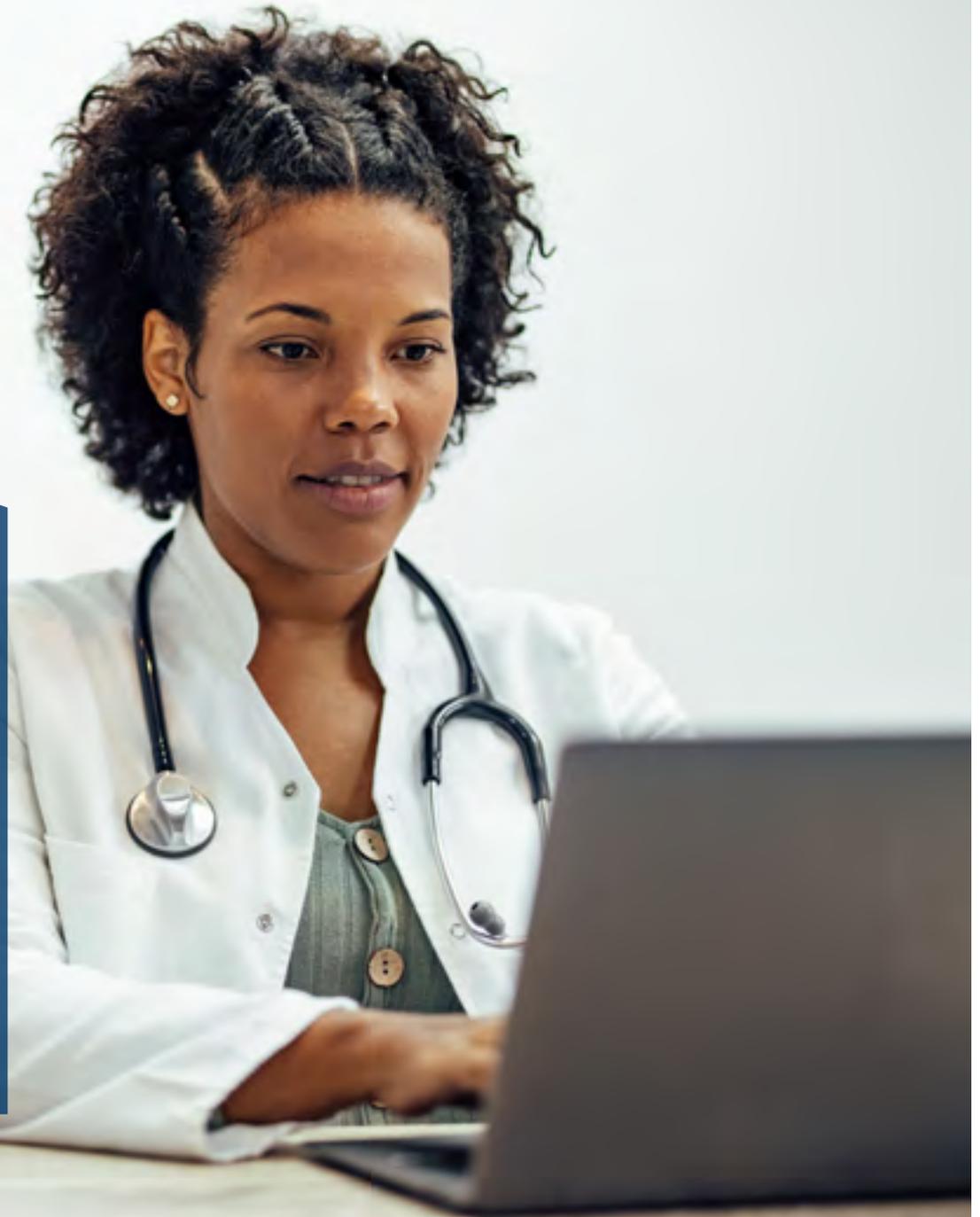




**KAISER
PERMANENTE®**

My Benefits Manager: Provider Portal Guide

Use My Benefits Manager to submit or check the status of a pre-determination/pre-authorization, to check the status of a claim, view remittances and explanation of benefits (EOBs), check member eligibility and view a member's benefit usage and limitations.



Creating an Account

1. Access the portal via: www.kp.org/dental/nw/ppo/providers
2. Click on Create account
3. Fill out the information requested.

