



Participating Provider Network Orientation

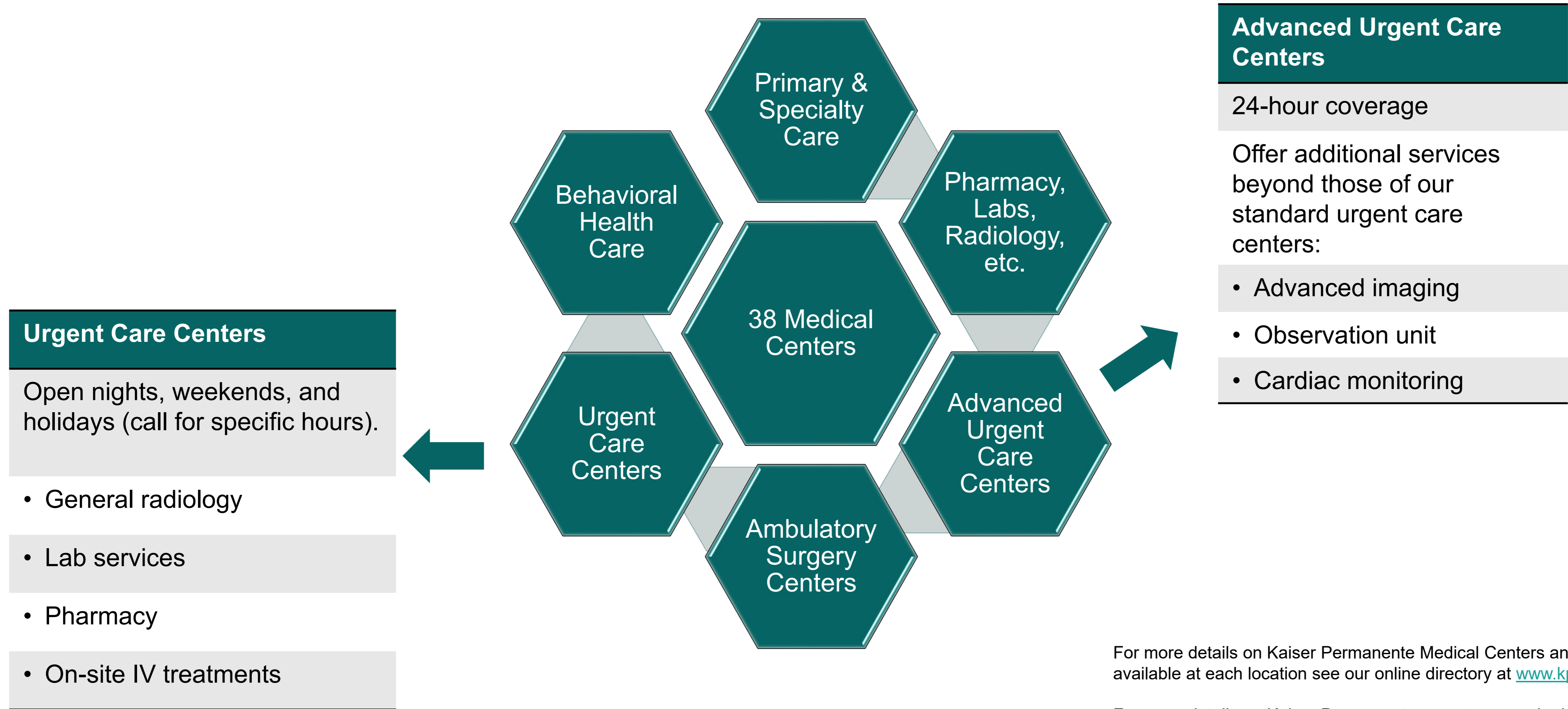
Provider Experience

Introduction

Kaiser Permanente is an integrated healthcare delivery system. We are a healthcare provider, and we offer medical services at our medical centers and through affiliated Participating Providers throughout the Mid-Atlantic region.



Kaiser Permanente Medical Centers



For more details on Kaiser Permanente Medical Centers and services available at each location see our online directory at www.kp.org

For more details on Kaiser Permanente urgent care and advanced urgent care locations, go to <https://urgentcare-midatlantic.kaiserpermanente.org/>

Contracted Resources

Contracts

Affiliated hospitals

- Kaiser Permanente Care Management staff at certain locations

Physician Contracts

- Primary
- Specialty & Multi-Specialty

Behavioral Health

Urgent Care

Ambulance

Ancillary Services

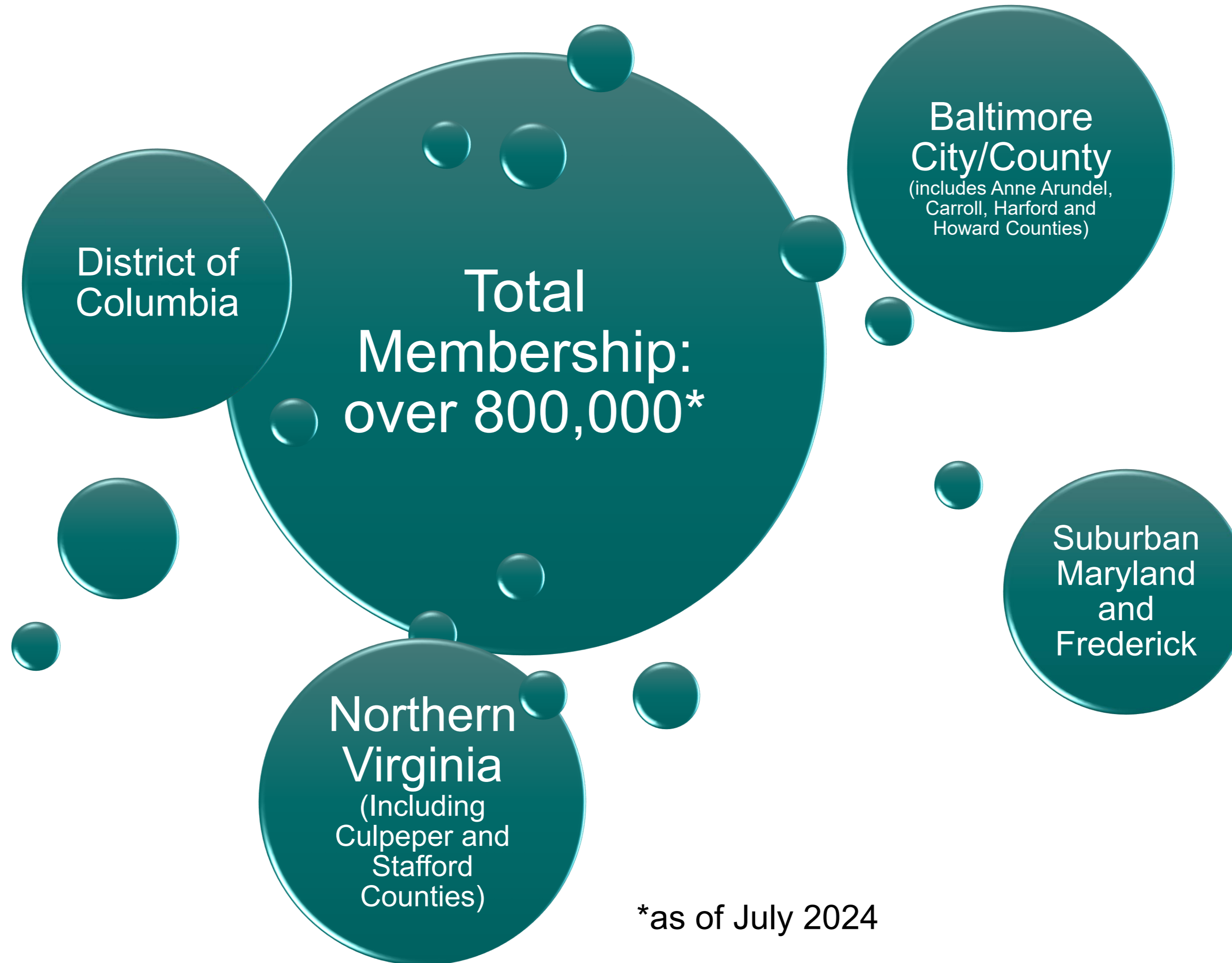
Laboratory

- Kaiser Permanente Medical Centers
- Quest Diagnostics

Radiology

- Kaiser Permanente Medical Centers
- For a complete list of Participating Radiology Providers, please refer to our online directory at www.kaiserpermanente.org

Membership



*as of July 2024

Product Overview

Product	Description
Kaiser Permanente Signature™	HMO
Marketplace/Exchanges	HMO
Kaiser Permanente Select	HMO
Added Choice™ (POS)	2-Tier Point of Service Plan
Flexible Choice™ (3TPOS)	3-Tier Point of Service Plan
Exclusive Provider Organization	Self-Funded Plan
Medicare Advantage (SRA)	Medicare Risk Plan
Sentara Health	Virginia Medicaid Plan
Maryland HealthChoice	Maryland Medicaid Plan

