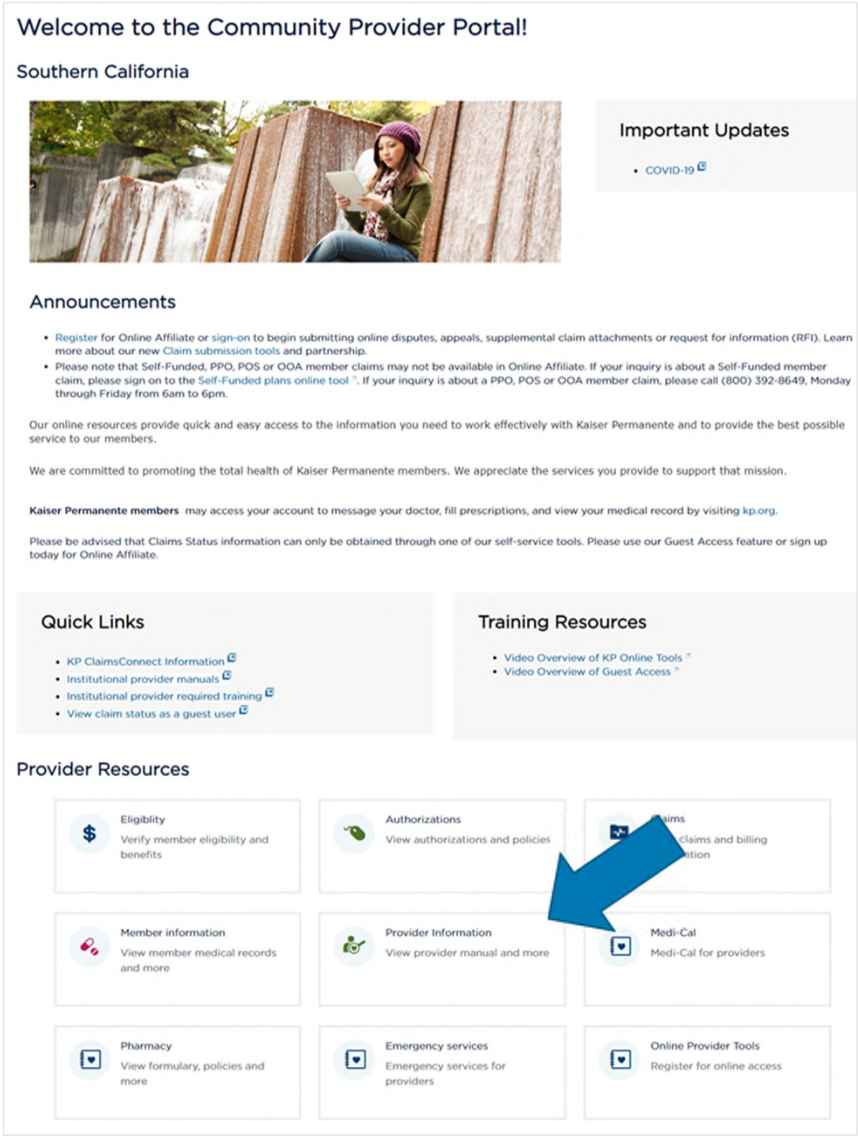
Slide 69

AJ1 Updated screenshots with new CPP site
Alex Juarez, 5/26/2022

ADDITIONAL RESOURCES:

Additional resources and comprehensive presentation can be found in the SCAL-Kaiser Permanente Community Provider Portal:

institutionalmanualkaiserpermanente.org)
https://healthy.kaiserpermanente.org/southern-california/community-providers/provider-info



