

Group Administrator **Manual**

Small Group

Welcome to Kaiser Permanente

As our partner, you play an important role in helping your employees get the highest quality health care. This manual and our easy-to-use tools are designed to simplify the process of administering Kaiser Permanente coverage for your employees.

If you ever have any questions or need assistance, feel free to contact your producer or your Kaiser Permanente sales representative. Or call our Sales Department at 1-800-542-6312, option 3.

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Who is eligible for coverage?

To be eligible for enrollment and continuing coverage, employees must meet all eligibility requirements imposed by the group and meet all other applicable requirements set forth in the group contract. Kaiser Permanente retains the right to verify eligibility.

When can employees enroll?

Employees can enroll for coverage during the following periods:

PERIOD 1 Initial eligibility

Eligible employees and their dependents have 31 days from the date they first become eligible to enroll in group coverage. Employees or dependents who miss this initial enrollment period are classified as “late enrollees” and must wait for your group’s next open enrollment period. Please note that there can be a **qualifying event** that triggers a special enrollment opportunity.

PERIOD 2 Open enrollment

Open enrollment is a predetermined period agreed upon by the group and Kaiser Permanente. Eligible employees or dependents who previously declined coverage can apply for coverage during this time. Current **subscribers** may also change benefit plans (if available) or make changes to dependents, subject to contract terms and conditions.

PERIOD 3 Special enrollment and qualifying events

Kaiser Permanente will allow special enrollment of eligible employees and dependents outside of the open enrollment period under certain circumstances known as **qualifying events**.

You can find definitions for terms used in this manual [here](#).



SPECIAL ENROLLMENT AND QUALIFYING EVENTS

Find out more about special enrollment and qualifying events in the [glossary](#).

Frequently asked questions about coverage

What is the effective date of coverage?

Effective dates and probation periods are specified by the group. However, it's important to know that the Affordable Care Act has rules regarding waiting periods. This refers to the period of time from when an individual first becomes eligible for coverage under an employer-sponsored health plan to when coverage starts. The waiting period cannot exceed 90 days, including weekends and holidays. There are additional rules that apply to determine whether eligibility conditions for variable-hour employees meet the 90-day waiting period limitation. More information on this rule is available on the [IRS website](#). Please refer to your group contract for other enrollment terms and conditions.

Is there a retroactive policy?

Kaiser Permanente only allows retroactive enrollment changes up to 60 days after the requested effective date.

Can members waive coverage?

Coverage may be waived when initially offered. However, subsequent applications for enrollment will be denied if received outside of the group's [open enrollment](#) period, unless the applicant has a [qualifying event](#) that triggers a [special enrollment](#) period.

What about eligibility for Medicare?

An individual who has the option to receive Medicare Part A benefits is deemed eligible for Medicare. Members who are eligible for Medicare can choose to maintain both Medicare Parts A and B while continuing group coverage.

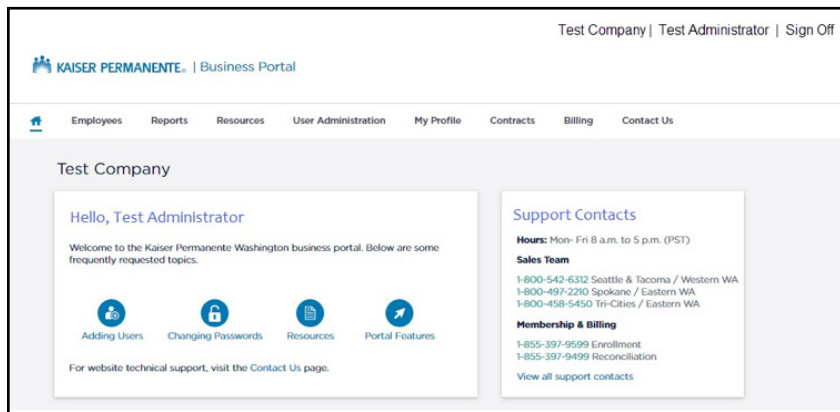
Medicare secondary payer regulations and guidelines will determine primary/secondary payer status for individuals covered by Medicare. Coverage between Kaiser Permanente and Medicare will be coordinated as outlined in the group contract and Medicare Evidence of Coverage.

Find out more about the terms used in this manual in the [glossary](#).

How do I enroll new members and make updates to existing members?

You can enroll new members in 2 ways: by using our secure online Business Portal or by filling out and submitting an enrollment form.

