KP CLAIM FAQ

SCAL Long Term SNF Service Providers

Claim Submission

Question	What to Do
How do I bill my claims to Kaiser Permanente?	We encourage you to submit your claims electronically, utilizing EDI for UB04 claim submissions. **See Appendix for EDI flyer.**
What form can be used to bill for services rendered to Kaiser Permanente members?	Institutional charges must be submitted on a form UB-04 (or successor form) with appropriate coding.
How do I know which Kaiser Permanente entity to bill?	It is important to bill the Kaiser Permanente entity associated with the member receiving services. For example, if the member is self-funded, bill the Kaiser Permanente self-funded entity for payment. Kaiser Permanente membership cards include claim submission details on the back of the card for reference. Claims submitted to the wrong Kaiser Permanente entity are not processed and must be resubmitted to the correct address/payor ID.
How do I fill out the UB04 form?	Providers are required to follow industry standard guidelines for completing the UB04 claim form. Entries must be completed in accordance with National Uniform Billing Committee (NUBC) directions and contain all mandatory entries, and as required by federal statutes and regulations. For LTSS claims, Kaiser Permanente requires the following value codes to ensure timely and accurate processing: • **Share of Cost**: Value code 23 indicates the members share of cost and should ALWAYS be included in box 39. If the share of cost is $0, please include "0" and do not leave blank • **Accommodation Code:** Value code 24 represents the accommodation code and should always be included in box 40. • **Units:** Value code 80 represents the # of units billed, and should always be included in box 41 **See Appendix for detailed list of UB04 required fields.**

Claim Submission

Question	What to Do
How do I submit a corrected/replacement UB04 claim?	If you should need to correct a claim that has already been adjudicated, you are required to follow the appropriate process for correcting/replacing a UB04 claim. This includes entering BOTH: • Bill Type XX7 in box 4 (Type of Bill) • Original claim number (claim you are replacing) in box 64 (Document Control Number) Please include “AB1629” in box 80 of your corrected claim **Note**: If you submit a correction or changes to a claim without indicating **both** the appropriate bill type **and** original claim number, the claim will either reject or deny as duplicate to the original claim.
How long does it take to receive payment?	Please allow up to 45 business days from the date Kaiser Permanente receives the claim.
How long do I have to submit my claims if Kaiser Permanente is the primary payor?	All claims for services provided to Kaiser Permanente members must be submitted within ninety (90) days (or any longer period specified in your Agreement or required by law) after the date of service or date of discharge if applicable The timely filing period includes the submission of original as well as any subsequent corrected or replacement claims.

Claim Status and Determinations

Question	What to Do
What if my claim is denied for timely filing?	Claims submitted for reconsideration of timely filing denial must be formally disputed with supporting documentation that indicates the claim was initially submitted within the appropriate time frames. Kaiser Permanente accepts system generated reports that indicate the original date of claim submission and acceptance. Please note that handwritten or typed documentation is not acceptable proof of timely filing.
How can I check the status of my claim?	Claim status can be obtained 24/7 by utilizing our provider KP Online Affiliate Link self-service tool. • To register for access to KP Online Affiliate Link, visit: http://providers.kaiserpermanente.org • Registering for the Online Affiliate portal allows you to check member benefits, eligibility, and submit provider disputes • For questions, email: KP-SCAL-OnlineAffiliate@kp.org You can also check your claim status as a guest user without registering for KP Online Affiliate Link. If you are unable to resolve your questions through KP Online Affiliate Link, call the Member Services Contact Center (MSCC) at (800) 390-3510. **See Appendix for the KP Online Affiliate Link Fact Sheet and Online Affiliate Link Quick Reference Guide.**

Claim Status and Determinations

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

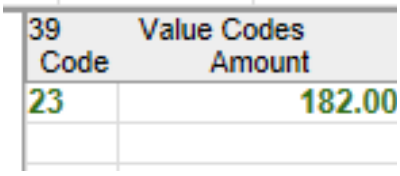
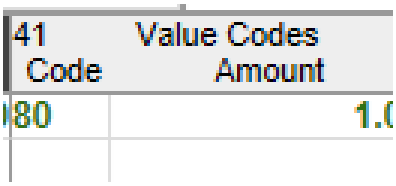
Claim Disputes

