



Provider Manual

- Health Plan Member Eligibility and Benefits Determination
- Product Descriptions



Welcome To Kaiser Permanente

This section of the Provider Manual was created to help guide you and your staff in working with Kaiser Permanente's Member eligibility and benefit determination policies and procedures. It provides a quick and easy resource for services related to Member eligibility and benefit determination. This Section also briefly describes our products.

If, at any time, you have a question or concern about the information outlined in this Section of the Provider Manual, you can reach our Provider Relations Department by calling 510-268-5448.

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Section 3: Health Plan Member Eligibility and Benefits Determination

3.1 Member’s Eligibility and Covered Benefit Verifications

You are responsible for verifying Kaiser Permanente Members’ eligibility and benefits. Each time a Member presents at your office for services, you should:

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

Do not assume that coverage is in effect because a person has a Kaiser Permanente Member ID card. Please check a form of photo identification to verify the identity of the Health Plan Member. The effective date of coverage varies according to the terms of the contract between the employer group purchasing coverage for its employees and Kaiser Permanente. Therefore, you must verify that the Member has coverage for the service prior to providing such service to a Member. **Always contact Member Services in the Member’s home region, or through one of the methods detailed below to verify the validity of the ID card/number and benefit coverage. Otherwise, you provide services at your own financial risk.**

All transplant or transplant related services require prior authorization.

To confirm or verify a Member’s eligibility and benefits, choose one of the options below.

Option	Description
#1	<p>To verify Member eligibility, benefits or authorization for services you may contact the Transplant Hub Coordinator that is managing the patient’s care.</p> <p>Call the Transplant Hub listed in the Key Contacts Section of this Manual</p>
#2	<p>To verify Member eligibility, benefits or cost share you may speak with a customer service representative by calling the Member Service Line at, M-F from 8:30 a.m. to 5 p.m. Please provide the Member’s name and Member ID number, inclusive of suffix, which is located on the Kaiser Permanente ID card.</p> <p style="text-align: center;">Member Service Department Monday through Friday, 8:30 a.m. – 5 p.m. Call the number listed in the Key Contacts Section of this Manual</p>

3.2 Benefit Coverage Verification

You are responsible for verifying that a Member has coverage under his or her Membership Agreement for the services you will be providing, and for obtaining any required prior authorization.

Organ or bone marrow transplants are covered under all plans when a Kaiser Permanente physician determines the transplant is an appropriate treatment for the Member's condition. Kaiser Permanente's National Transplant Network (NTN) clinical advisory committees regularly review literature and patient selection criteria to ensure that the latest scientific evidence is considered in transplant decisions.

Referral is made to a Center of Excellence (COE) for the following reasons only:

- The Member satisfies all criteria developed by the NTN and by the COE providing the transplant
- A Kaiser Permanente physician provides a written referral for care at the COE.

To verify benefit coverage, see Section 3.1 of this Manual.

3.3 After Hours Eligibility & Covered Benefit Requests

If Members request medical care after Member Service hours and you are unable to get access to Member eligibility information, you must have eligibility verified the next business day.

In case the service is not a covered benefit, you should request the patient to complete a financial responsibility form in the interim. Inform the patient that by completing this form, he/she will have 100% financial responsibility for service rendered if he/she is found to be ineligible as a Kaiser Permanente Member or care provided is not a covered service.

If the Member is not properly informed of his/her financial responsibility, the Member is to be held harmless; the hospital or physician cannot bill the Member for the service provided. Please consult your contract agreement for more information. A financial responsibility form is not required for the provision of emergency services.

3.4 Emergency and Urgent Care Services

When Members present in your Emergency Room for treatment, we expect that you will triage and treat them in accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA) requirements, and that you will contact the NTN Transplant Hub that issued the transplant authorization after the patient has been stabilized, but prior to the patient's diagnostic evaluation.

If the Member receives emergency or urgent care services and supplies, the COE must call the NTN Transplant Hub as soon as reasonably possible.

3.5 Retroactive Eligibility Changes

Kaiser Permanente may determine retroactively that a person was not eligible for coverage on the date of service. This occurs, for example, when eligibility data is received late from employer groups, or is adjusted by employer groups. The applicable Payor is not responsible to pay for services in that case, but if you obtained a financial responsibility form from the person, you may bill the person directly for the services. If you have already received payment for the services, the applicable Payor will notify you of the adjustment.

