

# Kaiser Permanente Northwest Provider Manual 2018



## Member Eligibility and Benefits Determination

### Kaiser Permanente Northwest (KPNW) Products

We created this section of the provider manual 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 with contact phone numbers, detailed processes, and site lists for services related to member eligibility and benefit determination. This section also briefly describes our products.

If you have a question or concern about this section of the provider manual, contact our Member Services department at 503-813-2000 or 1-800-813-2000.

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## Section 3: Member Eligibility and Benefits Determination

### 3.1 Member Eligibility Verification

You are responsible to verify a member's eligibility each time the member comes to your office for services. Don't assume coverage is in effect because someone shows a Kaiser Permanente member ID card. Verify eligibility as follows:

- Request a Kaiser Permanente member ID card and check identity against a photo ID.
- Call Kaiser Permanente at **503-813-2000** or **1-800-813-2000**. If you can't verify eligibility because Kaiser Permanente's eligibility verification systems are closed, verify eligibility on the next business day.

### 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'll provide and for obtaining any required prior authorization. See the "Utilization Management" section of this manual for information on authorization requirements.

To verify benefit coverage and the member's cost share, contact Kaiser Permanente at **503-813-2000** or **1-800-813-2000**.

- If you can't verify eligibility because Kaiser Permanente's eligibility verification systems are closed, verify eligibility on the next business day.

### 3.3 Products and ID Cards

The Kaiser Permanente identification card includes the member's name, health record number, and date of birth. It also has important emergency information and telephone numbers on the back. The ID card is for member identification, and the health record number must be provided to receive care. Members are asked for their health record number when they call to get medical advice, schedule an appointment, or ask questions about their coverage.

We encourage members to register on [kp.org](http://kp.org) and download the Kaiser Permanente app on their smartphone to access a digital version of their ID card, which they can use in case they forget or lose their actual card.

Another option if members lose their ID card is to make a copy of their enrollment form for temporary identification. Member Services (located in most of our medical offices) can also create a temporary ID card.

Replacement ID cards can be ordered by calling Member Services at **1-800-813-2000**. (For TTY, **711**. For language interpretation services, call **1-800-324-8010**.) Members can also order a replacement card by signing on to [kp.org](http://kp.org). Select "My coverage and costs," then "Order a replacement ID card."

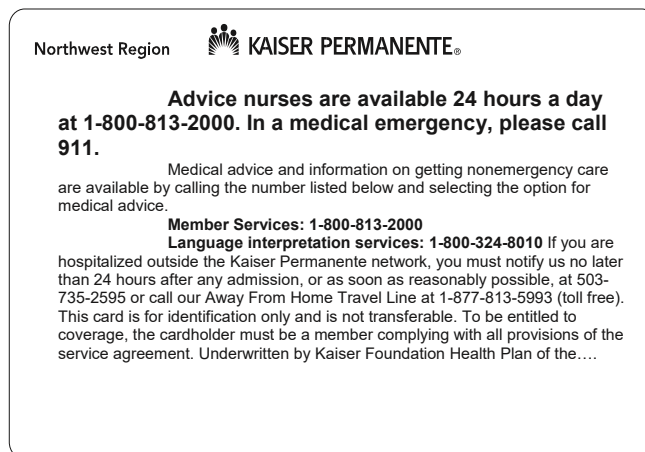
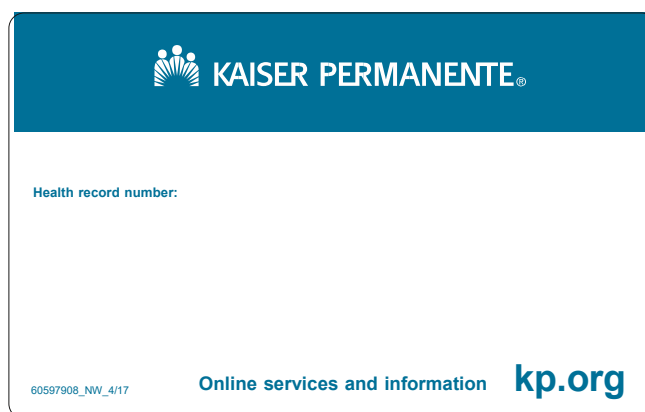
You can view sample ID cards for each plan described below.