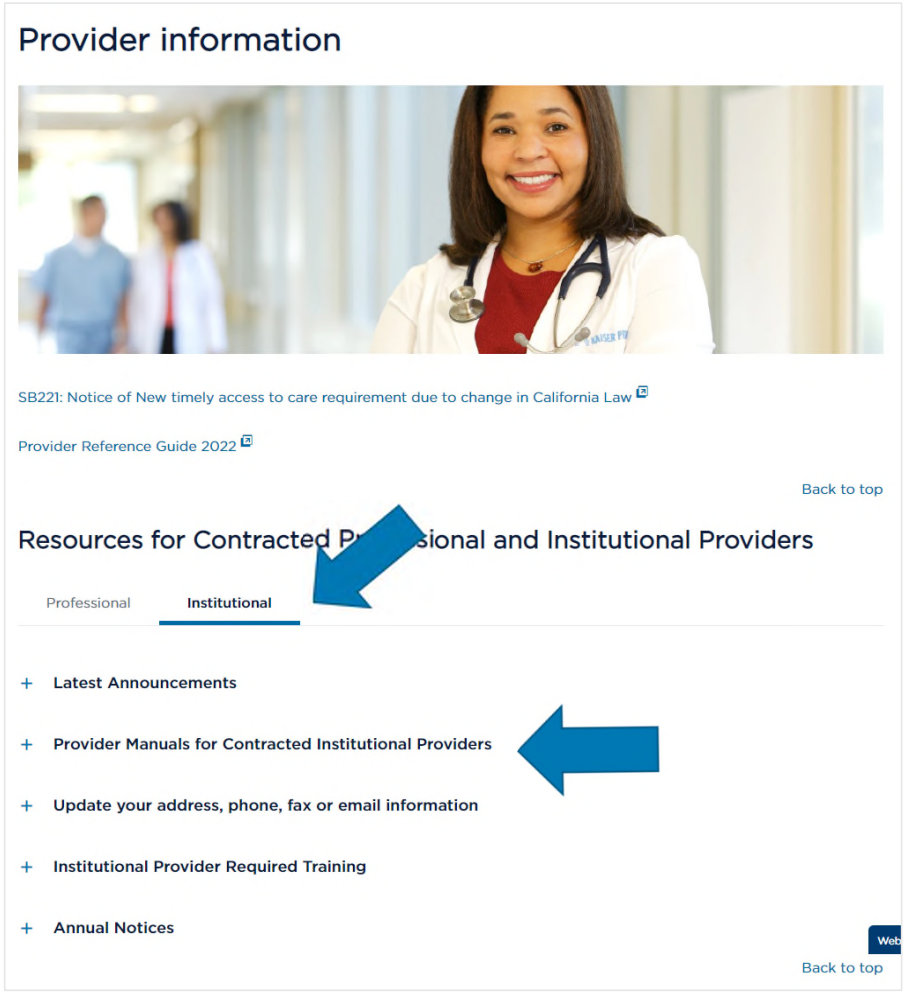
 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

SCAL-Kaiser Permanente Community Provider Portal Navigation

Provider Manuals can be found in the SCAL-Kaiser Permanente Community Provider Portal

institutionalmanualkaiserpermanente.org)
https://healthy.kaiserpermanente.org/southern-california/community-providers/provider-info

