

The Kaiser Permanente Collaboration

Sentara Health Plans and Kaiser Permanente

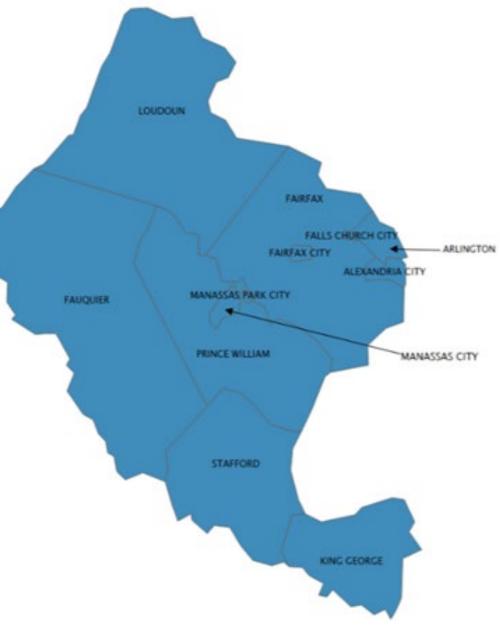
Kaiser Permanente (Kaiser) is a health system comprised of three distinct entities: Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, and Permanente Medical Groups — the first two are not-for-profit. Kaiser is known for its excellent quality of care, which is attributed to a strong emphasis on preventive care. The partnership directly aligns with our mission of providing high-quality healthcare services and improving the well-being of our communities.

The collaboration with Kaiser began on October 1, 2018, and until 2025, it served the Medicaid population in the Northern Virginia region. Effective July 1, 2025, Kaiser Permanente's Virginia Medicaid will expand to cover members with Long Term Services and Supports (LTSS) care needs. The collaboration will exclude Dual-eligible Special Needs Plan (D-SNP) 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.





Sentara Health Plans Delegated Arrangement with Kaiser

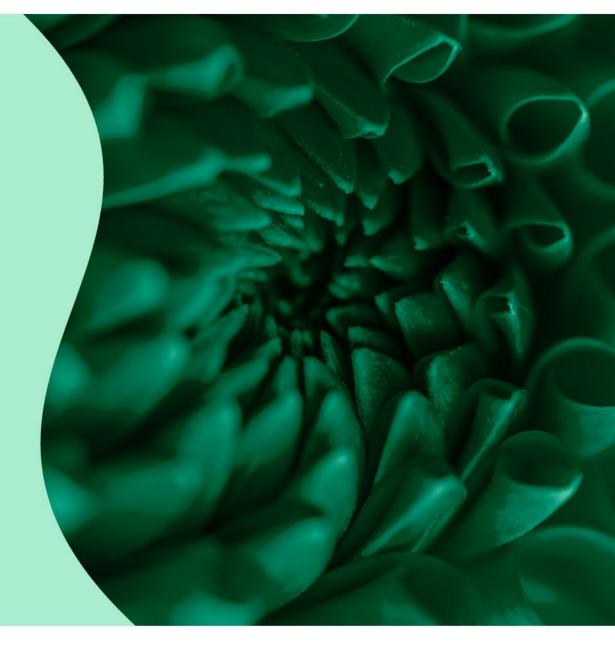
Delegated Responsibilities

The partnership with Kaiser enables Sentara Health Plans to provide affordable health care to approximately 47,000 Medicaid members. Except for a few administrative functions and marketing support, all services will be performed by our Kaiser counterparts in Northern Virginia. It is a beneficial arrangement for both parties and is supported by the **Department of Medical** Assistance Services (DMAS).

Core Function	Kaiser Permanente	Sentara Health Plans	Notes
Claims Management	X		
Encounters Reporting to DMAS		Χ	
Appeals - Member	X		
Appeals - Provider	Χ		
Grievances - Member	Χ		
Grievances - Provider	X		
Prior Authorization	X		
Electronic Billing	Χ		
Marketing and Collateral	Χ		Member materials are co-branded
Medical Management (UM/CM/DM/Pharmacy/Quality)	X	Х	
Member Operations	Х	Х	Sentara Health Plans coordination/re- direction of delegated members where appropriate
Network Development	Х	X	Sentara Health Plans coordination/re- direction of provider inquiries/claims where appropriate
Delivery of Covered Services	X		Inclusive of enhanced benefits
Member Engagement	Χ		
Member Services (toll-free number, live agents, IVR, web portal)	Х		
Risk Management	Χ		



Member Management





Delegated members Seeing Both Sentara Health Plans and Kaiser Providers

Members are fully delegated to Kaiser and may only use the Kaiser integrated network of providers.





Switching Between Kaiser and Sentara Health Plans

Yes, a Sentara Health Plans Medicaid member can request to be changed to Kaiser and be under the Kaiser arrangement

The member's address received from DMAS is in a Kaiser service area defined in the contracted delegate arrangement by zip and FIPS code.