#### 3.3.1 Traditional Copayment and Deductible Plans

Kaiser Foundation Health Plan of the Northwest ("Health Plan") offers a prepaid plan of comprehensive health care services that are primarily provided or arranged by the Northwest Permanente P.C. ("PMG"). Kaiser Permanente Health Plan, Plan Hospitals ("KFH"), and PMG

work together to provide quality medical care services. Most services require a copayment when services are delivered.

- **Deductible Plan:** Similar to traditional plans but with a deductible. The member must first satisfy a deductible and then pay a copayment or coinsurance amount for covered services.
- **HSA-Qualified High Deductible Health Plan:** The member must satisfy his/her deductible, which is typically higher than a traditional deductible plan. Members with this plan also have access to a health savings account (HSA), which allows them to save for medical expenses with pre-tax income. HSAs often include contributions from an employer to help offset the high deductible.



### 3.3.2 Point-of-Service (“POS”) Plans

Kaiser Permanente Northwest (KPNW) has two products that allow members to use providers and facilities outside *and* inside Kaiser Permanente. These products have two or three tiers of coverage from which members can get care. The tiers determine which providers and facilities members may use and how much they pay. Members can choose a different tier each time they get care, which means they may receive some care at Kaiser Permanente and other care at an outside provider.

**Added Choice:** This tiered plan is offered to groups with members living outside the KPNW service area (no local access to Kaiser Permanente facilities) *and* to groups for whom KPNW is the sole insurance carrier (those who want more choice of providers outside of Kaiser Permanente).

### **3-Tier Added Choice plan:**

Tier 1: Select Provider, lowest out-of-pocket cost for the member.

Medical: select providers and facilities, including Kaiser Permanente and The Portland Clinic.

Pharmacy: pharmacies at Kaiser Permanente or The Portland Clinic, including KPNW mail-order pharmacy (will mail to OR and WA residents only).

Tier 2: PPO Provider, a higher out-of-pocket cost for the member.

Medical: PPO providers and facilities in these networks:

- First Choice Health Network, serving OR, WA, ID, MT, WY, ND, SD, and AK.
- First Health network, serving all remaining states.

Pharmacy: MedImpact network, including most national pharmacy chains and many local pharmacies. Members can also use the Caremark mail-order pharmacy.

Tier 3: Non-Participating Provider, highest out-of-pocket cost to the member. Services are subject to an allowable amount, defined in the member's EOC, so members may be subject to balance billing from a provider.

Medical: any provider that isn't a tier-1 Select provider or a Tier 2 PPO Provider.

Pharmacy: no pharmacy benefit. Members have a benefit only for prescriptions filled through Select, MedImpact, or Caremark mail-order pharmacies.

### **2 Tier Added Choice plan:**

Tier 1: Select Provider, lowest out-of-pocket cost for the member.

Medical: select providers and facilities, including Kaiser Permanente and The Portland Clinic.

Pharmacy: pharmacies at Kaiser Permanente or The Portland Clinic, including KPNW mail-order pharmacy (mails only to OR and WA residents).

Tier 2: Non-Participating Provider, highest out-of-pocket cost to the member. Services are subject to an allowable amount, defined in the member's EOC, so members may be subject to balance billing from a provider.

Medical: any provider that isn't a tier 1 Select provider.

Pharmacy: no pharmacy benefit. Members have a benefit only for prescriptions filled through Select pharmacies.

Added Choice<sup>®</sup>
Point-of-service plan

First Choice Health  
AK, ID, MT, ND, OR, SD, WA, WY

Health record number:

This card is for identification only and is not transferable. To be entitled to coverage, the cardholder must be a member complying with all provisions of the service agreement. Underwritten by Kaiser Foundation Health Plan of the Northwest.  
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Northwest Region
KAISER PERMANENTE<sup>®</sup>

**For questions about eligibility, benefits, or your network, call:**  
 Member Services, 1-866-616-0047; TTY, 711; language interpretation services, 1-800-324-8010. Or visit [kp.org/addedchoice](http://kp.org/addedchoice).

**For required preauthorization (e.g., surgery, inpatient care), call:**  
 1-855-281-1840. Failure to get preauthorization may result in greater cost to you.

To make an appointment with a Kaiser Permanente provider, call: 1-866-616-0047.

If you are hospitalized outside of our network, you must notify Kaiser Permanente no later than 24 hours after any admission, or as soon as reasonably possible, at 1-877-813-5993 (toll free).