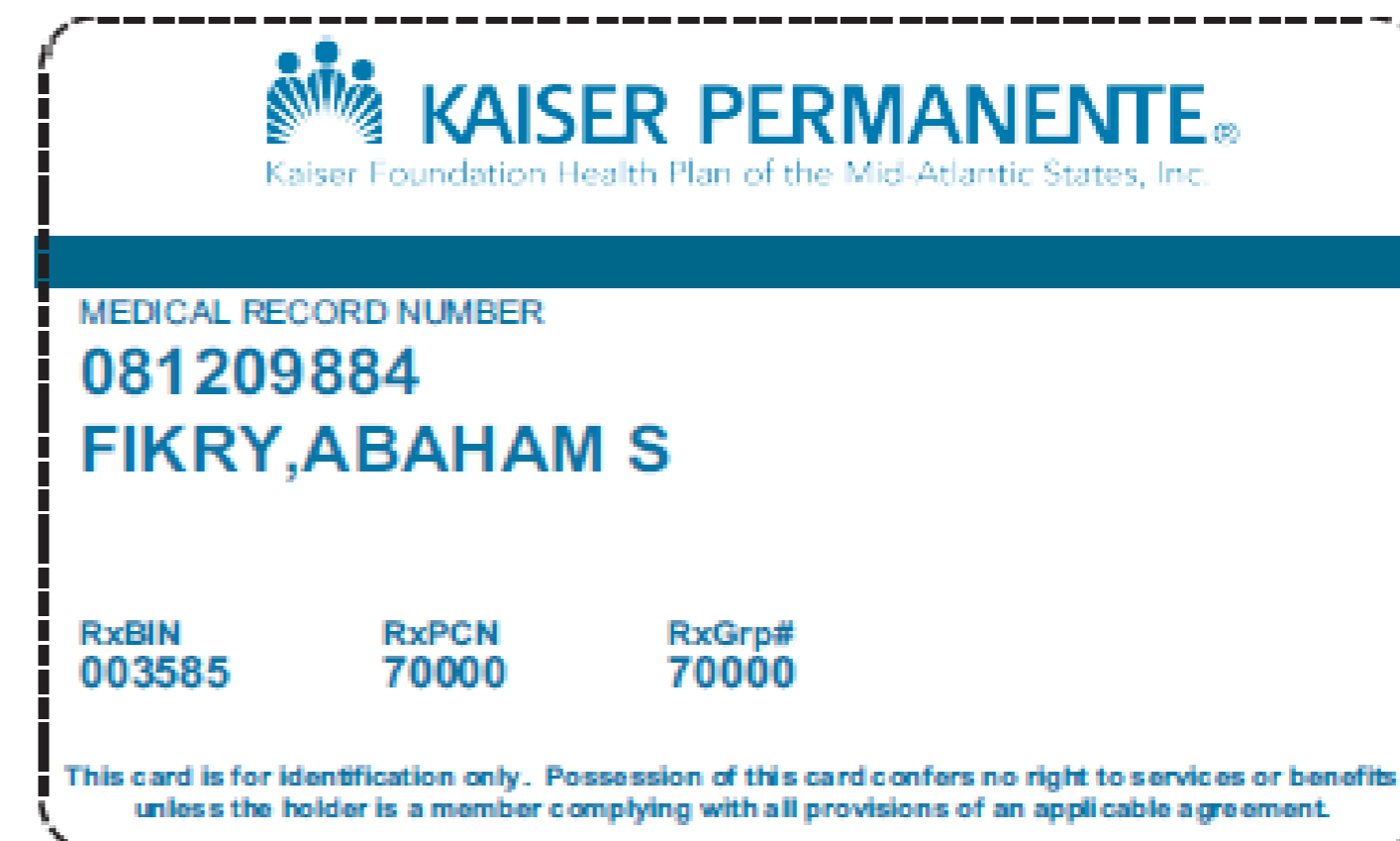
Kaiser Permanente Signature™

- Traditional HMO
- Services are accessed at Kaiser Permanente Medical Centers
- Care is provided by Mid-Atlantic Permanente Medical Group (MAPMG) physicians
- Referral/authorizations are required for specialty care
- Approved referrals are required for hospital care and other facility services

Resources	Contact Information
Medical Advice/Appointments	703-359-7878 1-800-777-7904
Pre-certification	1-800-810-4766 1-800-660-2019 (fax)
Member Services	1-800-777-7902
Claims	Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998

Line of Business as shown in OLA examples

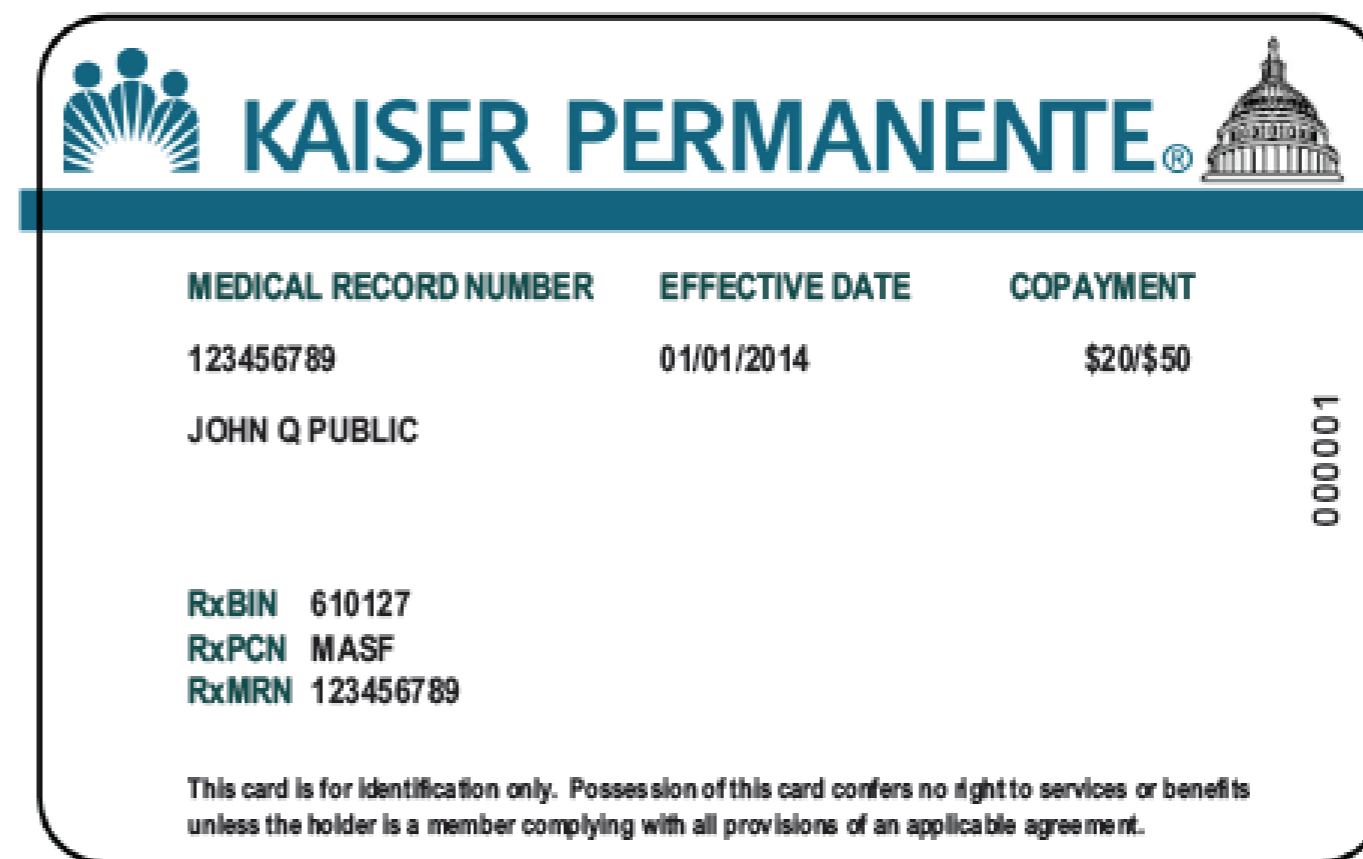
MAS KP-MID ATLANTIC / VA SG OFF HCR POS GOLD
 MAS KP-DHMO/HDHP / VA DHMO PL 6 ML
 MAS KP-MID ATLANTIC / VAH ML
 MAS KP-MID ATLANTIC / MDH ML
 MAS KP-MID ATLANTIC / DCH ML



Marketplace/Exchanges

- Mirrors the Signature™ plan
- Identification cards are similar to the Signature™ plan cards with the exception of Capitol Hill employees
- High deductibles/coinsurance may apply to some plans
- Once annual Out-of-Pocket (OOP) maximums are met, members have no cost share for the remainder of the contract year. OOP limits are available through Online Affiliate

