

Kaiser Permanente Southern California

# Provider Education Program

Onboarding for Intermediate Care Facilities (ICF) Homes

Network Development and Administration (ND&A)

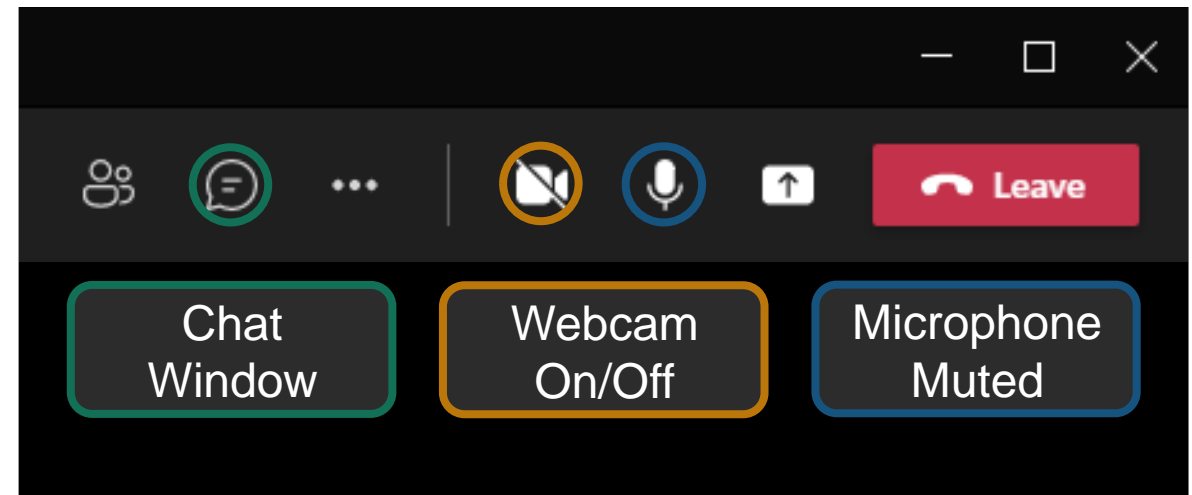
May 2024

# Getting the most from this session

## Session format

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

## Session interface



# Overview

Authorizations  
&  
Member  
Placements

Provider  
Information  
Form (PIF)  
&  
Demographic  
Changes

Provider  
Resources &  
Tools

Authorization  
& Claims

Provider  
Claims  
Disputes



# As we review today's information

## Checklist

### Contracting:

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

### Services:

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

#### Claims and Reimbursement:

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

### General:

- ✓ Remain current with the online provider tools and resources





# Member placement authorizations

# Authorization and bed hold requests

## Authorization and bed hold requests

**ICF/DD faxes request to  
KP Regional Long-Term Care (LTSS)**

**Fax: (866) 473-0344**

Department Phone: (626) 405-7988

# Medi-Cal assigned to Kaiser Permanente

## Checking eligibility:

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



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

*"Carrier" refers to Medicare coverage*

# Initial ICF-DD authorization

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

**Fax: (866) 473-0344**



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

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

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

**MEMBER INFORMATION**

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

**FACILITY INFORMATION**

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

**AUTHORIZATION INFORMATION**

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

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



# ICF-DD facility extension of services

- Fax the following documentation:
  - Kaiser Permanente ICF-DD Facility Authorization Request Form
  - Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A) OR the information found on the PCA form in any format (e.g., a copy of the IPP or ISP).
  - Certification for Special Treatment Program Services form (HS 231) signed by Regional Center
  - For ICF/DD- N – a copy of the Individual Service Plan (ISP)
- Facilities should submit renewal request no sooner than two weeks before the expiration date
- Extension of services are not processed until eligibility is updated on the Medi-Cal website on the first of each month
  - *Example: July renewals will not be processed until after July 1*
  - *Referrals are authorized 2 years at a time.*



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

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

**MEMBER INFORMATION**

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

**FACILITY INFORMATION**

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

**AUTHORIZATION INFORMATION**

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

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

**Fax: (866) 473-0344**

# Notice of referred services

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

**KAISER PERMANENTE**  
Kaiser Foundation Health Plan, Inc.  
10800 Magnolia Avenue, Riverside, CA, 92505  
1-800-390-3510 (TTY/ TDD 1-800-777-1370)

**NOTICE OF REFERRED SERVICES**

June 16, 2021

ABC SKILLED NURSING FACILITY  
1234 5<sup>th</sup> ST  
Los Angeles, CA 90028

Dear ABC SKILLED NURSING FACILITY NAME:

The member identified below was referred to you for the services described herein. This notice confirms that the referral has been entered into our claims system for the purposes of payment, pursuant to the terms and conditions set forth below.