Question	What to Do
When should I dispute a claim?	If you disagree with the outcome of the processing of the claim, file a Provider Dispute. This may include: • **Incorrect Claim Payments** – Denied/Underpaid • **Request for Overpayments** – Overpayment requested by Kaiser Permanente
What are required key elements for dispute submission?	Provider disputes must contain the following information: • Kaiser Permanente Claim Number • Tax ID Number (TIN) • Medical Record Number (MRN) • Date of Service (DOS) • Dispute Reason (Include “AB1629” and a detailed description of your dispute and expected payment or reimbursement) • Documentation to support your dispute
How long do I have to dispute a claim?	Disputes must be received within 365 calendar days from the date the claim was finalized (pay or denied).
When will I know the outcome of my dispute?	Written disputes are acknowledged within 15 business days and electronic disputes are acknowledged within 3 business days of receipt. Kaiser Permanente makes a determination within 45 business days of receipt of your complete provider dispute. Provider is notified of the resolution in writing (resolution letter or EOP with payment details).

Claim Disputes

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

Common Issues

Issue	Possible Cause/Next Steps
My claim was denied as Medicare primary, however LTSS is a Medi-Cal benefit. 	KP requires LTSS providers to bill a share of cost on all claims, regardless of the amount. For claims billed without the share of cost, the claim will deny as Medicare primary. If your claim was incorrectly denied as Medicare primary, please follow the dispute process to dispute the denial. To prevent denials, please bill with value code 23 (SOC) in box 39 for all UB04 claims. If the member has a no share of cost (or it was billed on a prior claim), please reflect "0" with value code 23 in box 39.
My authorization includes REV codes and/or descriptions of the service and does not include an accommodation code, however my payment for LTSS is based on accommodation codes. 	Although accommodation codes are not required on your authorization, KP requires the appropriate accommodation codes to be billed on the UB04 in box 40 per DHCS requirements. Please use value code 24 in box 40 along with the two-digit accommodation code. For example, .01, .03 etc. Please reference the California Department Of Health Care Services website at www.DHCS.ca.gov for more information about accommodation codes.
I reflected my total units in both box 41 and box 46 of the UB04. 	That is correct! DHCS utilizes value code 80 to represent the number of units. KP requires service units to be billed on the UB04 in box 41. Please use value code 80 in box 41 along with the number of units.

Common Issues

Issue	Possible Cause/Next Steps
DHCS released updated LTSS rates. When do I start to use them?	You are encouraged to bill with the rates applicable at the date of service for which you are billing. If new rates are released with retroactive effective dates you are encouraged to use the new rates as soon as possible. Please note: You are not required to submit corrected claims for claims already billed at the prior rate.
DHCS released updated LTSS rates. How will I get paid for the rate differential on claims already submitted with prior rates?	Per DHCS, it is the payors responsibility to identify and remediate claim payment at the newly published rates. After release of new rates, Kaiser Permanente will take responsibility to remediate claims to ensure we apply the new rate for all affected dates of service. Please note that this process can take time to complete.
DHCS released updated LTSS rates. Many of my claims were remediated at the new rate, but a few are still outstanding.	Unless providers bill per DHCS standards (including all value codes), it can be very difficult to identify LTSS claims. Although we do our best to identify all impacted claims, it may be possible that a claim could be missed in the remediation process. Following a DHCS release, if there are claims still requiring remediation after six months, we encourage you to file a provider dispute (see provide dispute section) to ensure the claim is reprocessed at the correct rates. Please include AB1629 in box 80 of the UB04 for easier identification/remediation.

