

Kaiser Permanente Northwest Provider Manual 2022



Medicaid Programs

This provider manual is updated regularly by our provider relations representatives in collaboration with contract managers, other Kaiser Permanente departments, and informed by other local markets. Its intent is to provide our network providers/vendors with useful information on accessing the Kaiser Permanente system and to share Kaiser Permanente's expectations of network providers regarding our Medicaid Programs.

Our Provider Relations Department is here to support you and your staff. This includes responding to your operational inquiries and educating you on our products and plans. If you have a question or concern about this provider manual, call our Provider Relations Department at 503-813-3376.

Section 14: Kaiser Permanente Medicaid Programs

14.1 Oregon Health Plan

The Oregon Health Plan (OHP) is the State of Oregon assistance program that provides Medicaid covered services in the State of Oregon as well as health care benefits for other qualified individuals eligible for OHP. OHP provides health care coverage for low-income individuals and families. Interested individuals may visit the [Oregon Health Plan](#) to see if they qualify and [One Oregon](#) to apply.

14.1.2 Verifying Eligibility – no “believe me” policy for Medicaid

Only services rendered to eligible members will be reimbursed. Thus, it is the provider’s responsibility to verify patient’s eligibility on the date of service. Failure to do so can result in denial of payment. To check patients’ eligibility please contact the Kaiser Permanente’s eligibility verification line at 503-813-2000 or 1-800-813-2000.

14.1.3 Provider Enrollment

Licensed Providers and Healthcare Professionals in the State of Oregon can apply for enrollment as a provider with OHP. For information on how to enroll, providers can call the Oregon Health Authority (OHA) at 1-800-336-6016 (option 6), or they can find information on the OHA website at the following link: <https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx>. In addition, participating providers must abide by the following Oregon Administrative Rules (OARs):

- [OHP Administrative Rule Books](#)
- [CCO Administrative Rulebook](#)
- [OHP General Rules](#)

14.1.4 Provider Enrollment Information Changes and Renewal

For information updates such as contact information, taxonomy information, licensure and more, fill out the Provider Update Form [OHP 3035](#). Updates must be submitted to OHP within 30 days of changes. Fax the completed forms to 503-378-3074.

Renewed licenses should be faxed to Provider Enrollment at 503-947-1177. For additional questions please call Provider Enrollment at 800-336-6016 (option 6) or email provider.enrollment@dhsaha.state.or.us.

14.1.5 Services that are Limited or Not Covered by OHP

Participating Providers can access the [Prioritized List of Health Services](#) provided by OHP to stay informed about the services that are covered by the plan. Simply click on “Current Prioritized List”. A list of Past Prioritized Lists and Pending Prioritized Lists are also available online for access.

All actively enrolled OHP members assigned to Kaiser Permanente are not liable for any cost sharing for OHP-covered services.

Members must be informed of non-covered services prior to service delivery. Members who choose to receive services that are non covered by OHP must be given a service cost estimate and must complete and sign the “OHP Client Agreement to Pay for Health Services” form (OHP 3165).

14.1.6 Qualified Medicare Beneficiaries (QMB) and Balance Billing

The QMB program is a Medicaid program that assists Medicare members in paying for their medical care. You may bill QMB members for services that Medicaid and Medicare Part A or B do not cover, if the client understands that they are not covered. Refer to the “Services that are Limited or Not Covered by OHP” section above.

Federal Law prohibits providers from balance billing Medicaid members and QMBs for services that are covered. Please refer to the Social Security Act and the OHP Do’s and Don’ts for additional details.

14.1.7 Member Rights and Responsibilities

Providers must abide by the Oregon Health Plan Member Rights and Responsibilities and the Kaiser Permanente Member Rights and Responsibilities.

14.1.8 Not charging members a cancellation or urgent appointment fees

Medicaid members cannot be held financially liable for missed and cancelled appointments, as well as fees for emergent or urgent appointments.

14.1.9 Right to Second Opinion

OHP members have the right to seek a second opinion at no additional cost to them. If a member chooses an out-of-network provider, they will need an authorization prior to services being rendered.

14.1.10 Access to Care Standards

Oregon Health Plan members shall be seen, treated, or referred as within the following timeframes:

- Emergency Care-Immediately or referred to an emergency department depending on the member's condition.

- Urgent care, in accordance with OAR 410-141-0140: Within 72 hours or as indicated in initial screening.
- Well care: Within 4 weeks or within the community standard.
- Behavioral Health Services, in accordance with OAR 410-141-3515:
 - Urgent behavioral health care for all populations: within 24 hours
- Routine behavioral health care for non-priority populations: assessment within seven days of the request, with a second appointment occurring as clinically appropriate Also see [section 6.2](#) -Specialty Care Providers' Responsibilities for Kaiser Permanente's Access to Care Standards.

14.1.11 Family Planning Services- OAR 410-130-0585

Interrupted pregnancy/abortions procedures can be performed at Kaiser Permanente but payment for the service is billed to OHP. In general, OHP covers both elective and therapeutic abortions. However, coverage would ultimately depend on the member's OHP benefit package as well as the diagnosis code and treatment code pairings to determine if the service is covered per the OHP Prioritized List. In addition, the following services are covered:

- Annual exams
- Contraceptive education and counseling to address reproductive health issues
- Laboratory tests
- Radiology services
- Medical and surgical procedures, including tubal ligations and vasectomies
- Pharmaceutical supplies and devices.