Member eligibility may change retroactively in the following conditions:

- Kaiser Permanente receives delayed information, e.g., from Member's employer, that an individual is no longer a Member
- The individual policy/benefit contract has been terminated
- The Member decides not to purchase continuation coverage
- The eligibility information received by Kaiser Permanente is later determined to be false.

If you have received payment on a claim(s) that is impacted by a retroactive eligibility change, a claim adjustment will be made. The reason for the claim adjustment will be reflected on the remittance advice.

3.6 Exclusions and Limitations

Member benefits have limitations and exclusions applied to covered services. It is important to verify coverage for services that may be limited or excluded under the Member's coverage before rendering the service so the Member can be informed of potential payment responsibility. Information can be obtained by calling the Member Services Department in the Member's home region or the NTN Transplant Hub responsible for the patient's care. If you provide services to a Member and the service is not a covered benefit, or the covered benefit has been exhausted, denied, or not authorized, you do so at your own financial risk.

In addition, when a service or supply is excluded, all related services and supplies are also excluded even if they might otherwise be covered if used in connection with a covered service.

3.7 Products and ID Cards

Kaiser Permanente offers many products to individuals and employer groups. The Member’s identification card will indicate which product he/she is enrolled in. Your contract specifies which Kaiser Permanente Members you are allowed to treat. If you are unsure which plans you participate in, please contact the National Provider Contracting & Network Management Department at 510-268-5448.

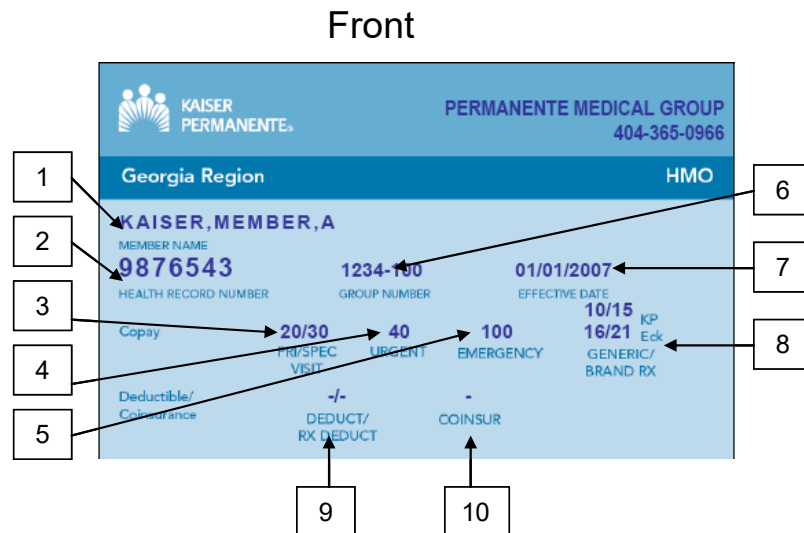
3.7.1 Health Maintenance Organization (HMO)

Kaiser Permanente’s HMO plan offers a comprehensive set of health care services obtained through a designated provider network. Preventive health services are emphasized through covered age-specific health maintenance exams, immunizations and periodic checkups. This product is offered to both individual subscribers and employer groups. Benefits and Member costs vary by group.

- **Traditional HMO plan:** All covered health care services are provided and arranged by Region’s Permanente Medical Group or Kaiser Permanente contracted provider. Most medical services require a small co-payment.
- **Deductible and Coinsurance HMO plans:** Similar to traditional HMO plan, except that Members pay a small co-payment and/or a deductible and coinsurance for medical services. You can quickly determine deductible and coinsurance amounts by looking at the face of the card.

In both plans, the Member’s primary care physician is responsible for coordinating all aspects of the Member’s health care.

