

# **Provider Manual**

- Member Eligibility and Benefits Determination
- Product Descriptions

## Welcome To Kaiser Permanente



Our goal is to ensure members get the care they need when they need it, hassle free! Our Member eligibility and benefit determination policies and procedures help guide you and your staff in assisting the member. This section provides a quick and easy resource complete with contact phone numbers, detailed processes and site lists for services related to Member eligibility and benefit determination. It also briefly describes our health plan 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 Member/Provider Services Department by calling 303-338-3800 or 1-800-632-9700.

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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 presents at your office for services. Do not assume that coverage is in effect because a person produces a Kaiser Permanente Member ID card. The process for verifying eligibility is as follows:

- 1 Request Kaiser Permanente Member ID card and check identity against a photo ID.
- 2 Contact Kaiser Permanente by telephone, interactive voice response (IVR) system or by web (Affiliate Link), as described in Option #3 in the chart below.
- 3 If you cannot verify eligibility because Kaiser Permanente's eligibility verification offices are closed, you should verify eligibility on the next business day.
- 4 If you are unable to verify eligibility or if services are requested after hours, the Member must complete a financial responsibility form. Please explain that the Member will be responsible to pay for the services if it is later determined that he or she did not have coverage on the date of service. See Section 3.2 regarding retroactive eligibility changes.

Option	Description	
#1	copayment information, and the name of the PCP assigned to the member through the Member/Provider Services Department for at 303- 338-3800 or 800-632-9700, 7 days a wee from 8am to 5pm. Please have the member's HRM number and date of birth available when you call.	
#2		
#3	www.providers.kaiserpermanente.org/cod: Eligibility verification is available to providers via AffiliateLink on the Kaiser Permanente website at <a href="www.providers.kaiserpermanente.org/cod">www.providers.kaiserpermanente.org/cod</a> , a secure site, for which a user ID number and password are required. To obtain access, print & submit a Kaiser Permanente Affiliate Link Provider Website Application found on the Community Provider Portal Home Page of the aforementioned website.	
#4	For members of Self-Funded plans administered by KPIC, you can also utilize the Self-Funded Provider Portal at <a href="http://kpclaimservices.com">http://kpclaimservices.com</a> , a secure site, for which a user ID and password are required. To obtain access, go to <a href="http://kpclaimservices.com">http://kpclaimservices.com</a> and click the <i>Provider Registration</i> link near the top of the website and complete the form.	

## 3.2. Retroactive Eligibility Changes

Kaiser Permanente may determine retroactively that a Member 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 Member, you may bill the Member directly for the services. If you have already received payment for the services, the applicable Payor will notify you of the adjustment.

Some examples where Member eligibility may change retroactively include, but are not limited to, 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 Member decides not to pursue coverage through Connect for Health Colorado.
- 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.

#### 3.3. Benefit Coverage Verification

You are responsible for verifying that a Member has coverage under his or her Membership Agreement, Evidence of Coverage, or Certificate of Insurance for the services you will be providing, and for obtaining any required prior authorization. See Section 4 of the Manual for information regarding authorization requirements. To determine a Member's benefit coverage and cost share, choose an option below.

- Contact the Member/Provider Services Department at 303-338-3800 or 800-632-9700 to verify member benefit coverage.
- Access member benefit coverage via Affiliate Link website at <u>www.providers.kaiserpermanente.org/cod</u>, a secured site, for which a user ID number and password are required.
- For members of Self-Funded plans and Level-Funded plans administered by KPIC, you can also contact Self-Funded/Level-Funded Customer Service at 877-883-6698 or utilize the Self-Funded plan administered by KPIC/Level-Funded Provider Portal at <a href="http://kpclaimservices.com">http://kpclaimservices.com</a>, a secure site, for which a user ID and password are required.

#### 3.4. Exclusions and Limitations

The benefits described in each Membership Agreement, Evidence of Coverage, or Certificate of Insurance are subject to various limitations and exclusions. It is important to inquire about coverage before rendering a service, so the Member can be informed of potential payment responsibility.

