Kaiser Permanente Southern California

Provider Education Program

Onboarding for Intermediate Care Facilities (ICF) Homes

Network Development and Administration (ND&A)

May 2024

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Network Development and Administration (REV. 04-24)

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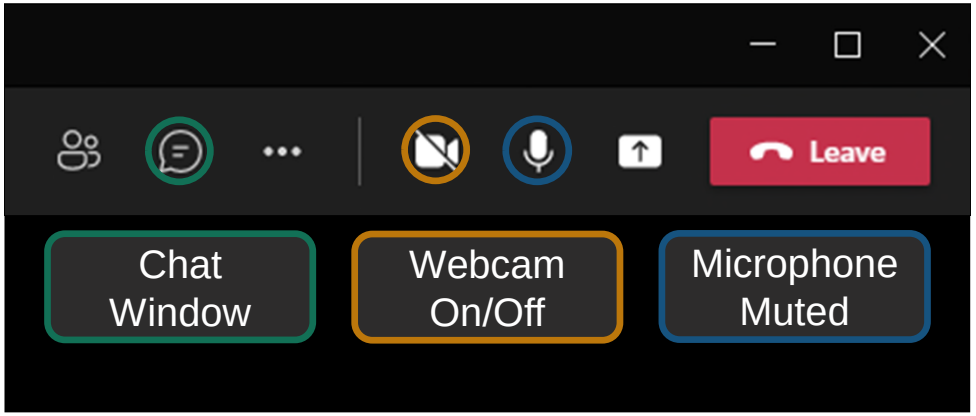
Getting the most from this session

Session format

1. All participants are **muted**.
2. As the Slides are being presented, we ask that you type your **questions in chat**; our team will review your questions at the **Q&A session** at the end of the presentation
3. Please submit your unaddressed questions to: NDandA-ProviderRelations@kp.org
4. Please include your name, ICF/DD Home you are representing and your email address.

Session interface



Overview

Authorizations & Member Placements

Provider Information Form (PIF) & Demographic Changes

Provider Resources & Tools

Authorization & Claims

Provider Claims Disputes

As we review today's information

Checklist

Contracting:

- ✓ Review and familiarize yourself with the KP Southern California ND&A Contracted Institutional Providers HMO Provider Manual, ICF-DD Authorizations, and Billing Supplement to the HMO Provider Manual Relating to ICF and online provider portal
- ✓ Maintain updated Intermediate Care Facility Provider Information Form (PIF)

Services:

- ✓ Confirm member's authorization, coverage, and eligibility, at least monthly

Claims and Reimbursement:

- ✓ File claims within the timely filing limits outlined in the contract
- ✓ Always check for proper submission by monitoring your claim status (e.g., Online Affiliate)
- ✓ Members may not be billed for denied claims or untimely filed claims
- ✓ Share of Cost must be entered when submitting claims, even when the amount is zero

General:

- ✓ Remain current with the online provider tools and resources

Member placement authorizations

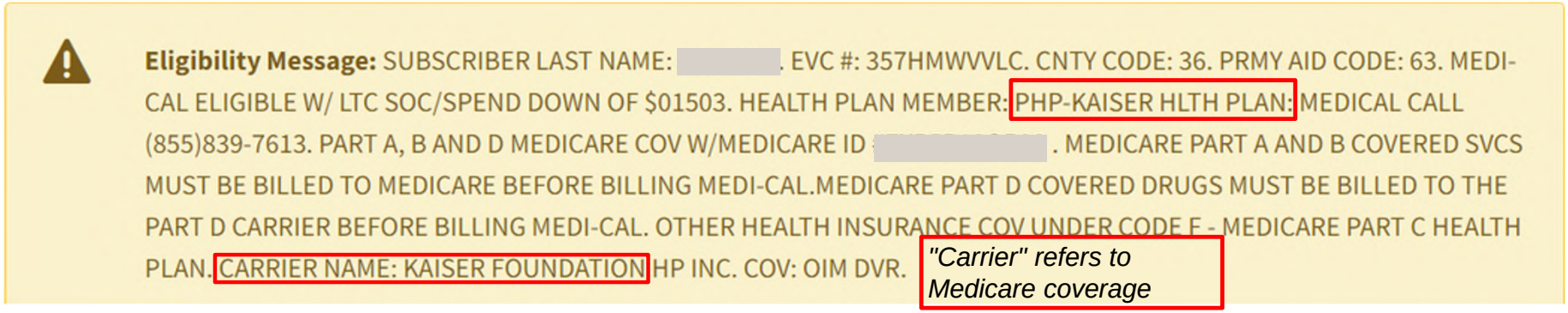
Authorization and bed hold requests

Authorization and bed hold requests
ICF/DD faxes request to **KP Regional Long-Term Care (LTSS)** **Fax: (866) 473-0344** Department Phone: (626) 405-7988

Medi-Cal assigned to Kaiser Permanente

Checking eligibility:

- Medi-Cal website: assignment will show as "PCP: Kaiser Health Plan" for all counties



Eligibility Message: SUBSCRIBER LAST NAME: [redacted]. EVC #: 357HMWVVLC. CNTY CODE: 36. PRMY AID CODE: 63. MEDI-CAL ELIGIBLE W/ LTC SOC/SPEND DOWN OF $01503. HEALTH PLAN MEMBER: PHP-KAISER HLTH PLAN: MEDICAL CALL (855)839-7613. PART A, B AND D MEDICARE COV W/MEDICARE ID [redacted]. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL.MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: KAISER FOUNDATION HP INC. COV: OIM DVR.

"Carrier" refers to Medicare coverage

Initial ICF-DD authorization

- **Fax the following documentation:**
  - Kaiser Permanente ICF-DD Facility Authorization Request Form
  - Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A) OR the information found on the PCA form in any format (e.g., a copy of the IPP or ISP).
  - Certification for Special Treatment Program Services form (HS 231) signed by Regional Center
  - For ICF/DD- N – a copy of the Individual Service Plan (ISP)

Fax: (866) 473-0344

KAISER PERMANENTE

Regional Care Coordination and Continuum
393 E. Walnut Street
Pasadena, CA, 91188
Department line: (626) 405-7988

INTERMEDIATE CARE FACILITY/HOME FOR THE DEVELOPMENTALLY DISABLED (ICF-DD) AUTHORIZATION REQUEST

Upon completion of this form, please send via secure fax to: (866) 473-0344

MEMBER INFORMATION

Member Name (Last)	Member Name (First)	(MI)
Medi-Cal Identification Number and Eligibility		