3.7.1.1 Member ID Card for HMO



Back

Kaiser Foundation Health Plan of Georgia, Inc. www.kp.org

In an Emergency: **Dial 911 or go to the nearest Emergency Room**

For follow-up care, call us at: (404) 365-0966 or 1-800-611-1811

Appointments: Dial number on front of card

Customer Service/Locate Participating Providers: (404) 261-2590
or 1-888-865-5813

Medical Advice/After-Hours Urgent Care: . (404) 365-0966 or 1-800-611-1811

Kaiser Pharmacy Refills (mail-order or pick up): (770) 434-2008

Authorizations/Referrals: (404) 364-7320 or 1-800-221-2412

Claims Services: (404) 261-2825

Envoy/NEIC Payer ID #: 21313 Mail claims to: P. O. Box 190849, Atlanta, GA 31119-0849

For Pharmacy use only: BIN #: 003585 Processor Control #: 70000 ... (404) 365-0966

1381-HMO—CRD 03/06 Card is non-transferable; for identification only

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- | | | |
|-----|-------------------------|--|
| 1. | HRN | Member's unique seven digit medical record number assigned by Kaiser Permanente. Kaiser Permanente does not utilize SSN's as Member ID numbers. |
| 2. | NAME | Name of the enrolled Member. |
| 3. | Copay | Primary & Specialty Care Visit copay |
| 4. | Urgent | Urgent Care copay |
| 5. | Emergency | Emergency Room visit copay |
| 6. | Group # | Employer / Purchaser Group number |
| 7. | Effective Date | Month, day and year the Member's benefit period began. |
| 8. | Generic/Brand Rx | Pharmacy Copays. Indicates copays for Generic/Brand at either Kaiser Permanente or Network Pharmacies (i.e., Eckerd's pharmacies) |
| 9. | Deductible | Indicates deductible amounts for medical and pharmacy services |
| 10. | Coinsurance | Indicates coinsurance percentage |
| 11. | Back of card | The back of the card lists contact telephone numbers for Customer Service including medical advice, medical billing and claims and authorization/pre-certification |

3.7.1.2 Covered Benefits Summary

Benefits vary based on coverage purchased by the individual Member or the group/ employer's contract with Kaiser Permanente. To verify a Member's benefits contact the Member Services Department or NTN Transplant Hub, see Key Contacts Section of this Manual.

3.7.2 POS Product

Kaiser Permanente offers Point of Service (POS) plans with in-network coverage provided by HMO and POS provider networks.

The **Added Choice** plan product allows Members to choose from an expanded network of providers.

The **Multi-Choice** plan product allows Members to choose health care services from up to three tiers of coverage. Benefits and Member costs vary, based on the level where care is received, and coverage purchased by the employer/group.

- **Tier 1:** Members use Kaiser Permanente contracted providers. Care is coordinated by the Member’s PCP. Most medical services require a small co-payment.
- **Tier 2:** Members receive care from providers that participate in a large PPO network: PHCS (Private Healthcare Systems Network). Some medical services require a small co-payment, while others may require higher out-of-pocket expenses in the form of deductibles and/or coinsurance.
- **Tier 3:** Members may choose to receive care from any licensed community medical provider. Services at this level require higher out-of-pocket expenses in the form of deductibles and/or coinsurance, and may experience balance billing from contracted providers.

3.7.2.1 Added Choice POS Member ID Card

Front

8 Added Choice® — POS

2 JOHN Q PUBLIC

3 DOB **07/01/01** **4** SEX **M** **6** EFFECTIVE DATE **07/01/01** **1** MRN 109 55 32

7	HMO NETWORK OV Copay \$0 ER Copay KP\$0/0 TH\$0	PHS NETWORK PCP OV Copay 10% Spec OV Copay 10% Coins 10%	OUT OF NETWORK Coins 30%
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RX \$1 KP
MedImpact MedCare Network
BIN #003585 Carrier #70000

[Read important information on back of card ►](#)

Back

KAISER FOUNDATION HEALTH PLAN OF OHIO

To Doctors, Hospitals, and other Health Care Providers:
This card is for identification only. Eligibility must be verified by calling 1-800-321-4085.

In a medical emergency, call 911 or go to the nearest emergency facility.

For 24-hour advice, call us at (216) 445-4900 or 1-800-686-2240.

If you receive emergency medical services outside the Kaiser Permanente network, call us at 1-800-686-2240 within 24 hours or as soon as medically possible.