OPTION 1 Business Portal



Our Business Portal is an easy-to-use online tool that allows you to update your company's health plan enrollment and pay your monthly premiums online.

Once you've signed up, you can add, edit, or remove coverage for your employees and their **dependents**. Plus, you can edit their demographic information, including mailing and email addresses.

You'll have the ability to view and download your current and historical premium statements, pay your monthly premiums, order member ID cards, access Evidence of Coverage documents for fully insured clients, and view or download reports, including a roster of enrolled **subscribers** and dependents and an audit report with historical enrollment data. Managing portal access is easy, too – you can assign, add, or remove portal users and reset passwords.

To activate your access, you must first complete the **Business Portal Access Agreement** and return it to the Business Portal Support team at employersite@kp.org.

Sign up for the Business Portal.

It's easy to sign up – just complete and return the **Access Agreement**.

Questions regarding the portal? Email or call the Business Portal Support team at employersite@kp.org or call **1-800-577-8252**.



Access the **Business Portal** to process your enrollment updates.

OPTION 2 Complete an enrollment form

Fill out a Kaiser Permanente employee enrollment and change form for each new **subscriber** and **dependent(s)**.

SEND FORMS VIA:

1



Email

Email completed forms to kpwa.membership@kp.org. Password protect any documents with personal information.

2



Mail

ATTN: Kaiser Permanente Membership and Billing Department
P.O. Box 23219
San Diego, CA 92193-9921

3



Fax

1-855-355-5334
ATTN: Kaiser Permanente Membership and Billing Department



HAVE YOU PROVIDED ALL REQUIRED INFORMATION?

It's important to completely fill out the employee enrollment and change form to avoid delays in processing.

Enrollment form

To avoid delays in processing, please check that you have completed all of the following before submitting your enrollment form.



Return completed form to
P.O. Box 23219, San Diego, CA 92193-9921

2023 Employee enrollment and change form

EMPLOYER: PLEASE COMPLETE THIS SECTION.

Effective date _____ Original date of hire ____/____/____

Termination date _____ Date of rehire ____/____/____

Group name _____ Date transferred from part time (p/t) to full time (f/t) ____/____/____

Group number _____ Hours worked per week _____

Selected health plan _____ If retired, date of retirement ____/____/____

Pay location (if applicable) _____

Choose one:

Open enrollment Add dependent(s)

New employee Remove coverage

Address/name change Employee

Qualifying event _____ Dependent(s)

Transfer to COBRA

Start date ____/____/____

18 months

36 months

Reminder to employers:
For groups already enrolled in direct policies, enrollment and changes can be made online via our Business Portal.

EMPLOYEE: COMPLETE THE FOLLOWING. PLEASE PRINT.

Employee name _____ (Last name) _____ (First name) _____ (M.I.) _____ Mobile phone* (_____) _____

Resident address _____ (Street) _____ (City) _____ (State) _____ (ZIP) _____ Home phone* (_____) _____

Mailing address (if different) _____ Email address* _____

Former name of applicant or spouse/domestic partner (if applicable) _____ * I understand that Kaiser Permanente may contact me via email or text messaging.

For health plan internal use only	Check one		Please print Last name	First name	M.I.	Social Security number	Male/Female	Birthdate (MM/DD/YY)	Relationship to employee	
	Add	Remove								
			Self							
			Spouse/domestic partner/dependent (circle one)							
			Dependent							
			Dependent							
			Dependent							

(Signature of employee) _____ (Date signed) _____

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Dependent children are eligible for coverage through the age of 25 regardless of marital status, student status, or eligibility for coverage under another plan. Dependents are not required to reside with the subscriber. Dependents are not required to be dependent upon the subscriber for support. Eligibility for medical assistance is not considered when determining eligibility for coverage or making payments. In Washington state, a registered domestic partner is treated the same as a spouse. If children of the primary insured are covered, children of a domestic partner are eligible for coverage on the same basis. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057. 1300 SW 27th Street, Renton, WA 98057.

2023-XB-EE-1 XB0001188-58-22

Completed by employer

Complete only if using a qualifying event as reason for enrollment

Completed by employee

- 1 Important for employers with more than one group plan.
- 2 Choose one plan even if both are offered by employer.
- 3 Complete if part-time to full-time status is the specified qualifying event.
- 4 Complete if employee is changing enrollment status due to retirement.
- 5 Choose reason for application (select one).
- 6 Date and signature of employer is required.
- 7 Complete only if member is transferring to COBRA.
- 8 Show date COBRA coverage initially began.
- 9 Choose length of coverage.
- 10 Complete information for all eligible enrollees.
- 11 Indicate spouse, child, or domestic partner.
- 12 Application must be signed and dated by employee.