FACILITY INFORMATION

Facility/Home Name		
Facility/Home Address (Street Name)		
City	State	Zip Code
Facility/Home Contact Name		
Facility/Home Contact Email		
Facility/Home Contact Telephone		

AUTHORIZATION INFORMATION

Type of Authorization:		
☐ Initial ☐ Transfer ☐ Re-admission ☐ Reauthorization		
Level of Care Requested:		
☐ ICF-DD ☐ ICF-DD-H ☐ ICF-DD-N		
The "Admit" Date:	The "From" Date:	The "Through" Date:
__/__/__	__/__/__	__/__/__
International Classification of Diseases (ICD) Diagnoses Codes:		
Prescribing Physician Name:		
Prescribing Physician License Number:		
Physician Signature:		

Upon completion of this form, please send via secure fax to: (866) 473-0344

ICF-DD facility extension of services

- **Fax the following documentation:**
  - Kaiser Permanente ICF-DD Facility Authorization Request Form
  - Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A) OR the information found on the PCA form in any format (e.g., a copy of the IPP or ISP).
  - Certification for Special Treatment Program Services form (HS 231) signed by Regional Center
  - For ICF/DD- N – a copy of the Individual Service Plan (ISP)

- 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 renewals will not be processed until after July 1*
  - *Referrals are authorized 2 years at a time.*

Fax: (866) 473-0344

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INTERMEDIATE CARE FACILITY/HOME FOR THE DEVELOPMENTALLY DISABLED (ICF-DD) AUTHORIZATION REQUEST

Upon completion of this form, please send via secure fax to: (866) 473-0344

MEMBER INFORMATION

Member Name (Last)	Member Name (First)	(MI)
Medi-Cal Identification Number and Eligibility		

FACILITY INFORMATION

Facility/Home Name		
Facility/Home Address (Street Name)		
City	State	Zip Code
Facility/Home Contact Name		
Facility/Home Contact Email		
Facility/Home Contact Telephone		

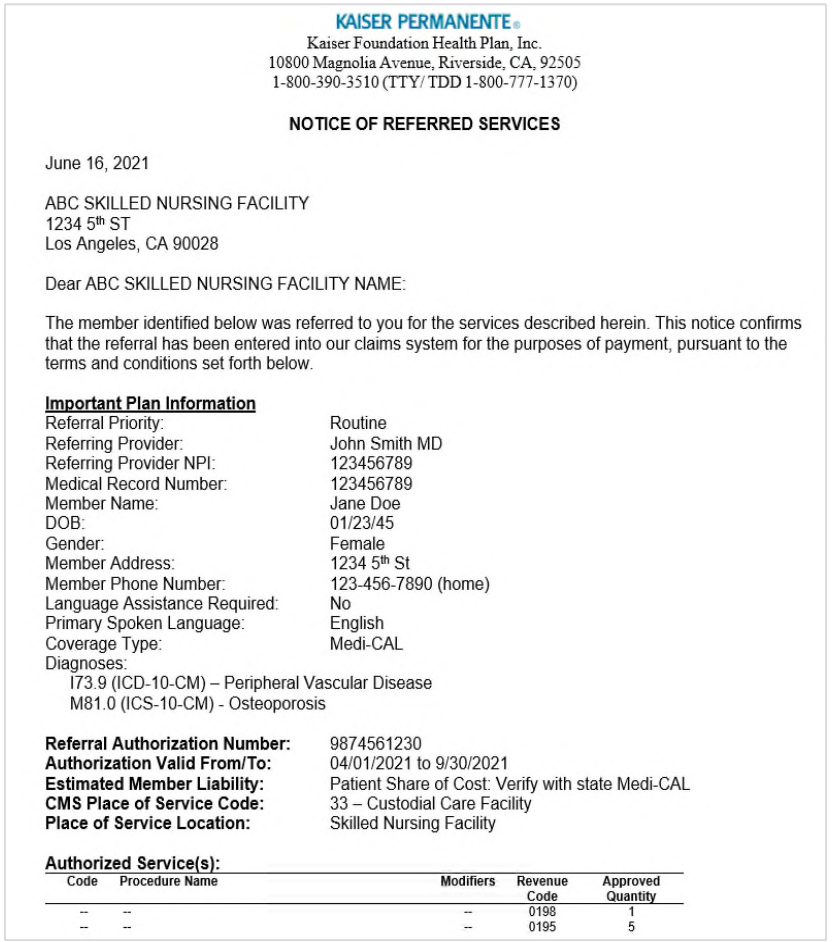
AUTHORIZATION INFORMATION

Type of Authorization:		
☐ Initial ☐ Transfer ☐ Re-admission ☐ Reauthorization		
Level of Care Requested:		
☐ ICF-DD ☐ ICF-DD-H ☐ ICF-DD-N		
The "Admit" Date:	The "From" Date:	The "Through" Date:
__/__/__	__/__/__	__/__/__
International Classification of Diseases (ICD) Diagnoses Codes:		
Prescribing Physician Name:		
Prescribing Physician License Number:		
Physician Signature:		

Upon completion of this form, please send via secure fax to: (866) 473-0344

Notice of referred services

- **A hard copy of the notice is mailed or faxed to the ICF-DD by the Outside Referral Department (ORD)**
- A new initial ICF-DD referral will be provided with all level care transitions
- If you are having issues with receiving the notice, validate your facility's profile with ORD to ensure that your fax number and/or mailing address are correct
- The facility is to confirm patients' Share of Cost (SOC) as the amount or eligibility status is subject to change



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 16, 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

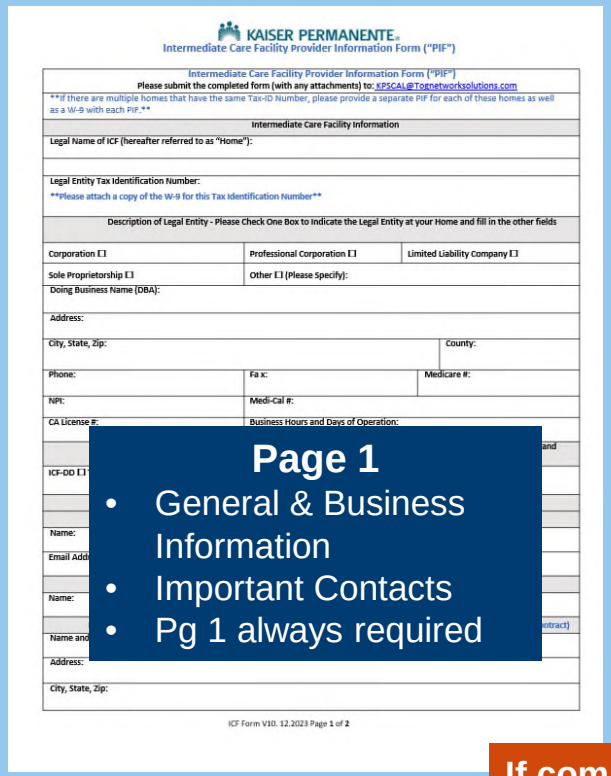
Diagnoses:
I73.9 (ICD-10-CM) – Peripheral Vascular Disease
M81.0 (ICS-10-CM) - Osteoporosis

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

Provider Information Form (PIF) & demographic changes



KAISER PERMANENTE®
Intermediate Care Facility Provider Information Form ("PIF")

Intermediate Care Facility Provider Information Form ("PIF")
Please submit the completed form (with any attachments) to: KPSCAL@Tognetworksolutions.com
If there are multiple homes that have the same Tax-ID Number, please provide a separate PIF for each of these homes as well as a W-9 with each PIF.