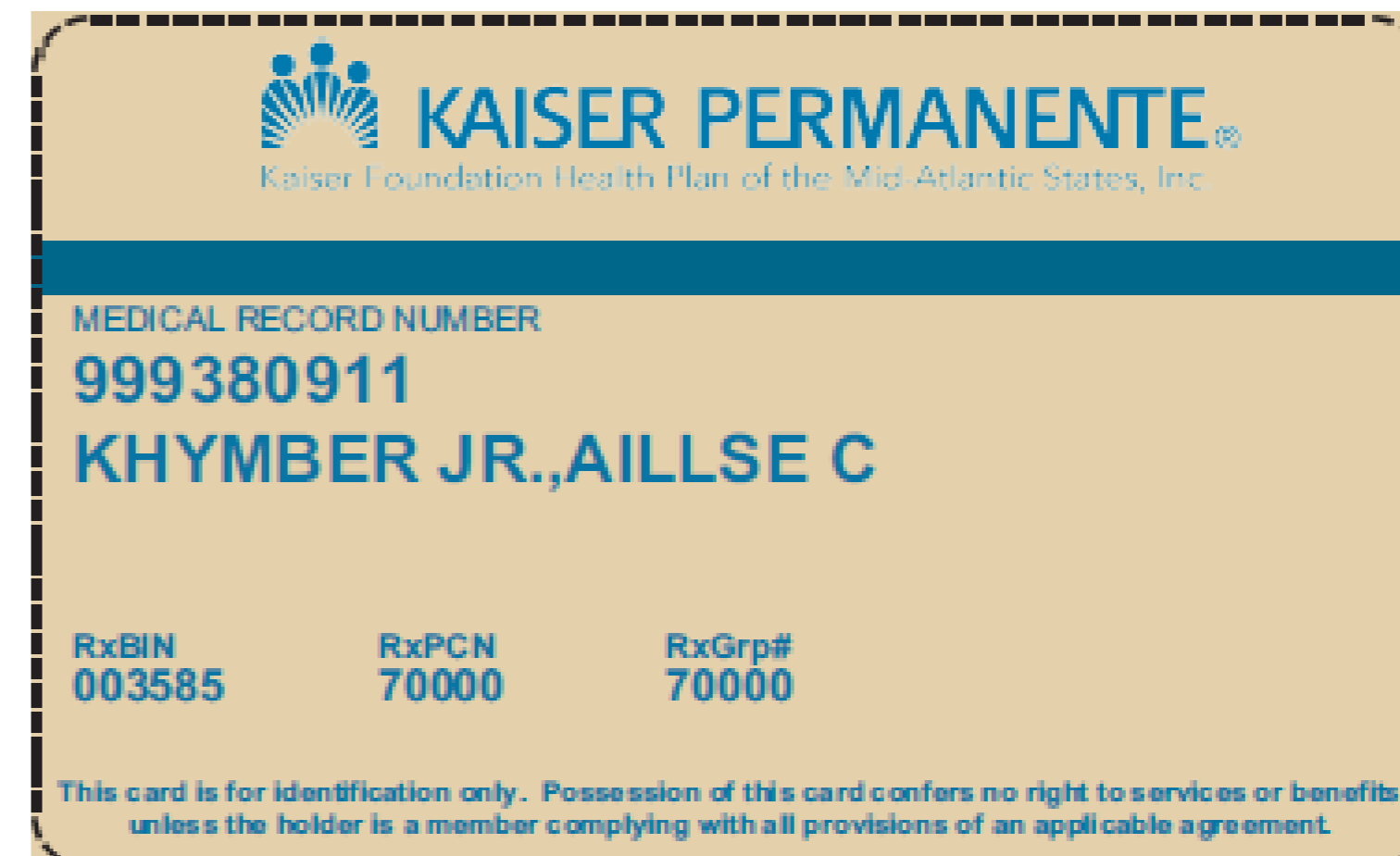
Resources	Contact Information
Medical Advice/ Appointments	703-359-7878 1-800-777-7904
Pre-certification	1-800-810-4766
Member Services	1-800-777-7902
Claims	Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998



Kaiser Permanente Select

- Traditional HMO plan
- Services are accessed at Kaiser Permanente Medical Centers and through Participating Providers within our service area
- A tan Select ID card symbolizes that a member's PCP is a network provider
- Referral/authorizations are required for specialty care
- Approved referrals are required for hospital care and other facility services

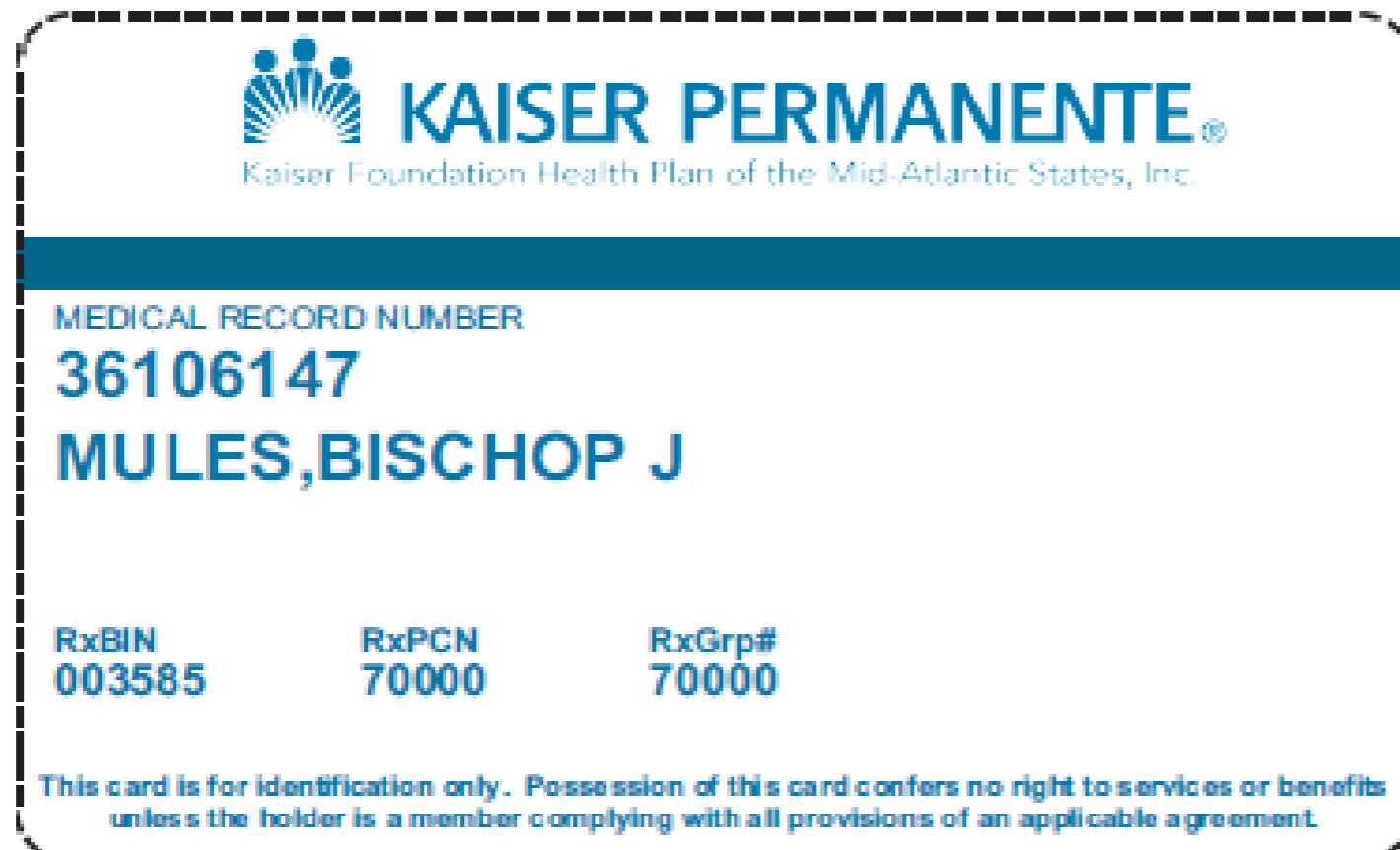
Resources	Contact Information
Medical Advice/Appointments	703-359-7878 1-800-777-7904
Pre-certification	1-800-810-4766 1-800-660-2019 (fax)
Member Services	1-800-777-7902
Claims	Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998



Added Choice™

- 2-tiered plan
- HMO – MAPMG (Kaiser Permanente Signature™) or MAPMG & Participating Provider Network (Kaiser Permanente Select), copays apply
- OON* – Any licensed provider, deductibles and coinsurance apply

