KP CLAIM FAQ

SCAL Electrolysis Providers

Published 3/4/2021

KAISER PERMANENTE®

Claim Submission

Question	What to Do
How do I submit my claims to Kaiser Permanente?	We encourage you to submit your claims electronically, using EDI for CMS 1500 claim submissions. **See Appendix for EDI flyer.**
What form can be used to bill for services rendered to Kaiser Permanente members?	If a paper claim must be submitted, use only the original red lined CMS 1500 form for professional claims. Photocopies are not acceptable.
How do I know which Kaiser Permanente entity to bill?	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 address/payor ID. **See Appendix for an example Kaiser Permanente membership card in the Provider Reference Guide.**
How do I fill out the CMS 1500 form?	Providers are required to follow Medicare guidelines for completing the CMS 1500 claim form. Please reference your contract, annual communication materials and authorization for appropriate CPT codes. For more information on the form and definitions please refer to the **CMS 1500 Sample Form and Field Definitions.**

Claim Submission

Question	What to Do
How do I submit a corrected/replacement CMS 1500 claim?	When submitting a corrected CMS 1500 form: • Enter code *7* in Box 22 in the *Resubmission Code* section, **and** • Enter the original Kaiser Permanente claim number being replaced in the *Original Ref. No*. section **Note**: If you submit a correction or changes to a claim without indicating **both** the appropriate resubmission code **and** original claim number, the claim will deny as it is duplicate to the original claim.
How long does it take to receive payment?	Please allow up to 45 business days from the date Kaiser Permanente receives the claim.
How long do I have to submit my claims to Kaiser Permanente?	All claims for services provided to Kaiser Permanente members must be submitted within the timely filing period of ninety (90) calendar days (or as specified in your contract or Letter of Agreement) after the date of service. The timely filing period includes the submission of original as well as any subsequent corrected or replacement claims.

Claim Status and Determinations

Question	What to Do
What if my claim is denied for timely filing?	Claims submitted for reconsideration of timely filing denial must be formally disputed with supporting documentation that indicates the claim was initially submitted within the appropriate time frames. Kaiser Permanente accepts system generated reports that indicate the original date of claim submission and acceptance. Please note that handwritten or typed documentation is not acceptable proof of timely filing.
How can I check the status of my claim?	Access claim status 24/7 by using our provider KP Online Affiliate Link self-service tool. • To register for access to KP Online Affiliate Link, visit: http://providers.kaiserpermanente.org • Registering for the Online Affiliate Link portal allows you to check member benefits, eligibility, and submit provider disputes • For questions, email: KP-SCAL-OnlineAffiliate@kp.org You can also check your claim status as a guest user without registering for KP Online Affiliate Link. 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.**

Claim Status and Determinations

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

Claim Disputes

Question	What to Do
When should I dispute a claim?	If you disagree with the outcome of the processing of the claim, file a Provider Dispute. This may include: • **Incorrect Claim Payments** – Denied/Underpaid • **Request for Overpayments** – Overpayment recoupment requested by Kaiser Permanente
What are required key elements for dispute submission?	Provider disputes must contain the following information: • Kaiser Permanente Claim Number • Tax ID Number (TIN) • Medical Record Number (MRN) • Date of Service (DOS) • Dispute Reason (detailed description of your dispute and expected payment or reimbursement) • Documentation to support your dispute.
How long do I have to dispute a claim?	Disputes must be received within 365 calendar days from the date the claim was finalized (paid or denied).
When will I know the outcome of my dispute?	Written disputes are acknowledged within 15 business days and electronic disputes are acknowledged within 3 business days of receipt. Kaiser Permanente makes a determination within 45 business days of receipt of your provider dispute. Provider is notified of the resolution in writing (resolution letter or EOP with payment details).

Claim Disputes

Question	What to Do
Can I submit a provider dispute electronically?	Kaiser Permanente encourages submission of provider disputes electronically through our KP Online Affiliate Link. **See Appendix for a KP Online Affiliate Link Quick Reference Guide** for information on submitting your provider dispute electronically.
Where do I send my written dispute?	**For Southern California, mail to:** Kaiser Foundation Health Plan, Inc. Claims Administration Department P.O. Box 7006 Downey, CA 90242-7006 For all other Kaiser Permanente members, including Self-Funded plans, please refer to the EOP instructions on where and how to send the provider dispute.