Intermediate Care Facility Information

Legal Name of ICF (hereafter referred to as "Home"):

Legal Entity Tax Identification Number:
Please attach a copy of the W-9 for this Tax Identification Number

Description of Legal Entity - Please Check One Box to Indicate the Legal Entity at your Home and fill in the other fields

Corporation ☐	Professional Corporation ☐	Limited Liability Company ☐
Sole Proprietorship ☐	Other ☐ (Please Specify):	

Doing Business Name (DBA):

Address:

City, State, Zip:	County:

Phone:	Fax:	Medicare #:
NPI:	Medi-Cal #:	
CA License #:	Business Hours and Days of Operation:	

ICF-DD ☐

Name:

Email Addr

Name:

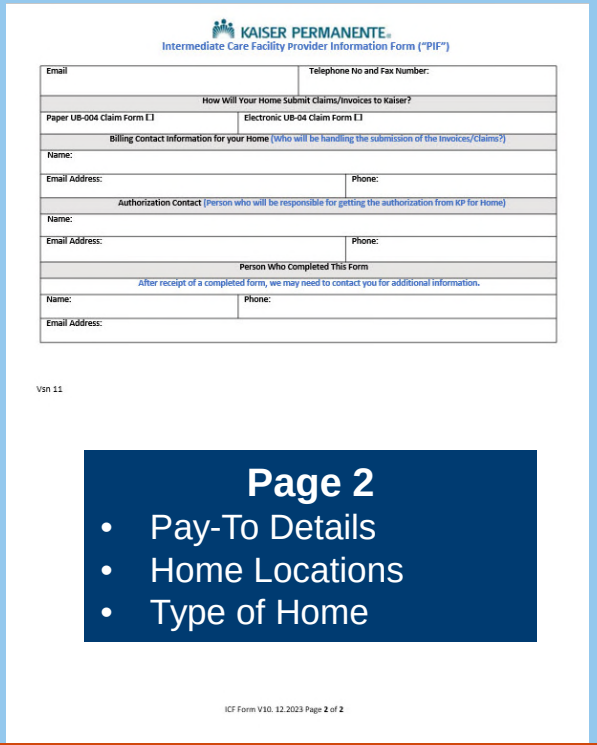
Name and

Address:

City, State, Zip:

ICF Form V10. 12.2023 Page 1 of 2

Page 1
- General & Business Information
- Important Contacts
- Pg 1 always required



KAISER PERMANENTE®
Intermediate Care Facility Provider Information Form ("PIF")

Email	Telephone No and Fax Number:

How Will Your Home Submit Claims/Invoices to Kaiser?

Paper UB-004 Claim Form ☐	Electronic UB-04 Claim Form ☐

Billing Contact Information for your Home (Who will be handling the submission of the Invoices/Claims?)

Name:

Email Address:	Phone:

Authorization Contact (Person who will be responsible for getting the authorization from KP for Home)

Name:

Email Address:	Phone:

Person Who Completed This Form

After receipt of a completed form, we may need to contact you for additional information.

Name:	Phone:
Email Address:	

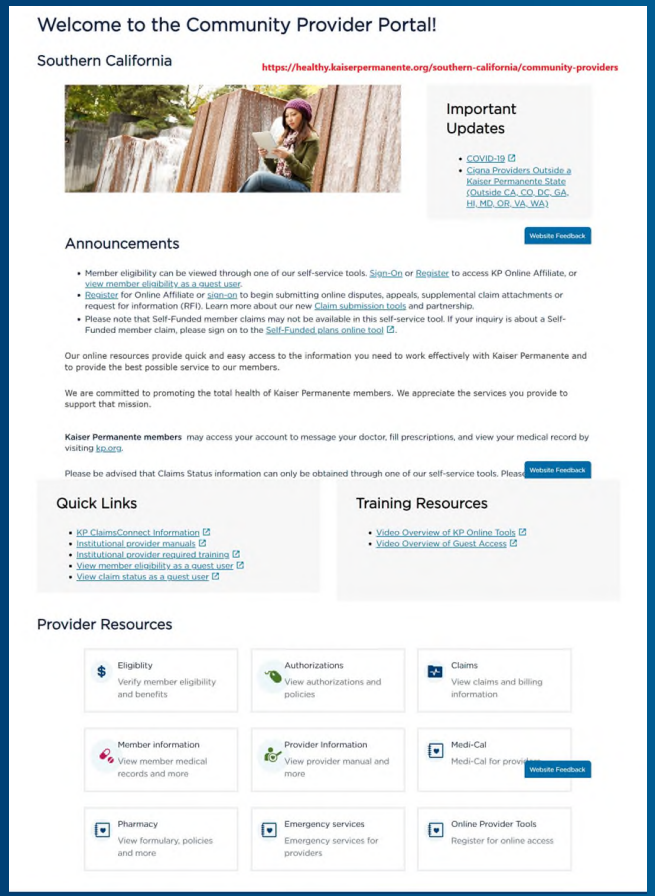
Vsn 11

ICF Form V10. 12.2023 Page 2 of 2

Page 2
- Pay-To Details
- Home Locations
- Type of Home

If composition of your "Home" changes, please notify NDandA-ProviderRelations@kp.org

