

KAISER PERMANENTE CLAIMSCONNECT™ OVERVIEW



Why is Kaiser Permanente moving to a new claims system?

Kaiser Permanente in California currently processes referred care and emergency services claims from providers on multiple systems. In order to better serve the needs of our providers, accurately administer our expanding benefit plans and product lines, and meet the challenge of changing industry requirements, we're replacing our existing systems with a single new system intended to provide a more global processing solution and to deliver an even better and consistent service experience.

What is the name of the new claims system?

The new claims platform we will be using is called Kaiser Permanente ClaimsConnect, based primarily on Epic's Tapestry® referral and claims software.

Tapestry®, part of the Epic suite of products

Both Tapestry® and Kaiser Permanente HealthConnect® our electronic health record system, are software products provided by Epic. Moving to KP ClaimsConnect allows us to integrate claims processing with members' clinical information, benefits and referring physician work flow. It will also allow for a seamless process for making referrals to providers outside of Kaiser Permanente and then matching those referrals to received claims. KP ClaimsConnect will also process claims for emergent, non-referred services.

What are some of the anticipated benefits of the new claims system?

Much like the principle behind our system of integrated medical care, KP ClaimsConnect will allow us to integrate claims processing for greater consistency throughout the state. Once fully implemented, it will also increase our efficiency when members from other Kaiser Permanente regions receive covered care in California (or vice versa). In addition, the system will help ensure coordination in tracking member internal (at KP) and external health care "encounters" so member cost share amounts can be calculated as accurately as possible. We anticipate this will also provide greater transparency to contracted providers regarding member benefits and claims status. Finally, the system is intended to comprehensively align KP HealthConnect, member benefits, the issuing of care authorizations, and claims adjudication, ultimately supporting greater efficiency and enhanced adjudication capabilities.

When will the transition to the new system occur?

We plan to begin processing claims for California members with this new platform in phases. This means that during the staged cutover period providers will experience claims payment on either a legacy system or Tapestry, depending on whether the member's purchaser group has cut over. Differences will be seen between legacy systems and KP ClaimsConnect in areas such as Explanation of Payment (EOP) format and some processing capabilities.

Phase 1: Small Group and Individual, late Spring 2016

Phase 2: National, Large, Strategic, Federal, and Labor & Trust groups, late Summer 2016

Phase 3: Medi-Cal, Medicare Individual and Group, CHIP, and Special Programs, Fall 2016

A window into the future

We look forward to giving our providers and members greater transparency into the claims adjudication process. Beyond the technical capabilities of the system, we anticipate benefits ranging from simple things such as redesigned Explanation of Benefits (EOB) and EOP forms, to more complex ones including enhancements to electronic claims submission and, in the future, enhanced provider online access.