Information can be obtained electronically or by calling Member/Provider Services Department at 303-338-3800 or 800-632-9700. For members of Self-Funded plans and Level-Funded administered by KPIC, you may also contact Self-Funded Customer Service at 866-213-3062.

#### 3.5. Products and OneKP ID Cards

Kaiser Permanente of Colorado offers different products to individuals and employer groups. The Member's identification card will indicate which product he/she is enrolled in. Kaiser Permanente

members should present their ID cards prior to services. Current member ID card examples can be found in the Member Information section of the Community Provider Portal at: http://providers.kaiserpermanente.org/html/cpp\_cod/memberinfotoc.html

Additionally, it is recommended you obtain a copy of the card (front and back) each time services are rendered. This will assist you in referencing required insurance information. You are contracted to treat Kaiser Permanente Members who are enrolled in the following plans:

#### **HMO Products**

Traditional HMO Product
Traditional HMO Medicare Product(s)
Deductible / Coinsurance HMO (DHMO)
HSA-Qualified Deductible HMO Plan
HMO Plus
Deductible Coinsurance HMO Plus
Medicare Medicaid Special Needs Plan (HMO D-SNP)

#### Point of Service (POS) Products

Added Choice POS DHMO + Indemnity
Added choice POS DHMO + Indemnity with Health Savings Account (HSA)
Added Choice 2Tier POS: HMO + Indemnity
Added Choice Triple Option: HMO + PPO + Indemnity
Added Choice Deductible Coinsurance: DHMO + PPO + Indemnity
MultiChoice DHMO + PPO + Indemnity
HSA Qualified 2 Tier POS

#### **PPO Products**

PPO

PPO with Health Savings Account (HSA)

#### **KP Select Products**

SoCO KP Select Traditional HMO Plan (KH)
SoCO KP Select Deductible/Coinsurance HMO Plan (KD)
SoCO KP Select HSA-Qualified Deductible HMO Plan (KC)

#### Self-Funded Products administered by KPIC

**EPO** 

Deductible EPO HRA-Qualified Deductible EPO HSA-Qualified Deductible EPO

### **Level-Funded Products administered by KPIC**

EPO

Deductible EPO
HRA-Qualified Deductible EPO
HSA-Qualified Deductible EPO
3-Tier POS

3-Tier POS HRA-Qualified Deductible EPO

3-Tier POS HSA-Qualified Deductible EPO

2-Tier PPO

2-Tier PPO HRA-Qualified Deductible EPO

2-Tier PPO HSA-Qualified Deductible EPO

**NOTE:** The above list of offered plans are current at the time of publication and may change throughout the year.

#### 3.5.1 Health Maintenance Organization (HMO) Products

#### 3.5.1.1 Traditional HMO Product

With this product our members choose Primary Care Physicians and providers within the Colorado Permanente Medical Group (CPMG) and receive a majority of their care within the Kaiser Permanente traditional Group Model System. A referral request from a CPMG physician and authorization from the health plan is required to obtain services outside of the traditional system. Within this product, Kaiser Permanente offers a wide selection of benefit choices. To verify eligibility and benefit information only, contact Member/Provider Services Department at 303-338-3800 or 800-632-9700, or online at www.providers.kaiserpermanent.org/cod

#### 3.5.1.2 Deductible / Coinsurance HMO Product (DHMO)

DHMO products are based on our core HMO plan but with a deductible that typically results in a lower monthly premium. Members have access to any Kaiser Permanente providers.

#### 3.5.1.3 Deductible Coinsurance HMO Plus

Deductible Coinsurance HMO Plus provides members all the benefits and resources of Kaiser Permanente's DHMO plan, plus the convenience to receive care from any licensed community/network physician at any time, up to a visit limit each year. The set annual amount of the Plus benefit is based on Kaiser Permanente's contribution amount. Once the member reaches his Plus benefit limit, only the Deductible Coinsurance HMO portion of the coverage will remain. Deductible Coinsurance HMO Plus is available to both large and small groups.