**Mail claims to:** Kaiser Permanente National Claims Administration — Northwest, PO Box 370050, Denver, CO 80237-9998.

**Members in states outside the First Choice Health coverage area can utilize providers in the First Health Network.**

**PPO Plus:** Covers a very specific population: 1) employees living *and* working outside of the KPNW service area and 2) who are on a Washington-based large group KPNW account

Tier 1: Select *and* PPO Provider, lowest out-of-pocket cost for the member. Cost shares (deductible, co-pays, etc.) are the same for Select and PPO providers.

Medical: Select providers and facilities, including Kaiser Permanente and The Portland Clinic. PPO providers and facilities in these networks:

- First Choice Health, serving OR, WA, ID, MT, WY, ND, SD, and AK.
- First Health networks, serving all remaining states.



Pharmacy: MedImpact network, including most national pharmacy chains and many local pharmacies. Members can also use the Caremark mail-order pharmacy. PPO Plus members *cannot* use KPNW or Portland Clinic pharmacies.

Tier 2: Non-Participating Provider, highest out-of-pocket cost to the member. Services are subject to an allowable amount, defined in the member's EOC, so members may be subject to balance billing from a provider.

Medical: any provider that is not a tier 1 (Select or PPO) provider.

Pharmacy: there is no pharmacy benefit for tier 2. Members only have a benefit for prescriptions filled through MedImpact or Caremark mail-order pharmacies.

PPO Plus

  
 AK, ID, MT, ND, OR, SD, WA, WY  




Health record number:

RxPCN: 70000 RxBIN: #003585 RxGroup: KP007

This card is for identification only and is not transferable. To be entitled to coverage, the cardholder must be a member complying with all provisions of the service agreement.

Underwritten by Kaiser Foundation Health Plan of the Northwest.

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**Northwest Region**  **KAISER PERMANENTE**  **First Health Network**

For questions about eligibility, benefits, or your network, call: Member Services, 1-866-616-0047; TTY, 711; language interpretation services, 1-800-324-8010. Or visit [kp.org/ppoplus](https://kp.org/ppoplus).

For required preauthorization (e.g., surgery, inpatient care), call: 1-855-281-1840. Failure to get preauthorization may result in greater cost to you.

To make an appointment with a Kaiser Permanente provider, call: 1-866-616-0047. If you are hospitalized outside of our network, you must notify Kaiser Permanente no later than 24 hours after any admission, or as soon as reasonably possible, at 1-877-813-5993 (toll free).

**Mail claims to:**  
Kaiser Permanente National Claims Administration — Northwest, PO Box 370050, Denver, CO 80237-9998.

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## Resources for Point of Service Plans

KPNW Added Choice member site: <https://kp.org/addedchoice>

KPNW PPO Plus member site: <https://kp.org/ppoplus>

Dedicated Added Choice Membership Services line: 1-866-616-0047

First Choice Health Network: 1-800-467-5281



First Health Network: 1-888-685-7774

MedImpact: 1-800-788-2949 or <https://mp.medimpact.com/pharmacylocator> (choose General Pharmacy Locator)

Caremark: <https://caremark.com/micro/kpnw>

### 3.3.3 Medicare/Senior Advantage with Part D Rx

Kaiser Permanente is an HMO plan with a Medicare contract. We offer Medicare Advantage Plans called Senior Advantage in both individual and group options.