*certain OON services may require pre-certification

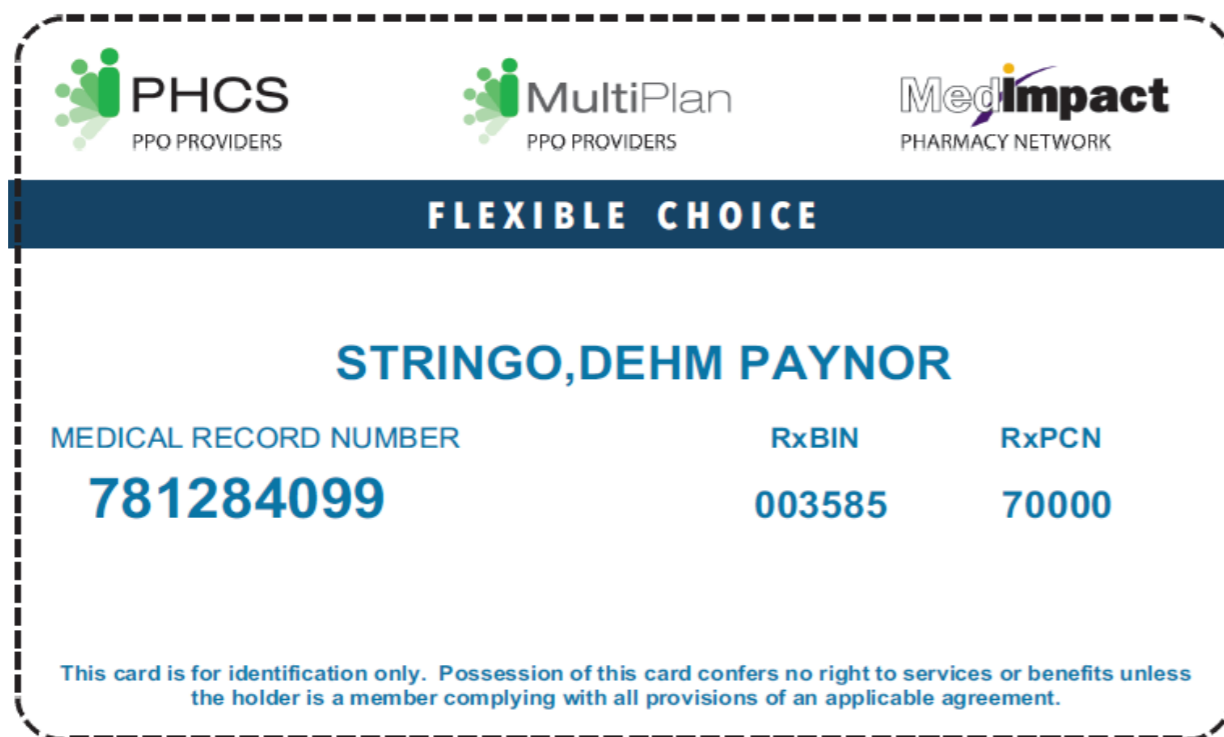


Resources	Contact Information
Medical Advice/Appointments	703-359-7878 1-800-777-7904
Pre-certification	1-800-810-4766 1-800-660-2019 (fax)
Member Services	1-800-777-7902
Claims	Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998

Line of Business as shown in OLA examples
 MAS KP-DHMO/HDHP / MD CORE COPAY 2TP DHMO 20% (41
 MAS KP-MID ATLANTIC / MD3 ML \$30/\$40 (41068) 0122

Flexible Choice™

- Administered by Kaiser Permanente Insurance Company (KPIC)
- 3-tiered plan – HMO, PPO and OON
- HMO – MAPMG (Signature™), copays apply
- PPO – PHCS and MultiPlan providers, deductible and coinsurance apply
- OON – Any licensed provider, deductibles and coinsurance apply



Line of Business as shown in OLA examples
 MAS KP-MID ATLANTIC - DC 3TP ML PL C

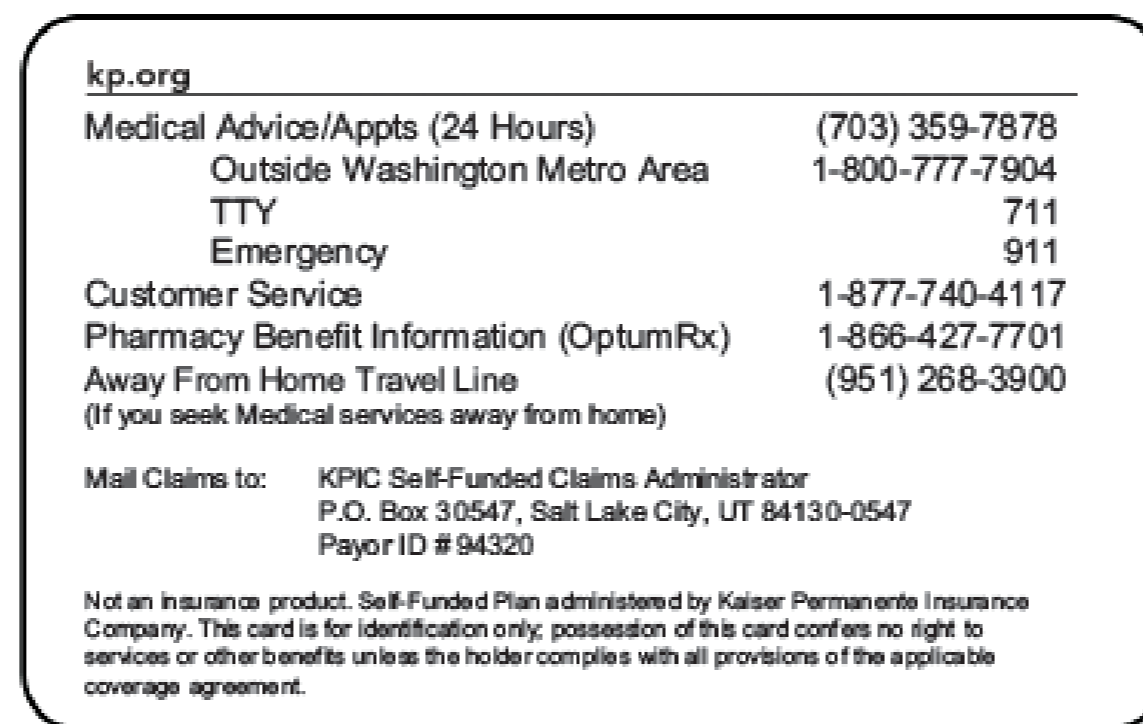
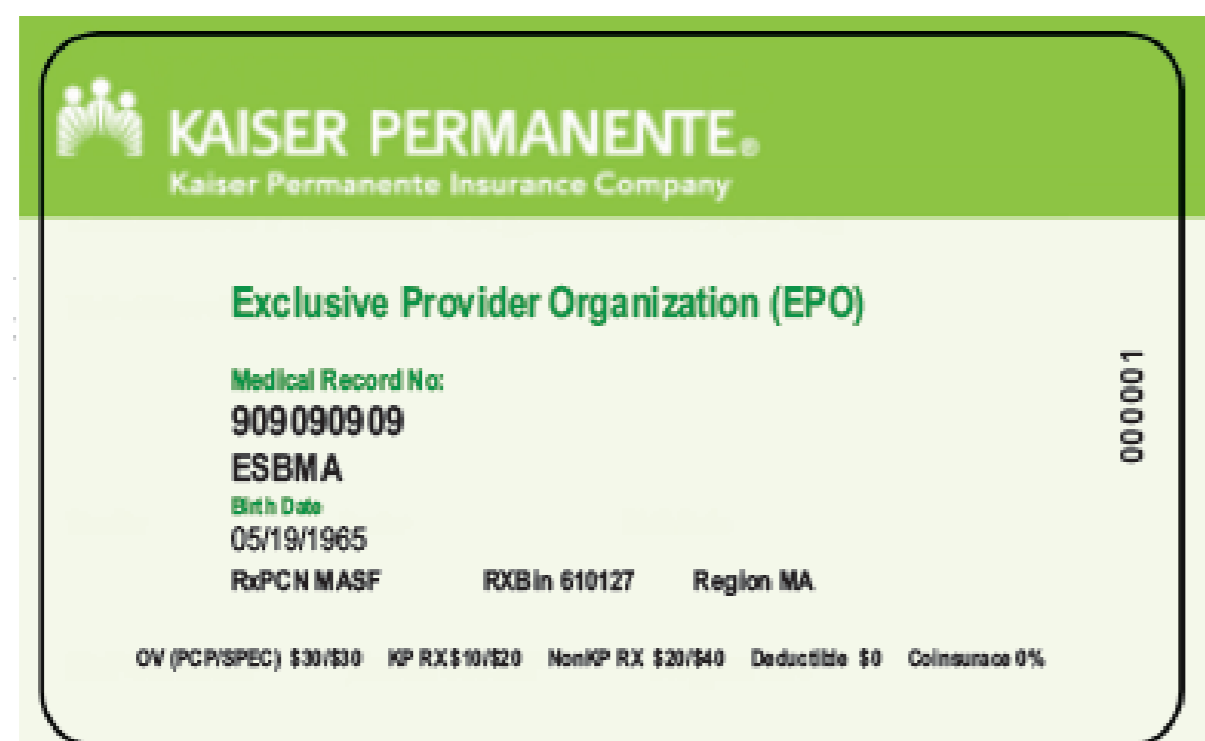
HMO Tier	
Medical Advice/Appointments	703-359-7878 1-800-777-7904
Pre-certification	1-800-810-4766 1-800-660-2019 (fax)
Member Services	1-888-225-7202
Claims	Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998

PPO & OON Tier	
Pre-certification	1-888-567-6847
Member Services	1-800-392-8649
Claims	Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998

Exclusive Provider Organization (EPO)

- Self-Funded plan administered by KPIC
- Mirrors the HMO Signature™ product
- Health Reimbursement Account – employer owned savings account for use by member with high deductible plans
- Members pay for patient liability using an employer provided Visa debit card