#### 3.5.1.4 Deductible Product with HSA Option (DPHSA)

This product is offered to large group, small group and individuals. Members are responsible for all medical costs, excluding preventive which is covered at no cost, until reaching their deductible. Deductibles and coinsurance apply to the out-of-pocket maximum.

#### 3.5.1.5 Medicare Medicaid Special Needs Plan (HMO D-SNP)

This product is offered to beneficiaries dually eligible for/have both Medicare and Medicaid. The state covers some Medicare costs, depending on the individual's level of eligibility.

#### 3.5.2 Colorado HMO Member OneKP ID Card Samples

#### **Traditional HMO Plan**



Emergency 911 card Issued: 06-11-2021 Appointments, Medical Advice

And Urgent Care\* 303-338-4545 1-800-218-1059 (TTY 711)
Claims Information 303-338-3600 1-800-382-4661

Mail Order Pharmacy 1-866-523-6059 Away from Home Travel Line 1-951-268-3900

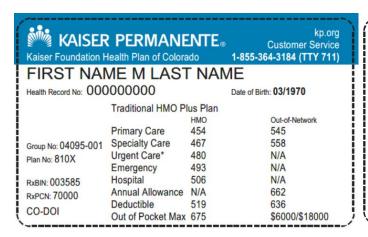
Kaiser Permanente Claims Department Notify Member S

PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617 Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. \*See Evidence of Coverage for benefit details.

03070-CH (1/21)

#### **Traditional HMO Plus Plan**



Emergency 911 Card Issued: 06-04-2021 Appointments, Medical Advice

and Urgent Care\* 303-338-4545 1-800-218-1059 (TTY 711)

 Claims Information
 1-855-364-3184

 Mail Order Pharmacy
 1-866-523-6059

 Away from Home Travel Line
 1-951-268-3900

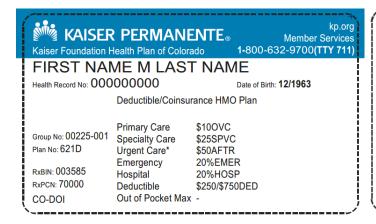
Kaiser Permanente Claims Department

Notify Member Services at

1-855-364-3184 if you receive emergency hospital services in a non-plan facility. This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. \*See Evidence of Coverage for benefit details.

03070-CX (1/21)

#### **Deductible/Coinsurance HMO Plan**



Emergency **911** Card Issued: 06-11-2021

Appointments, Medical Advice and Urgent Care\* 303-338-4545 1-800-218-1059 (TTY 711) 303-338-3600 1-800-382-4661

Mail Order Pharmacy 1-866-523-6059 Away from Home Travel Line 1-951-268-3900

Kaiser Permanente Claims Department PO Box 373150

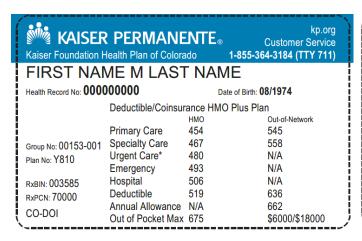
Denver, CO 80237-3150 Electronic Payer ID #: 91617 Notify Member Services at

1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. \* See Evidence of Coverage for benefit details.

03070-CD (1/21)

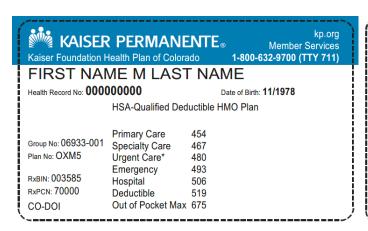
#### **Deductible/Coinsurance HMO Plus Plan**



Emergency 911 Card Issued: 06-11-2021 Appointments, Medical Advice 303-338-4545 1-800-218-1059 (TTY 711) and Urgent Care\* 1-855-364-3184 Claims Information 1-866-523-6059 Mail Order Pharmacy Away from Home Travel Line 1-951-268-3900 Kaiser Permanente Claims Department Notify Member Services at PO Box 373150 1-855-364-3184 if you receive emergency Denver, CO 80237-3150 hospital services in a non-plan facility. Electronic Payer ID #: 91617 This card is for identification only. Possession of this card confers no right to services or other benefits unless the holds is a member complying with all provisions of an applicable agreement. \* See Evidence of Coverage for benefit details.