Provider resources & tools: Community provider portal

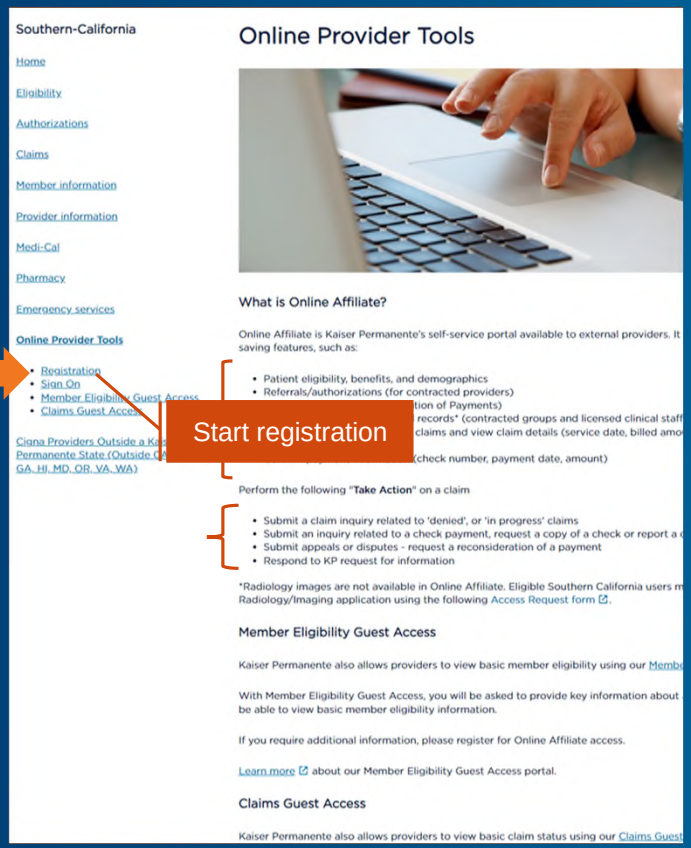


Resource hub created to help you stay up to date with important tools and information to work effectively with KP.

Provider Portal Key Features:

- Network Development and Administration Contracted Institutional Providers HMO Provider Manual & ICF-DD (Homes) Billing and Provider Manual Supplement Relating to ICF (see Provider Information page)
- Online Provider Tools (see Claims and Online Provider Tools pages)
- Quick Links
- Announcements, news, & updates

Provider resources & tools: Online affiliate (OLA)



Online Affiliate is a 24/7 online tool inside the Provider Portal to help providers access important claim and member information quickly:

Benefits:

- There are several useful features that can help you save time
- There are also several options to “Take Action” on claims

Provider resources & tools: Electronic billing tools

Southern-California

Home

Eligibility

Authorizations

Claims

- Electronic Claims Submissions, Payments (EFT) and Remits
- Claims procedures
- Provider appeals process
- Online claim status and inquires
- Clinical review payment determination policy
- Quick claims resources
- Waiver of Liability Statement
- No Surprises Act

Member information

Provider information

Medi-Cal

Pharmacy

Emergency services

Online Provider Tools

Cigna Providers Outside a Kaiser Permanente State (Outside CA, CO, DC, GA, HI, MD, OR, VA, WA)

Claims

– Electronic Claims Submissions, Payments (EFT) and Remits

Kaiser Permanente urges you to submit all claims via Electronic Data Interchange (EDI). You may submit EDI claims via 837I (Institutional) or 837P (Professional) transaction format, following all HIPAA standards and appropriate coding and regulatory requirements.

Benefits of using EDI for claim submissions

For complete information on claims filing requirements or processing, please refer to your agreement or contact the administrator for the applicable product.

Institutional providers may also refer to the applicable institutional provider manual.

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 Electronic Data Interchange (EDI) transmission include:

- Reduced Overhead Expenses
- Improved Data Accuracy
- Reduced Turnaround Time for Claims Processing
- Bypass U.S. Mail Delivery
- Go Green! Reduce paper, mail time and postal mail costs

Electronic Submission of Claims Types

Listed below is the electronic submission of claims transactions:

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

Provider resources & tools: Electronic billing tools

Electronic Data Interchange (EDI)

No delays
Data accuracy

Electronic Fund Transfers (EFT)

Faster Payment

Electronic Remittance Advice (ERA)

View & print remittance advice

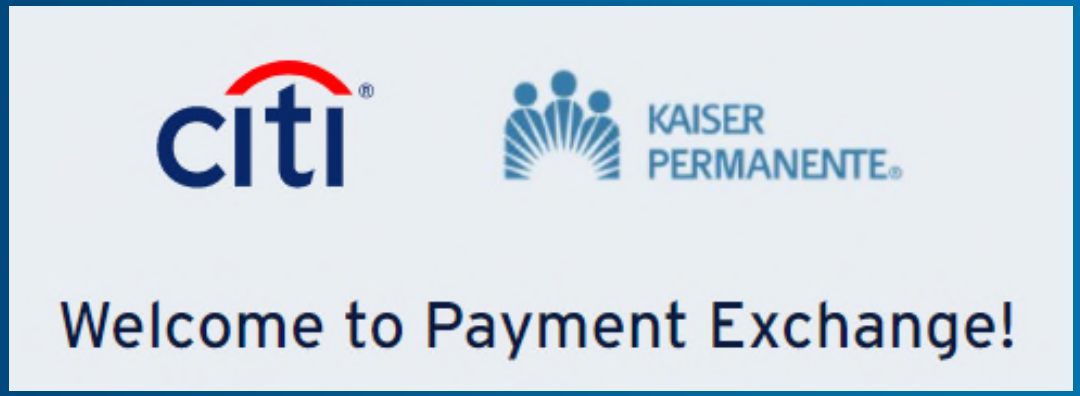
Provider resources & tools: Setting up EDI

Sign Up for EDI Contact one of these clearinghouses & provide your Payor ID			
Clearinghouse	Website	Payor ID NCAL	Payor ID SCAL
Change Healthcare (CHC)	www.changehealthcare.com	94135	94134
Office Ally	www.officeally.com	94135	94134
Relay Health	www.changehealthcare.com	RH009	94134
SSI	www.thessigroup.com	NKAISERCA	SKAISERCA
For EDI support, please go to https://kpnationalclaims.my.site.com/EDI/s/ and submit EDI support inquiries.			

! IMPORTANT !

Verify that your pay-to address submitted on your PIF matches the pay-to address in your clearinghouse profile.

Provider resources & tools: Setting up EFT, & ERA



Activation code: WN4WX2
For assistance: please go to
https://kpnationalclaims.my.site.com/EDI/s/
and submit EDI support inquiries.