Common Issues

Issue	Possible Cause/Next Steps
My payment amount doesn't match the expected reimbursement for my claim.	KP can only reimburse based on the details provided in the claim form. Please validate your original claim submission was complete and accurate. Sometimes, errors are found because the Units Payable were not correctly totaled. If you find that you have made an error, please follow the appropriate process for submitting a corrected/replacement claim detailed in the **Claim Submission** section. Please note corrected/replacement claims must be submitted within the timely filing period. If you found no errors in your claim submission and believe your reimbursement to be incorrect, please submit a provider dispute as detailed in the **Claim Dispute** section.
My claim was denied for exceeding the number of units.	You are only reimbursed for the number of units on the member's authorization. Any units billed in excess of the authorized amount will be denied. If you find that additional services are required beyond what is currently authorized, you are required to request authorization for the additional units prior to rendering services.
I have an authorization from KP, but the member has other insurance in addition to KP.	If you have an authorization from KP, Kaiser should always be considered the primary payor for electrolysis services. Please submit your claims directly to KP as detailed in the **Claim Submission** section.
What CPT and Diagnosis codes should I use when submitting a claim to KP?	Please refer to your authorization for the appropriate CPT and diagnosis codes to use when submitting your claim to KP. Please contact the Referral department if you have any questions or concerns about your authorization.

Common Issues

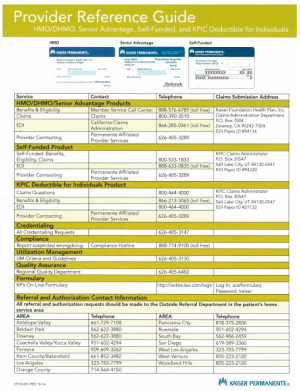
Issue	Possible Cause/Next Steps
I received a request for additional information (RFI) letter from Kaiser and I am unsure of my next steps.	As part of the standard claim review process, additional information may be requested including medical records, notes, or other information supporting your claim for services to the patient. The request for information is time sensitive, and failure to respond timely could impact the processing of your claim. Please refer to the RFI letter for specific requested information and timelines. **See Appendix for a KP Online Affiliate Link Quick Reference Guide** for information on submitting the requested information electronically.
I have recently changed or updated my Tax Identification Number (TIN) or location. What should I do next?	Check that you are billing with the correct Tax ID Number (TIN) that appears in your contract. If you need to update your provider TIN or location information, please contact your contract manager to ensure your contract is updated before submitting claims with new information.
Member liability in the EOP differs from what I was informed pre-service.	Please refer to the member's liability reflected in the EOP as it contains the most current payment information and/or member responsibility. The EOP will reflects the application of the member's most current benefits and therefore may differ from information provided pre-service.

Common Issues

Issue	Possible Cause/Next Steps
I looked in the KP Online Affiliate Link portal and do not see my claim.	If the claim submitted was complete and accepted by Kaiser Permanente, check the status through KP Online Affiliate Link. If you have checked and are unable to locate your claim, consider exploring the following: **Did you send the claim to the correct place?** • Check the electronic payor ID and ensure it is accurate for the Kaiser Permanente entity you are trying to bill. **See the EDI page for a list of Payor IDs.** • If claim was submitted by mail, check the address to ensure it is correct. **Was your claim accepted by Kaiser Permanente?** • Submission of the claim to your clearinghouse does not guarantee the claim will be accepted by Kaiser Permanente. Incomplete claims can be rejected by either your clearinghouse or Kaiser Permanente before entering our system. • If the claim was rejected, you will receive a rejection notification from your clearinghouse. Check with your clearinghouse to ensure the claim was not rejected before it got to Kaiser Permanente. • It is vital that you review the rejection reason and correct the claim for it to be accepted and processed for payment. **Need assistance or having trouble locating claims on the KP Online Affiliate Link?** • Email: KP-SCAL-OnlineAffiliate@kp.org