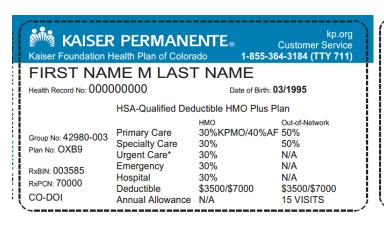
03070-CE (1/21)

#### **HSA-Qualified Deductible HMO Plan**



Emergency 911 Card Issued: 06-11-2021 Appointments, Medical Advice 303-338-4545 1-800-218-1059 (TTY 711) and Urgent Care\* 303-338-3600 1-800-382-4661 Claims Information 1-866-523-6059 Mail Order Pharmacy Away from Home Travel Line 1-951-268-3900 Kaiser Permanente Claims Department Notify Member Services at PO Box 373150 1-800-632-9700 if you receive emergency Denver, CO 80237-3150 hospital services in a non-plan facility. Electronic Payer ID #: 91617 This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable ement. \* See Evidence of Coverage for benefit details.

### **HSA-Qualified Deductible HMO Plus Plan**



Emergency 911 Card Issued: 03-18-2021 Appointments, Medical Advice 303-338-4545 1-800-218-1059 (TTY 711) and Urgent Care\* 1-855-364-3184 Claims Information 1-866-523-6059 Mail Order Pharmacy 1-951-268-3900 Away from Home Travel Line Kaiser Permanente Claims Department Notify Member Services at PO Box 373150 1-855-364-3184 if you receive emergency Denver, CO 80237-3150 hospital services in a non-plan facility. Electronic Payer ID #: 91617 This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. \* See Evidence of Coverage for benefit details.

#### 3.5.3 KP Select Member OneKP ID Card Samples

#### **KP Select HMO**



Emergency **911** Card Issued: 04-20-2019 Appointments, Medical Advice

and Urgent Care\* 303-338-4545 1-800-218-1059 (TTY 711)
Claims Information 303-338-3600 1-800-382-4661
Mail Order Pharmacy 1-866-523-6059

1-951-268-3900

Kaiser Permanente Claims Department Notify Member Services at

PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617

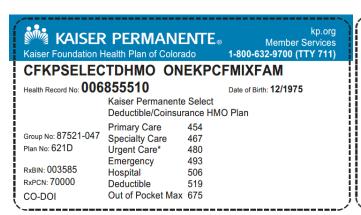
Away from home Travel Line

1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. "See Evidence of Coverage for benefit details.

03070-CG (1/21)

#### **KP Select DHMO**



Emergency 911 Card Issued: 04-20-2019
Appointments, Medical Advice
and Urgent Care\* 303-338-4545 1-800-218-1059 (TTY 711)
Claims Information 303-338-3600 1-800-382-4661

Mail Order Pharmacy
Away from home Travel Line

103-338-3600 1-800-382-4661

1-866-523-6059

1-951-268-3900

Kaiser Permanente Claims Department

PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617 Notify Member Services at 1-800-632-9700 if you receive emergency

hospital services in a non-plan facility.

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. \* See Evidence of Coverage for benefit details.

03070-CF (1/21)

#### **KP Select HSA-Qualified DHMO Plan**



Emergency 911 Card Issued: 04-20-2019
Appointments, Medical Advice

and Urgent Care\* 303-338-4545 1-800-218-1059 (TTY 711)
Claims Information 303-338-3600 1-800-382-4661

Mail Order Pharmacy 1-866-523-6059 Away from home Travel Line 1-951-268-3900

Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617 Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. \* See Evidence of Coverage for benefit details.