**Important Plan Information**

Referral Priority: Routine  
Referring Provider: John Smith MD  
Referring Provider NPI: 123456789  
Medical Record Number: 123456789  
Member Name: Jane Doe  
DOB: 01/23/45  
Gender: Female  
Member Address: 1234 5<sup>th</sup> St  
Member Phone Number: 123-456-7890 (home)  
Language Assistance Required: No  
Primary Spoken Language: English  
Coverage Type: Medi-CAL  
Diagnoses:  
I73.9 (ICD-10-CM) – Peripheral Vascular Disease  
M81.0 (ICS-10-CM) - Osteoporosis

**Referral Authorization Number:** 9874561230  
**Authorization Valid From/To:** 04/01/2021 to 9/30/2021  
**Estimated Member Liability:** Patient Share of Cost: Verify with state Medi-CAL  
**CMS Place of Service Code:** 33 – Custodial Care Facility  
**Place of Service Location:** Skilled Nursing Facility

**Authorized Service(s):**

Code	Procedure Name	Modifiers	Revenue Code	Approved Quantity
--	--	--	0198	1
--	--	--	0195	5

# Provider Information Form (PIF) & demographic changes

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

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

**Intermediate Care Facility Information**

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

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

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

Corporation <input type="checkbox"/>	Professional Corporation <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>
Sole Proprietorship <input type="checkbox"/>	Other <input type="checkbox"/> (Please Specify):	

Doing Business Name (DBA):

Address:

City, State, Zip: County:

Phone: Fax: Medicare #:

NPI: Medi-Cal #:

CA License #: Business Hours and Days of Operation:

ICF-DD

Name: Email Address:

Name: Address:

Name and Address: City, State, Zip:

ICF Form V10. 12.2023 Page 1 of 2

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

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

Email: Telephone No and Fax Number:

How Will Your Home Submit Claims/Invoices to Kaiser?

Paper UB-004 Claim Form <input type="checkbox"/>	Electronic UB-04 Claim Form <input type="checkbox"/>
--	--

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

Name: Email Address: Phone:

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

Name: Email Address: Phone:

Person Who Completed This Form

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

Name: Phone: Email Address:

Vsn 11

ICF Form V10. 12.2023 Page 2 of 2


- Page 2**
- Home Locations
  - Type of Home

If composition of your "Home" changes, please notify [NDandA-ProviderRelations@kp.org](mailto:NDandA-ProviderRelations@kp.org)

# Provider resources & tools: Community provider portal

Welcome to the Community Provider Portal!

Southern California <https://healthy.kaiserpermanente.org/southern-california/community-providers>



### Important Updates

- [COVID-19](#)
- [Cigna Providers Outside a Kaiser Permanente State \(Outside CA, CO, DC, GA, HI, MD, OR, VA, WA\)](#)

### Announcements

Member eligibility can be viewed through one of our self-service tools. [Sign-On](#) or [Register](#) to access KP Online Affiliate, or [view member eligibility as a guest user](#).

- [Register](#) for Online Affiliate or [sign-on](#) to begin submitting online disputes, appeals, supplemental claim attachments or request for information (RFI). Learn more about our new [Claim submission tools](#) and partnership.
- Please note that Self-Funded member claims may not be available in this self-service tool. If your inquiry is about a Self-Funded member claim, please sign on to the [Self-Funded claims online tool](#).

Our online resources provide quick and easy access to the information you need to work effectively with Kaiser Permanente and to provide the best possible service to our members.

We are committed to promoting the total health of Kaiser Permanente members. We appreciate the services you provide to support that mission.