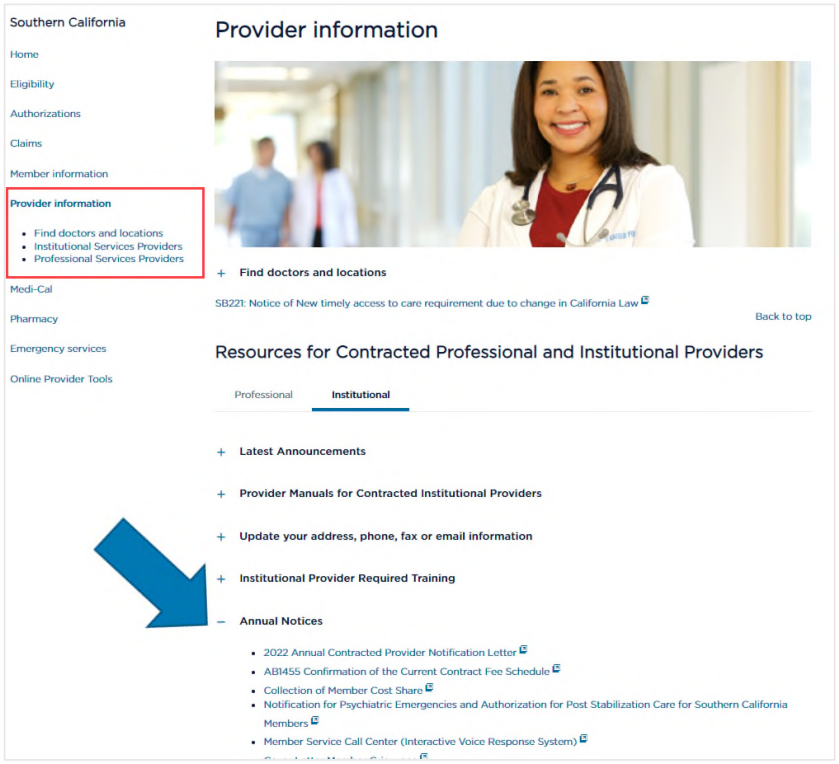


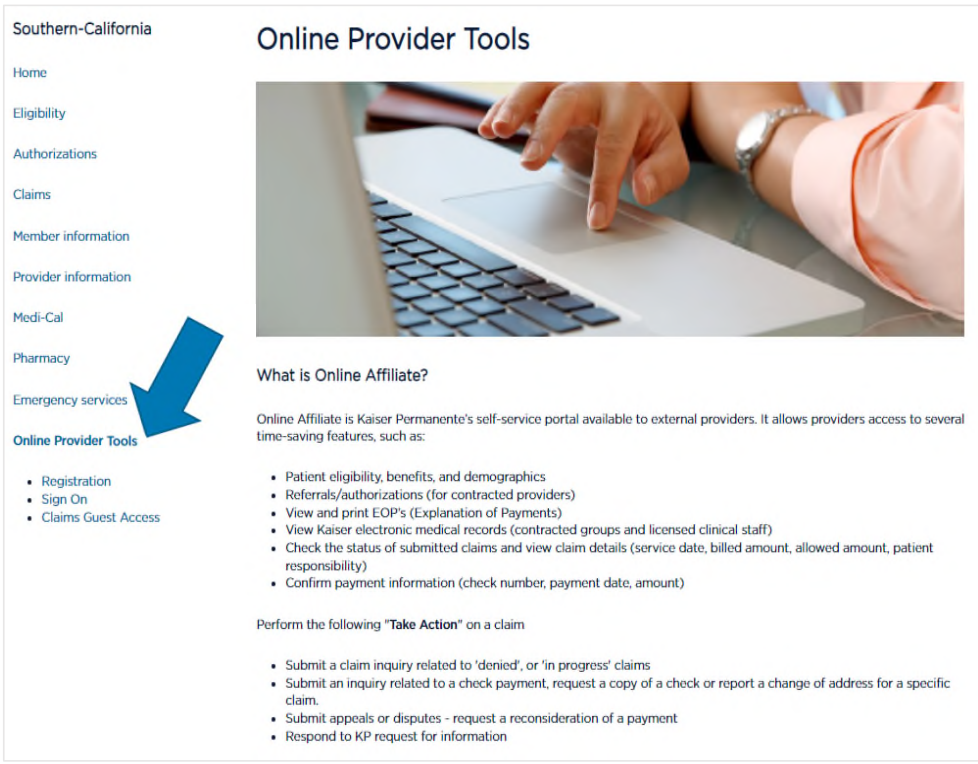
 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

SCAL-Kaiser Permanente Community Provider Portal (CPP) Navigation

Educational materials can be found under Annual Notices and access claims guidelines and register for Online Affiliate Access to claims-benefits-referrals.