Authorizations & claims: Objectives

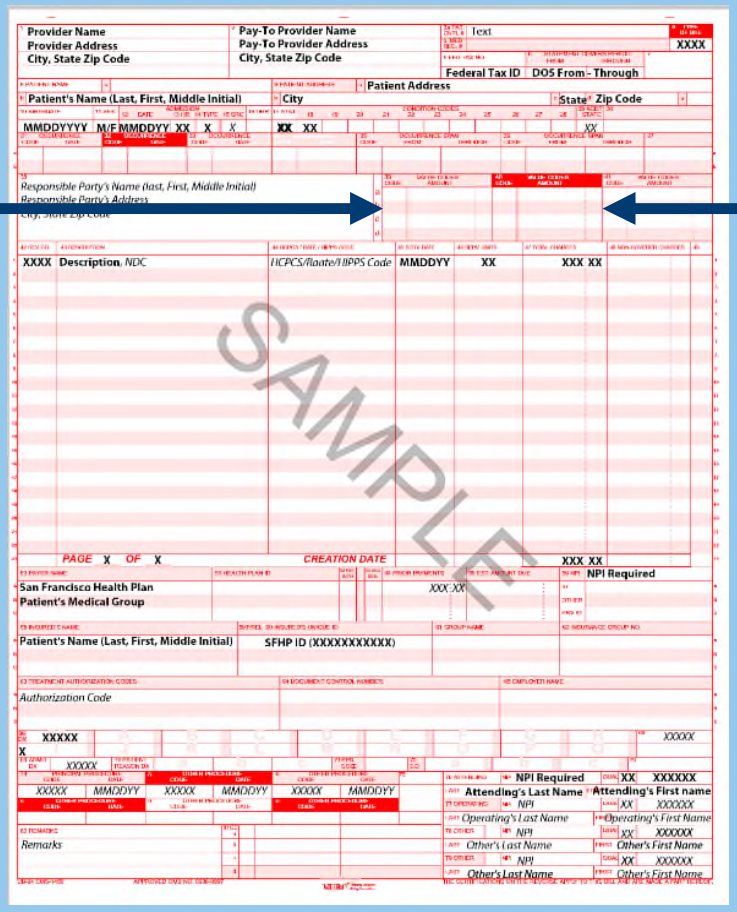
- Understand the authorization process and important information on your authorization
- Know how to verify Kaiser member benefits/ eligibility and check status of claims
- Identify how and where to send claims for authorized services
- Claims submission checklist
- **RESOURCES, RESOURCES, RESOURCES!!**

Authorizations & claims: Common questions

General questions about your authorization or need help locating your authorization letter?	**KP Regional Complex Placement Hub (SCAL)** Email: scalcph-authorizations@kp.org Phone: (626)405-7988, option 4
How do I update or extend authorization “through” date?	**Contact the KP Regional Complex Placement Hub (SCAL)** to obtain initial authorization and reauthorizations

Authorizations & claims: Standard claim forms UB-04 (facility)

Box 39
Enter Share of Cost here



Box 40
Enter Accommodation Codes here

Authorizations & claims: Claim submission codes

ICF Claim Codes

Bill Type	Rev Code	Accommodation Code	Type(s) of Service		Bill Type	Rev Code	Accommodation Code	Type(s) of Service
066X	0101	41 (1-59 beds)	ICF/DD Services		066X	0101	65 (7-15 beds)	ICF/DD-H Services
066X	0180	43 (1-59 beds)	ICF/DD Services Bed Hold/Leave of Absence		066X	0180	68 (7-15 beds)	ICF/DD-H Services Bed Hold/Leave of Absence
066X	0101	41 (60+ beds)	ICF/DD Services		066X	0101	62 (4-6 beds)	ICF/DD-N Services
066X	0180	43 (60+ beds)	ICF/DD Services Bed Hold/Leave of Absence		066X	0180	64 (4-6 beds)	ICF/DD-N Services Bed Hold/Leave of Absence
066X	0101	61 (4-6 beds)	ICF/DD-H Services		066X	0101	66 (7-15 beds)	ICF/DD-N Services
066X	0180	63 (4-6 beds)	ICF/DD-H Services Bed Hold/Leave of Absence		066X	0180	69 (7-15 beds)	ICF/DD-N Services Bed Hold/Leave of Absence

Authorizations & claims: Key points for claim filing

1. See ICF/DD (Homes) Authorization and Billing Provider Manual Supplement for detailed assistance on how to complete the billing form
2. Type of Bill (UB04): **LTC (UB-04) Claim Completion**
3. The Kaiser member is the **insured**. On UB, member name in box 8b & 58a.
4. The Kaiser Permanente member medical record number (MRN) must be 8 or 12 digits. SCAL prefix 110-then the 8-digit MRN. If the MRN is less than 8 digits, add preceding zeros to make it 8 digits.
5. When submitting multiple page paper claims...leave the “total” field BLANK on all pages except the last page of the claim.

Authorizations & claims: Key point for claims filing

- KP highly encourages electronic submissions (EDI) for efficient claims processing.
- If no EDI access, providers can still mail paper claims:
- General timelines for timely submission and payment:
  - Refer to contract for provider specific timely terms
- To view claims statuses, register with **Online Affiliate**

Authorizations & claims: Paper claim submissions

For SCAL Paper Claim Submissions	**Kaiser Foundation Health Plan, Inc.** **California Claims Administration** P.O. Box 7004 Downey, CA 90242-7004 (800) 390-3510
For NCAL Paper Claim Submissions	**Kaiser Foundation Health Plan, Inc.** **National Claims Administration** P.O. Box 12923 Oakland, CA 94604-2923 (800) 390-3510

Authorizations & claims: Checklist

Why my claim may not be paid?

- ❑ Did I check for member Share of Cost?
- ❑ Did I bill within timely filing limits?
- ❑ Did I submit my claims to the correct claims address (SCAL, NCAL)?

Rejection reasons:

- ❑ Is the KP Medical Record Number (MRN) correct and 8 to 12 digits?
- ❑ Do the individual charges equal the total charges?
- ❑ Did I report a valid KP authorization number, and does the authorization date range include the dates of services billed?
- ❑ If corrected claims on UB, did I use the correct Bill Type and report it in the correct field on the bill?
- ❑ Did I fill in Box 39?

Provider claim disputes: General information

In the unlikely event that provider detects a discrepancy in claim payment, you can submit payment disputes electronically through Online Affiliate (OLA) or by mail.