Note: A paid claim number from a member who has been active in the last 180 days is required to create your account.

Signing in

4. Access the portal via: www.kp.org/dental/nw/ppo/providers
5. Enter your credentials and click Sign in.
6. Enter the code sent via text or email, depending on how you requested your multifactor authentication.

My Benefits
MANAGER

Sign in to your account

Username

Password

Sign in Forgot password

My Benefits
MANAGER

Account information

First Name

Last Name

Username

Account number

Address

Update Account Information

Security information

Change your password

Current Password

New Password

Verify New Password

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Enter security code

For additional security, we need to verify your identity before you can access the account.

We have generated a security code for you (11111111).

Once you receive it, please enter it below. If you have not received the code within five minutes, please contact member services.

One-time security code

11111111

Enter "Remember this device" checkbox

Remember this device for 30 days
Do not check if you are on a public or shared computer.

Sign in

Checking Claim Status

7. Select the Claims tab and enter the claim number(s) you wish to research and select search.
8. Using the links and the browser back button, you can toggle through the claim results. Once you select a claim, select “Original View” under Claims to view a remittance/EOB.

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DESCRIPTION	ICD	ICD CODE	NUMBER OF CLAIM DESCRIPTIONS	NET CHARGE	PLAN AMT
PHYSICIAN	8654	865475	1	\$600.00	\$0.00
LABORATORY	8654	865475	1	\$0.00	\$0.00
PROFESSOR'S CONSULT	8654	865475	1	\$0.00	\$0.00
Total				\$600.00	\$0.00

Checking Member Eligibility

9. Select the Eligibility tab and enter the member ID(s)/subscriber's HRN(s), to include the "KP" prefix, you'd like to check and select search.
10. Using the links and the browser back button, you can toggle through the eligibility results.
11. You can also view a member's benefits usage and limits.

The screenshot shows the 'Eligibility' search page. At the top, there are navigation tabs for 'HOME', 'ELIGIBILITY', 'SUMMARY', and 'HELP/FAQ'. The main heading is 'Eligibility'. Below it, there are instructions: 'Enter the member ID or HRN(s) (include the "KP" prefix) and click on the "SEARCH" button to view the eligibility results.' There are two input fields: 'Member ID(s)' and 'HRN(s)'. A green circle with the number '9' is overlaid on the 'SEARCH' button. Below the search fields is a table with columns: 'NAME', 'MEMBERSHIP', 'GROUP', 'DATE OF BIRTH', 'STATUS', 'BENEFIT PLAN', 'ADDRESS', and 'PHONE NUMBER'. The table contains one row of data.

The screenshot shows the 'Eligibility' results page. At the top, there are navigation tabs for 'HOME', 'ELIGIBILITY', 'SUMMARY', and 'HELP/FAQ'. The main heading is 'Eligibility'. Below it, there are instructions: 'Enter the member ID or HRN(s) (include the "KP" prefix) and click on the "SEARCH" button to view the eligibility results.' There are two input fields: 'Member ID(s)' and 'HRN(s)'. A green circle with the number '10' is overlaid on the 'SEARCH' button. Below the search fields is a table with columns: 'NAME', 'MEMBERSHIP', 'GROUP', 'DATE OF BIRTH', 'STATUS', 'BENEFIT PLAN', 'ADDRESS', and 'PHONE NUMBER'. The table contains one row of data. Below the table, there are sections for 'Participant', 'Coverages', and 'Benefit Usage and Limits'. The 'Participant' section shows 'Member ID: 123456789', 'Group Name: ABCDEF', and 'Status: Active'. The 'Coverages' section shows 'MEDICAL - Silver', 'DENTAL - Silver', and 'VISION - Silver'. The 'Benefit Usage and Limits' section shows 'Sam - Individual Deductible'.

11

Checking Member Eligibility Continued

12. To view any family member(s) that may be associated with the subscriber's HRN, click on the subscriber's name.
13. Click on View all family members.
14. A list of any family member(s) associated with the subscriber's HRN will be displayed. Click on any family member to view that member's information.

12



The screenshot shows the 'Eligibility Search' form with the following fields filled in: First Name: 'John', Last Name: 'Doe', Member ID: '12345678', and Date of Birth: '01/01/1980'. A 'Search' button is visible below the form. Below the form is a table with columns: Name, Member ID, Group, Date of Birth, Gender, Plan's Zip, Address, and Items Found. The table contains one row with the name 'John Doe' and a count of '1' in the 'Items Found' column.