03070-CC (1/21)

#### 3.5.4 Digital Membership Cards

The digital membership card provides convenient, secure access to members' Kaiser Permanente membership information anytime, anywhere so members can check in for appointments and pick up prescriptions at Kaiser Permanente medical office pharmacies and can access their family's membership information.

#### 3.5.5 Point-of-Service ("POS") Products

Members seeking services from providers outside of the Kaiser Permanente system can self-refer to providers of their choice at the time of medical need, or at the "point of service". They will have a Kaiser Permanente POS membership ID card.

"In-Plan" If the POS member stays in-plan (using the HMO tier of his plan), obtain referral information and bill Kaiser Permanente in your usual manner.

"Out-of-Plan" If the POS member receives treatment without an HMO authorization, they have elected to go out-of-plan. Payment is made under the PPO or indemnity contract and all contracted discounts apply. Bill Kaiser Permanente indicating the POS member's ID number. Kaiser Permanente will send remittance advice to both you and the member itemizing the member's balance due.

For POS plans, pre-certification is required under the Participating Provider Tier (if a 3-Tier POS Plan) and the Non-Participating Provider (Out-of-Network) Tier for specific services or treatments, such as:

- All inpatient admissions and services including:
  - inpatient rehabilitation therapy admissions
  - comprehensive rehabilitation facility admissions related to services provided under an inpatient multidisciplinary rehabilitation program
  - inpatient mental health and chemical dependency admissions services including residential services
  - long-term acute care and subacute admissions
- Skilled nursing facility
- Non-emergent air or ground ambulance transport
- Amino acid-based elemental formulas
- Clinical trial
- Medical foods
- Applied behavioral analysis (ABA)
- Cardiac rehabilitation
- Dental and endoscopic anesthesia
- Durable medical equipment
- Genetic testing
- Habilitative services (physical therapy, occupational therapy, and speech therapy)
- Home health and home infusion services
- Hospice care
- Imaging services:
  - Magnetic Resonance Imaging (MRI)
  - Magnetic Resonance Angiography (MRA)
  - Computerized Tomography (CT)

- Computerized Tomography Angiography (CTA)
- Positron Emission Tomography (PET)
- Electron Beam Computerized Tomography (EBCT)
- Single Photon Emission Computerized Tomography (SPECT)
- Outpatient injectable drugs
- Outpatient procedures
- Outpatient surgery
- Pain management services
- Prosthetic and orthotic devices
- Radiation therapy services
- Reconstructive surgery
- Outpatient rehabilitation therapy:
  - physical therapy
  - occupational therapy
  - speech therapy
  - pulmonary therapy
- TMJ/orthognathic surgery
- Transplants
- Transgender surgery and services

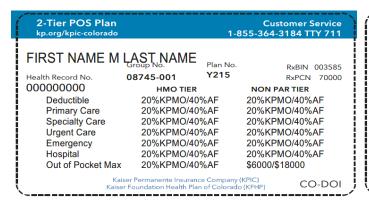
Per CO law, if the provider is contracted (a Participating Provider) with the carrier, KPIC, the provider must obtain the pre-certification, not the patient. If there is no contract between the provider (a Non-Participating Provider) and KPIC then the patient (or his/her provider) must call Permanente Advantage for pre-certification at least 3 days prior to any scheduled hospital admission, unless admitted in an emergency. Pre-certification for emergency admissions must be obtained within 3 days following the admission. To obtain pre-certification, call 888-525-1553. Both the member and provider will receive written authorization confirming medical necessity.

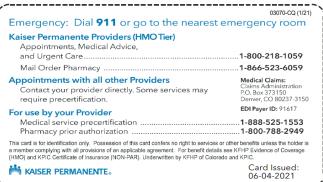
#### 3.5.5.1 MultiChoice POS

MultiChoice is a 3-Tier Point-of-Service product. MultiChoice members have three (3) tiers of benefits – a deductible coinsurance HMO coverage for those who seek care with Kaiser Permanente or affiliated healthcare providers and medical offices, Participating Provider coverage within the First Health Network for KPIC, and a Non-Participating Provider coverage. Copays for office visits, deductibles, coinsurance, and out-of-pocket maximums match between the plan's HMO and Participating Provider coverage tiers, to reduce or eliminate benefit disparity between these networks.