General Submission Timeframe:

Claim Timely Filing	Dispute Timely Filing
• Within 6 months of rendered service • Within 7-12 months subject to reimbursement reduction • After 12 months will be denied (See Contract Exhibit 1.13 for details)	365 Calendar Days
In accordance with DHCS Guidelines	From last KP claim action*

**Includes each KP actions of claim acknowledgment, payment, and denial*

Provider claim disputes: Acknowledgement & resolution

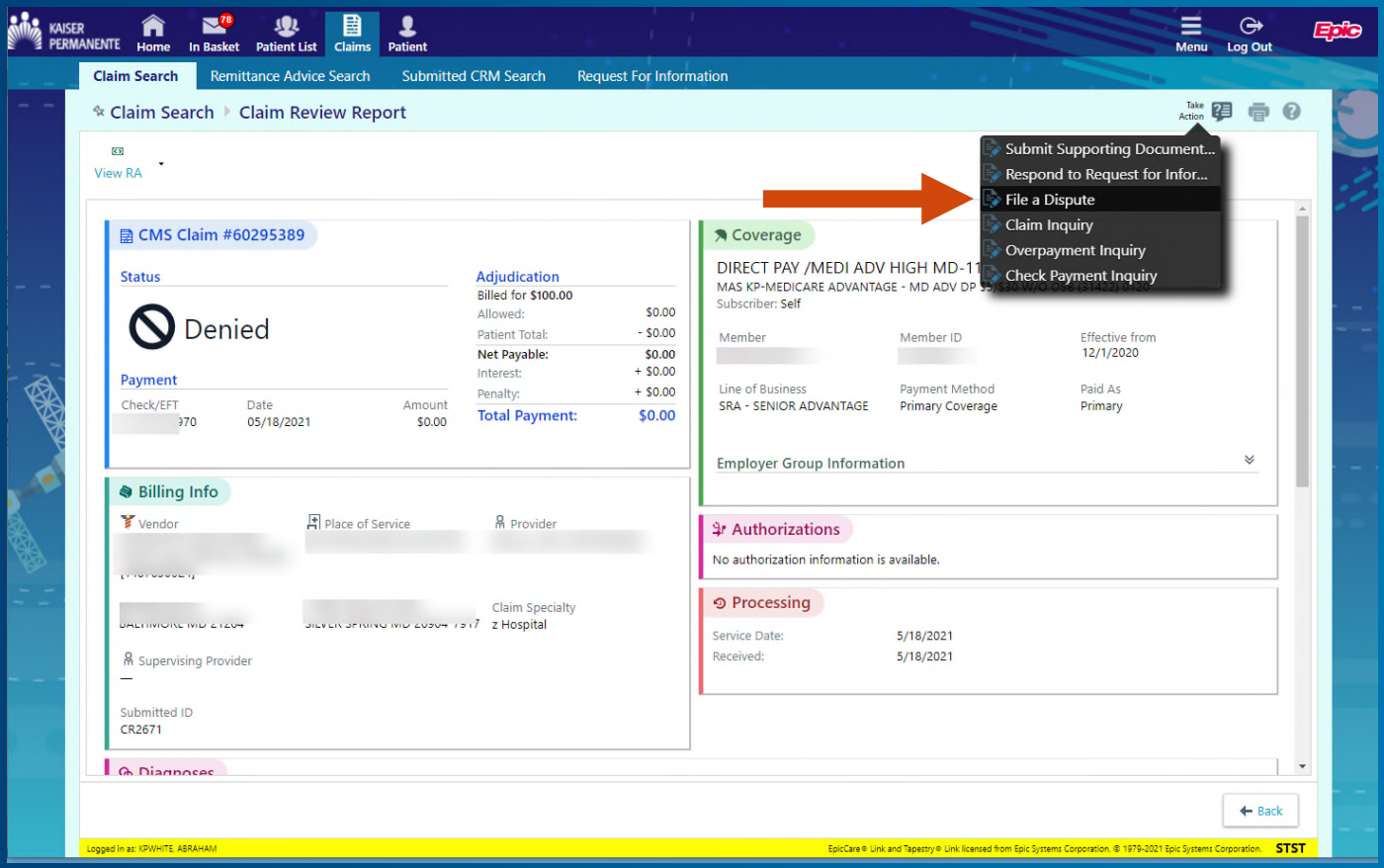
Acknowledge Time Electronic Submission **(OLA)**	Acknowledge Time Paper Submission	Resolution Time
2 Working Days	15 Working Days	45 Working Days
Dispute resolution sent by KP in hardcopy. (Paper claims submissions). Dispute resolution sent by **Online Affiliate (OLA)**. (Electronic claims submissions).		

These are general timeframes outlined in the KP Southern California ND&A Contracted Institutional Providers HMO Provider anual, refer to your contract for provider specific timeframes

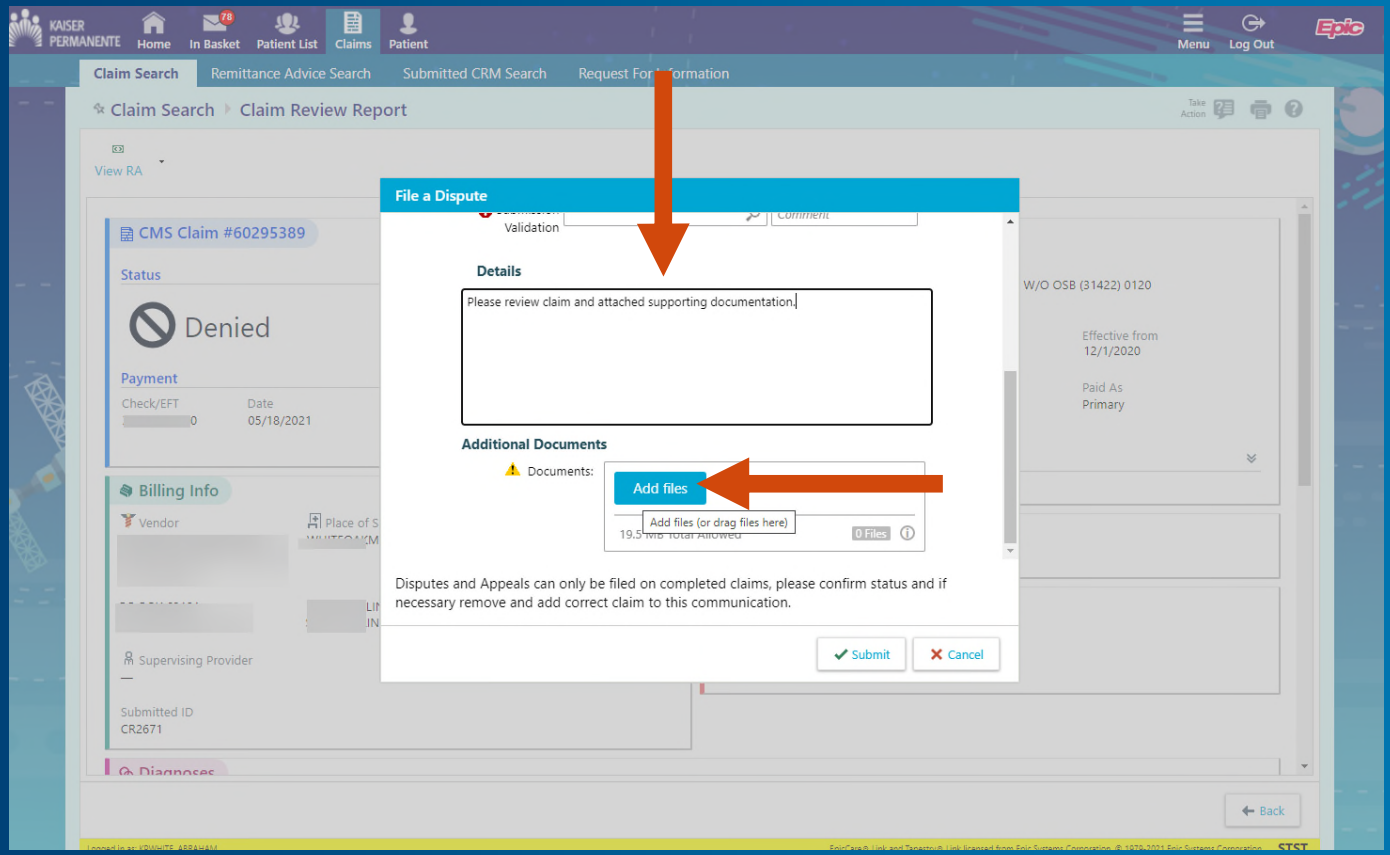
Provider claim disputes: Submission guidelines