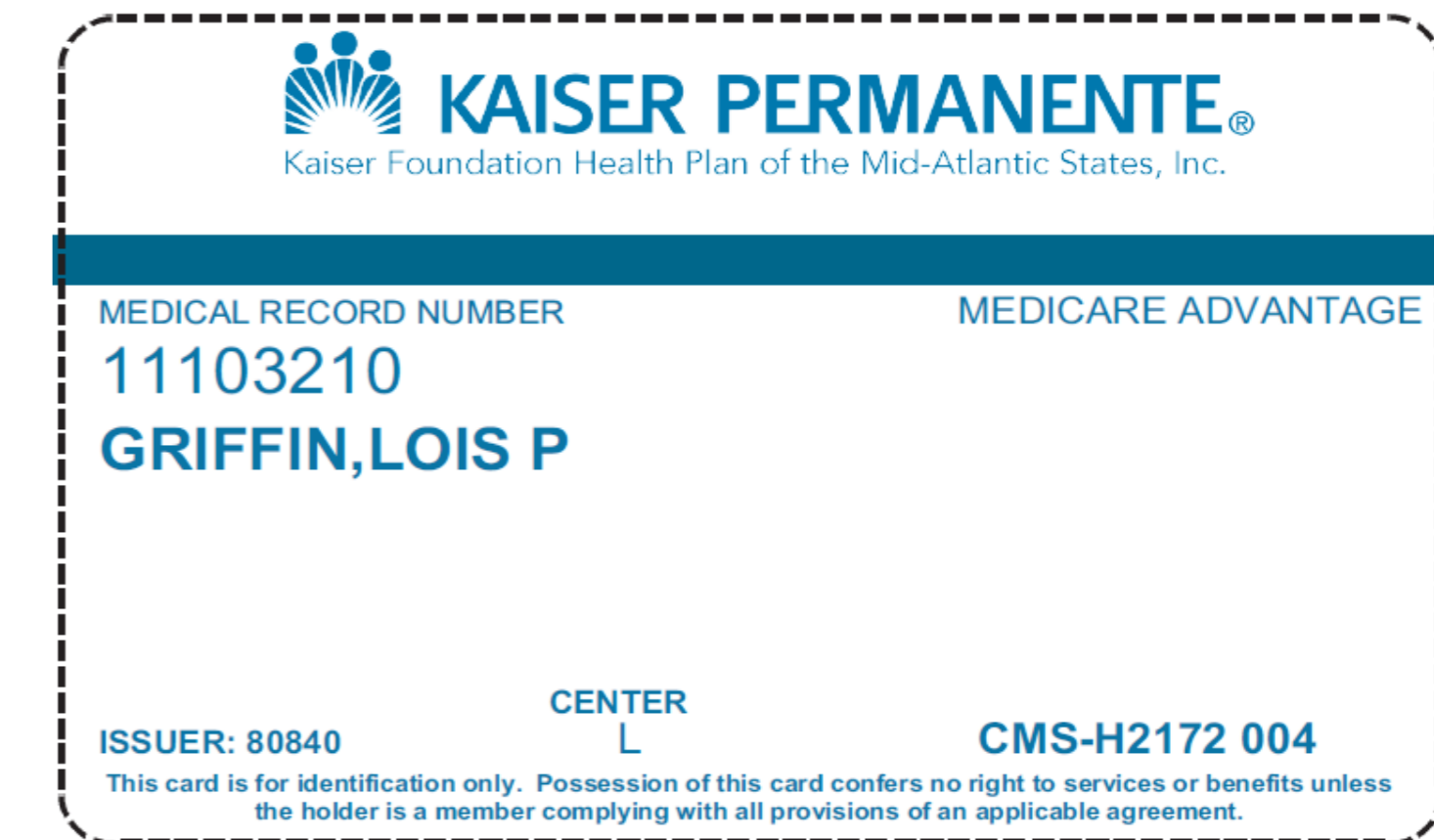
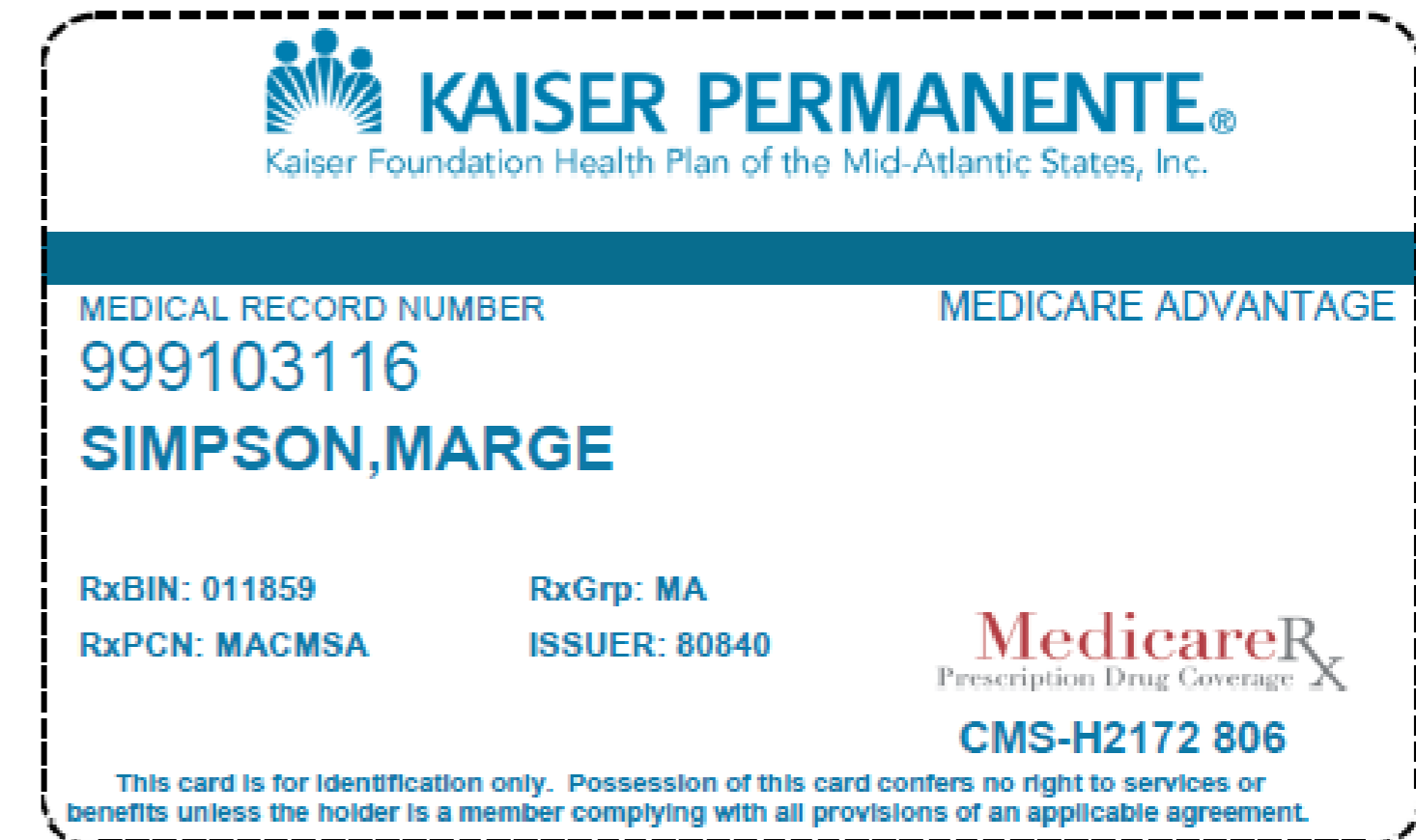
Resources	Contact Information
Medical	703-359-7878
Advice/Appointments	1-800-777-7904
Pre-certification	1-800-810-4766 1-800-660-2019 (fax)
Member/Provider Services	1-877-740-4117
Claims	KPIC Self-Funded Claims Administrator P.O. Box 30547 Salt Lake City, UT 84130-0547



Medicare Advantage™

- Members must already have Parts A & B
- Services are accessed at Kaiser Permanente Medical Centers and the Kaiser Permanente Medicare Advantage Network
- Approved referral/authorizations are required for specialty care, hospital care and other facility services
- Kaiser Permanente must be billed as primary with the same data elements required by Original Medicare

Resources	Contact Information
Medical Advice/Appointments	703-359-7878 1-800-777-7904
Pre-certification	1-800-810-4766 1-800-660-2019 (fax)
Member Services	1-888-225-7202
Claims	Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998



