

HR-133 CONSOLIDATED APPROPRIATIONS ACT PROVIDER DIRECTORY REQUIREMENTS FREQUENTLY ASKED QUESTIONS

1. How can I submit a change of information to Kaiser Permanente?

A: If you know any of your demographics are changing, or have changed, please let Provider Services know at least 60 days in advance, or as soon as possible. Please submit the appropriate [Provider Update Form](#) available on our provider site.

2. How will I know if my information is correct or not?

A: You can view your office information on our [provider directory](#) or contact your Provider Service Consultant or you can email Provider Services at kpwa.provider-services@kp.org. Please note Kaiser Permanente does not list non-credentialed or mid-level practitioners on the provider directory.

3. Why is Kaiser Permanente asking affiliate providers to verify their information?

A: Kaiser Permanente is required by state and federal law to verify providers that display in our provider directory. The Consolidated Appropriations Act (CAA), also known as the “No Surprises Act” requires us to do so no less than every 90 days.

4. How will Kaiser Permanente conduct this verification?

A: Kaiser Permanente is contracted with LexisNexis to outreach to individual practitioners. Provider offices may delegate a single point of contact to respond on behalf of all practitioners under the tax ID.

5. Can I opt-out of the verification process?

A: Kaiser Permanente can no longer allow providers to opt-out of verification. Provider offices may delegate a single point of contact to respond on behalf of all practitioners under the tax ID.

6. My clinic is under delegation. Is verification still required?

A: Yes.

Mental health providers should work with **Magellan** and alternative medicine providers should work with **Tivity** to ensure they have accurate information on file for their offices.

7. If I do not verify will I be removed from the provider directory?

A: Kaiser Permanente does not want to remove providers from the directory for not responding to LexisNexis outreach. However, if Kaiser Permanente cannot verify information or believes the provider listing is inaccurate, we are obligated to not display the provider in the directory until the information is verified or updated.

8. Who can I talk to about the LexisNexis process?

A: Please contact your Provider Service Consultant or LexisNexis at (888) 245-4619, or visit the [LexisNexis frequently asked questions](#) page on the LexisNexis website.

9. If I verify with Kaiser Permanente, does the verification cover me for all other Kaiser Permanente regions?

A: At this time our provider systems are not integrated. You will need to verify with all Kaiser Permanente regions you work with.

10. What am I required to verify to meet the requirements of the CAA?

A: At a minimum, name, address, specialty, phone number and digital contact information for all practitioners who work under your tax ID number.

11. Are there other provisions impacting affiliate providers within the Consolidated Appropriations Act?

A: Yes. Section 113 of the CAA pertains to Ensuring Continuity of Care. Kaiser Permanente will provide a member impacted by a provider network status change the opportunity to notify Kaiser Permanente of their need for continued care, and to provide benefits under the same terms and conditions as would have applied prior to the network status change.

In addition, certain demographic changes require health plans to update their systems within 2 business days. For timely submission, please ensure you are choosing the HR133 Demographic Change Form from our [Provider Update Forms for those items outlined](#).

12. Where can I get more information?

A: The following resources are available on the [Kaiser Permanente provider site](#):

- [Provider Update Forms](#)
- [November Provider eNews](#)
- [December Provider Update](#)
- [Consolidated Appropriations Act](#)