Send claim forms and bills to:
Kaiser Permanente, Claims Department,
P.O. Box 5316, Cleveland, OH 44101-9774

To select a PHS provider, call 1-800-266-5896 or visit www.primaryhealthservices.com.

To contact MedCare Pharmacy Support Line Pharmacists, please call 1-800-788-2040.

Customer Relations Department
(216) 621-7100 or 1-800-686-7100.

Appointment line
To make an appointment with a Kaiser Permanente HMO provider, please call us at 1-800-524-7377.

Pre-certification requirements:
Call 1-800-321-4085 for pre-certification. Pre-certification is required prior to elective hospitalization and outpatient procedures to receive full plan benefits.

For details on your plan benefits, coinsurance, and deductibles, see your *Member Handbook, Evidence of Coverage, and Certificate of Insurance*.

CARRY THIS CARD AT ALL TIMES.
FOR IDENTIFICATION ONLY. NOT TRANSFERABLE.

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Added Choice POS Card Contents

1. MRN Member's unique six to seven digit medical record number assigned by Kaiser Permanente.
2. NAME Name of the enrolled Member.
3. DOB Member's Month and Year of Birth.
4. SEX Gender of the Member
5. NWK The network of the PCP the Member has selected or has been assigned to. <insert here the acronyms with a brief description for each acronym such as PMG – Permanente Medical Group>
6. Effective Date Month, day and year the Member's benefit period began.
7. CO-PAYS Identifies Member's financial responsibility by Tier level
 Tier 1: HMO
 Tier 2: PHS network
 Tier 3: Out of Area network

 OV: Outpatient Visit
 ER KP: Emergency room copay at the contracted KP hospital
 ER OTH: Emergency room copay at all other hospital
 Rx KP: Copay for prescription drugs
 PCP OV: PCP outpatient visit copay
 SPEC OV: Specialist Outpatient visit copay
 Coins: % of Co-insurance
8. PLAN The plan in which the Member is participating. One of the three acronyms will appear: HMO, POS, Medicare Cost
9. Back of card The back of the card list contact telephone number for Members Services including medical advise, Medical Billing and Claims and authorization and pre-certification.

3.7.2.2 Multi-Choice Member ID Card

Front

Front of Member ID Card:

- 1. Kaiser Permanente logo and PHCS logo
- 2. Member Name: KAISER, MEMBER, A
- 3. Health Record Number: 9876543
- 4. Group Number: 1234-100
- 5. Effective Date: 01/01/2007
- 6. Select Providers: 20/30 PRI/SEC VISIT, 40 URGENT, 100 EMERGENCY, -/- DEDUCT/RX DEDUCT, - COINSUR, 15/30 KP GENERIC/BRAND RX
- 7. PPO Providers: 30/40 PRI/SEC VISIT, 500/150 DEDUCT/RX DEDUCT*, 20% COINSUR, 20/45/60 GENERIC/PREFERRED/NON-PREFERRED RX
- 8. Non-Participating Providers: 1000/150 DEDUCT/RX DEDUCT*, 30% COINSUR, 20/45/60 GENERIC/PREFERRED/NON-PREFERRED RX
- 9. PHCS logo
- 10. *COMBINED
- 11. Georgia Region, Multi-Choice
- 12. Kaiser Permanente logo and PHCS logo

Back

Back of Member ID Card:

- 12. Kaiser Foundation Health Plan of Georgia, Inc. www.kp.org
- In an Emergency: Dial 911 or go to the nearest Emergency Room
- For follow-up care, call us at (404) 365-0966 or 1-800-611-1811
- Appointments: Dial number on front of card
- Customer Service/Locate Participating Providers: (404) 261-2590 or 1-888 865-5813
- Medical Advice/After-Hours Urgent Care: (404) 365-0966 or 1-800-611-1811
- Kaiser Pharmacy Refills (mail-order or pick up): (770) 434-2008
- Authorizations: (404) 364-7320 or 1-800-221-2412
- Claims Services: (404) 261-2825
- PHCS Network Customer Service: 1-888-541-7427
- Envoy/NEIC Payer ID #: 21313 Mail claims to: P. O. Box 190849, Atlanta, GA 31119-0849
- For Pharmacy use only: BIN #: 003585 Processor Control #: 70000 (404) 365-0966
- PPO Provider and Non-Participating Provider benefit levels underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc.
- 1381 3T-POS—CRD-B 09/06 Card is non-transferable: for identification only