How do members get ID cards and member guides?

When and where will ID cards be sent?

Identification cards are mailed to the **subscribers** after Kaiser Permanente processes the enrollment application. Members can expect to receive their ID cards within 1 to 2 weeks. All ID cards, including those for **dependents**, are mailed to the subscriber's address. Notify Kaiser Permanente when you submit your application if any ID cards for dependents should be mailed to a different address.

In addition to the cards subscribers receive in the mail, they can access their digital ID cards by downloading the Kaiser Permanente Washington mobile app at kp.org/wa/mobile.

Need a replacement card?

FOR MEMBERS:



Call Member Services toll-free in Western Washington: **1-888-901-4636**
Eastern Washington: **1-800-497-2210**



Sign in to their account using our password-protected member website, kp.org/wa.

FOR EMPLOYERS:



Sign in to the **Business Portal**.*

What about member guides?

Member guides for all plans are available online at kp.org/wa/getstarted. New members receive a welcome book in the mail that explains where to find the online member guide for their plan. Members can also request a printed copy by calling Member Services.

*Dental ID cards are provided by Delta Dental of Washington. Please note that only medical replacement cards can be ordered through the Business Portal.

What are special circumstances for continuation of coverage?

Subscribers and **dependents** may be eligible for continued coverage for the following reasons:

Continuation option

A member no longer eligible for coverage (except in the event of termination for cause) may be able to continue coverage for a period of up to 3 months subject to notification and self-payment of premiums to the group. This provision will not apply if the member is eligible for the continuation coverage provisions of the **Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)**. This continuation option is not available if the group no longer has active employees or otherwise terminates group coverage.

Leave of absence

While on a group-approved leave of absence, the subscriber and listed dependents can continue to be covered provided:

- They remain eligible for coverage
- Such leave is in compliance with the group's established leave of absence policy that is consistently applied to all employees
- The group's leave of absence policy is in compliance with the Family and Medical Leave Act, when applicable
- The group continues to remit premiums for the subscriber and dependents to Kaiser Permanente

Self-payments during labor disputes

In the event of suspension or termination of employee compensation due to a strike, lockout, or other labor dispute, a subscriber may continue uninterrupted coverage through payment of monthly premiums directly to the group. Coverage may be continued for the lesser of the term of the strike, lockout, or other labor dispute, or for 6 months after the cessation of work. If coverage is no longer available, the subscriber shall have the opportunity to apply for an individual Group Conversion plan or, if applicable, continuation of coverage, or an Individual and Family plan at the duly approved rates. The group is responsible for immediately notifying each affected subscriber of his or her rights of self-payment under this provision.

Find out more about the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) by emailing KPWA.mbsmallbusiness@kp.org.

COBRA

Upon loss of eligibility, continuation of group coverage may be available to a member for a limited time after the member would otherwise lose eligibility, if required by COBRA. Members with questions regarding eligibility under the [Consolidated Omnibus Budget Reconciliation Act of 1985 \(COBRA\)](#) should contact their employer.

COBRA coverage is required by law and the interpretation and administration of COBRA rules are the responsibility of the employer. The group shall inform members of the COBRA election process and how much the member will be required to pay directly to the group.

Conversion to individual coverage

When eligibility terminates at the end of any available continuation of coverage (COBRA or non-COBRA continuation) period, members may convert to an individual Group Conversion plan or apply for an Individual and Family plan. Contact Kaiser Permanente Individual and Family Plan Sales at 1-800-358-8815.

How do I cancel coverage?

Employers are responsible for notifying Kaiser Permanente within 60 days when a **subscriber** or **dependents** are no longer eligible under the plan terms and conditions.

Ways to terminate coverage



Web

Terminate via the **Business Portal**.



Email

Send email notification to **kpwa.membership@kp.org**.



Fax

1-855-355-5334
ATTN: Kaiser Permanente
Membership and
Billing Department

Causes for Kaiser Permanente to terminate individual member coverage

LOSS OF ELIGIBILITY When a member no longer meets the eligibility requirements set forth in the group contract.

