

From: [Merlene S Converse](#)
To: [Nollette, Molly \(OIC\)](#)
Cc: [alison holmes](#); [Melissa Putman](#); [Melissa M Stauffer](#); [Maggie Russillo](#)
Subject: PPE reimbursement under SSB 5169
Date: Friday, June 11, 2021 3:06:44 PM

External Email

Hi Molly,

We received the OIC's request about PPE reimbursement and how contracted providers would know if a patient is enrolled in a fully insured or self-insured health plan from the Association of Washington Healthcare Plans. I am responding on behalf of Kaiser Foundation Health Plan of the Northwest, Kaiser Foundation Health Plan of Washington, and Kaiser Foundation Health Plan of Washington Options, Inc.

We are aware of SSB 5169 concerning PPE reimbursement that applies for dates of service on or after 4/16/21 through the end of the public health emergency. It is important to note that self-funded groups are not included in the mandated coverage and have the ability to opt out of PPE reimbursement. Due to the emergency effective date of SB 5169, there was not time to complete system configuration prior to the new law going into effect. We are implementing the new law to reimburse these claims.

Washington region

Contracted providers are directed to the provider website to look up eligibility information for members. In the Washington region, eligibility information includes whether the member is on a fully insured or self-insured plan. There is an Eligibility Inquiry Tool at the following link: <https://wa-provider.kaiserpermanente.org/provider-manual/coverage/member-id>

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. administer self-funded plans. Programming configuration changes were required so that the system could distinguish self-funded groups that opted out of PPE coverage and those self-funded groups who were participating. This configuration work has been completed, and we are now reprocessing the claims that are owed the \$6.57 for PPE. We expect to complete this work by the week of June 14, and the checks will go out the weekend of June 19. Going forward the system is now configured so any new claims will process correctly.

It is our expectation that contracted providers will submit a claim for all services rendered, regardless of whether someone is on a self-funded or fully insured plan. The remittance advice that the provider receives will include a denial description when the payment was denied because the service was for a self-funded member. "THE SERVICE BILLED IS NOT COVERED BY THE CONTRACT; DO NOT BILL PATIENT".

Northwest region

To find out a member's fully insured vs. self-funded status, physicians and health care providers may contact Member Services at 503-813-2000 or 1-800-813-2000. In addition to being listed on the member's health plan ID card, these numbers are also posted on the Contact Us page of the Community Provider Portal:

http://www.providers.kaiserpermanente.org/html/cpp_knw/contactus.html.

Please let us know if you have follow-up questions.
Thank you.

Merlene Converse

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