13



The screenshot shows the 'Eligibility Search' form with the same search criteria as in step 12. The 'Search' button is highlighted, indicating it has been clicked.

14



The screenshot shows the 'My Benefits' page with the 'Eligibility' section active. The page header includes 'My Benefits' and navigation links for 'HOME', 'ELIGIBILITY', 'CLAIMS', and 'AUTHORIZATIONS'. The 'Eligibility' section has a dropdown menu for 'Eligibility Search' and a 'View all family members' link. Below this is the same search form as in the previous steps, with the search criteria filled in. The 'Search' button is highlighted.

Checking Pre-Authorization

15. Select the Authorizations tab and select either Search responses or Search the original requests. Enter the requested information.

16. Use the links to view the authorization details.

15

The screenshot shows the 'Authorizations' search page. At the top, there are tabs for 'Authorizations' and 'Search'. Below the tabs, there are search filters: 'New (Completed)', 'In-Progress', and 'Expired'. A search bar is present with the text 'Authorization Number (optional)'. Below the search bar, there are fields for 'Requestor' and 'Requestor ID'. At the bottom, there are buttons for 'Search' and 'Reset'.

16

The screenshot shows the 'View Form' page for Authorization #C500000018. The page is divided into several sections: 'Authorization #C500000018', 'Service Details', and 'Requestor'. The 'Authorization #C500000018' section contains a table with columns: 'Authorization #', 'Status', 'Requestor', 'Requested Type', 'Approved Type', 'Requested Date of Service', and 'Approved Date of Service'. The 'Service Details' section contains two tables, 'SERVICE 1' and 'SERVICE 2', with columns: 'Procedure Code', 'Description', 'Date of Service', 'Status', 'Study results', 'Charge Amount', 'Approved Date', and 'Date of study'. The 'Requestor' section contains two tables, 'Requesting Provider' and 'Referring Provider', with columns: 'Provider', 'Requesting Provider ID', 'Requesting Provider NPI', and 'Requesting Provider MFI'.

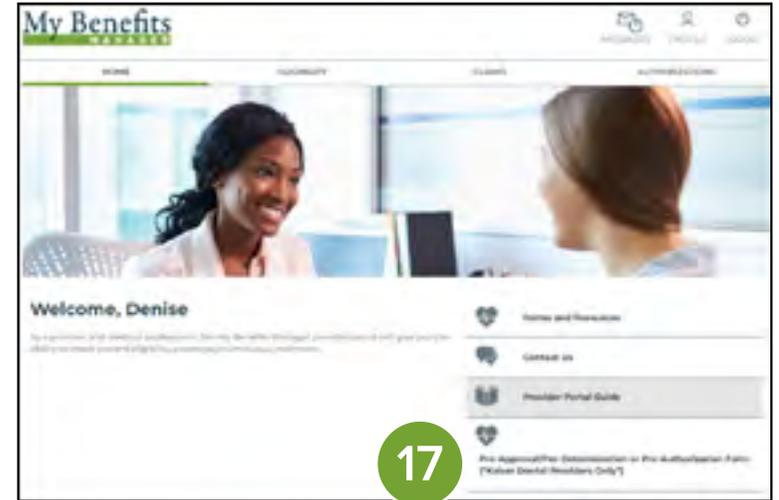
Reviewing or Submitting a Pre-Determination or Pre-Authorization

17. To review or submit a Pre-Approval/Pre-Determination or Pre-Authorization, select Pre-Approval/Pre-Determination or Pre-Authorization Form (“Kaiser Dental Providers Only”).
18. Enter the requested information and select Review or Submit.
Documentation can be attached to support the services by selecting Attachments and uploading the file and clicking Add.

Note:

Please obtain pre-authorization on all procedures over \$500.

Pre-authorizations can be submitted via the portal or mail to the claims address at the end of the guide or can be identified as a pre-authorization claim to be submitted electronically through Web MD, Change Healthcare, Proximed or Availity by using Payer ID RP073. Documentation can be attached to support the services the pre-authorization will include.



If you need assistance, please contact the Kaiser Permanente Insurance Program Support Center:

Kaiser Permanente Dental Choice (PPO)

P.O. Box 6927

Columbia, SC 29260

1-866-653-0338

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