
3. Eligibility and Benefits Determination

3.1 ELIGIBILITY AND BENEFIT VERIFICATION

3.1.1 After-Hours Eligibility Request

3.1.2 Benefit Coverage Determination

3.2 MEMBERSHIP TYPES

3.3 BENEFIT EXCLUSIONS AND LIMITATIONS

3.4 DRUG BENEFITS

3.5 MEMBER IDENTIFICATION

3.5.1 Kaiser Permanente ID Card

3.5.2 Senior Advantage ID Card (with part D and without)

3.5.3 Quest Integration ID Card

3.5.4 Added Choice ID card

3.1 ELIGIBILITY AND BENEFIT VERIFICATION

Providers are responsible for verifying Members' eligibility and benefits. Each time a Member presents at the office for services, Providers should:

- Verify the Member's current eligibility status
- Verify covered benefits
- Obtain necessary authorizations (if applicable)

Do not assume that eligibility is in effect because a person has a Kaiser Permanente ID card. Please check a form of photo identification to verify the identity of the Member. Except in an emergency, the Provider must verify that the Member has a benefit for the service prior to providing services.

Contact KP Member Services to verify the Member's eligibility and benefits. It is important to verify the availability of benefits for services before rendering the service so the Member can be informed of any potential payment responsibility. If services are provided to a Member and the service is not a benefit or the benefit has been exhausted, denied, or not authorized, KP may not be obligated to pay for those services.

KP Member Services Contact Center
Oahu: 808-432-5955
Mainland and Neighbor Islands: 1-800-966-5955
Monday–Friday, 8 a.m.–5 p.m.
Saturday, 8 a.m.–noon
Hawaii Standard Time

To verify Member eligibility, benefits, or personal physician assignment, speak with a Member Services representative by calling the KP Member Services Contact Center. Please provide the Member’s name and medical record number which is located on the Kaiser Permanente ID card.

3.1.1 After-Hours Eligibility Requests

A Member who requests medical care after normal business hours must have his or her eligibility verified during the next business day. During the interim, request that the patient complete a financial responsibility form that places payment responsibility on the patient if he or she is found to be ineligible as a Member or the care provided is not a covered benefit. A financial responsibility form is not required for provision of emergency services; however, KP will not pay for emergency or other unauthorized services provided if the person is not a Member.

3.1.2 Benefit Coverage Determination

In addition to eligibility, Providers must confirm that the Member has coverage for the services at issue prior to providing such services to a Member, usually by requesting an authorization or receiving a referral from KP. Section 6 (“Referrals and Authorizations”) of this Provider Manual provides further details on the process for obtaining referrals and authorizations, except in cases of emergency.

3.2 MEMBERSHIP TYPES

The table below generally describes the different membership types.

Membership Type	Membership Defined	Covered Benefits Defined By
Commercial	Members who purchase HMO coverage on an individual basis (other than Medicare). Members who are covered as part of an employer group and are not Medicare eligible.	Evidence of Coverage (EOC)
Point of Service (Choice Premier, Added Choice)	Choice Premier and Added Choice are point-of-service plans provided by Kaiser Foundation Health Plan, Inc. or Kaiser Permanente Insurance Company (KPIC) respectively. Members and their enrolled dependents have the freedom to choose to receive services from Kaiser Permanente providers (in-network) and contracted community providers (out-of-network) in a traditional indemnity fashion. Certain services must be pre-authorized.	Evidence of Coverage (EOC)
Medicare Advantage or Senior Advantage (formerly known as Medicare + Choice)	Individual Medicare beneficiaries who have assigned their Medicare benefits to KP by enrolling in the KP Senior Advantage Program.	Medicare, with additional benefits provided by KP as described in the EOC
	Employer group retirees or otherwise Medicare-eligible employees who are also Medicare beneficiaries and have assigned their Medicare benefits to KP by enrolling in the KP Senior Advantage Program.	Medicare, with additional benefits provided by KP as described in the EOC
Medicare Cost	Members who are enrolled under a Medicare Cost contract between Health Plan or entities participating in the KP Medical Care Program and Centers for Medicare & Medicaid Services (CMS) and/or for whom Medicare is the primary payer for purposes of the Agreement.	Medicare
Regular Medicare (Medicare unassigned)	Members who are eligible for, and enrolled in, Medicare and for whom Medicare is the primary payer, but who also have employer group commercial coverage, and who have not enrolled in the KP Senior Advantage nor Medicare Cost programs.	Dual Coverage: Two separate plans – the primary Medicare benefits are defined by Medicare; the HMO benefits are defined by the EOC

Membership Type	Membership Defined	Covered Benefits Defined By
QUEST Integration	QUEST Integration is a statewide Medicaid program that provides medical, home community-based services, and behavioral services through managed care delivery systems. Kaiser Permanente participates in this program as one of the managed care plans.	Contact Member Services for detailed information specific to your geographic area

3.3 BENEFIT EXCLUSIONS AND LIMITATIONS

KP benefit plans may be subject to limitations and exclusions. It is important to contact KP Member Services to obtain information on, and verify the availability of, Member benefits for services before rendering the service so the Member can be informed of any potential payment responsibility.

If services are provided to a Member and the service is not a benefit, or the benefit has been exhausted, denied, or was not authorized, KP will not be obligated to pay for those services, except to the extent required by law.