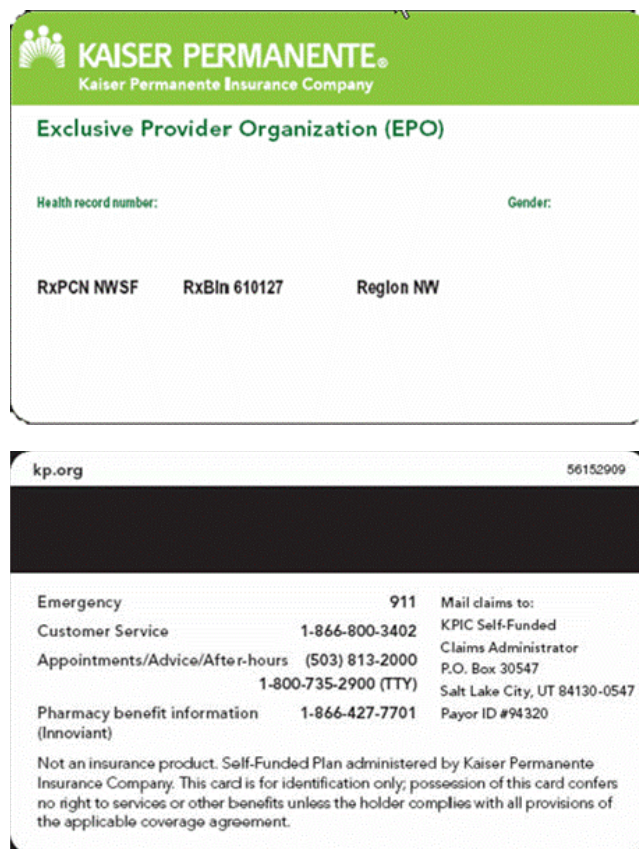
 <b>KAISER PERMANENTE®</b>		Senior Advantage (HMO)
Kaiser Foundation Health Plan of the Northwest		
Health record number:	Gender:	
Plan (80840)	RxBIN 011230	RxPCN NWCMS
RxGroup NW		CMS -
kp.org	 <small>Prescription Drug Coverage</small>	
<p><b>Advice nurses are available 24 hours a day at 1-800-813-2000. In a medical emergency, please call 911.</b></p> <p>Medical advice and information on getting nonemergency care are available 24 hours a day. Please call the number listed below and select the option for medical advice.</p> <p><b>Member Services: 1-877-221-8221/ TTY: 711</b></p> <p><b>Mail-order Pharmacy: 1-800-548-9809/ TTY: 711</b></p> <p><b>Language interpretation services: 1-800-324-8010/ TTY: 711</b></p> <p>If you are hospitalized outside the Kaiser Permanente network, you must notify us as soon as possible. Call 503-571-4540 or, toll free, 1-877-813-5993/ TTY: 711</p> <p>This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.</p> <p><b>Submit all claims to:</b> Kaiser Permanente National Claims Administration - Northwest            PO Box 370050            Denver, CO 80237-9998</p>		
<small>237SA-15/9-15</small>		

### 3.3.4 Self-Funded Medical

Kaiser Permanente offers self-funded products, administered by KPIC, including Self-Funded Exclusive Provider Organization, Self-Funded Point-of-Service, and Self-Funded Preferred Provider Organization. Please see the Self-Funded Provider Manual for further details.

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### 3.4 Visiting Member Guidelines

Kaiser Permanente members who access health services while visiting another Kaiser Permanente region are referred to as visiting members. Kaiser Permanente health benefit plans allow members to receive non-urgent and non-emergent care\* while traveling in other Kaiser Permanente regions (excludes HSA qualified, Medicaid-only, and PPO plans). We refer to this temporary region as the host region and where the member lives as their home region.

#### What's the first step when a visiting Kaiser Permanente member requests services?

- Review the member identification card and confirm their home region health record number (HRN).
- Verify home region benefits, eligibility, and cost share by calling the Member Services Call Center (MSCC) number on the member's identification card.
- If the member doesn't have their identification card, please call the region's home MSCC shown in the list below.
- Remember, services are covered according to the member's contract benefits, subject to the general visiting member exclusions.\*

#### Does the visiting member need a referral to see a network provider?

Follow standard referral procedures.

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- If the member doesn't have their identification card, please call the region's home MSCC shown in the list below.
- Remember, services are covered according to the member's contract benefits, subject to the general visiting member exclusions.\*

### Does the visiting member need a referral to see a network provider?

Follow standard referral procedures.

### What should you know when submitting claims?

- Claims must be submitted to the member's home region with the member's home region health record number (HRN) included on the claim.
- **Always** use the home HRN. **Never** add the host HRN on the claim form.
- If the member doesn't have an identification card or the home region's claim submission address isn't on the identification card, please call the corresponding home region's MSCC number below to obtain the claims address.
- If you have a claim status inquiry, refer to the home region's MSCC numbers below.
- If you've gotten an authorization, add the authorization number to the claim.

### Where do I send reconsiderations or appeal forms?

Call the home region's MSCC phone number listed below.

#### Regional Member Services Call Centers (MSCC)

Colorado	1-800-632-9700
Georgia	1-404-261-2590
Hawaii	1-800-966-5955
Mid Atlantic	1-800-810-4766
Northern CA	1-800-464-4000
Northwest	1-800-813-2000
Southern CA	1-800-464-4000
Washington	1-888-767-4670

\*Refer to Visiting Member brochure on the Community Provider Portal.