Appendix

KP Provider Reference Guide and Key Contact information


Provider Reference Guide

HMO/DHMO, Senior Advantage, Self-Funded, and KPIC Deductible for Individuals

Service	Contact	Telephone	Claims Submission Address
HMO/DHMO/Senior Advantage Products			
Benefits & Eligibility	Member Service Call Center	800-464-4000 (toll free)	Kaiser Foundation Health Plan, Inc. Claims Administration Department P.O. Box 7004 Downey, CA 90242-7004 EDI Payor ID #91181
Claims		800-390-3510	
EOI	California Claims Administration	866-265-0361 (toll-free)	
Provider Contracting	Permanente Affiliated Provider Services	626-405-3289	
Self-Funded Product			
Self-Funded: Benefits, Eligibility, Claims		800-533-1833	KPIC Claims Administrator P.O. Box 30547 Salt Lake City, UT 84130-0547 EDI Payor ID #94130
EOI		866-453-0835 (toll-free)	
Provider Contracting	Permanente Affiliated Provider Services	626-405-3289	
KPIC Deductible for Individuals Product			
Claims Questions		800-464-4000	KPIC Claims Administrator P.O. Box 30547 Salt Lake City, UT 84130-0547 EDI Payor ID #27132
Benefits & Eligibility		866-213-3060 (toll free)	
EOI		800-464-4000	
Provider Contracting	Permanente Affiliated Provider Services	626-405-3289	
Credentialing			
All Credentialing Requests		626-405-3142	
Compliance			
Report suspected wrongdoing	Compliance Hotline	888-774-9100 (toll free)	
Utilization Management			
UM Criteria and Guidelines		626-405-3130	
Quality Assurance			
Quality Assurance Department		626-405-6482	
Formulary			
KP's On-Line Formulary		http://pharmacy.kaiserpermanente.org/	Log in: scalformulary Password: kaiser

Referral and Authorization Contact Information

All referral and authorization requests should be made to the Outside Referral Department in the patient's home service area

AREA	Telephone	AREA	Telephone
Antelope Valley	661-729-7108	Panorama City	818-375-2806
Baldwin Park	562-622-3980	Riverside	951-602-4294
Downey	562-622-3980	South Bay	562-986-2459
Coachella Valley/Yucca Valley	951-602-4294	San Diego	619-584-3360
Fontana	909-609-3262	West Los Angeles	323.783.5799
Kern County/Bakersfield	661-852-2482	West Ventura	805-222-2100
Los Angeles	323.783.5799	Woodland Hills	818-223-2120
Orange County	714-564-4150		

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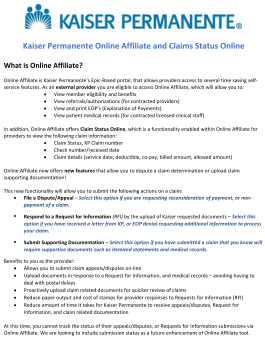
KP Online Affiliate Link Fact Sheet

Information about the tool and contact information for registration.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Kaiser Permanente Online Affiliate and Claims Status Online

What is Online Affiliate?

Online Affiliate is Kaiser Permanente's Epic-based portal, that allows providers access to several time saving self-service features. As an **external provider** you are eligible to access Online Affiliate, which will allow you to:

- View member eligibility and benefits
- View referrals/authorizations (for contracted providers)
- View and print EOP's (Explanation of Payments)
- View patient medical records (for contracted licensed clinical staff)

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

- Claim Status, KP Claim number
- Check number/received date
- Claim details (service date, deductible, co-pay, billed amount, allowed amount)

Online Affiliate now offers **new features** that allow you to dispute a claim determination or upload claim supporting documentation!

This new functionality will allow you to submit the following actions on a claim:

- **File a Dispute/Appeal** – *Select this option if you are requesting reconsideration of payment, or non-payment of a claim.*
- **Respond to a Request for Information (RFI)** by the upload of Kaiser requested documents – *Select this option if you have received a letter from KP, or EOP denial requesting additional information to process your claim.*
- **Submit Supporting Documentation** – *Select this option if you have submitted a claim that you know will require supportive documents such as itemized statements and medical records.*

Benefits to you as the provider:

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

At this time, you cannot track the status of their appeals/disputes, or Requests for information submissions via Online Affiliate. We are looking to include submission status as a future enhancement of Online Affiliate tool.

KP Online Affiliate Link Quick Reference Guide

Sign up or log in to the [Community Provider Portal] to access.


KP Online-Affiliate Quick Reference Guide

What type of information can I access with KP Online Affiliate?

Online-Affiliate enables you to have secure access to the health records of your Kaiser Permanente patients as well as benefit/eligibility, claim status information, online submission of disputes, appeals and other claim supporting documents!