FOR CAUSE Coverage for a member may be terminated upon 10 working days written notice for:

- Material misrepresentation, fraud, or omission of information used to obtain coverage
- Permitting use of a Kaiser Permanente ID card by another person or use of another member's ID card to obtain care to which a person is not entitled

PREMIUM PAYMENTS Nonpayment of premiums or contributions for a specific member by the group.

Terminating your group coverage

If your group is terminating coverage, please send a written request to your account manager indicating the reason for termination.

Mail your request to:


ATTN: [Your account manager or team]
Kaiser Foundation Health Plan of Washington
MS: RCB-C1W-04
P.O. Box 35002
Seattle, WA 98124

We will generate a final bill or issue any refunds if there is a credit on the account following termination.

Understanding your premium bill

When paying your bill, please pay the amount owed and any unpaid balance carried over from the previous month as shown in the reconciliation letter. Any current month's adjustments will appear on your next reconciliation letter.

Premium bill, page 1



Kaiser Foundation Health Plan of Washington
P.O. Box 23219
San Diego, CA 92193-9921

For remittance options and other questions, see the back of this statement.

PREMIUM STATEMENT

PAYMENT IS DUE NO LATER THAN:
01/01/19

PAYS TO:
02/01/19

DATE PREPARED:
12/17/18


MEMBERSHIP ADMINISTRATION
mbsmallbusiness@kp.org
855-397-9599

GROUP NUMBER [REDACTED]

SUBSCRIBER NUMBER	SUBSCRIBER NAME	ID NUMBER	ACTIV REASN	EFFCTV DATE	MEDICAL	DENTAL	TOTAL PREM
PREVIOUS OPEN BILL 12/01/18							
BILLED AMOUNT							5,540.38
PAYMENT 11/27/18							5,540.48-
ADJUSTMENT							.10
BALANCE OF THIS PREVIOUS BILL							.00
ITEM CLOSED							

- 1 Billing for this month and the date payment is due
- 2 Membership and billing contact information
- 3 Summary of previous billed amount, payment received, and any outstanding discrepancies

Premium bill, page 2



Kaiser Foundation Health Plan of Washington
P.O. Box 23219
San Diego, CA 92193-9921

For remittance options and other questions, see the back of this statement.

PREMIUM STATEMENT

PAYMENT IS DUE NO LATER THAN: 01/01/19
PAYS TO: 02/01/19
DATE PREPARED: 12/17/18

MEMBERSHIP ADMINISTRATION
mbsmallbusiness@kp.org
855-397-9599

GROUP NUMBER [REDACTED]

SUBSCRIBER NUMBER	SUBSCRIBER NAME	ID NUMBER	ACTIV REASN	EFFECTV DATE	MEDICAL	DENTAL	TOTAL PREM
CURRENT BILL							
ACTIVITY PROCESSED							
98765432	CONSUMER1	I 123456789		ADD 11/06/18	426.45		426.45

98765432	CONSUMER1	I 123456789			228.07		228.07

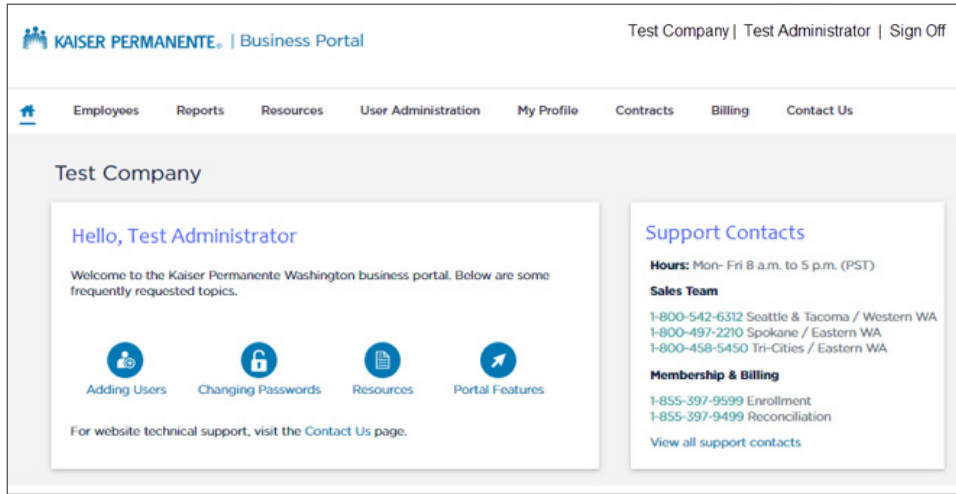
B I L L T O T A L S					654.52		654.52

SUBSCRIBER COUNT							1
CURRENT BILL							654.52
PRIOR PAYMENT ADJUST SUMMARY							0.00
PRIOR UNPAID BALANCE							0.00
TOTAL AMOUNT DUE							654.52

