

‘Believe Me’ Policy Frequently Asked Questions

Kaiser Permanente recognizes that a lag sometimes occurs between when members’ eligibility becomes active and when their coverage appears in our systems. Because we seek to form long-term relationships with our members, we want to provide them with exceptional care and service from the outset of their journey with us. Established in 2014, our national Believe Me policy provides a period of time during which we accept members’ word about their coverage status, and treat them as if they were covered. This is a bill hold period, which gives our systems a chance to catch up.

What might cause a delays between a member’s eligibility becoming active and appearance as a covered member in our internal systems?

Large employer groups or health care marketplaces (Covered California in our state) may experience delays sending data about their covered members to Kaiser Permanente. If we don’t receive the information with adequate time to process and populate our internal systems before coverage becomes active, there will be a period of time during which a member may have coverage but will not appear in our membership or registration systems.

Why enact a Believe Me policy, and assume the associated risk?

As a mission-driven health care organization, we never want members to delay care for any reason. Processing delays may be inevitable, but our members are not responsible for these delays and should not suffer any of the associated consequences. We anticipate developing long-term relationships and caring for our members over a number of years; it’s important to start the relationship right, demonstrating the trust that forms the basis of any strong partnership.

Some people who say they are members may not be members. Why are we providing them with care that may wind up not being covered?

The Believe Me policy does not require that we provide care to everyone free of charge. It establishes a 90-day period during which we will hold bills while we check membership systems for coverage. Once we identify coverage, we will apply the appropriate plan provisions and collect any remaining balance accordingly. At the end of 120 days, we will bill a patient directly for any care that is not covered by a Kaiser Permanente plan, and follow normal procedures for collection.

Why is the bill hold period 90 days? We should be able to process membership prior to 90 days.

Health Plan leadership has requested that we are initially conservative and give our systems adequate time to process membership data. Along with implementation of this policy we want to bring up ongoing monitoring for timeframes and dollars outstanding so we can make future

decisions based on experience. In 2017, we will re-evaluate the bill-hold period and may adjust based on our 2016 experience.

Who needs to prepare for full implementation of Believe Me?

Revenue Cycle and Health Plan operations must plan and implement Believe Me for their members. These include patient-facing teams, call center teams, eligibility and verification teams, billing and collection teams, and appropriate IT and system partners.

What are the requirements for the Believe Me policy?

The Believe Me policy has a number of components:

- At the point-of-service, the registration or admitting representative must be able to identify a patient covered by this policy, use the appropriate script to communicate the process in a member-friendly way, and flag the account for the correct follow-up.
- Once an account has been flagged with Believe Me, it must be monitored to ensure periodic checking against the membership system, and application of coverage once it appears.
- We must be able to track the time it takes for coverage to be applied to each Believe Me account, and the total number of dollars at risk.
- If an account is not linked to coverage after 90 days, it is sent to Patient Financial Services for appropriate billing and collection activities.

Does Believe Me apply to Pharmacy services?

Yes, Believe Me applies to Kaiser Pharmacies and mail-order. Believe Me will not apply to external or contracted pharmacies.

Does Believe Me apply to non-KP providers?

Yes, Believe Me applies to contract providers in non-hospital regions. However, there are additional validation steps required for Believe Me as applied to contract and network providers.

How does the Believe Me policy apply to non-contract providers, including hospitals?

Non-contract providers are expected to follow standard procedures for verifying coverage once a patient presents and identifies as a KP member. If we are unable to identify a patient as a member, authorization for treatment will be denied. In the event of a need for emergency care, staff will do everything possible to verify eligibility before a patient is released by the non-contract provider.

Does Believe Me apply to dental services?

Believe Me does not apply to dental services as those are not deemed medically necessary.