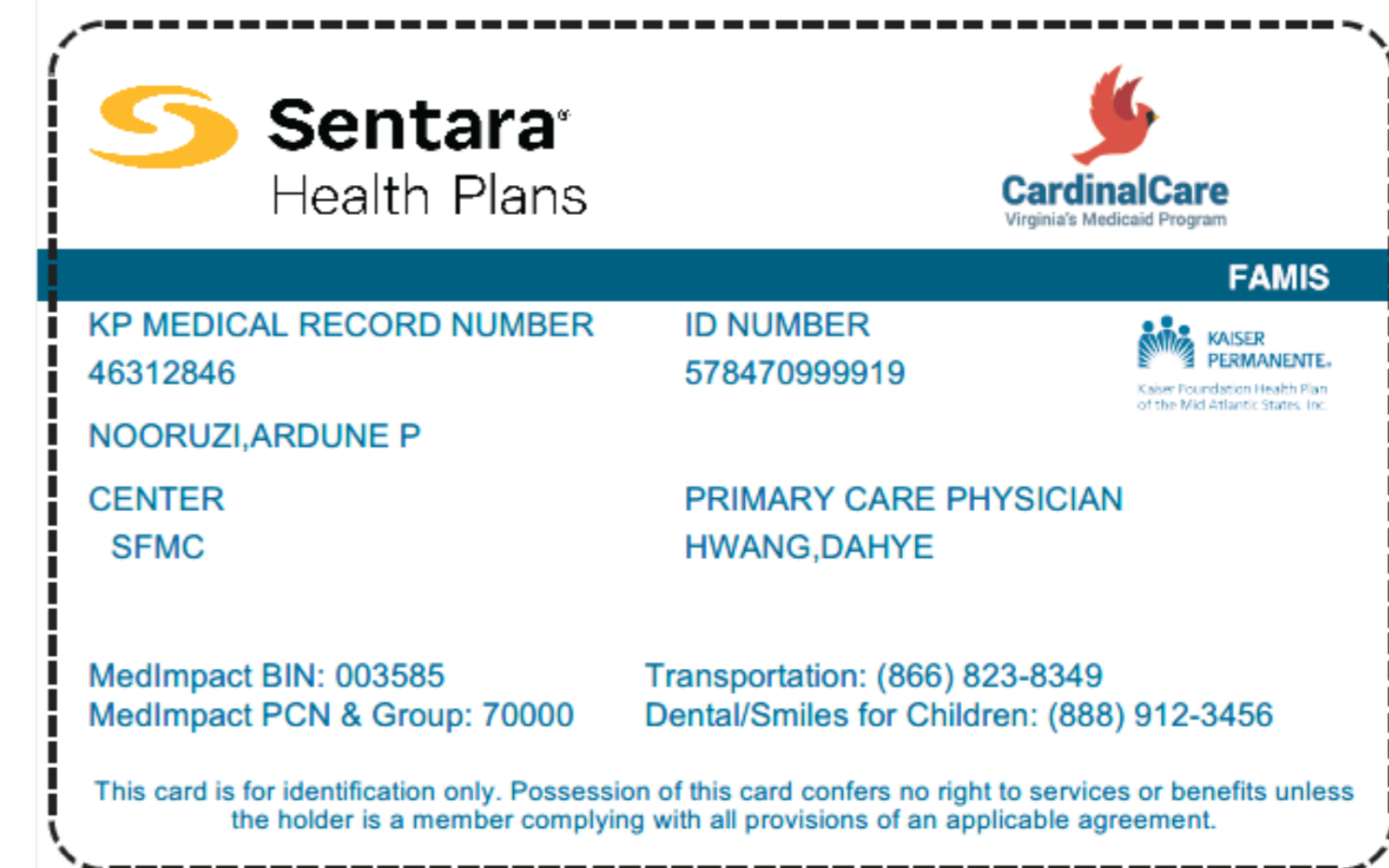
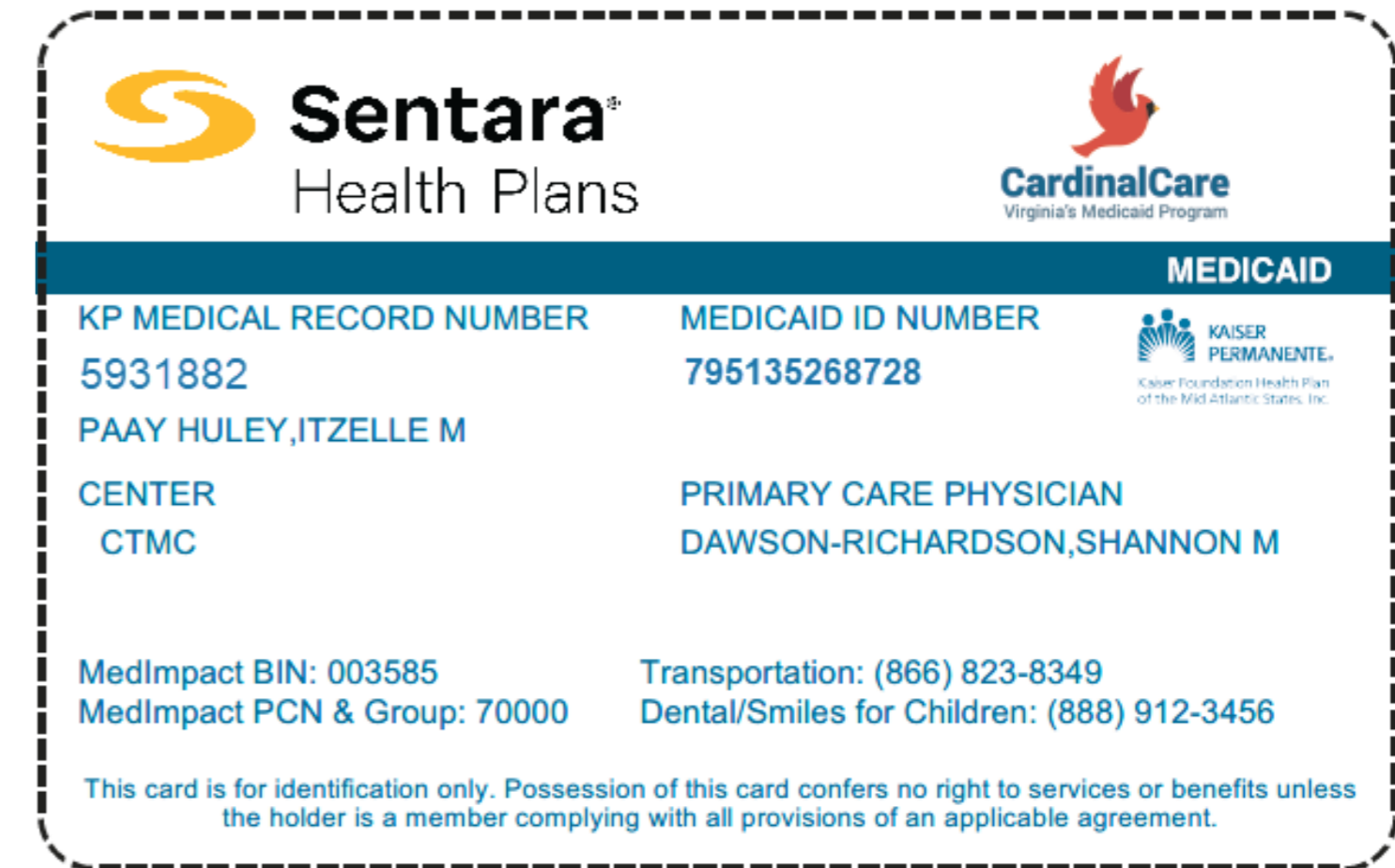
Line of Business as shown in OLA examples

- MAS KP-MEDICARE ADVANTAGE / MA MD DP STD W/OSB
- MAS KP-MEDICARE ADVANTAGE / MA MD DP STD W/O OSB
- MAS KP-MEDICARE ADVANTAGE / MD ADV DP VALUE W/O OSB

Sentara Health and Kaiser Permanente Virginia Medicaid Program

- Kaiser Permanente’s partnership with Sentara Health for Virginia Medicaid
- Formerly branded Optima Health/Virginia Premier. No material changes for members or providers accompanied this rebranding
- HMO – MAPMG (Signature™) and Virginia Medicaid Participating Provider Network
- Use the Kaiser Permanente Medical Record Number when billing Kaiser Permanente

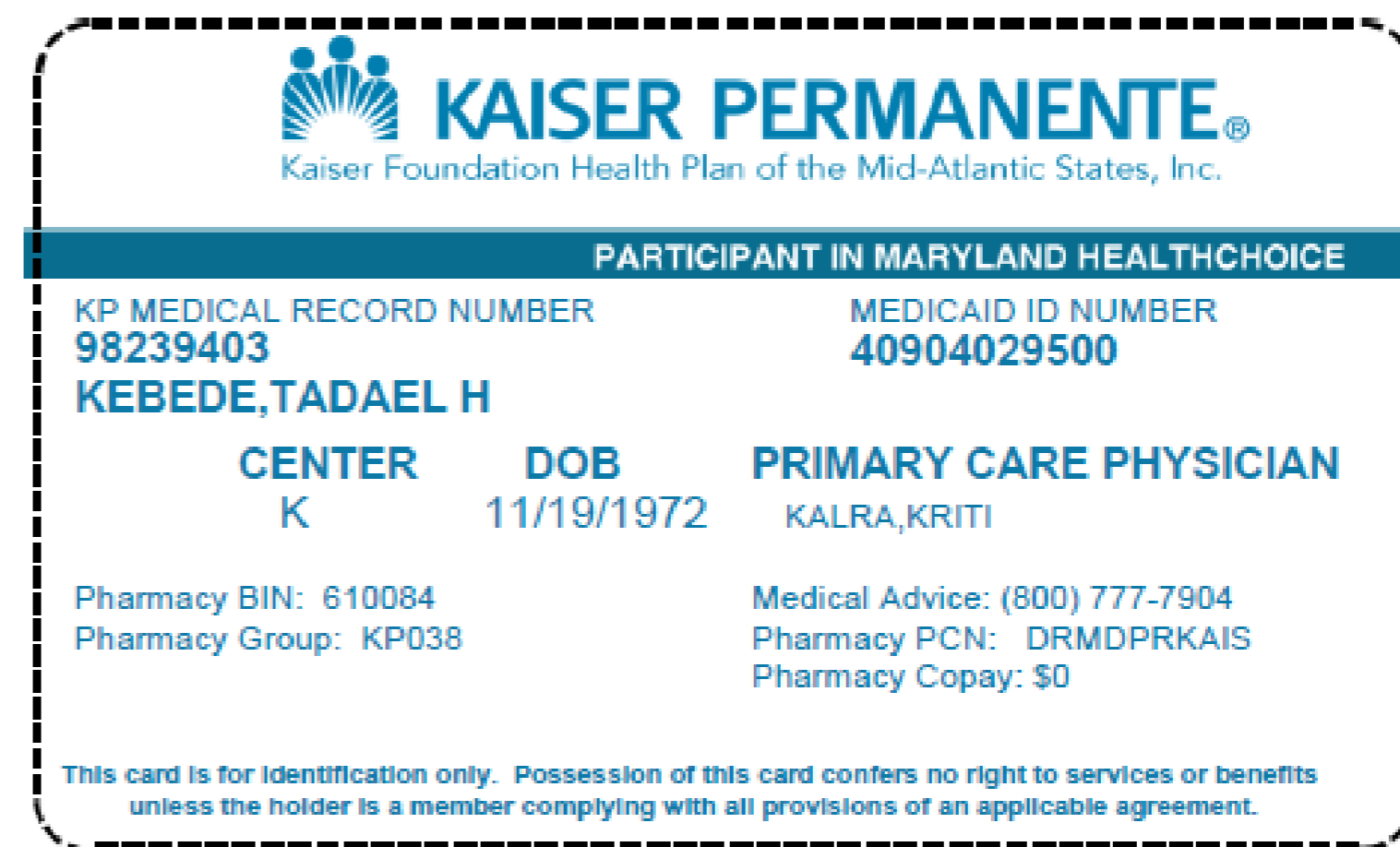
Resources	Contact Information
Medical Advice/ Appointments	703-359-7878 1-800-777-7904
Pre-certification	1-800-810-4766
Member Services	1-855-249-5025
Claims	Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998