The member is less than 65 years of age and is not dual-eligible or D-SNP.

Yes, Kaiser members can request to be changed to Sentara Health Plans

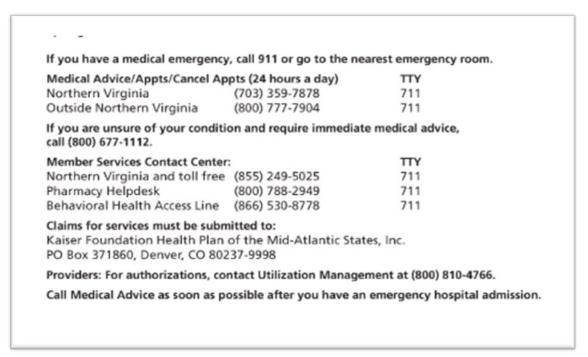
A Kaiser member can opt to switch to Sentara Health Plans. If the member chooses to do so, they must understand that they will only have access to Sentara Health Plans' network; they will no longer have access to Kaiser's network.



Kaiser/Sentara Health Plans ID card

Kaiser members will receive an ID card with both Sentara Health Plans and Kaiser's logos. The card will only have Kaiser's contact information.

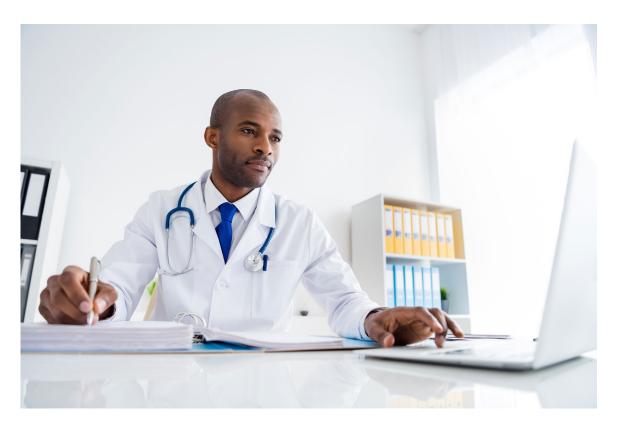




Members can contact Kaiser's member services team at 1-855-249-5025 for assistance



Identifying Available Providers



From Kaiser's Directory

Members can view available providers in the Kaiser network by accessing the <u>Kaiser</u> <u>Directory</u>.

Sentara Health Plans Website

Members can view available Kaiser providers via the <u>Sentara Health Plans Website</u>.

Member → Find a Provider → Kaiser Provider Directory



Kaiser or Sentara Health Plans Benefits While the basic benefits are the same, some enhanced benefits that may differ. Kaiser members and providers may obtain a list of covered benefits by visiting Kaiser's website or by calling Kaiser's member services at 1-855-249-5025.

Please Note:

Vendor partnerships such as VSP, Evolent, Optum, etc.) are not covered services for Kaiser members



Navigating the collaboration as a provider





Onboarding and Educating New Kaiser Providers

Kaiser's provider services team will be responsible for onboarding their new providers. If the provider is participating as both a Sentara Health Plans and a Kaiser provider, the provider should complete the appropriate training with Sentara Health Plans.





Participation and Impact of Sentara Health Plans providers in the Kaiser network

Participating Sentara Health Plans providers are not required to be in the Kaiser network. There is no impact to current participating Sentara Health Plans providers. Kaiser members will go to Kaiser participating providers. In the event a member shows up, the provider will need to make the request for a referral.

Providers interested in joining the Kaiser network can follow the steps below:

Go to www.providers.kp.org/mas
Complete the appropriate application according to specialty

All information will be assessed against Kaiser's network needs. Submission of an application does not constitute any obligation on the part of KFHP-MAD, MAPMH, or any other related Kaiser entities to enter a contractual relationship with you.



Kaiser/Sentara Health Plans Member Scenarios

- Kaiser members are not included under the agreement between Sentara Health Plans and Kaiser network providers
 - Sentara Health Plans contracts do not cover the Kaiser members. Currently, there is no impact to participating Sentara Health Plans providers. Kaiser members will go to Kaiser participating providers. In the event a member shows up, the provider will need to make the request for a referral.
- > What to do if a Kaiser member shows up at a non-Kaiser provider's office
 - 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.
- Provider is in Sentara Health Plans' network
 - ☐ 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 Medallion products, then the member can be seen with a referral. Participating providers shall follow the standard process as outlined by Kaiser.