Family Planning Services must be billed using the appropriate diagnosis code with modifier -FP. This applies to:

- Annual Family Planning Visits
- Comprehensive Contraceptive Counseling
- Contraceptive Supplies
- Family Planning Methods

14.2 Washington State Medicaid Apple Health

Apple Health is the Medicaid Program in Washington State administered by the Health Care Authority (HCA). The program provides health care services to low-income individuals and families. Interested individuals should visit www.wahealthplanfinder.org to check for eligibility. Clients can receive healthcare services through enrollment in a Managed Care Organization (MCO) plan like Molina or on a fee for service basis. At the time of enrollment, members

assigned to Molina can choose Kaiser Permanente Northwest as their provider. Kaiser Permanente Northwest provides services in both Clark and Cowlitz counties.

14.2.1 Provider Enrollment

Licensed providers and healthcare professionals in the states of Washington and Oregon can apply to become a Medicaid Provider with Apple Health. Complete an application online on the [ProviderOne](#) website and choose your enrollment type as a “healthcare professional practicing under a group or facility”. Once your application has been submitted for review, please fax supporting documents as needed along with the [cover sheet](#) to 1-866-668-1214 or Mail to:

Provider Enrollment

PO Box 45562, Olympia, WA 98504-5562

14.2.2 Checking Eligibility

It is the provider’s responsibility to check a client’s eligibility and coverage prior to providing services. Failure to do so may result in claim(s) denial. If a client chooses to receive a service that is not covered by Molina Healthcare, the provider may be able to bill them. Member’s must be assigned to Kaiser Permanente Northwest region. Prior to the delivery of non-covered or authorized services please have the patient sign the Agreement to Pay for Healthcare Services form [13-879](#).

You can verify member’s eligibility and assigned provider by:

- Contacting the Kaiser Permanente’s eligibility verification line at 503-813-2000 or 1-800-813-2000
- [Molina Healthcare WebPortal](#)
- [ProviderOne](#)

14.2.3 Balance Billing

Balance billing a Medicaid Member for covered services is prohibited by law. Providers cannot bill Molina Members for covered benefits. As a provider you are responsible for verifying eligibility and obtaining approval for those services that require prior authorization. Members cannot be liable for any sums owed by Molina to the Provider. Please refer to [WAC 182-502-0160](#).

Members cannot be held financially liable for missed and cancelled appointments or rescheduling fees. Only distinct Medicaid services are billable.

14.2.4 Services that are Limited or Not Covered by Molina– Clark and Cowlitz Counties

Please refer to the [Molina Healthcare of Washington \(MHW\) Benefits Index](#) as a guide for covered services that are medically necessary.

14.2.5 Member Rights and Responsibilities

Providers must abide by the [Molina Healthcare of Washington](#) and the [Kaiser Permanente Member Rights and Responsibilities](#).

14.2.6 Rights to Second Opinion

Molina members are eligible to receive a second medical/surgical opinion about their health care or condition. Second opinion consultations by in-network providers do not require prior approval. For non-participating providers, review and approval will be required by Molina Healthcare.

14.3 THE FOLLOWING SECTIONS APPLY TO BOTH WASHINGTON MEDICAID AND OREGON HEALTH PLAN

14.3.1 Provider's Contracted with Kaiser Permanente who are not enrolled with OHP and/or Apple Health

The individual providers and the billing providers will need to enroll directly through the State.

14.3.2 National Provider Identifier (NPI)

A valid (NPI) is required for all licensed providers at time of enrollment for Oregon Health Plan and Molina Health Care of Washington. Providers cannot be enrolled without a valid NPI number. To apply, visit the [National Plan and Provider Enumeration System \(NPPES\)](#) or call the NPI toll-free number at 800-465-3203. It is also suggested that providers keep their information on NPPES up-to-day to avoid any delays with the State provider enrollment process.

14.3.3 Referrals

For specialty care services, a referral must be submitted by the Primary Care Provider (PCP). The following does not require a referral if the patient is being seen by an in-network provider:

- Help to stop smoking
- Help with addiction to alcohol or drugs (substance use disorder services)
- Mental health services
- Reproductive services (contraceptives, vasectomies, tubal ligations, abortions)

Please contact the Kaiser Permanente Regional Referral Center at 503-813-4560 to obtain referral authorizations. Please refer to [section 4.2](#) in the provider manual for additional details.

14.3.4 Prior Authorization (PA)

Some services require prior authorization prior to the delivery of care. To determine whether a prior authorization is required for services please contact Member Services at 503-813-2000. Please refer to [section 4.2](#) in the provider manual for additional details.

14.3.5 Claims payment and timely filing

Kaiser Permanente has established a set of policies and procedures to ensure accurate and timely processing of claims received. Claims can be submitted by mail or electronically. Electronic submissions are highly encouraged. Please refer to [section 5](#) in the Kaiser Permanente Provider manual for additional details in regards to claim submissions, appeals and denials.

NOTE: The rendering, attending, prescribing, and billing provider NPIs reflected on the claim **must be enrolled** as a participating provider with OHP through the Oregon Health Authority. Kaiser Permanente will be unable to pay claims for OHP covered services if these NPIs are not actively enrolled with the OHP on the date of service. We can pay a claim in question after enrolling with OHP, if the claim is an otherwise a clean claim. This will require resubmitting the claim once enrolled with OHP with an effective date that covers the date of service.

For information on how to enroll, providers can call the OHA at 1-800-336-6016 (option 6), or they can find information on the OHA website at the following link:
<https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx>.

14.3.6 Office of the Inspector General Exclusions or Disbarment

Please refer to [sub-section 8.5](#) in the Kaiser Permanente Manual.

14.3.7 Fraud Waste & Abuse (FWA)

Please refer to sub-section 8.5 in the Kaiser Permanente Manual.

Please refer to the Kaiser Permanente Principles of Responsibility for more information about our Guiding Principles.