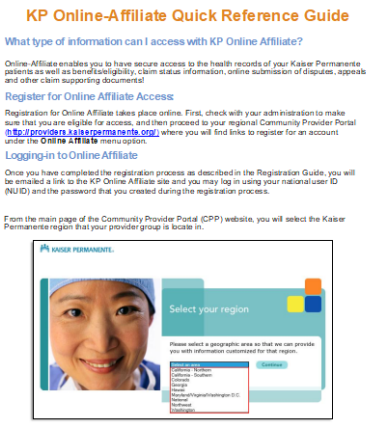
Common Issues

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

Appendix

KP Online Affiliate Link Quick Reference Guide

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



KP Online-Affiliate Quick Reference Guide

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

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

Register for Online Affiliate Access:

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

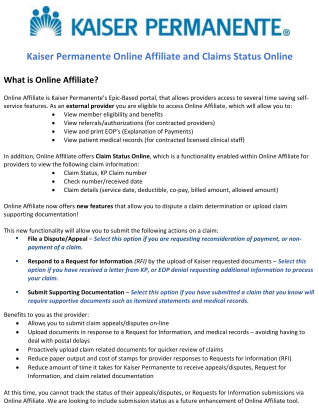
Logging-in to Online Affiliate

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

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

KP Online Affiliate Link Fact Sheet

Information about the tool and contact information for registration.



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Kaiser Permanente Online Affiliate and Claims Status Online

What is Online Affiliate?

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

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

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

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

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

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

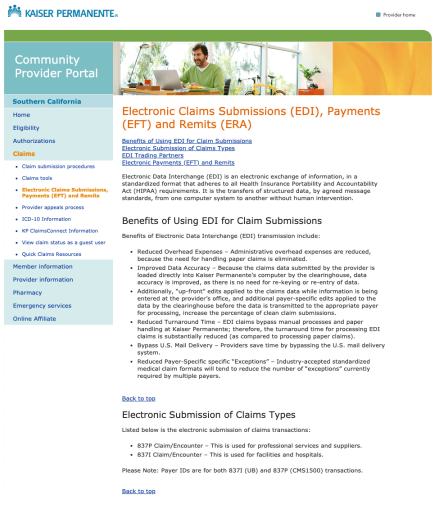
- **File a Dispute/Appeal** – *Select this option if you are requesting reconsideration of payment, or non-payment of a claim.*
- **Respond to a Request for Information** (RFI) by the upload of Kaiser requested documents – *Select this option if you have received a letter from KP, or EOP denial requesting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

Benefits to you as the provider:

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

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

EDI Claim Submission Information



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Provider home

Community Provider Portal

Southern California

Home
Eligibility
Authorizations
Claims

- Claim submission procedures
- Claims tools
- Electronic Claims Submissions, Payments (EFT) and Remits
- Provider appeals process
- ICD-10 Information
- KP ClaimsConnect Information
- View claim status as a guest user
- Quick Claims Resources

Member information
Provider information
Pharmacy
Emergency services
Online Affiliate

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

Benefits of Using EDI for Claim Submissions
Electronic Submission of Claims Types
EDI Trading Partners
Electronic Payments (EFT) and Remits

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

Benefits of Using EDI for Claim Submissions

Benefits of Electronic Data Interchange (EDI) transmission include:

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

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Electronic Submission of Claims Types

Listed below is the electronic submission of claims transactions:

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

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

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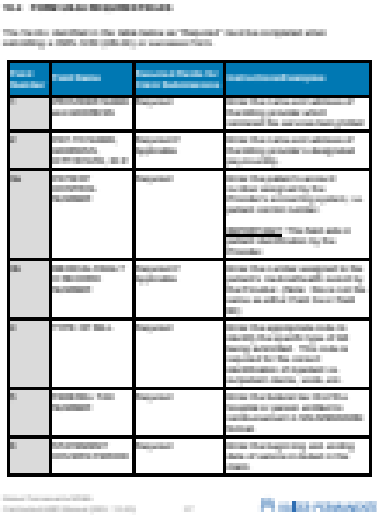
Form UB-04 Required Fields



Kaiser Permanente Online Affiliate and Claims Status Online Fact Sheet

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Appendix

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

How do I sign up?

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

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

For more information or support:

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