Navigating the Kaiser Partnership - Medicaid



Sentara® Health Plans

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(this document is interactive)



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Provider Overview

The partnership with Kaiser Permanente (Kaiser) enables Sentara Health Plans (Sentara) to provide affordable health care to approximately **47,000** Medicaid members, including Long Term Services and Supports. Except for a few administrative functions and marketing support, all services will be performed by our Kaiser counterparts in Northern Virginia. The arrangement is supported by the Department of Medical Assistance Services (DMAS). Note: The collaboration **does not include** Dual-eligible Special Needs Plan members.

Kaiser Delegated Service Area

The Kaiser delegated service area includes the counties of Loudoun, Prince William, Fairfax, Arlington, Fauquier, King George, and Stafford, as well as the cities of Alexandria, Manassas Park, Manassas, Fairfax, and Falls Church.

Two Integrated Healthcare Delivery Models

Kaiser is an Integrated Care delivery system whereas **Sentara** is a not-for-profit integrated healthcare system serving Virginia, North Carolina, and Florida. The partnership offers unique choices for Sentara Medicaid members, depending on the patient's preferred care model.



Kaiser

Members who prefer access to primary and specialty care under one roof. Members have access to multiple medical centers, urgent care, lab services, pharmacies, and radiology services as well as independently owned and operated hospitals in Virginia and Maryland.

Sentara

Members who prefer the flexibility of selecting care providers through self-guided research or recommendations from professionals, friends, or family. Members can access key practices, health systems, urgent care, lab services, pharmacies, and radiology services as well as Sentara and other independently owned and operated hospitals in Virginia, Maryland, and the District of Columbia

Basic Member Management Guidelines

When Sentara receives new Cardinal Care Medicaid members from DMAS each month, these members are auto assigned and delegated to Kaiser. These members are identified based on their zip codes within the Northern Virginia area. Except for a few administrative functions, all services and care are provided to the members by Kaiser. Kaiser will mail the members a co-branded Medicaid ID card and welcome packet. Below is a list of exclusions that may apply to delegated members making them ineligible for assignment to Kaiser.

a. Member is eligible for Medicare or dual eligible

b. Member is 65 years of age or older

c. Member's home address as provided by DMAS is outside the Kaiser delegated area



Before You Start Seeing Members

Sentara Health Plans contracts do not cover the Kaiser members. To join the network please see the Contracting section below for details on the process.

1. Non-participating Kaiser providers must obtain a referral before rendering services to a Kaiser member. Providers can obtain a referral by contacting Kaiser's member services at 1-855-249-5025. If the provider is in network with Sentara Health Plans, then they are still considered a non-Kaiser provider and will have to contact Kaiser for a referral. Exception: If the provider has a contract in place with Kaiser for their Medicaid products, then the member can be seen with a referral. Participating providers shall follow the standard process as outlined by Kaiser.
2. Kaiser is not directly contracted with DMAS, members will continue to show as assigned to Sentara on the DMAS MES portal. Sentara directly manages all data and communications with DMAS on behalf of Kaiser and their delegated members. Sentara members residing within the Kaiser service areas are not exclusively delegated to Kaiser and may be Sentara members, so it is important to verify in the Availity provider portal.
3. Sentara members delegated to Kaiser are assigned to a Kaiser PCP and receive services within their integrated care delivery system. Members are fully delegated to Kaiser and therefore cannot see both Sentara and Kaiser providers.
4. If you are a Sentara provider in the Northern Virginia area you can verify whether the member has been delegated to Kaiser by:
   a. Viewing the member's Medicaid ID card to confirm they have a co-branded ID card. NOTE: Infants will align with the mother's plan. Contact Sentara provider services at **1-800-229-8822** if you find discrepancies.
   b. Use the Availity portal to verify the member. If the member has been delegated, it will provide pop-up messaging and direct you to the Kaiser provider portal.
      This member is part of the collaboration between Sentara Health Plans and Kaiser Permanente. Please log into the **provider portal** to access the information specific to this member.
5. Kaiser offers an online provider portal, Kaiser Permanente Online Affiliate for both contracted and non-contracted provider groups to confirm member eligibility and benefits. Kaiser requests that all providers utilize the online provider portal to help streamline the claims process, check claim status, and submit online disputes, appeals, and claim supporting documentation/requests for information.
6. When a member chooses to switch between Kaiser and Sentara health plan, the effective date will typically be the 1st of the next month following the request to change.
   - Auto assigned Kaiser members can choose to switch back to Sentara. Members must call the Sentara member services team at **1-800-881-2166 (TTY:711)** Monday through Friday, 8 a.m. to 8 p.m.
   - Sentara members may choose to switch to Kaiser by contacting Sentara member services team at **1-800-881-2166 (TTY:711)** Monday through Friday, 8 a.m. to 8 p.m. and the same guideline applies, the effective date will be the first of the following month. Note this option applies as long as the member does not fall under any exclusion as outlined above in section.
7. Kaiser members are excluded from Sentara's vendor-supported programs (VSP, Evolent, Optum, etc.)