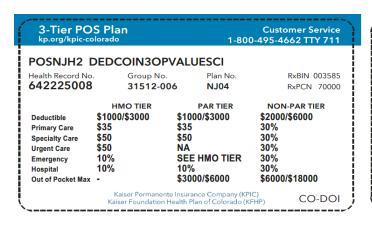
#### 3.5.6 Colorado POS Member OneKP ID Card Samples

#### 2-Tier POS Plan





#### 3-Tier POS Plan





#### 3.5.7 Medicare Products

#### **Traditional HMO Medicare Products**

Kaiser Permanente has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare Advantage (MA) plans to Medicare beneficiaries. These plans are known as Senior Advantage. Kaiser Permanente offers five individual MA plans: Senior Advantage Core, Silver, Enhanced, Gold, and our Special Needs Plan. The Special Needs Plan is for individuals with both Medicare and Medicaid. These plans provide comprehensive, high-quality healthcare, including Medicare Part D prescription-drug benefits. Based on the contract between Kaiser Permanente and CMS, Senior Advantage covers all Medicare benefits and more. Senior Advantage is available to Medicare beneficiaries who are eligible for Medicare Part A and are enrolled in Medicare Part B.

In addition to our five individual plans, Kaiser Permanente also offers Senior Advantage to the employer group market.

#### 3.5.8 Medicare Member ID Card Samples

#### D/B Medicare Part D



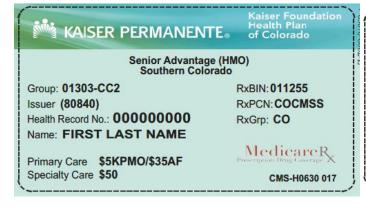
<i>(</i>		,
Emergency:	911	
Appointments, Medical Advice and After-Hours Care:	303-338-4545	711 TTY
Member Services:	1-800-476-2167	711 TTY
Claims Information:	303-338-3600 1-800-476-2167	711 TTY 711 TTY
Mail Order Pharmacy:	1-866-523-6059	711 TTY
EDI Payor ID	50, Denver, CO 80237-3 : 91617	150
This card is for identification only to services or other benefits unleall provisions of an applicable ag	<ul> <li>Possession of this card ess the holder is a membe greement.</li> </ul>	confers no right r complying with
kp.org	Card Iss	sued: 07-20-2021

#### D/B Medicare HMO-SNP



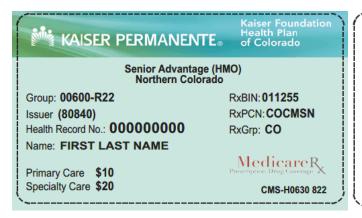
911 Emergency: Appointments, Medical Advice 303-338-4545 711 TTY and After-Hours Care: Member Services: 1-800-476-2167 Claims Information: 1-800-382-4661 Mail Order Pharmacy: 1-866-523-6059 Submit Claims to: Kaiser Permanente Claims Department PO Box 373150, Denver, CO 80237-3150 EDI Payor ID: 91617 This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. kp.org Card Issued: 07-20-2021

#### SoCo Medicare Part D



911 Emergency: 1-800-476-2167 711 TTY Member Services: 1-800-476-2167 **711 TTY** Claims Information: Mail Order Pharmacy: 1-866-523-6059 **711 TTY** Submit Claims to: Kaiser Permanente Claims Department PO Box 373150, Denver, CO 80237-3150 EDI Payor ID: 91617 This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. Card Issued: 07-20-2021