**Kaiser Permanente members** may access your account to message your doctor, fill prescriptions, and view your medical record by visiting [kp.org](#).

Please be advised that Claims Status information can only be obtained through one of our self-service tools. Please [Website Feedback](#)










### Quick Links

- [KP ClaimsConnect Information](#)
- [Institutional provider manuals](#)
- [Institutional provider required training](#)
- [View member eligibility as a guest user](#)
- [View claim status as a guest user](#)

### Training Resources

- [Video Overview of KP Online Tools](#)
- [Video Overview of Guest Access](#)

### Provider Resources

 <b>Eligibility</b> Verify member eligibility and benefits	 <b>Authorizations</b> View authorizations and policies	 <b>Claims</b> View claims and billing information
 <b>Member information</b> View member medical records and more	 <b>Provider information</b> View provider manual and more	 <b>Medi-Cal</b> Medi-Cal for providers <a href="#">Website Feedback</a>
 <b>Pharmacy</b> View formulary, policies and more	 <b>Emergency services</b> Emergency services for providers	 <b>Online Provider Tools</b> Register for online access

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

## Provider Portal Key Features:

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



# Provider resources & tools: Electronic billing tools



Southern-California

[Home](#)

[Eligibility](#)

[Authorizations](#)

[Claims](#)

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

[Member information](#)

[Provider information](#)

[Medi-Cal](#)

[Pharmacy](#)

[Emergency services](#)

[Online Provider Tools](#)

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

## Claims



### Electronic Claims Submissions, Payments (EFT) and Remits

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

#### Benefits of using EDI for claim submissions

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

Institutional providers may also refer to the applicable [institutional provider manual](#).

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

Benefits of Electronic Data Interchange (EDI) transmission include:

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

#### Electronic Submission of Claims Types

Listed below is the electronic submission of claims transactions:

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

Please note: Paper IDs are for both 837I (IIR) and 837P (CMS1500) transactions.



# Provider resources & tools: Electronic billing tools



Electronic Data Interchange (EDI)

No delays  
Data accuracy



Electronic Fund Transfers (EFT)

Faster Payment



Electronic Remittance Advice (ERA)

View & print remittance advice



# Provider resources & tools: Setting up EDI

Sign Up for EDI			
Contact one of these clearinghouses & provide your Payor ID			
Clearinghouse	Website	Payor ID NCAL	Payor ID SCAL
Change Healthcare (CHC)	<a href="http://www.changehealthcare.com">www.changehealthcare.com</a>	94135	94134
Office Ally	<a href="http://www.officeally.com">www.officeally.com</a>	94135	94134
Relay Health	<a href="http://www.changehealthcare.com">www.changehealthcare.com</a>	RH009	94134
SSI	<a href="http://www.thessigroup.com">www.thessigroup.com</a>	NKAISERCA	SKAISERCA

For EDI support, please go to <https://kpnationalclaims.my.site.com/EDI/s/> and submit EDI support inquiries.

## **! IMPORTANT !**

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





# Provider resources & tools: Setting up EFT, & ERA



Welcome to Payment Exchange!

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



# Authorizations & claims: Objectives



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



# Authorizations & claims: Common questions

General questions about your authorization or need help locating your authorization letter?

**KP Regional Complex Placement Hub (SCAL)**

Email: [scalcpb-authorizations@kp.org](mailto:scalcpb-authorizations@kp.org)

Phone: (626)405-7988, option 4

How do I update or extend authorization “through” date?

**Contact the KP Regional Complex Placement Hub (SCAL)** to obtain initial authorization and reauthorizations



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



Box 39  
Enter Share  
of Cost  
here

The image shows a UB-04 Standard claim form with a large 'SAMPLE' watermark. Two blue arrows point to specific boxes: one points to Box 39 (Responsible Party's Name and Address) and the other points to Box 40 (Accommodation Codes). The form includes fields for Provider Name, Patient Name, City, State, Zip Code, and various codes. The bottom section includes fields for Attending's Last Name, Attending's First Name, and other names.

