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

Urgent Care Centers

Open nights, weekends, and holidays (call for specific hours).

- General radiology
- Lab services
- Pharmacy
- On-site IV treatments

Advanced Urgent Care Centers

24-hour coverage

Offer additional services beyond those of our standard urgent care centers:

- Advanced imaging
- Observation unit
- Cardiac monitoring

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 December 2025

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 & Level-Funded Plans
Medicare Advantage (SRA)	Medicare Risk Plan
Sentara Health	Virginia Medicaid Plan
Maryland HealthChoice	Maryland Medicaid Plan
Maryland Dual Special Needs Plan (DSNP)	Medicare/Maryland Medicaid Dual Coverage Plan

Kaiser Permanente Signature™

Product Details

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

LOB Displayed in OLA:

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

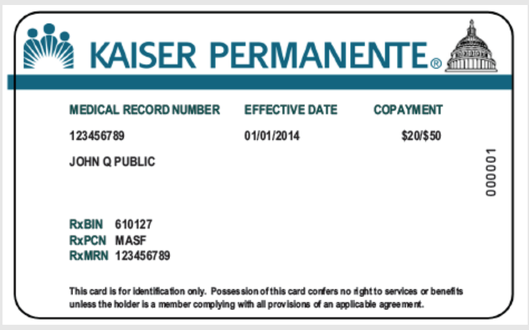
ID Card

Marketplace/Exchanges

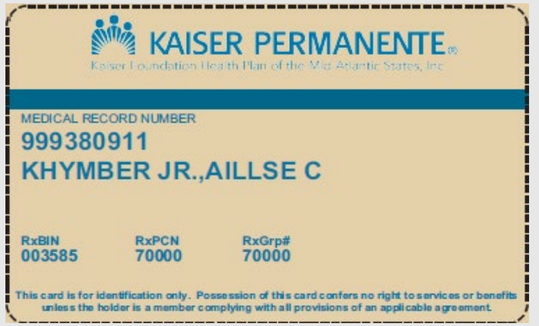
Product Details

- 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

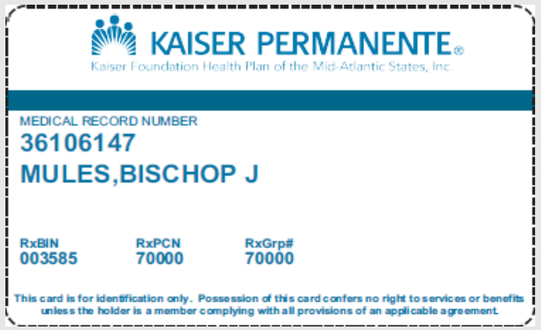
ID Cards



Kaiser Permanente Select

Product Details	ID Card
• 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 LOB Displayed in OLA:	

Added Choice™ POS

Product Details	ID Card
• 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 LOB Displayed in OLA: MAS KP-DHMO/HDHP / MD CORE COPAY 2TP DHMO 20% (41 MAS KP-MID ATLANTIC / MD3 ML $30/$40 (41068) 0122	