Who	• Provider name & TIN (Tax ID Number) • KP member name & MRN • Your contact & email information
What	• Original KP claim number • Date of service • Identify specific disputed items
Why	• Reason & explanation of dispute • Supporting documentation

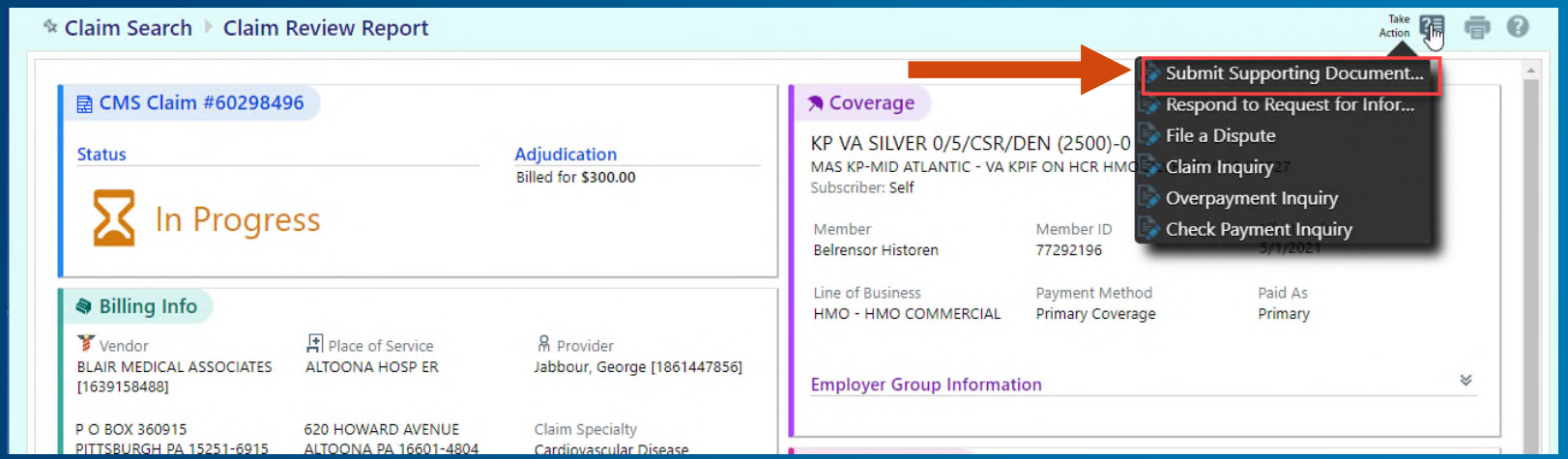
Initial dispute submission



Initial dispute documentation



Post dispute documentation



Provider claim disputes: Submission methods

Electronic Submission	**KP SCAL Online Affiliate (OLA)** https://healthy.kaiserpermanente.org/southern-california/community-providers/online-provider-tools
Paper Submission Address	**Kaiser Foundation Health Plan, Inc.** Attn: Claims Administration Department P.O. Box 7006 Downey, CA 90242-7006

Resources: Important department contacts

Department	Phone	Email/Website	When to call or email
Claims	800-390-3510 (Claim Services)	N/A	Details regarding your claim status, denial, or payment
KP Contract	(626) 405-3240	Your KP contract manager NDandA-ProviderRelations@kp.org	For general KP contract and PPIF related questions
Electronic Data Interchange (EDI)	N/A	please go to https://kpnationalclaims.my.site.com/EDI/s/ and submit EDI support inquiries.	EDI registration & troubleshooting
KP Online Affiliate (OLA)	N/A	https://onlineaffiliatesupport.force.com/support/s/	For OLA registration and troubleshooting help
Member Services	800-464-4000 (Contact Center) 800-390-3510 (Claim Services)	N/A	General referral questions or claim issues
NCAL SNF Complex Hub (Authorization)	510-675-5090, option 2	NCALSNFServiceDirMgr@kp.org	For ICF referral and authorization related questions
SCAL Complex Placement Hub (Authorization)	626-405-7988, option 5	scalcph-authorizations@kp.org	For ICF referral and authorization related questions

Resources: Provider tool links

Provider tool	Access link	Details
CMS ICD-10	https://www.cms.gov/Medicare/Coding/ICD10/index.html	
Community Provider Portal (CPP)	www.kp.org/providers/scal	Contains all provider resources and tools to help providers be successful as a Kaiser contracted provider
Electronic Billing Resources (EDI/EFT/ERA)	https://healthy.kaiserpermanente.org/southern-california/community-providers/claims#electronicClaimsSubmissionsPayments	Allows for more efficient claim status information and payment
ICD-10-CM Official Guidelines for Coding and Reporting	https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2018-ICD-10-CM-Coding-Guidelines.pdf	
Online Affiliate (OLA)	https://healthy.kaiserpermanente.org/southern-california/community-providers/online-provider-tools	Check claim status, dispute status, member demographics, member coverage information
Provider Information / Provider Manual	https://healthy.kaiserpermanente.org/southern-california/community-providers/provider-info	Complete guide of all expectations and responsibilities of being a contracted provider