Multi Choice Card Contents

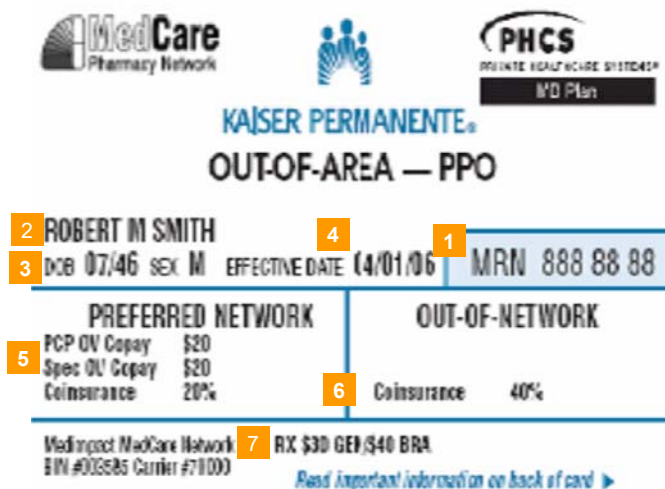
- | | |
|---|---|
| <ol style="list-style-type: none"> 1. PCP 2. NAME 3. HRN 4. GRP 5. Eff Date 6. Tier 1 HMO 7. Tier 1 Pharmacy 8. Tier 2 PPO Providers 9. Tier 2 Pharmacy 10. Tier 3 Non-Par Providers 11. Tier 3 Pharmacy 12. Back of card | <p>Name of Member's Primary Care Physician</p> <p>Name of the enrolled Member.</p> <p>Member's Health Record Number</p> <p>Group / Employer Number.</p> <p>Month, day and year the Member's benefit period began</p> <p>Tier 1= Kaiser Permanente & Affiliated Community Network Providers identifies Member's financial responsibility by Tier level</p> <p>Pharmacy Copays. Indicates copays for Generic / Brand at either Kaiser Permanente or Network Pharmacies</p> <p>Tier 2= PHCS (Private Healthcare Systems) affiliated providers – Identifies Member's financial responsibility by Tier level Co-payments for Primary and Specialty Care Visit, Deductible, Pharmacy Deductible, & Coinsurance information</p> <p>Pharmacy Copays. Indicates copays for Generic /Preferred, and Non-Preferred prescriptions filled at PHCS affiliated Pharmacies</p> <p>Tier 3= Non-Participating Providers – Identifies Member's financial responsibility by Tier level Co-payments for Primary and Specialty Care</p> <p>Pharmacy Copays. Indicates copays for Generic /Preferred, and Non-Preferred prescriptions filled at Non-Participating Pharmacies</p> <p>The back of the card lists contact telephone numbers for Customer Service including medical advice, medical billing and claims and authorization / pre-certification</p> |
|---|---|

3.7.2.3 Covered Benefits Summary

Benefits vary based on coverage purchased by the individual Member or the group/ employer's contract with Kaiser Permanente. To verify a Member's benefits, see Section 3.1 of this manual.

3.7.3 PPO Product

Front



Back



1. **MRN** Member's unique seven digit medical record number assigned by Kaiser Permanente. Kaiser Permanente does not utilize SSN's as Member ID numbers.
2. **NAME** Name of the enrolled Member.
3. **DOB** Member's date of birth
4. **Effective Date** Month, day and year the Member's benefit period began.
5. **Copay** Primary & Specialty Care Visit copay
6. **Coinsurance** Preferred & Out of Network coinsurance
7. **Generic/Brand Rx** Pharmacy Copays. Indicates copays for Generic / Brand at either Kaiser Permanente or Network Pharmacies (i.e. Eckerd's pharmacies)
8. **Back of card** The back of the card lists contact telephone numbers for Customer Service including medical advice, medical billing and claims and authorization / pre-certification