Box 40  
Enter  
Accommodation  
Codes here

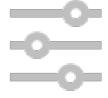




# Authorizations & claims: Claim submission codes

## ICF Claim Codes

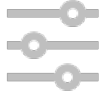
Bill Type	Rev Code	Accommodation Code	Type(s) of Service	Bill Type	Rev Code	Accommodation Code	Type(s) of Service
066X	0101	41 (1-59 beds)	ICF/DD Services	066X	0101	65 (7-15 beds)	ICF/DD-H Services
066X	0180	43 (1-59 beds)	ICF/DD Services Bed Hold/Leave of Absence	066X	0180	68 (7-15 beds)	ICF/DD-H Services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





# Authorizations & claims: Key points for claim filing

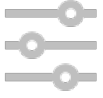
1. See ICF/DD (Homes) Authorization and Billing Provider Manual Supplement for detailed assistance on how to complete the billing form
2. Type of Bill (UB04): [LTC \(UB-04\) Claim Completion](#)
3. The Kaiser member is the **insured**. On UB, member name in box 8b & 58a.
4. The Kaiser Permanente member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





# Authorizations & claims: Key point for claims filing

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



# Authorizations & claims: Paper claim submissions

For SCAL Paper  
Claim Submissions

**Kaiser Foundation Health Plan, Inc.  
California Claims Administration**  
P.O. Box 7004  
Downey, CA 90242-7004  
(800) 390-3510

For NCAL Paper  
Claim Submissions

**Kaiser Foundation Health Plan, Inc.  
National Claims Administration**  
P.O. Box 12923  
Oakland, CA 94604-2923  
(800) 390-3510







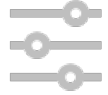
# Authorizations & claims: Checklist

## Why my claim may not be paid?

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

## Rejection reasons:

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





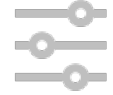
# Provider claim disputes: General information

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

## General Submission Timeframe:

Claim Timely Filing	Dispute Timely Filing
<ul style="list-style-type: none"><li>• Within 6 months of rendered service</li><li>• Within 7-12 months subject to reimbursement reduction</li><li>• After 12 months will be denied (See Contract Exhibit 1.13 for details)</li></ul>	365 Calendar Days
In accordance with DHCS Guidelines	From last KP claim action*

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



# Provider claim disputes: Acknowledgement & resolution

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

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



# Provider claim disputes: Submission guidelines

## Who

- Provider name & TIN (Tax ID Number)
- KP member name & MRN
- Your contact & email information

## What

- Original KP claim number
- Date of service
- Identify specific disputed items

## Why

- Reason & explanation of dispute
- Supporting documentation



# Initial dispute submission

The screenshot displays the Epic Claims Management System interface for a denied CMS claim. The top navigation bar includes 'KAISER PERMANENTE', 'Home', 'In Basket', 'Patient List', 'Claims', and 'Patient'. The main header shows 'Claim Search', 'Remittance Advice Search', 'Submitted CRM Search', and 'Request For Information'. The current view is 'Claim Search > Claim Review Report'.

The claim details for CMS Claim #60295389 are as follows:

- Status:** Denied
- Adjudication:** Billed for \$100.00, Allowed: \$0.00, Patient Total: -\$0.00, Net Payable: \$0.00, Interest: +\$0.00, Penalty: +\$0.00, Total Payment: \$0.00.
- Payment:** Check/EFT 70, Date 05/18/2021, Amount \$0.00.
- Coverage:** DIRECT PAY /MEDI ADV HIGH MD-11, MAS KP-MEDICARE ADVANTAGE - MD ADV DP, Subscriber: Self. Member ID and Effective from (12/1/2020) are visible.
- Billing Info:** Vendor, Place of Service, Provider, Claim Specialty (Hospital), and Supervising Provider are listed.
- Processing:** Service Date: 5/18/2021, Received: 5/18/2021.

The 'Take Action' dropdown menu is open, showing the following options:

- Submit Supporting Document...
- Respond to Request for Infor...
- File a Dispute
- Claim Inquiry
- Overpayment Inquiry
- Check Payment Inquiry

An orange arrow points from the 'Take Action' menu to the 'File a Dispute' option. The bottom status bar shows 'Logged in as: KPWHITE, ABRAHAM' and 'EpicCare® Link and Tapestry® Link licensed from Epic Systems Corporation. © 1979-2021 Epic Systems Corporation. STST'.