#### **NoCo Medicare Part D**

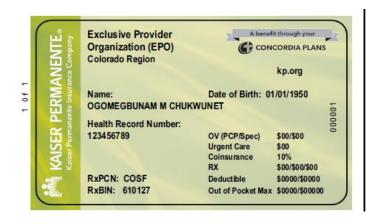


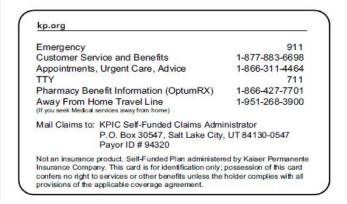
911 Emergency: 970-207-7171 1-800-218-1059 Appointments, Medical Advice and After-Hours Care: 711 TTY Member Services: 1-800-476-2167 711 TTY 1-800-382-4661 711 TTY Claims Information: Mail Order Pharmacy: 1-866-523-6059 711 TTY Submit Claims to: Kaiser Permanente Claims Department PO Box 373150, Denver, CO 80237-3150 EDI Payor ID: 91617 This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. kp.org Card Issued: 07-20-2021

#### 3.5.9 Self-Funded (SF) Plans Administered by KPIC Card Samples

Refer to <u>www.providers.kaiserpermanente.org/cod</u> to obtain information regarding the KPIC Self-Funded products administered by KPIC.

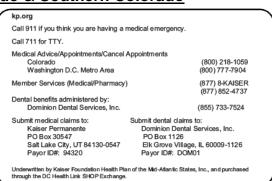
#### Colorado EPO, HRA-/HAS - Qualified Deductible EPO Plans



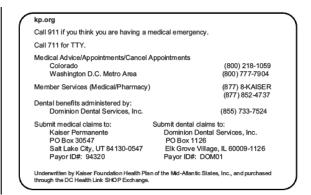


#### DC SHOP - Denver/Boulder, Northern Colorado & Southern Colorado



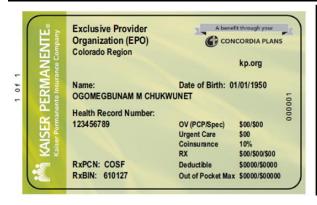


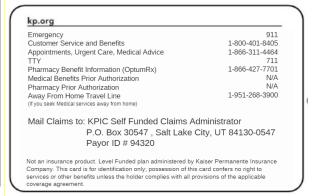




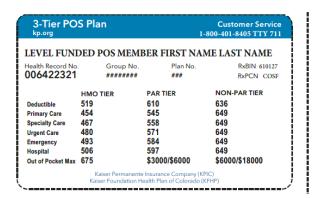
#### 3.5.10 Level-Funded Plans Administered by KPIC Card Samples

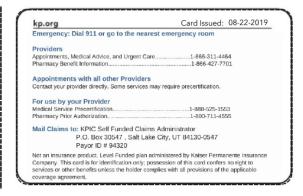
#### Level Funding EPO, Deductible EPO, and HRA-/HSA- Qualified





#### Level Funding 3-Tier POS, including HRA-/HSA- Qualified POS





#### Level Funding 2-Tier PPO, including HRA-/HSA- Qualified PPO

LEVEL FUNDED I	PPO MEMBER	FIRST NA	ME LAST NAM
Health Record No.	Group No.	Plan No.	RxBIN 610127
258580158	######	###	RxPCN COSF
	In-Network	Out-	of-Network
Deductible	-	\$15	00DED
Primary Care	\$100VCEX	309	6COIN
Specialty Care	\$25SPVCEX	309	6COIN
Urgent Care	-	309	6COIN
Emergency	-	309	6COIN
Hospital	-	309	6COIN
Out of Pocket Max	\$3000/\$6000	\$60	00/\$18000



#### 3.5.11 Child Health Plan Plus (CHP+)

#### General information about CHP+

Child Health Plan *Plus* (CHP+) is a public health program that offers low-cost health and dental insurance for Colorado's uninsured children and pregnant women who qualify. CHP+ covers doctor visits, emergency care, preventive care such as screenings and immunizations, and other procedures and treatments. To get CHP+ coverage, members must follow the CHP+ enrollment process. The enrollment process details who is eligible and what enrollment forms are required. To learn more about enrollment or CHP+ visit: Child Health Plan Plus (CHP+) | Colorado Department of Health Care Policy & Financing