Register for Online Affiliate access:

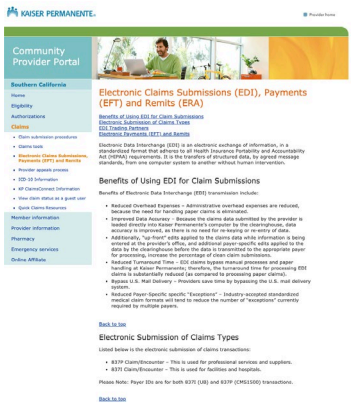
Registration for Online Affiliate takes place online. First, check with your administration to make sure that you are eligible for access, and then proceed to your regional Community Provider Portal (http://providers.kaiserpermanente.org/), where you will find instructions to register for an account under the **Online Affiliate** menu option.

Logging-in to Online Affiliate

Once you have completed the registration process as described in the Registration Guide, you will be emailed a link to the KP Online Affiliate site and you may log in using your national user ID (N1JQ) and the password that you created during the registration process.

From the main page of the Community Provider Portal (CPP) website, you will select the Kaiser Permanente region that your provider group is locate in.

EDI Claim Submission Information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Community Provider Portal

Electronic Claims Submissions (EDI), Payments (EFT) and Remits (ERA)

Benefits of Using EDI for Claim Submissions

Electronic Data Interchange (EDI) is an electronic exchange of information, in a standardized format that adheres to all Health Insurance Portability and Accountability Act (HIPAA) requirements. It is the transfers of structured data, by agreed message standards, from one computer system to another without human intervention.

Benefits of Using EDI for Claim Submissions

Benefits of Electronic Data Interchange (EDI) transmission include:

- Reduced Overhead Expenses – Administrative overhead expenses are reduced, because the need for handling paper claims is eliminated.
- Improved Data Accuracy – Because the claims data submitted by the provider is loaded directly into Kaiser Permanente's claim system by the clearinghouse, data accuracy is improved, as there is no need for re-keying or re-entry of data.
- Additionally, "up-front" edits applied to the claims data while information is being entered at the provider's office, and additional payer-specific edits applied to the data by the clearinghouse before the data is transmitted to the appropriate payer for processing, increase the percentage of clean claim submissions.
- Reduced Turnaround Time – EDI claims bypass manual processes and paper handling at Kaiser Permanente; therefore, the turnaround time for processing EDI claims is substantially reduced (as compared to processing paper claims).
- Bypass U.S. Mail Delivery – Providers save time by bypassing the U.S. mail delivery system.
- Reduced Payer-Specific "Exceptions" – Industry-accepted standardized medical claim formats will tend to reduce the number of "exceptions" currently required by multiple payers.

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Electronic Submission of Claims Types

Listed below is the electronic submission of claims transactions:

- 837P Claim/Encounter – This is used for professional services and suppliers.
- 837I Claim/Encounter – This is used for facilities and hospitals.

Please Note: Payer IDs are for both 837I (UB) and 837P (CMS1500) transactions.