# Initial dispute documentation

The screenshot displays the Epic Claims Management System interface. The main window shows a 'Claim Review Report' for CMS Claim #60295389, which is in a 'Denied' status. A 'File a Dispute' modal is open, allowing the user to provide details and attach supporting documents. The modal includes a text area for details, an 'Add files' button, and a 'Submit' button. A red arrow points to the 'Add files' button.

**File a Dispute**

**Details**

Please review claim and attached supporting documentation

**Additional Documents**

⚠ Documents:

**Add files**

Add files (or drag files here)

19.5 MB Total Allowed

0 Files

Disputes and Appeals can only be filed on completed claims, please confirm status and if necessary remove and add correct claim to this communication.

**Submit** **Cancel**

# Post dispute documentation

The screenshot displays a 'Claim Review Report' for CMS Claim #60298496. The status is 'In Progress' and the adjudication is 'Billed for \$300.00'. The interface is divided into several sections: Status, Billing Info, Coverage, and Employer Group Information. A 'Take Action' dropdown menu is open, showing options: 'Submit Supporting Document...', 'Respond to Request for Information...', 'File a Dispute', 'Claim Inquiry', 'Overpayment Inquiry', and 'Check Payment Inquiry'. An orange arrow points from the 'Take Action' button to the dropdown menu.

**Claim Search** ▶ **Claim Review Report**

**CMS Claim #60298496**

**Status** **Adjudication**  
In Progress Billed for \$300.00

**Billing Info**

<b>Vendor</b> BLAIR MEDICAL ASSOCIATES [1639158488]	<b>Place of Service</b> ALTOONA HOSP ER	<b>Provider</b> Jabbour, George [1861447856]
P O BOX 360915 PITTSBURGH PA 15251-6915	620 HOWARD AVENUE ALTOONA PA 16601-4804	Claim Specialty Cardiovascular Disease

**Coverage**

KP VA SILVER 0/5/CSR/DEN (2500)-0  
MAS KP-MID ATLANTIC - VA KPIF ON HCR HMO  
Subscriber: Self

<b>Member</b> Belensor Historen	<b>Member ID</b> 77292196	
<b>Line of Business</b> HMO - HMO COMMERCIAL	<b>Payment Method</b> Primary Coverage	<b>Paid As</b> Primary

**Employer Group Information**

**Take Action**

- Submit Supporting Document...
- Respond to Request for Information...
- File a Dispute
- Claim Inquiry
- Overpayment Inquiry
- Check Payment Inquiry



# Provider claim disputes: Submission methods

## Electronic Submission

### **KP SCAL Online Affiliate (OLA)**

<https://healthy.kaiserpermanente.org/southern-california/community-providers/online-provider-tools>

## Paper Submission Address

### **Kaiser Foundation Health Plan, Inc.**

Attn: Claims Administration Department  
P.O. Box 7006  
Downey, CA 90242-7006





# Resources: Important department contacts

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



# Resources: Provider tool links

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



# Provider reference guide

## Provider Reference Guide HMO/DHMO, Senior Advantage, and KPIC Self-funded EPO

**HMO**



Kaiser Foundation Health Plan, Inc.  
Southern California Region

Profile Medical Record No. Date of Birth  
Name Print Last Center

For information about your Health Plan benefits: 1-800-464-4000  
kp.org

**HMO**



Kaiser Foundation Health Plan, Inc.  
Southern California Region

Profile Medical Record No. Date of Birth  
Name Print Last Center

For information about your Health Plan benefits: 1-800-464-4000/77711  
kp.org

**Senior Advantage**



Kaiser Foundation Health Plan, Inc.  
Southern California Region

Member: RB40 Prescription Drug Plan  
Rd40 01112 KAPCN-3CCMS CMS-H0234  
Rd40-SC Aggrg Aggrg

Profile Medical Record No. Date of Birth  
Name Print Last Center

For information about your Health Plan benefits: 1-800-464-4000/77711  
kp.org

**Self-Funded**



Exclusive Provider Organization (EPO)