- 4 Subscribers' Kaiser Permanente ID numbers
- 5 Subscribers' Social Security numbers appear in this column. You may remove these.
- 6 Employees and premiums
- 7 Premium total for this month
- 8 Outstanding discrepancies in your account.
- 9 Total amount now due

Accessing your premium bill online

In addition to receiving your premium statement in the mail, you can access your monthly bill from the Business Portal.



Access the **Business Portal** for the step-by-step user guide located in the Resources tab.

Note: Self-Funded Administrative Fee Invoices are not available in the Business Portal.

The current month and historical premium statements are available for download in PDF and Excel formats from the Billing tab. These statements reflect the same detail as displayed on the invoice received in the mail.

SUBSCRIBER NUMBER	SUBSCRIBER NAME	ID NUMBER	ACTIV MEMBER	EFFECTIVE DATE	MEDICAL DENTAL	TOTAL PREMIUM
CURRENT BILL						
ACTIVITY PROCESSED						
58765432	CONSUMER1	I 123456789	ADD	11/06/18	426.45	426.45
58765432	CONSUMER1	I 123456789			228.07	228.07
B I L L T O T A L S					654.52	654.52
SUBSCRIBER COUNT						1
CURRENT BILL						654.52
PRIOR PAYMENT ADJUST SUMMARY						0.00
PRIOR UNPAID BALANCE						0.00
TOTAL AMOUNT DUE						654.52

Subscriber Number	Last Name	First Name Initial	ID Number	Activity	Effective Date	Medical	Dental	Total Premium
98765432	CONSUMER1		I 123456789	ADD	11/06/2018	426.45		426.45
98765432	CONSUMER1		I 123456789			228.07		228.07
BILL TOTALS								
						654.52	0.00	654.52
SUBSCRIBER COUNT								
1								
CURRENT BILL								
654.52								
PRIOR PAYMENT ADJUST SUMMARY								
0.00								
PRIOR UNPAID BALANCE								
0.00								
TOTAL AMOUNT DUE								
654.52								

Paying your premiums

You are responsible for submitting monthly premium payments for each member per your current premium schedule. Payment must be received on or before the due date noted on the monthly billing statement. Kaiser Permanente allows a grace period of 10 days.

We offer the convenience of online bill pay from the Business Portal, ACH/wire transfer, and payment by mail as listed below.

Please be sure to allocate the payment amount(s) to the correct group number(s):

- If paying via the portal, enter the amount to be paid for each group in their designated field(s).
- If paying by ACH or wire transfer, email the payment allocation by group number to kpwa.mbsmallbusiness@kp.org.
- If paying by mail, reference the group number(s) and respective amount(s) on your check remittance stub and return with a copy of your monthly bill in the self-addressed envelope enclosed with your premium statement.

Kaiser Foundation Health Plan of Washington

Via Business Portal

Online bill pay is available from the Billing tab

Via ACH/transfer:

Account name: KFHPWA
 Account number: 1499029497
 Bank: Bank of America
 ABA (Routing) number: 121000358

Via wire transfer:

Account name: KFHPWA
 Account number: 1499029497
 Bank: Bank of America
 ABA (Routing) number: 026009593

Via U.S. mail:

KFHPWA
 P.O. Box 740016
 Los Angeles, CA 90074-0016

Kaiser Foundation Health Plan of Washington Options, Inc.

Via Business Portal

Online bill pay is available from the Billing tab

Via ACH/transfer:

Account name: KFHPWAO
 Account number: 1499801210
 Bank: Bank of America
 ABA (Routing) number: 121000358

Via wire transfer:

Account name: KFHPWAO
 Account number: 1499801210
 Bank: Bank of America
 ABA (Routing) number: 026009593

Via U.S. mail:

KFHPWAO
 P.O. Box 745899
 Los Angeles, CA 90074-5899

When are payments due?

Payments are due on the first of each month. Please include a copy of your most recent bill with your payment. Prompt payment allows us to provide your employees with uninterrupted claims processing.