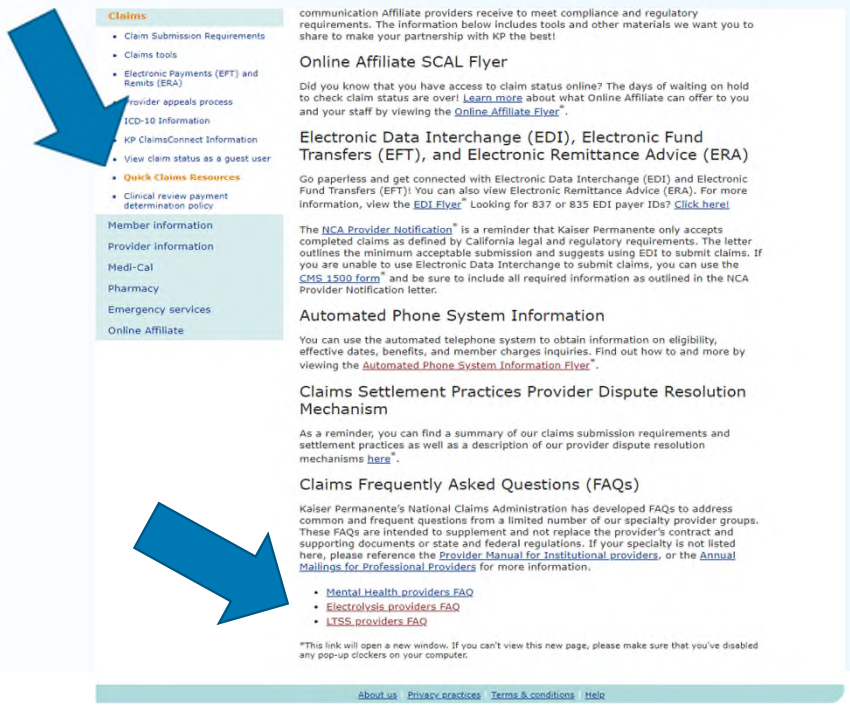
 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

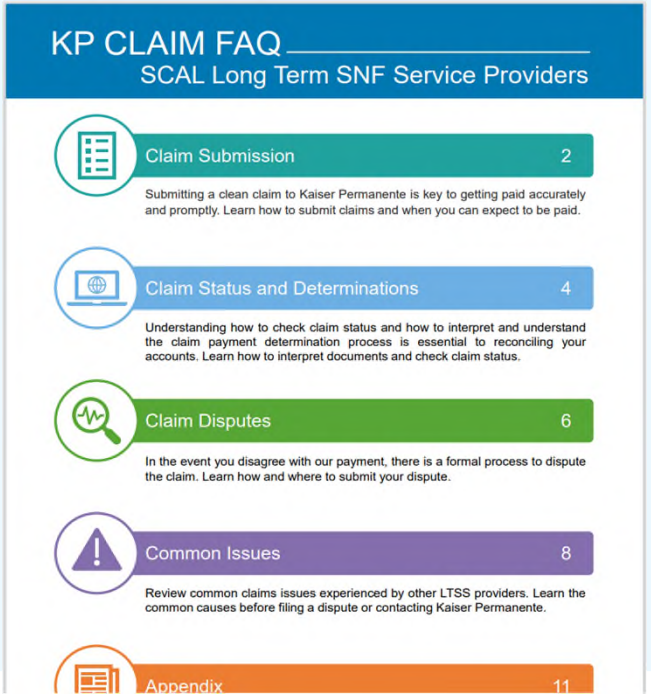
KAISER PERMANENTE®

LTSS PROVIDERS FAQ:

Kaiser Permanente's National Administration has developed Frequently Asked Questions to address common and frequent questions:

PowerPoint Presentation (kaiserpermanente.org)





 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®

THANK YOU!!!

 Copyright © 2022 Kaiser Foundation Health Plan, Inc.
Network Development and Administration (REV. 07-22)

KAISER PERMANENTE®