Medical Record No. Date of Birth  
XXXXXXX XX XX  
Name Print Last Center

KAPCN KICP KAPCN H1172 Rd40-SC Aggrg Aggrg  
01 (P01)01-000000 Kx 00000000 Deductible \$0000 Catastrophic \$00

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



# Contract Reference

## Understanding your contract

1. Contract Exhibit 1.13

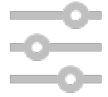
Additional terms and obligations of Homes, including billing timeliness

2. Contract Exhibit 3-A

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

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

[NDandA-ProviderRelations@kp.org](mailto:NDandA-ProviderRelations@kp.org) is the main point of contact for contract questions





# Contract Reference

## Your contract defines multiple member populations:

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

HMO

Kaiser Foundation Health Plan

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

KPSA

KP Senior Advantage

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

MMC

Medi-Cal

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



# Kaiser Permanente provider education: Disclaimer recap



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

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

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

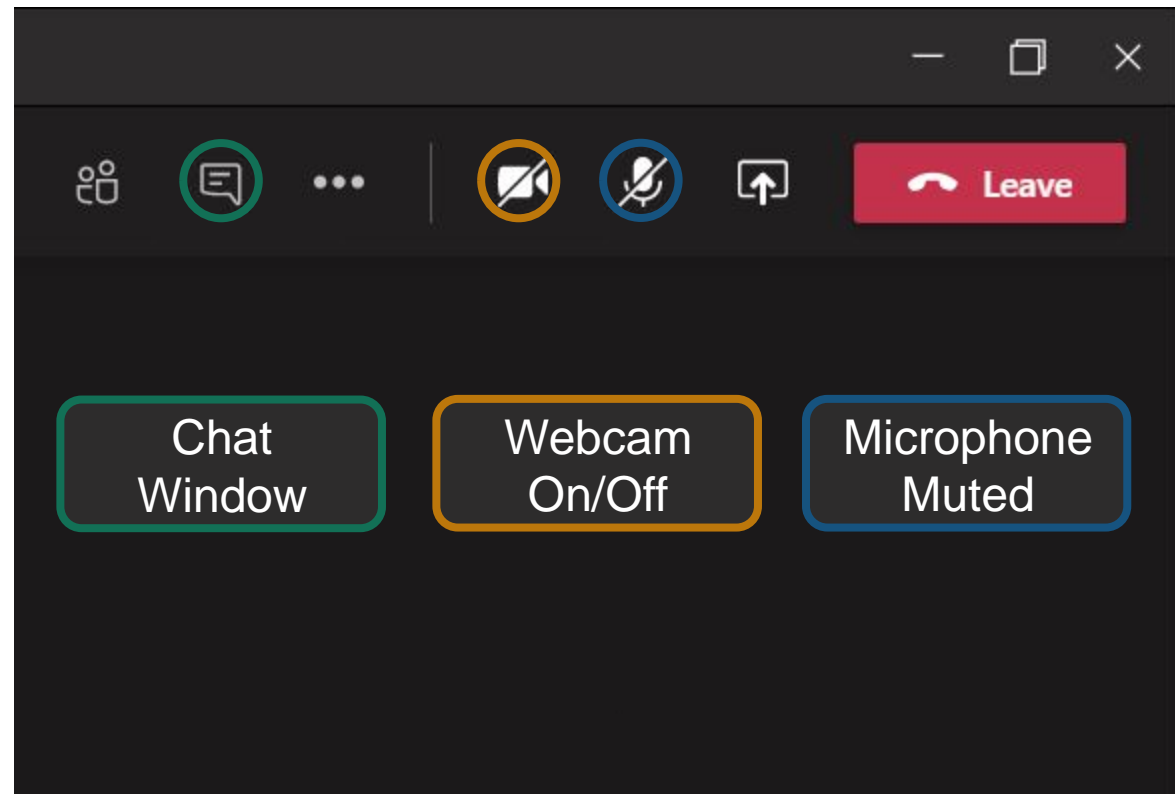
*\*These resource documents will only be changed/updated with proper advanced written Notice to Homes in accordance with the terms of your KP contract.*

# Q&A Session

## Q&A format

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

## Session interface



## ICF Post Training Survey



# ICF Onboarding Feedback

Survey: We will drop the survey [link](#) in the chat, or you may use the QR code.