Note: Only Business Portal users registered as an administrator can pay bills online.

Changes to your premiums

Premiums are subject to change by Kaiser Permanente upon 30 days' written notice. Premium rates will be revised as a part of the annual renewal process. In the event the group increases or decreases enrollment at least 25% or more, Kaiser Permanente reserves the right to require re-rating of the group.

Termination for nonpayment of premiums

Kaiser Permanente reserves the right to retroactively terminate any group for:

DELINQUENCY A group is considered delinquent if payment has not been received within the 10-day grace period of the monthly premium due date. If you receive a delinquency notice or are terminated for delinquency, please contact Kaiser Permanente immediately using the contact information provided on the delinquency or termination letter.

NON-SUFFICIENT FUNDS (NSF) PAYMENTS A group that submits 2 or more checks to Kaiser Permanente that are returned for a reason of NSF within a 12-month time period shall be retroactively terminated to the last paid-through date. A group terminated for NSF payments will not be reinstated.

Member appeals process

If Kaiser Permanente has notified a member in writing that a claim or request for services or supplies has been denied in whole or in part, the member may request a review of the appeal or denial. The member must call or write to Kaiser Permanente within 180 days after receiving notice of the denial.

Kaiser Permanente will send an acknowledgement letter and notification of the appeals process to the member. If the member's health could be jeopardized by waiting for a decision under the standard process, the member can request an expedited or urgent appeal. Kaiser Permanente will respond to expedited or urgent appeals within 72 hours of receipt of the request.

Compliance with current laws

The group and Kaiser Permanente shall comply with all applicable state and federal laws and regulations in performance of the group contract. The group contract is entered into and governed by the laws of Washington state, except as otherwise preempted by Employee Retirement Income Security Act (ERISA) and other federal laws.

COBRA continuation coverage under federal law

This applies only to groups that must offer continuation coverage under the applicable provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, and only applies to grant continuation of coverage rights to the extent required by federal law. Upon loss of eligibility, continuation of group coverage may be available to a member for a limited time after the member would otherwise lose eligibility, if required by COBRA. The group shall inform members of the COBRA election process and how much the member will be required to pay directly to the group. Continuation coverage under COBRA will terminate when a member becomes covered by Medicare or obtains other group coverage.

Dependents

The subscriber may enroll the following in accordance with the group contract:

- **Spouse** – subscriber’s legal spouse or state-registered domestic partner
- **Children** – dependent children under the age of 26
- **Disabled dependents** – as set forth in the group contract (documentation is required)
- **Domestic partner** – non-state-registered domestic partner subject to contract eligibility and requirements

Effective date of coverage

The date coverage begins for:

- **Newly eligible subscribers and listed dependents** – newly eligible subscribers and listed dependents are added on the date eligibility requirements are met, as specified by the group.
- **Newly dependent persons** – newly dependent persons, other than newborns and adopted children, are added on the date eligibility requirements are met, as specified by the group.
- **Newborns** – newborns are added on their date of birth.
- **Newly adopted children** – newly adopted children are added the date the adopted child is placed with the subscriber for the purpose of adoption or the subscriber assumes total or partial financial support of the child.

Member

Any enrolled subscriber or dependent.

Get more information about the rights and responsibilities of employers under COBRA at www.dol.gov.

Newborns

If enrolling as a dependent, newborns are added on their date of birth. Temporary coverage is automatically granted from birth through 3 weeks of age.

NOTE: The above statement is valid in Washington state only; not all employer groups are required to apply this law. Refer to your coverage documents for additional information.

Open enrollment

A predetermined period of time agreed upon by the group and Kaiser Permanente. During this period, Kaiser Permanente will allow enrollment of eligible employees or dependents who originally declined coverage when first becoming eligible. Current subscribers may also change benefit plans (if available) and add dependents, subject to contract terms and conditions.

Qualifying events

Common events that can trigger a special enrollment opportunity are listed below.

Application for coverage must be made within 60 days from the qualifying event, except for certain events where large group requires application within 31 days of the qualifying event. These exceptions are noted below.