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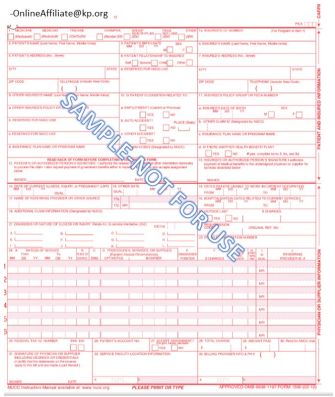
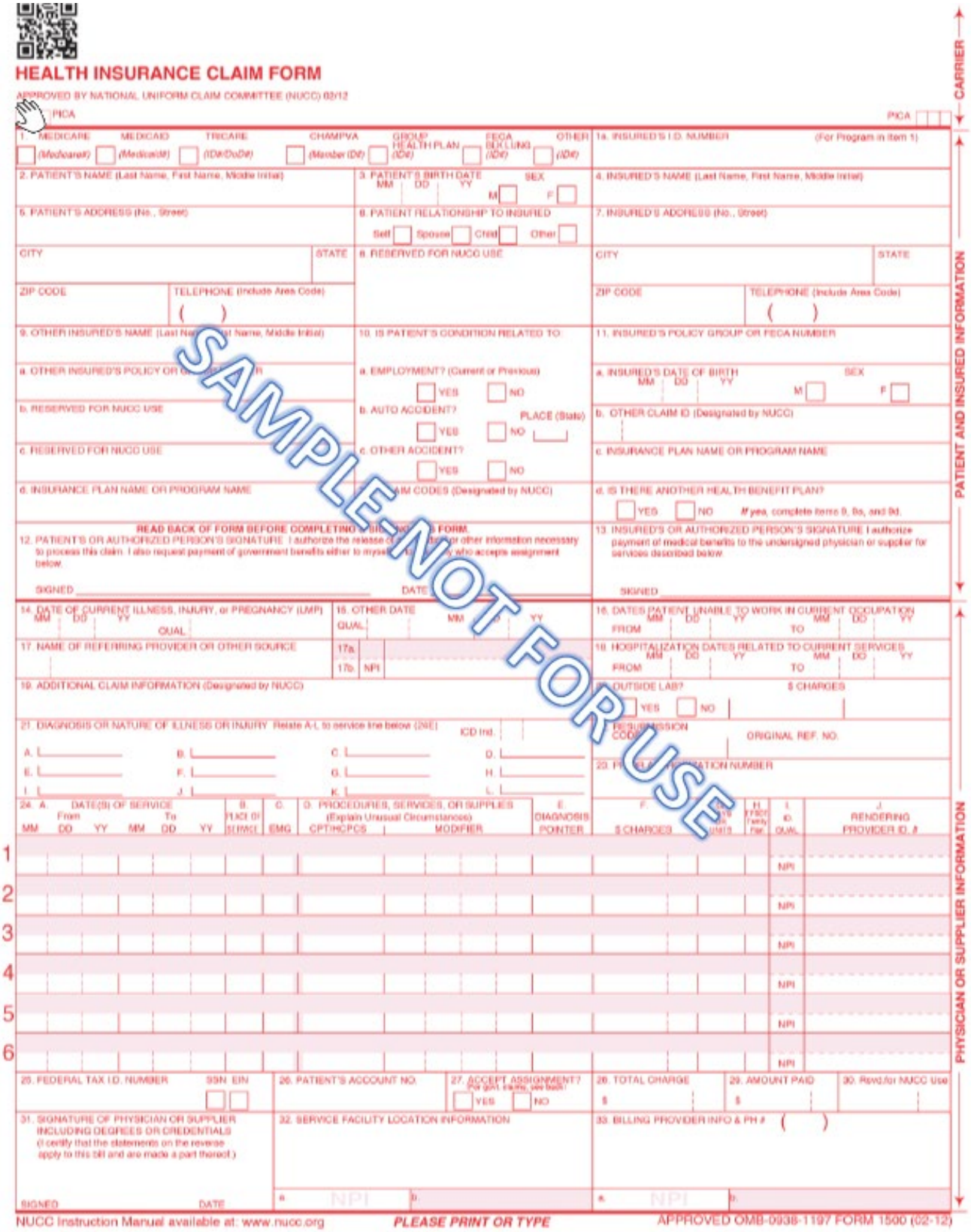
CMS 1500 Claim Form FAQ



Provider CMS Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15. OTHER DATE QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? For govt. claims, see back YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE-NOT FOR USE

Appendix

Provider CMS Form FAQ

Box #1a – Enter the patient's Kaiser Medical Record Number (MRN)

Box #4 – Enter Insured's name

Box #6 – Check 'Self' if the name in box 2 and box 4 match.
Check 'Child' if the name in box 2 is a dependent of the name in box 4.

Box #19 – (Optional) – Enter additional information for corrected claims. (Example, "Corrected units for code H0020").

Box #21 – Enter ICD-10 diagnosis codes. Use these links as a resource if any questions:
https://www.cms.gov/Medicare/Coding/ICD10/index.html

https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2018-ICD-10-CM-Coding-Guidelines.pdf

Box #22 – For a replacement/corrected claim, enter the number '7' in the 'Resubmission Code' area AND enter the original Kaiser Permanente claim number in the 'Original Ref. No.' area.

Box #23 – Enter the Kaiser authorization number.