3.7.3.1 Covered Benefits Summary

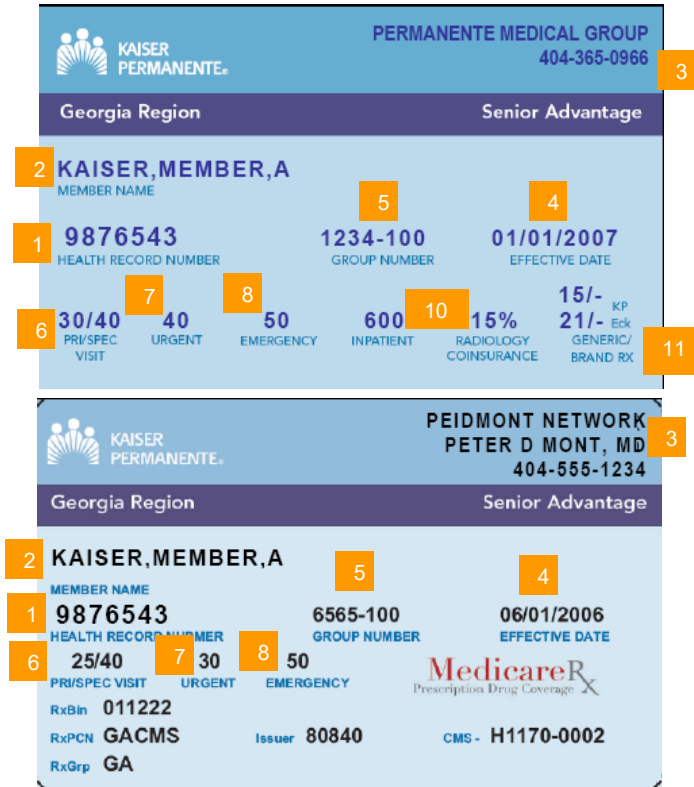
Benefits vary based on coverage purchased by the individual Member or the group/ employer's contract with Kaiser Permanente. To verify a Member's benefits, see Section 3.1 of this manual.

3.7.4 Medicare Product

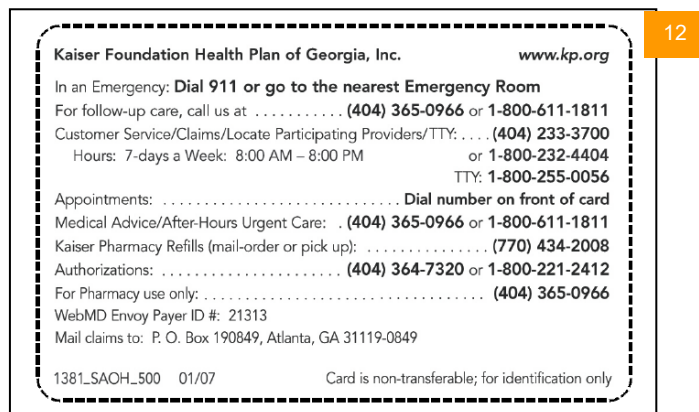
Kaiser Permanente offers Senior Advantage Plans, which are Medicare Advantage plans with in-network coverage. The Medicare Rx plan incorporates the new Medicare Part D benefits as part of the Member's Medicare assignment. **Your contract with Kaiser Permanente may or may not include these products.**

3.7.4.1 Senior Advantage Member ID Cards

Front



Back



Senior Advantage Cards Content

- | | |
|-----------------------------|--|
| 1. MRN | Member's unique seven digit medical record number assigned by Kaiser Permanente. Kaiser Permanente does not utilize SSN's as Member ID numbers. |
| 2. NAME | Name of the enrolled Member. |
| 3. PCP | Name of Member's Primary Care Physician |
| 4. Effective Date | Month, day and year the Member's benefit period began. |
| 5. Group # | Employer / Purchaser Group number |
| 6. Copay | Primary & Specialty Care Visit copay |
| 7. Urgent | Urgent Care copay |
| 8. Emergency | Emergency Room visit copay |
| 9. Inpatient | Inpatient admission copay |
| 10. Radiology | Radiology Coinsurance |
| 11. Generic/Brand Rx | Pharmacy Copays. Indicates copays for Generic / Brand at either Kaiser Permanente or Network Pharmacies (i.e. Eckerd's pharmacies) |
| 12. Back of card | The back of the card lists contact telephone numbers for Customer Service including medical advice, medical billing and claims and authorization / pre-certification |

3.7.4.2 Covered Benefits Summary:

Benefits vary based on coverage purchased by the individual Member or the group/ employer's contract with Kaiser Permanente. To verify a Member's benefits, see Section 3.1 of this Manual.