3.4 DRUG BENEFITS

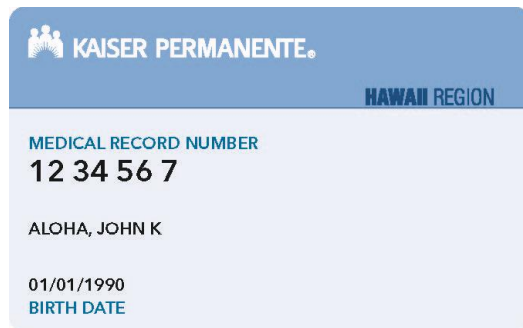
The drug benefits vary based on the benefit plan. To verify if a Member has a drug benefit, please contact Member Services.

3.5 MEMBER IDENTIFICATION

The following information helps you to identify Kaiser Permanente Members and treat them accordingly.

3.5.1 Kaiser Permanente ID Card

When enrollment forms have been processed, Kaiser Foundation Health Plan sends each new Member a permanent ID card (example below). The card displays the Member's medical record number, which is used for identification.



Call **911** or go to the nearest emergency room if you are experiencing a medical emergency.

If you are hospitalized outside of Hawaii, call toll free **1-800-227-0482** (TTY: **711**) within 48 hours, or call our Away from Home Travel Line at **(951) 268-3900** (TTY: **711**).

Please send claims for covered services and supporting documentation to:

Hawaii Claims Administration
P.O. Box 378021
Denver, CO 80237

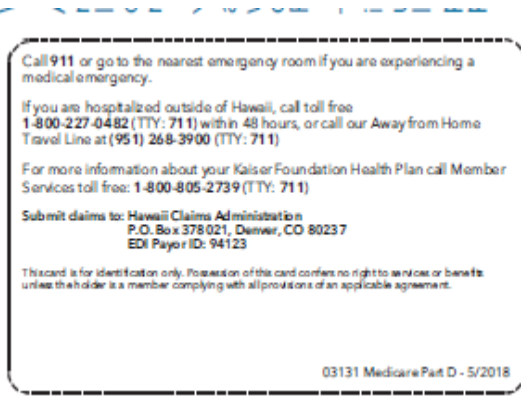
For more information about your Kaiser Foundation Health Plan or claim, call Member Services:

Oahu/Neighbor islands/Out-of-state: **1-800-966-5955**
Visit **kp.org** anytime.

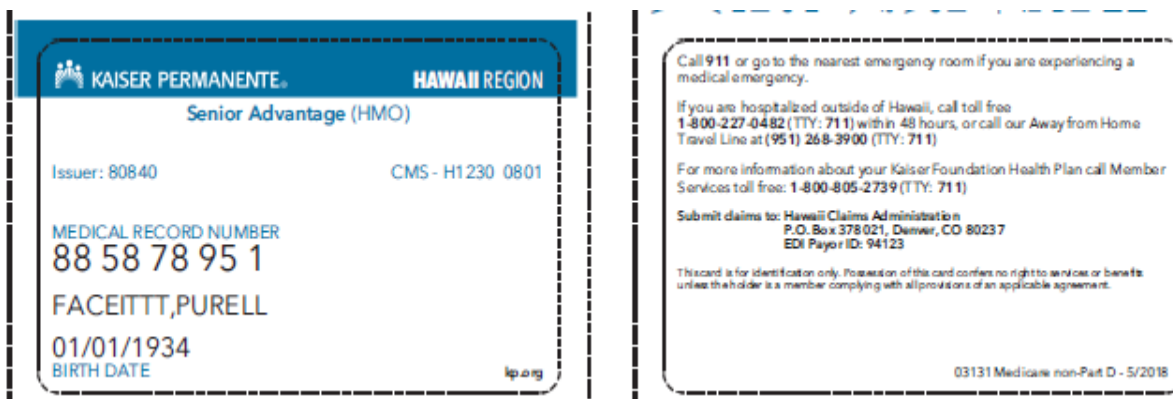
This identification card is for Kaiser Permanente members only and should be presented with a photo identification card when seeking medical services. 03131 HMO

3.5.2 Senior Advantage ID Card

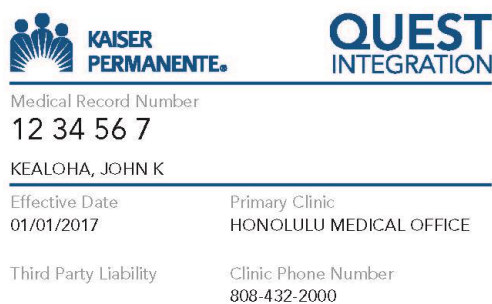
Senior Advantage with Part D:



Senior Advantage without Part D:



3.5.3 QUEST Integration ID Card



Call **911** or go to the nearest emergency room if you are experiencing a medical emergency.

If hospitalized outside of Hawaii call (toll free) **1-800-227-0482** within 48 hours.

After-Hours Advice Line
808-432-7700 (Oahu) or **1-800-467-3011** (neighbor islands)
711 (toll free) TTY for the hearing/speech impaired

Kaiser Permanente QUEST Integration Program
808-432-5330 (Oahu) or **1-800-651-2237** (neighbor islands)
711 (toll free) TTY hearing/speech impaired

Possession of the Health Plan identification card confers no rights or services or other benefits unless the holder of the card is in fact a member complying with all provisions of a Medical and Hospital Service Agreement including provisions regarding payment of applicable charges.

03131-QI

THIS CARD IS FOR IDENTIFICATION ONLY

The QUEST Integration ID card has additional information required by DHS:

- Member's Kaiser Permanente medical record number
- Member's name
- Effective date of member's Kaiser Permanente QUEST Integration coverage
- Primary clinic name and telephone number
- Third-Party Liability (TPL) information

3.5.4 Added Choice ID Card