Flexible Choice™

Product Details

- 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

LOB Displayed in OLA

MAS KP-MID ATLANTIC - DC 3TP ML PL C

ID Card

Medicare Advantage

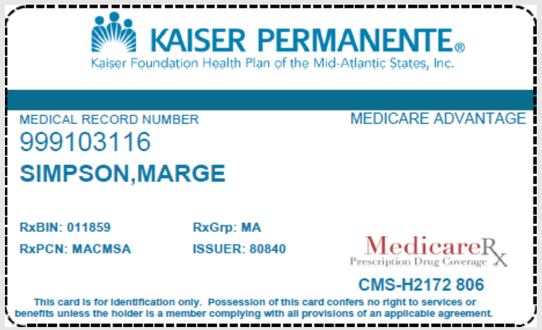
Product Details

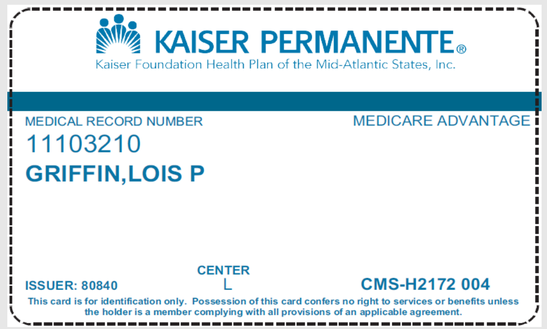
- Members must already have Parts A & B
- Services are accessed at Kaiser Permanente Medical Centers and the Kaiser Permanente Medicare Advantage Network
- Approved referral/authorizations are required for specialty care, hospital care and other facility services
- Kaiser Permanente must be billed as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

LOB Displayed in OLA

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

ID Cards





Exclusive Provider Organization (EPO) – Level-Funded

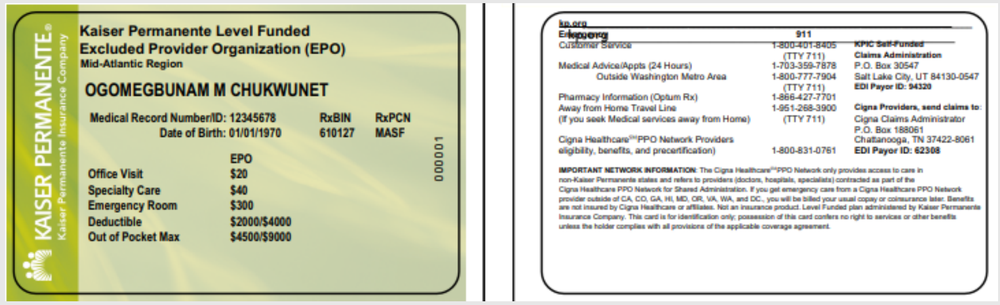
Product Details

- Level-Funded plan administered by KPIC (small-midsize groups)
- 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

LOB Displayed in OLA

LEVEL-FUNDED KPIC/HARRINGTON – DCSG GOLD $20/$50 (50673) 0125

ID Cards



Exclusive Provider Organization (EPO) – Self-Funded

Product Details

- Self-Funded plan administered by KPIC (large groups)
- 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

LOB Displayed in OLA

SELF-FUNDED KPIC/HARRINGTON – DCSG GOLD $20/$50 (50673) 0125

ID Cards

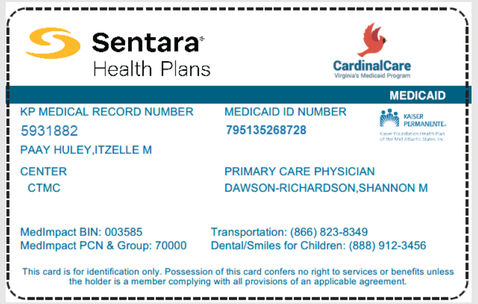
Sentara Health and Kaiser Permanente Virginia Medicaid Program

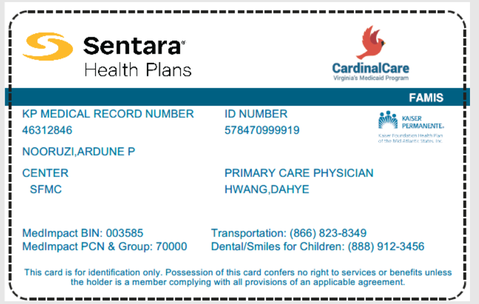
Product Details

- Kaiser Permanente's partnership with Sentara Health for Virginia Medicaid
- HMO – MAPMG (Signature™) and Virginia Medicaid Participating Provider Network
- Use the Kaiser Permanente Medical Record Number when billing Kaiser Permanente