Provider reference guide

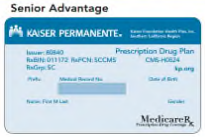
Provider Reference Guide

HMO/DHMO, Senior Advantage, and KPIC Self-funded EPO

HMO

HMO

Senior Advantage



Self-Funded

Service	Contact	Phone	Claims Submission Address
HMO/DHMO/Senior Advantage Products			
Benefits and Eligibility	Member Service Contact Center	1-800-464-4000	Kaiser Foundation Health Plan, Inc. Claims Administration Department P.O. Box 7004 Downey, CA 90242-7004
Claims Inquiries	Claims and Referrals	1-800-390-3510	
EDI	California Claims Administration	1-866-285-0361	
Provider Contracting-Facility	Network Development and Administration	626-405-3240	
KPIC Self-Funded EPO			
Benefits, Eligibility, Claims	Customer Service Interactive Voice Response	1-866-213-3062	Kaiser Permanente Insurance Company (KPIC), SF Claims Administrator P.O. Box 30547 Salt Lake City, UT 84130-0547 EDI Payor ID #94320
EDI	Customer Service Help Desk	1-888-633-0835	
Provider Contracting-Facility	Network Development and Administration	626-405-3240	
Credentialing	**Emergency Prospective Review Program**		**Outside Utilization Review**
626-405-3147	1-800-447-3777		1-800-225-8883
Language Assistance	**Contact**		**Phone**
Telephone Interpretation	United Language Group		1-855-701-8100
Sign Language Support	Interpreters Unlimited		1-844-855-0249
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	**Phone**	**Area**	**Phone**
Antelope Valley	661-729-7108	Panorama City	818-375-2806
Baldwin Park	562-622-3880	Riverside	951-602-4294
Downey	562-622-3880	San Diego	619-589-3360
Coachella Valley/Yucca Valley	951-602-4294	South Bay	310-816-5324
San Bernadino County	909-609-3262	West Los Angeles	213-351-4530
Kern County	661-852-3482	West Ventura	1-844-424-1869
Los Angeles	213-351-4530	Woodland Hills	1-844-424-1869
Orange County	714-564-4150		
Other Services			
Outpatient Dialysis Services (for all service areas): 626-405-4116			

NS-10006 (REV. 09-20)
Network Development and Administration

KAISER PERMANENTE

Contract Reference

Understanding your contract

1. Contract Exhibit 1.13

   Additional terms and obligations of Homes, including billing timeliness

2. Contract Exhibit 3-A

   Basic billing instructions and payment rates, details available in the ICF/DD Authorization and Billing Provider Manual Supplement

3. Contract Manager (CM) / Provider Relations (PR)

   NDandA-ProviderRelations@kp.org is the main point of contact for contract questions

Contract Reference

Your contract defines multiple member populations:

ICF/DD, ICF/DD-H and ICF/DD-N services are a benefit for Medi-Cal members only, but Homes should verify KP enrollment and be aware of dual coverage situations. Commercial and KPSA coverage are primary to Managed Medi-Cal coverage.

HMO — Kaiser Foundation Health Plan

- Members who purchase HMO Commercial coverage as an individual or through an employer group. KP is the payor.

KPSA — KP Senior Advantage

- Individual Medicare beneficiaries who have assigned their Medicare benefits to KFHP by enrolling in the KFHP Senior Advantage Program. KP is the payor.

MMC — Medi-Cal

- Benefits for individuals are funded by the state Medi-Cal program and administered by KFHP's Managed Medi-Cal program. Individuals enroll in or are assigned to KFHP. KP is the payor.

Kaiser Permanente provider education: Disclaimer recap

All the information communicated in this Provider Education Program is **intended to be a summary** of certain Kaiser Permanente policies and procedures in effect as of the date of its publication.

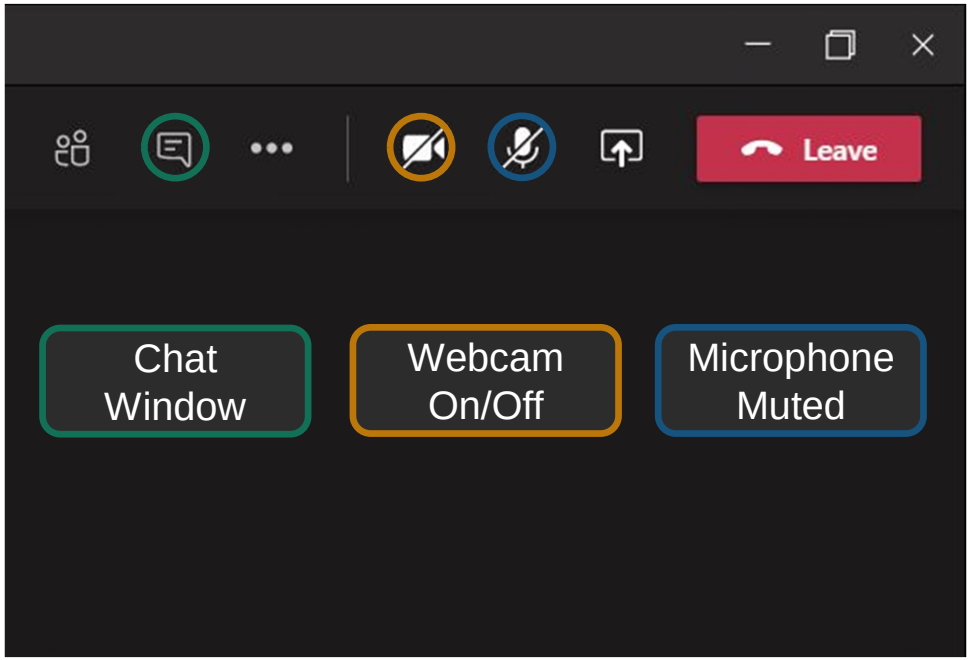
The online KP Southern CA HMO Provider Manual* and ICF/DD (Homes) Authorization and Billing Provider Manual Supplement* are updated on an annual basis. Homes are encouraged to reference these Community Provider Portal documents for the most current information.

Homes remain responsible for ensuring that any claim submitted to Kaiser Permanente is complete and accurate.

**These resource documents will only be changed/updated with proper advanced written Notice to Homes in accordance with the terms of your KP contract.*

Q&A Session

Q&A format

1. Unmute or type your questions in the chat, our team will try to answer. Please include your email address.
2. Please submit your unaddressed questions to: NDandA-ProviderRelations@kp.org
3. Post-session **reference guide** provided via email for all attendees.

Session interface