3.7.5 High Deductible Health Plan (HDHP)

Kaiser Permanente offers High Deductible Health Plans. This plan requires Members to meet a generally higher deductible than most traditional Kaiser Permanente plans, which may require multiple visits/services before deductibles are met. Certain services may not count towards the deductibles. Specialty services may not require a copay.

3.7.5.1 HDHP Member ID Card

Front



Back



HDHP Card Content

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. HRN 2. NAME 3. PCP 4. Effective Date 5. Group 6. Copay 7. Co-insurance 8. Deductible 9. Back of card | <p>Member's unique seven digit medical record number assigned by Kaiser Permanente. Kaiser Permanente does not utilize SSN's as Member ID numbers.</p> <p>Name of the enrolled Member.</p> <p>Name of Member's Primary Care Physician</p> <p>Month, day and year the Member's benefit period began.</p> <p>Employer / Purchaser Group number</p> <p>Primary & Specialty Care Visit copay</p> <p>Indicates co-insurance amounts for services</p> <p>Indicates deductible amounts for medical and pharmacy services</p> <p>The back of the card lists contact telephone numbers for Customer Service including medical advice, medical billing and claims and authorization/pre-certification</p> |
|--|---|

3.7.5.2 Covered Benefits Summary:

Benefits vary based on coverage purchased by the individual Member or the group/ employer's contract with Kaiser Permanente. To verify a Member's benefits, see Section 3.1 of this Manual.

3.7.6 Health Savings Account (HSA)

Kaiser Permanente Members with qualified HDHP plans may elect to add HSA accounts to their coverage. Health Savings Accounts are tax-exempt trusts established by the Medicare Modernization Act of 2003 for the exclusive purpose of paying for qualified medical expenses. The Member or employer deposits funds into HSA and uses them to pay for qualified medical expenses at Kaiser Permanente or other providers or saves funds for future use. As part of HDHP plans, this plan requires Members to meet a higher deductible than traditional Kaiser Permanente plans, which

may require multiple visits/services before deductibles are met. Certain services may not count towards the deductibles.

3.7.6.1 HSA Member ID Card



3.7.6.2 Covered Benefits Summary

Benefits vary based on coverage purchased by the individual Member or the group/ employer's contract with Kaiser Permanente. To verify a Member's benefits, see Section 3.1 of this Manual.

3.7.7 Drug Plans

Kaiser Permanente has a variety of prescription drug plans that accompany our products.

- **HMO, Multi-Choice** and **Added Choice** Members have copay amounts printed on their ID cards
- **Senior Advantage** Members will have one of two types of ID cards, indicating whether they have Part D Medicare drug coverage through Kaiser Permanente
- Some prescription drug coverage may exclude certain drugs, cover generic drugs only, have age restrictions on certain drugs, or limit the amount of the drug a Member can get at one time
- All applicable pharmacy copays are indicated on the Member's card, including generic and brand name drug copays

Prescription drug coverage may vary, based upon the Member's health benefit plan, and not all Kaiser Permanente health plans include prescription drug coverage. To verify a Member's drug coverage contact the Member Service Department or the NTN Transplant Coordinator that manages the patient's care, see Key Contacts Section of this Manual. The drug formulary can be accessed by visiting the provider Web site at <http://providers.kp.org/national>.

3.7.8 Travel and Lodging

Kaiser Permanente has a travel support program that may cover Members traveling outside of their home region for transplant services. To ensure appropriate and timely transportation to and from the COE, all travel arrangements are coordinated by Kaiser Permanente.

If a Kaiser Permanente Member has questions related to coverage for travel or lodging services, please refer them to the NTN Transplant Coordinator who is responsible for managing their care. The NTN Transplant Hub and Coordinator contact information can be found in the Key Contacts section of this Manual.