LOB Displayed in OLA

ID Cards





Maryland HealthChoice

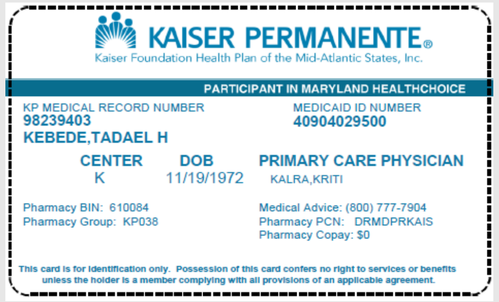
Product Details

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

LOB Displayed in OLA

MAS KP-MEDICAID MCO MARYLAND / MD MEDICAID PLAN

ID Card



Maryland Dual Special Needs Plan (DSNP)

Product Details

- Plan for members dually eligible for Medicare and MD Medicaid
- Medicare is the primary payer for most medical services.
- MD Medicaid assists with the remaining costs as a secondary payer; providers may not collect copay or coinsurance from these members at the point of service and should bill MD Medicaid for any listed cost-shares as applicable.

LOB Displayed in OLA

MAS KP-MEDICARE ADVANTAGE- MA MD DSNP COMP1

ID Cards

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 requests into appointment tracking systems
  - Sending appointment notifications by phone, email, or text
  - 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.

Language Access

- In accordance with Federal laws, Kaiser Permanente is required to and requires its contracted providers to provide language services for all patients with communication barriers to ensure they have equal access to services and information.
- This includes individuals with a primary language other than English and those who are deaf, hard of hearing, and blind.
- This may mean providing free aids and services such as interpreters, written information in other formats, and/or assistive devices to facilitate communication.

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
  - Accepting new patients
  - Changing the Tax ID number and/or name of an existing group
  - Updating panel status (for PCPs)
  - Changes to ownership and acquisition of your practice
- 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)

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
4000 Garden City Drive
Hyattsville, MD 20785
- If you have any questions or concerns, please contact Provider Experience at 1-877-806-7470 or email us at Provider.Demographics@kp.org.

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 receive these surveys every 90 days via mail [samples of the survey are on the next page]
- Providers are required to respond to the survey
- In January 2025, we launched a pilot program for our new Attestation Portal for Validating Provider Information.
  - This is currently only being rolled out to a select group of providers, but in the future will provide an even more streamlined and efficient attestation process.
  - You can find more information on the “News and Announcements” page of our Community Provider Portal at www.kp.org/providers/mas.

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	• 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 • Practitioner • Office locations	• Strike through provider name or office location • Include the termination date
Additions • New practice locations • Provider additions **New Group Name or Tax ID**	Submit a separate request. Go to www.kp.org/mas/providers and select 1. *Forms* 2. Complete the *Provider Demographic Request* Form 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!

KAISER PERMANENTE®

Provider Details: *Please validate that the information we have in our record*

Facility/Vendor Name:
Facility Tax ID:

Provider ID: 000000 *NPI: 0000000000000* *Tax ID: 000000000000* **Name:** Sample Provider

T

Office:	*Address 1:*	*Address 2:*	*City:*	*State:*	*Zip:*	*Office Phone:*	*Office Fax:*	*Primary Office*
Sample Provider	SAMPLE STREET ADDRESS		Sample City 1	MD	Zip 1	Phone # 1		Yes
Sample Provider	SAMPLE STREET ADDRESS		Sample City 2	MD	Zip 1	Phone # 2		No

Practice Representative Name: _____

Phone Number: _____ Email Address: _____

Referrals and Authorizations

Utilization Management Operations Center (UM)	
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 (UM) Operations Center
Pre-service review (authorization) 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 UM 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 UM at 1-800-660-2019, or •Calling UM 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 UM 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 UM 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.
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

Payor IDs for electronic claim clearinghouses:
- Office Ally: 52095
- Availity (formerly REALMED): 54294
- SSI: 52095
- Relay Health: RH010 & NG008