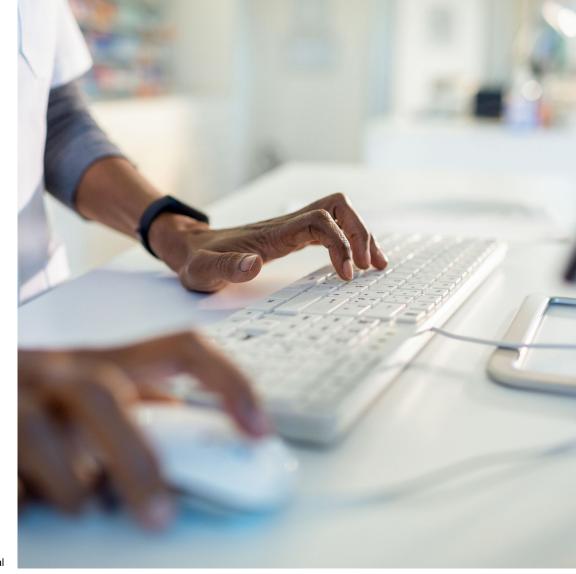
Verifying Eligibility & Benefits for Kaiser Members

 Verify eligibility and benefits for Kaiser members online through the Kaiser Permanente provider portal. The portal can be found at www.providers.kp.org/mas. Additional features available on the Kaiser portal are view referrals and authorizations, view claims status, and view medical records.

OR

• Contact Kaiser's member services at 1-855-249-5025.

Please note that because members are delegated to Kaiser by Sentara Health Plans, using the DMAS MES provider portal to verify Kaiser eligibility will only show that the member is covered under Sentara Health Plans.



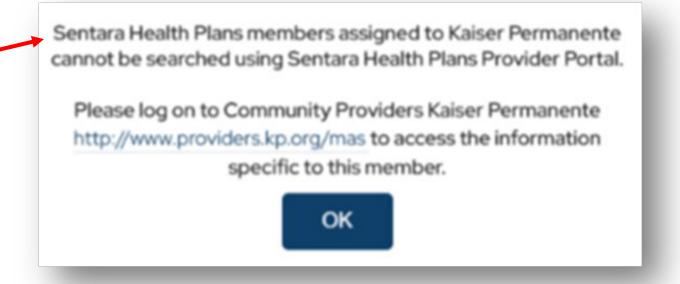


Verifying Eligibility in the Sentara Health Plans Provider Portal for Kaiser members

When signing into the Sentara Health Plans Portal providers will receive the message about Sentara Health Plans members assigned to Kaiser Permanente redirecting them to Kaiser's portal.

Providers can only use the Sentara Health Plans portal to verify eligibility.

Providers **cannot** submit an authorization





Kaiser Member Does Not Present Their Member ID Card

If a member does not present their member ID card at a non-Kaiser provider's office and the member indicates Sentara Health Plans the following steps should be taken:

- 1. The provider should follow their current process for verifying eligibility. If they contact Sentara Health Plans' member services, member services will be able to confirm that it is a Kaiser member and will transfer the provider to Kaiser's member services.
- 2. If the provider signs into the Sentara Health Plans portal to verify the eligibility for a Kaiser member, they will be able to locate the member. However, there will be a message at the top of the screen indicating that it is a Kaiser member, and to click on the link to visit Kaiser's portal, www.providers.kp.org/mas.



Claims Submission for Kaiser Members

Providers must submit claims for Kaiser members to Kaiser's claims department. Claims to Kaiser can be submitted by paper or electronically. Participating Kaiser providers can submit claims to Kaiser by using the medical record number (MRN) on the member's ID card.

Submit electronically:

Clearinghouse	Kaiser Permanente Payor ID
SSI	52095
Office Ally	52095
Availity	54294
Relay Health Alternate IDs	RH010 NG008

Submit by mail:

Mid-Atlantic Claims Administration

Kaiser Permanente

PO Box 371860

Denver, CO 80237-9998



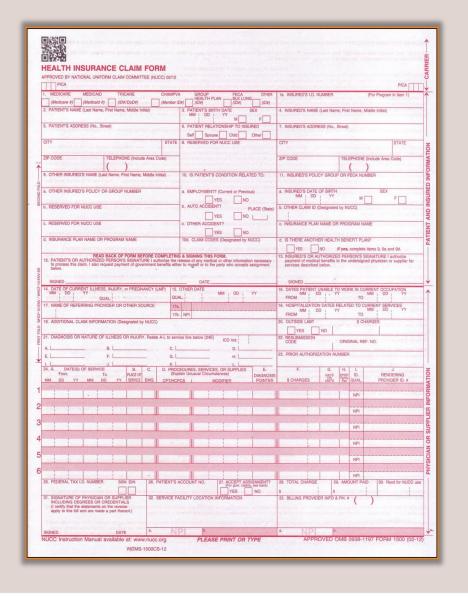
Claims Submission For a Kaiser Member to Sentara Health Plans

Providers that submit electronic or paper claims to Sentara Health Plans 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 message on the paper remittance:

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





Where can Kaiser providers obtain additional education on Kaiser's processes?

Kaiser Permanente providers can review Kaiser Permanente's provider manual and policies by visiting:

<u>www.providers.kp.org/mas</u> → Provider Information

Kaiser providers can also view additional information by visiting:

www.providers.kp.org/mas → News and announcements