Qualifying event	Definition
Newly eligible employee	Newly hired, part-time to full-time, temporary to permanent, rehired, etc. Large group requires application within 31 days.
Marriage/ domestic partnership	Add spouse due to marriage or state-registered domestic partnership. Large group requires application within 31 days.
Birth	Add dependent(s) due to birth. Large group requires application within 31 days.
Adoption	Add dependent(s) due to adoption or placed for adoption. Large group requires application within 31 days.
Involuntary loss of coverage	Loss of other health care coverage due to cessation of employer contributions or loss of eligibility, except for cause. Large group requires application within 31 days.
COBRA	Exhaustion of COBRA continuation coverage. Large group requires application within 31 days.
Qualified medical child support orders	Copy of court order may be required.
Persons eligible for medical assistance	Eligible for medical assistance as requested in advance from the Department of Social and Health Services (DSHS) and provided the person is otherwise eligible for coverage. Coverage under a Medicaid or CHIP plan is terminated as a result of loss of eligibility for such coverage.
State or federal laws/regulations	Applicable state or federal law or regulations otherwise provide for special enrollment.

Special enrollment

For large groups, Kaiser Permanente allows special enrollment when a qualifying event occurs or for employees who:

Either initially declined enrollment when otherwise eligible because they had other health care coverage and have had that coverage terminated due to one of the following events:

- Cessation of employer contributions
- Exhaustion of COBRA continuation coverage
- Loss of eligibility, except for loss of eligibility for cause

Or initially declined enrollment when otherwise eligible because they had other health care coverage and have had such other coverage exhausted because such person reached a lifetime maximum limit.

Kaiser Permanente or the group may require confirmation that when initially offered coverage, the person submitted a written statement declining because of other coverage. Application for coverage under the agreement must be made within 31 days of the termination of previous coverage.

Subscriber

A person employed by or belonging to the group who meets all applicable eligibility requirements, and for whom the premium has been paid.

For employers and producers

Contact the **Employer and Broker Services team** about handling escalations involving issues not originally solved through standard Kaiser Permanente channels or recurring health plan service issues, including:

- Access to care
- Benefit and claim payment concerns
- Unresolved discrepancies

Call: [206-630-0168](tel:206-630-0168)

Email: wa.kp.ebs@kp.org

Monday through Friday, 8 a.m. to 5 p.m.
Pacific time

Contact the **Business Portal Support team** for portal support, including:

- Access
- Navigation
- Outages

Call: [1-800-577-8252](tel:1-800-577-8252)

Email: employersite@kp.org

Monday through Friday, 8 a.m. to 5 p.m.
Pacific time

Contact **Membership and Billing** for billing and eligibility questions:

- Small Business Accounts:
Call: [1-855-397-9599](tel:1-855-397-9599)
Email: kpwa.mbsmallbusiness@kp.org
For correspondence only, not enrollment

Enrollment requests and changes:

Email: kpwa.membership@kp.org

For members

Call **Member Services** for:

- Benefit questions
- Claims status and appeals
- Coordination of benefits
- Medicare medical coverage
- Prior group deductible credit
- Identification cards
- Outpatient fee quotes
- Preferred providers
- Network providers
- Selecting or changing a primary care physician

Western Washington: [1-888-901-4636](tel:1-888-901-4636)

Eastern Washington: [1-800-497-2210](tel:1-800-497-2210)

Delta Dental contacts

Group Administration (Employers)

Call: [1-800-408-9850](tel:1-800-408-9850)

Customer Service (Members)

Call: [1-800-554-1907](tel:1-800-554-1907)

Other Kaiser Permanente contacts

Website

kp.org/wa

Mail-order pharmacy

Call: **1-800-245-7979**

Fax: **1-800-350-1683**

Mental health services

1-888-287-2680

Notification line

1-888-457-9516

(For admission to a non-Kaiser Permanente Washington hospital)

Travel Advisory Service

1-800-562-6300, ext. **3488**

Mailing addresses

Send claims to:

Claims Processing
Kaiser Permanente
P.O. Box 30766
Salt Lake City, UT 84130-0766

Send appeals to:

Kaiser Permanente
ATTN: Kaiser Permanente Member Appeals
P.O. Box 34593
Seattle, WA 98124-1585

Online: kp.org/wa/appeals

Fax: 206-630-1859

Send premium payments to:

See addresses on [page 17](#).

When to call the New Member Welcome team

New members can contact the New Member Welcome team anytime during the first 12 months of their membership for questions related to:

- Coverage
- Benefits
- Transition of care
- Transfer of medications
- Website navigation and registration support
- For help scheduling first visits with a Kaiser Permanente of Washington primary care provider

Toll-free number:

1-888-844-4607

Local number:

206-630-0029