Box #24B – Enter place of service code. The most commonly used codes are:

- 11- Office
- 02- Telehealth
- 20- Urgent Care
- 21- Inpatient
- 22- Outpatient
- 23- Emergency

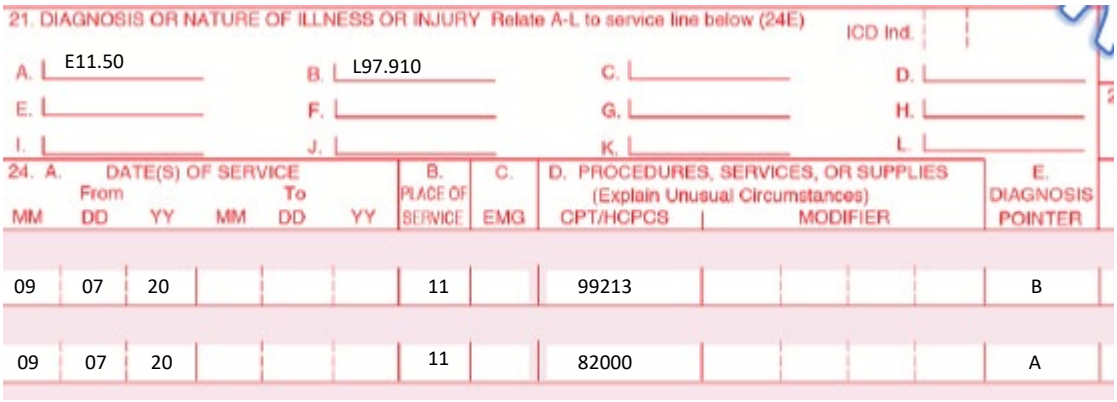
Box #24D – Enter five-digit CPT/HCPCS code for services provided. Enter appropriate two-digit modifier codes as necessary. Use this link for a full listing of modifier codes and descriptions:
https://med.noridianmedicare.com/web/jeb/topics/modifiers

- For example, a commonly used modifier is code 25 for multiple services on same day:
  - *25- Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service*

Provider CMS Form FAQ (cont'd)

Box #24E – Enter the appropriate Diagnosis Pointer code for each service line in this field. The number of diagnosis code pointers is limited to four per line. Do not use commas between the numbers.

- Example below, line #1 is coded as 'B' which points to the second DX code of L97.910. Line #2 is coded as 'A' which points to the first DX code of E11.50:



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. E11.50 B. L97.910 C. D.

E. F. G. H.

I. J. K. L.

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER
09	07	20				11		99213		B
09	07	20				11		82000		A

Box #24J – Enter the rendering provider NPI – This is the NPI of the individual provider/physician/ therapist etc. who performed the services.

Box# 32a – Enter the NPI of the service facility location. However, if this NPI is the same as the billing provider NPI listed in box #33a then leave blank.

Box# 33a – Enter the NPI of the billing provider. Do not enter this same NPI in box# 32a.

REJECTED CLAIM CHECKLIST:
If the claim rejects then double check the following fields and confirm they are correctly populated. The most common mistakes that cause claim rejections are:

- The MRN in box #1a is incorrect. Check that the MRN is correct for the patient name and DOB. Resubmit with corrected MRN.
- Corrected claims **MUST** include the original Kaiser claim number with the resubmission code '7' in box #22.
- Box #6 has incorrect selection. This box should correlate to box #4 and box #2. If the parent is insured and child is patient then 'Child' should be selected. If the child is both the patient name and insured name then 'Self' should be selected.

Kaiser Permanente Online Affiliate and Claims Status Online Fact Sheet

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- **Respond to a Request for Information (RFI)** by the upload of Kaiser requested documents – **Select this option if you have received a letter from KP, or EOP denial requesting additional information to process your claim.**
- **Submit Supporting Documentation** – **Select this option if you have submitted a claim that you know will require supportive documents such as itemized statements and medical records.**

Benefits to you as the provider:

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

Kaiser Permanente Online Affiliate and Claims Status Online Fact Sheet (cont'd)

How do I sign up?

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

On the **home page** or under the **claims tab** follow the instructions to set up access to Online Affiliate. You may also reach out to your regional Online Affiliate representative:

For more information or support:

Region	Contact
Southern California	KP-SCAL-OnlineAffiliate@kp.org
Northern California	KP-NCAL-OnlineAffiliate@kp.org
Colorado	KP-CO-OnlineAffiliate@kp.org
Mid-Atlantic	KP-MAS-OnlineAffiliate@kp.org
Northwest	NW-Provider-Relations@kp.org
Hawaii	KP-HI-OnlineAffiliate@kp.org
Georgia	KP-GA-OnlineAffiliate@kp.org