Maryland HealthChoice

- Maryland Medicaid MCO
- HMO – MAPMG (Signature™) and Maryland HealthChoice Participating Provider Network
- Use the Kaiser Permanente Medical Record Number when billing Kaiser Permanente

Resources	Contact Information
Medical Advice/Appointments	703-359-7878 1-800-777-7904
Pre-certification	1-800-810-4766 1-800-660-2019 (fax)
Member Services	1-855-249-5019
Claims	Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998



Line of Business as shown in OLA examples
MAS KP-MEDICAID MCO MARYLAND / MD MEDICAID PLAN

Provider Responsibilities – Care and Appointments

- PCPs direct care for their Kaiser Permanente members and refer them for specialty care.
 - All providers are expected to reach out to members referred to them for care. These outreach efforts **may** include the following:
 - Scheduling the referred member's appointment
 - Entering appointment requests into their appointment tracking systems
 - Sending appointment notifications by phone, email, or text message
 - Rescheduling missed appointments
 - Providing members with appointment cards
- *Note: After two unsuccessful attempts to bring Medicaid members in for care, participating providers are required to contact the KPMAS Provider Experience team (Provider.Relations@kp.org), who will then engage with the Medicaid Department.



Provider Responsibilities – Demographic Updates

- **All providers must notify Kaiser Permanente of changes to their demographic information. This includes the following:**
 - Providers joining or leaving the practice (including retirement)
 - Making changes to existing practice locations or billing addresses
 - Adding practice locations
 - Changing the Tax ID number and/or name of an existing group
 - Updating panel status (for PCPs)
- Keeping Kaiser Permanente updated about demographic changes ensures that our directory and data systems are accurate and helps us provide an excellent healthcare experience for our members.
- These updates also facilitate smooth claims adjudication for our providers.
- Providers must also update their information in the National Plan and Provider Enumeration System (NPPES) and the Council for Affordable Quality Healthcare® (CAQH)

*Note: Delegated providers must update their information with their delegated entity.



Provider Directory Validation Surveys

- Provider data must be validated every 90 days in adherence with the Center for Medicare and Medicaid Services (CMS) regulations and the new Consolidated Appropriations Act of 2021 (the “No Surprises Act”).
- Providers will receive these surveys every 90 days via mail
- Providers are required to respond to the survey

Provider Details: Please validate that the information we have in our records below is accurate

Facility/Vendor Name: _____
 Facility Tax ID: _____

Provider ID: 000000	NPI: 0000000000000000	Tax ID: 000000000000	Name: Sample Provider
T			
Office:	Address 1:	Address 2:	City:
Sample Provider	SAMPLE STREET ADDRESS		Sample City 1
Sample Provider	SAMPLE STREET ADDRESS		Sample City 2
	State:	Zip:	Office Phone:
	MD	Zip 1	Phone # 1
		MD	Phone # 2
			Office Fax:
			Primary Office:
			Yes
			No

Practice Representative Name: _____

Phone Number: _____ Email Address: _____

KAISER PERMANENTE
 Provider Experience
 2101 East Jefferson Street
 Rockville, MD 20852

Please reply by July 31, 2024

June 30, 2024

Mark this box if there are no changes

Dear Participating Provider:

This Kaiser Permanente provider directory validation survey is designed to adhere to the Center for Medicare and Medicaid Services (CMS) regulations and the new Consolidated Appropriations Act of 2021, also known as the No Surprises Act. The objectives of both are to ensure that members have access to accurate provider information. The survey not only addresses directory accuracy but also accuracy of our other provider data systems. In accordance with these regulations, provider data must be validated at least every 90 days. Therefore, Kaiser Permanente will send this provider directory validation survey each quarter and providers are required to respond. Please follow the steps below for instructions on how to complete your survey.

STEP 1: Review the following:

- Provider(s) and/or Facility Name(s)
- NPI Number
- Office Address(es) and Suite Number(s)
- Office Phone & Fax Number(s)
- Provider(s) Accepting New Kaiser Permanente Patients
- Provider(s) Accepting Kaiser Permanente Medicare, Medicaid, or HMO plan
- Languages spoken by practitioner
- Completed culturally competent care training (Note: training may be from any source; it does not have to be from Kaiser Permanente)

If there are no changes please mark the box at the top.

STEP 2: How to make your updates:

Corrections	<ul style="list-style-type: none"> • Strike through the incorrect information • Note the corrections directly under the incorrect information • Practitioner name changes require supporting documentation (i.e., licenses, decrees, etc.). Please submit changes on your letterhead along with survey.
Terminations	<ul style="list-style-type: none"> • Practitioner • Office locations <ul style="list-style-type: none"> • Strike through provider name or office location • Include the termination date
Additions	Submit a separate request. Go to www.kp.org/mas/providers and select
New Group Name or Tax ID	<ol style="list-style-type: none"> 1. Forms 2. Complete the <i>Provider Demographic Request Form</i> 3. Submit a W-9 for new group name or tax ID change

STEP 3: Return the form by July 31, 2024

- Fax: 855-414-2623
- Email: provider.demographics@kp.org – use subject line: “Provider Directory Validation”
- Mail: 2101 East Jefferson Street
2 East, Provider Experience
Rockville MD 20852

Note: Please write legibly when completing the survey and provide contact information on the last page in the event that we have questions.

If you have any questions or concerns, please contact Provider Experience @ 1-877-806-7470 or email us at provider.demographics@kp.org – use subject line: “Provider Directory Validation”.

Thank you for communicating all data changes in a timely manner. We appreciate your cooperation!

Updating Provider Demographics

- Access our provider directory at <https://kaisermidatlantic.providerlookuponlinesearch.com/search>
- **Keeping Your Provider Data Updated:**
 - Be sure to submit any changes to your practice to Kaiser Permanente to keep your provider data updated
 - A sample form letter can be found on our Community Provider Portal at www.kp.org/providers/mas. Utilize this form to submit changes
 - Fax: 855-414-2623
 - Email: Provider.Demographics@kp.org
 - Mail: Kaiser Permanente
Provider Experience
2101 East Jefferson St., 2 East
Rockville, MD 20852
- If you have any questions or concerns, please contact Provider Experience at 1-877-806-7470 or email us at Provider.Demographics@kp.org.

Referrals and Authorizations

Utilization Management Operations Center (UMOC)

Referral Management Unit: 8:00am – 4:30pm, weekdays

Concurrent Review Unit: 8:30am – 5:00pm, weekdays

Home Care/DME Unit: 8:30am – 5:00pm, weekdays

Emergency Care Management (ECM): 24/7, 365 days/yr.

Referrals, Authorizations, Hospital Observation & Inpatient Admissions

Online Affiliate

www.kp.org/providers/mas

General Number (listen for prompts)

800-810-4766

Inpatient Utilization Review Department Email

MAS-UM-Teamkp.org@kp.org

Fax Numbers:

- Specialty Care Referrals 800-660-2019
- DME & all PT/OT/ST (new referrals) 800-660-2019
- DME (reauth) 855-414-1695
- SNF PT/OT/ST & OP rehab PT/OT/ST (reauth) 855-414-1698
- Home Health PT/OT/ST (reauth) 855-414-1695
- Early Intervention 855-414-1695
- Concurrent Review 855-414-1708

Referrals and Authorizations

Utilization Management Operations Center (UMOC)

Pre-service review is required for selected procedure and services

List of self-referred services and services requiring pre-service review can be found in the Kaiser Permanente Provider Manual posted at <https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/community-providers/provider-info#provider-manuals>

Call the UMOC for notification of observation and inpatient admissions

Email MAS-UM-Teamkp.org@kp.org for items such as new patient referrals, hospital status, or bed days

Specialty Care Referrals

Initial Consultation

- Referral must be authorized by PCP or specialist
- Referral valid for 90 days (3 months), or as otherwise specified on the referral

Additional visits (specialist may initiate extension of referral) by:

- Faxing request (Uniform Referral Form) to the UMOC at 1-800-660-2019, or
- Calling UMOC at 1-800-810-4766 and following voice prompts to request additional visits

Remember you do not have to call the PCP to request additional visits, call the UMOC number above

Referrals and Authorizations

Virtual Continuum Compass (VCC)

A group of clinical care consultants available to answer questions regarding the management and discharge of Kaiser Permanente members.