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

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

Provider Disputes & Appeals

- Providers who disagree with a decision not to pay a claim in full or in part may file a payment dispute request. Payment disputes must be filed within 180 days of the date of the denial and/or Explanation of Payment.
- Providers should include the reason for the dispute along with all necessary documentation.
- Providers may submit disputes through Online Affiliate or in writing via mail.
  - Submitting disputes via Online Affiliate:
    - Providers can access Online Affiliate or request access to the platform by navigating to the “Online Provider Tools” section of our Community Provider Portal at www.kp.org/providers/mas.
    - For help with Online Affiliate or to contact our support team, please access the Online Affiliate Support Site at https://kpnationalclaims.my.site.com/support/s/.
    - More information about filing disputes can be found in chapter eight of our Provider Manual as well as in the “Claims” section of our Community Provider Portal at www.kp.org/providers/mas.
  - Disputes in writing should be mailed to the following address:

    Mid-Atlantic Claims Administration
    Kaiser Permanente
    PO Box 371860
    Denver, CO 80237-9998

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	Within thirty (30) calendar days of the Member's request 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.
Maternity Care	Prenatal care appointments must be made available to pregnant Members as follows: • First trimester – Within seven (7) calendar days or 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
Long Term Support Services (LTSS)	Within five (5) business days from Kaiser Permanente's determination that coverage criteria are met
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 –

Kaiser Permanente's Community Provider Portal (CPP), which is accessible at www.kp.org/providers/mas, offers a wealth of information and tools for our contracted providers. Below are some of the different sections of CPP:

- Eligibility
- Authorizations
- Claims
- Member Information
- Provider Information
- Clinical Guidelines
- Pharmacy
- Forms and Resources
- Training Information
- Online Provider Tools
- News and Announcements

Online Affiliate –

Online Affiliate (OLA) is Kaiser Permanente's secure, self-service portal available to external providers. Providers can enroll in OLA and access it on our Community Provider Portal.

OLA allows providers access to several time-saving features, such as:

- Checking patient eligibility, benefits, and demographics
- Viewing referrals/authorizations/bed day table
- Viewing and printing Explanation of Payments (EOP)
- Viewing Kaiser electronic medical records (contracted groups and licensed clinical staff)
- Entering laboratory/radiology order requests into Kaiser Permanente medical centers (users with clinical access)
- Confirming payment information (check number, payment date, amount)
- Checking the status of submitted claims and view claim details (service date, billed amount, allowed amount, patient responsibility)
- Taking actions on claims including submitting claim inquiries, appeals, or disputes, and responding to requests for information (ROI)

Whenever possible, providers should utilize OLA to answer questions (specifically those related to benefits, eligibility, and claims). Using OLA is quicker and reduces provider wait times when calling the Member Services Call Center (MSCC) for issues that cannot be resolved 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
  ○ Checking benefits and eligibility
  ○ Provider appeals and claims disputes
	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): • Escalated claims issues. Please utilize the Online Affiliate platform to check benefits, eligibility, and claims status.	1-800-777-7902 1-888-225-7202 (Flex Choice & Medicare Advantage Plans) 1-877-740-4117 (Self-Funded Plans) 1-855-249-5025 (MD & VA Medicaid Plans) 1-800-392-8649 (PPO & OON)
Pre-certification	1-800-810-4766 1-800-392-8649 (PPO & OON) Fax: 1-800-660-2019
Medical Advice/Appointments	703-359-7878 1-800-777-7904
EDI & EFT Inquiries	https://kpnationalclaims.my.site.com/EDI/s/

Contacts (Continued)	
Claims	Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998
Claims (Self-Funded/Level-Funded)	KPIC Self-Funded Claims Administrator P.O. Box 30547 Salt Lake City, UT 84130-0547 1-800-533-1833
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 Kaiser Permanente

If you have any questions regarding this presentation, please email Provider Experience at provider.relations@kp.org.