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Member Redetermination

Important Note: Starting Jan. 1, 2027, certain Medicaid expansion adults must undergo redetermination every six months under the One Big Beautiful Bill Act (OBBBA). **If they are termed, Kaiser will receive notification once Sentara has received the notification from DMAS.**

Redeterminations follow a rolling schedule based on each member's last completed renewal.

Groups exempted from this requirement include: foster youth, tribal/HIS members, pregnant and postpartum mothers, recently incarcerated, and SNAP/TNF work-requirement participants.

Authorization Requests

All requests for authorization for members delegated to Kaiser are submitted directly to their utilization management department.

The Kaiser Utilization Management Operations Center is a telephonic Utilization Management (UM) and Referral Management Service Center designed to assist MAPMG and participating providers in coordinating health care services for Kaiser members. To contact UM call **800-810-4766**, fax **800-660-2019**, or send a referral message by logging on to the Kaiser **online affiliate**.

- Authorization services for planned inpatient and outpatient care are available Monday through Friday from 8:30 a.m. to 5 p.m.
- Urgent pre-service referrals are managed seven days a week, including holidays from 8:30 a.m. to 5 p.m.
- Nurses are available on weekends and holidays from 8:30 a.m. to 5 p.m. via the UM Weekend and Holiday Line at **301-960-1436**.

Pre-service review is required for selected procedures and services. This process is administered through UM. UM registered nurses (RNs) (Specialty Outpatient, Durable Medical Equipment and Home Health) and ancillary staff manage the referrals following Kaiser UM policies and procedures. Referrals requiring medical necessity review are forwarded to UM medical directors who are licensed physicians in the Commonwealth of Virginia.

Authorization requests from out-of-network providers:

If an out-of-network provider submits authorization to Kaiser, the member will be referred to a participating Kaiser network provider, and the request will be denied.

Claims

Claims for members delegated to Kaiser must be submitted directly to Kaiser. Claims to Kaiser can be submitted by paper or electronically. Participating Kaiser providers submit claims to Kaiser using the medical record number (MRN) on the members' ID card. NOTE: Confirm member eligibility before submitting claims to be sure submitted correctly.

Kaiser/Sentara Claims Workflow

Check Availity for member eligibility
(Members delegated to Kaiser will appear as Sentara in the DMAS MES Portal)

Claim Submissions

Submit claims to the plan the member is enrolled in. **NOTE: Infants will align with the mother's plan.**

If member eligibility denotes this member is part of the collaboration between Sentara Health Plans and Kaiser Permanente, please follow the Kaiser claims workflow as necessary	If member eligibility shows in Availity submit claims to Sentara
↓	↓
Kaiser	**Sentara**
↓	↓
Claims for members delegated to Kaiser must be submitted directly to Kaiser	Claims for members delegated to Sentara must be submitted directly to Sentara
↓	↓
Participating Kaiser providers submit claims to Kaiser using the medical record number (MRN) on the members' ID card	Participating Kaiser providers submit claims to Sentara using the Member ID number on the members' ID card
↓	↓
Submit claims electronically or by mail	Submit claims electronically or by mail

Claim Follow-up/Escalations

Kaiser

Contact Member Services
by calling **1-855-249-5025** or

On the website at
Kaiser Permanente
Mid-Atlanic States

Sentara

First Point of Contact Provider Services for
1-10 claims **1-800-229-8822**

Check Availity website for claims status

Contact your Network Educator for escalations
more than 10 claims

Contact Kaiser for inquiries related to services below:

- Claims Management
- Appeals – Member
- Appeals – Provider
- Grievances – Member
- Grievances – Provider
- Prior Authorization
- Electronic Billing
- Marketing and Collateral
- Medical Management (UM/CM/DM/Pharmacy/Quality. Shared coverage policies and QI activities)
- Member Operations
- Network Development
- Delivery of Covered Services
- Member Engagement
- Member Services (toll-free number, live agents, IVR, web portal)
- Risk Management

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Submit electronically:

Submit claims to the plan the member is enrolled in.
NOTE: Infants will align with the mother's plan.

Clearinghouse	Kaiser Permanente Payer ID
SSI	52095
Office Ally	52095
Availity	52494
Relay Health Alternate IDs	RH010 NG008

Submit paper claims to:

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

Claim Denials

Providers that submit electronic or paper claims to Sentara for Kaiser members will receive an 835-denial code 109:

> **"Claim/service not covered by this payer/ contractor. You must send the claim/service to the correct payer/contractor."**

Providers will have the following text on the paper remittance:

> **"This member is part of the collaboration with Kaiser Permanente. Please resubmit the claim to Kaiser Permanente for processing."**

Contracting

Join the Sentara Health Plans Network

Providers interested in joining the Sentara health plan network should submit a **Request for Participation form**.

Learn more about our **provider network**.

Provider Services: 1-800-229-8822
Member Services: 1-877-552-7401 (TTY 711)
Sentara Provider Portal

Joining the Kaiser Provider Network

Providers interested in participating with the Kaiser Network can locate forms and information to submit the application by visiting the link below:

Submit an **application** to join our network.

Member Services: 1-855-249-5025
Kaiser Provider portal