- Authorization Eligibility Questions
- Peer-to-Peer Consultations
- Management/Discharge of complex patients
- Venue Management

7 days a week from 8:30am – 6:00pm EST

301-879-6238

The VCC is for inpatient or skilled nursing facility (SNF) case managers and/or rounding providers only. Questions regarding outpatient specialty care should be directed to UMOC at 800-810-4766.

Additional Utilization Management Resources

Post Acute Analytics (PAA)

- A partner that helps expedite the SNF prior authorization and SNF concurrent review processes through the Anna™ software platform.
- 469-444-7407

Progeny Health

- A partner company specializing in Neonatal Care Management Services. Progeny Health's staff works closely with Kaiser Permanente attending physicians and nurses, to promote healthy outcomes for premature and medically complex newborns.
- 888-832-2006

Behavioral Health

Members

Behavioral Health Access Unit: 1-866-530-8778

- Select prompt #6 for non-urgent inquiries
- Select prompt #9 for emergency services

Providers

Pre-authorization is not required for the initial consultation and some routine care services. The complete list of authorization-waived CPT codes can be found under “News and announcements” at www.kp.org/providers/mas.

Behavioral Health Utilization Management: 301-552-1212

Psychiatric Hospitalizations: 1-800-810-4766

Behavioral Health UM Fax: 855-414-1703

Claim Filing Addresses & EDI IDs

Fully-Funded and Flexible Choice™ plans:
Mid-Atlantic Claims Administration
Kaiser Permanente
P.O. Box 371860
Denver, CO 80237-9998

Self-Funded plans:
KPIC Self-Funded Claims Administration
P.O. Box 30547
Salt Lake City, UT 84130-0547
Payor ID: 94320

Payor IDs for electronic claim clearinghouses:

- Change Healthcare: 52095
- OptumInsight/Ingenix: NG008
- Office Ally: 52095
- Availity (formerly REALMED): 54294
- Relay Health: RH010

Electronic Data Interface (EDI) & Electronic Fund Transfer (EFT) Support:
<https://kpnationalclaims.my.site.com/EDI/s/>

Billing Procedures

Timely filing:

- Commercial: 180 days (6 months) from date of service
- Government Programs: 12 months from date of service

Timely filing of appeals/disputes:

- Commercial: 180 days (6 months) from date of claim denial
- Government Programs: 12 months from date of claim denial

“Clean Claims”: standard format/completed fields, attachments, current industry standard data coding

All patient services must be billed on CMS1500 or UB04 forms

See Provider Manuals for more claim filing details

Appointment Wait Times Standards

- For your awareness, state and national regulatory bodies have established appointment wait times standards.
- It's vital that our providers have adequate appointment availability so that we can maintain these medical care accessibility standards.
- We conduct provider appointment availability surveys via mail or phone call so that we can report the results to regulators.
- Your participation in conducting these reviews for your practice/group is critical.
- This presentation contains the appointment wait times standards that we are required to track. You can find it under the “Training Resources” section of our community provider portal at www.kp.org/providers/mas.



Appointment Wait Times Standards – Commercial & Medicare Advantage

Commercial – State of Maryland (MIA)

Appointment Type	Standard
Urgent care for medical services	Within 72 Hours
Inpatient Urgent Care for Mental Health Services	Within 72 Hours
Inpatient Urgent Care for Mental Health Services	Within 72 Hours
Outpatient Urgent Care for Mental Health Services	Within 72 Hours
Outpatient Urgent Care for Substance Use Disorder Services	Within 72 Hours
Routine Primary Care	15 Calendar Days
Preventive Care/Well Visit	30 Calendar Days
Non-urgent Specialty Care	30 Calendar Days
Non-urgent Mental Health Care	10 Calendar Days
Non-urgent Substance Use Disorder Care	10 Calendar Days

Commercial – District of Columbia

Appointment Type	Standard
Primary Care	Within 7 Business Days
Behavioral Health Treatment, Including Substance Use Treatment	Within 7 Business Days
Prenatal Care	Within 15 Business Days
Specialty Care	Within 15 Business Days

Medicare Advantage – Centers for Medicare & Medicaid Services (CMS)

Appointment Type	Standard
Emergency or Urgent Care	Available Immediately
Non-Urgent or Emergent Services	Within 7 Business Days
Routine and Preventive Care	Within 30 Business Days

Appointment Wait Times Standards – Virginia Medicaid

Virginia Medicaid – Department of Medical Assistance Services (DMAS)

Appointment Type	Standard
Emergency Services, including Crisis Services	Immediately upon the Member’s request
Routine Primary Care Services	<p>Within thirty (30) calendar days of the Member’s request</p> <p>Note: Standard does not apply to appointments for routine physical examinations, for regularly scheduled visits to monitor a medical condition if the schedule calls for visits less frequently than once every thirty (30) days, or for routine specialty services like dermatology, allergy care, etc.</p>
Maternity Care	<p>Prenatal care appointments must be made available to pregnant Members as follows:</p> <ul style="list-style-type: none"> • First trimester – Within seven (7) calendar days of request • Second trimester – Within seven (7) calendar days of request • Third trimester – Within seven (7) calendar days of request • High-Risk Pregnancy – Within three (3) business days of identification of high-risk to the Contractor or maternity provider, or immediately if an emergency exists
Mental Health Services	Behavioral health appointments must be made available as expeditiously as the Member’s condition requires and within no more than five (5) business days from the Contractor’s determination that coverage criteria is met
Urgent Medical Conditions	Within 24 hours of the Member’s request

Appointment Wait Times Standards – Maryland Medicaid

Maryland HealthChoice – Maryland Department of Health (MDH)

Appointment Type	Standard
Well-child assessments	Within 30 days of request
Initial assessment of pregnant and postpartum women and individuals requesting family planning services	Within 10 days of request
Urgent care	Within 48 hours of request
Routine and preventative primary care	Within 30 days of request
Routine specialist follow-up	Within 30 days of initial authorization from the enrollee’s primary care provider, or sooner as deemed necessary by the primary care provider whose office staff shall make the appointment directly with the specialist’s office
Initial visit for newborns	Within 14 days of discharge from hospital if no home visit has occurred; Within 30 days of discharge from hospital if an initial home visit occurred
Optometry	Within 30 days of request for regular appointments, including first appointment with a new or replacement provider; within 48 hours of request for urgent care
X-ray	Within 30 days for request for regular appointments; within 48 hours of request for urgent care
Lab	Within 30 days of request for regular appointments; within 48 hours of request for urgent care

Member Rights & Responsibilities

- Kaiser Permanente is committed to providing members with quality health care services. Our members can expect to be treated professionally, be involved in the decision-making process, and receive safe and ethical care.
- Learn about our members' rights and responsibilities on our Community Provider Portal at www.kp.org/providers/mas



Compliance and Regulatory Policy

- Kaiser Permanente is committed to meeting compliance and regulatory policies enforced by federal, state/local government and health plans
- For questions regarding compliance policy or to obtain a copy of the Kaiser Permanente compliance guide, “Principles of Responsibility”, please call Provider Experience at 1-877-806-7470 or visit www.kp.org/providers/mas

Quality and Health Management

- KPMAS Quality of Care and Service Program addresses all medical, behavioral health and provider service to internal/external customers. Call Member Services at 1-800-777-7902 for more information.
- Providers are credentialed upon initial application and re-credentialed every three (3) years
- Site visits are conducted at initial and re-credentialing processes or as needed when a deficiency is identified
- Please see the Provider Manual for more quality measurement standards



Community Provider Portal (CPP)

- www.kp.org/providers/mas
- Provider Manual
- Provider directories
- Clinical guidelines
- Network newsletters
- Download forms
- Trainings
- News and announcements

Kaiser Permanente HealthConnect Online Affiliate (OLA)*

- Secure web-based application, user ID required
- View member demographics
- Verify member eligibility and benefits
- View Kaiser Permanente medical records
 - Users with clinical access can enter laboratory and radiology order requests into Kaiser Permanente medical centers
- View referrals/authorizations/bed day table
- View claim information and send inquiries
- File appeals and payment disputes
- Respond to Kaiser Permanente requests for information (RFI) - *Note: system has maximum file upload capacity of 20Mb per claim

*Training materials for the above features available on OLA

Contacts

Community Provider Portal (CPP):

- Provider Manual, provider directory, forms for provider data changes, enrollment in KP HealthConnect Online Affiliate
- Sign-on to Online Affiliate

www.kp.org/providers/mas

Provider Experience:

- Contract questions, orientation and training

Provider.Relations@kp.org

Fax: 855-414-2623

Provider Demographic Updates

Provider.Demographics@kp.org

Member Services Call Center (MSCC):

- Eligibility and benefits, member appeals, and member grievances

1-800-777-7902

EDI & EFT Inquiries

<https://kpnationalclaims.my.site.com/EDI/s/>

Claims

Mid-Atlantic Claims Administration
 Kaiser Permanente
 P.O. Box 371860
 Denver, CO 80237-9998

Online Affiliate Support

<https://kpnationalclaims.my.site.com/support/s/>

Utilization Management

1-800-810-4766

Behavioral Health UM

301-552-1212

Thank you for participating with
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If you have any questions regarding this presentation, please
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