CHP+ works with health plans to manage the health care and services for eligible CHP+ members. Kaiser Permanente is a CHP+ health plan in the Denver/Boulder area. For more information about CHP+ at Kaiser Permanente, view our CHP+ member documents like the CHP+ Evidence of Coverage, CHP+ Provider Directory, CHP+ Formulary, and CHP+ New Member Guide, online at: <a href="Member Resources">Member Resources</a> – Charitable Health Government Programs | Kaiser Permanente Colorado Options

#### CHP+ Fee-For-Service

If a provider tries to bill Kaiser Permanente for a member who is not enrolled with Kaiser Permanente, we will deny the claim. Providers will need to bill the State Medicaid Program, when CHP+ members are eligible for CHP+, but not enrolled with a health plan. It's important to verify enrollment and eligibility thought the Provider Portal. Colorado Provider Portal > Home (dcs-usps.com)

#### 3.5.12 Medicaid Products

Kaiser Permanente will not pay you for services you provide to Medicaid clients. This also includes Medicaid clients referred from a Kaiser Permanente provider. You will need to bill the State Medicaid Program directly in order to receive reimbursement and collect the appropriate copayment from the client.

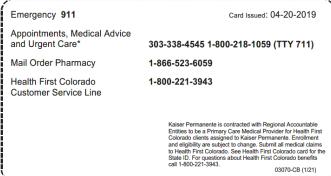
Kaiser Permanente offers medical services to Medicaid clients as a fee for service provider. Medicaid clients need to be seen at a Kaiser Permanente Medical Office Building as their Primary Care Medical Home (PCMP) in order to access medical services from Kaiser Permanente providers and facilities.

Our Medicaid provider number is <u>30478251</u>. You can include this number as the referring physician on your claim to the State.

#### 3.5.13 Medicaid Member ID Card Samples

#### **Medicaid Program**





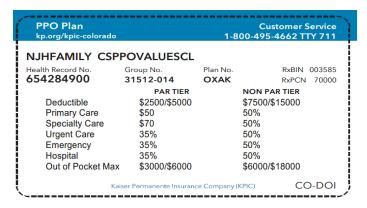
#### 3.5.14 PPO Products

#### **PPO**

Our PPO product allows the member to take advantage of KPIC's Participating Provider (contracted or In-Network). Network consisting of the First Health Network for KPIC, with nearly 845,300 professional providers and more than 95,200 facilities nationwide and direct contracted providers. Or if the member prefers, he can go to any other licensed practitioner or hospital he chooses. If the member gets care from within the Participating (contracted or In-Network) Provider Network, he will have lower out-of-pocket costs through copayments for office visits, as well as lower deductibles and coinsurance for other services. If the member voluntarily chooses to obtain services from a Non-Participating Provider or Out-of-Network Provider, the member will pay higher deductibles and coinsurance may be required to make his own financial arrangements and may need to submit receipts or claims for reimbursement. Also, members are responsible for paying the difference between the amount billed and the amount that Kaiser Permanente can reimburse except under certain circumstances pursuant to state and federal laws.

#### 3.5.15 PPO Plan Member ID Card Samples

#### **Traditional PPO Plan**





#### PPO Plan with Health Savings Account (HSA) Option

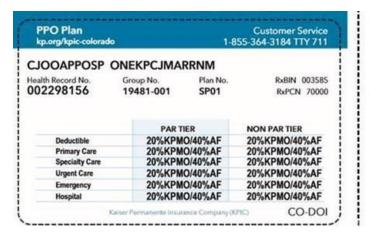
With this plan, the member can take advantage of KPIC's Participating Provider Network consisting of the First Health Network and direct contracted providers or if the member prefers, he can go to any other licensed practitioner or hospital he chooses. In addition, the member can set up a Health Savings Account (HSA) which he can use to pay for qualified medical expenses, tax free. Kaiser Permanente has named Wells Fargo as a preferred partner, although members can have an HSA with any accredited financial institution. The PPO Plan with Health Savings Account (HSA) is available to large group members only.

#### 3.5.16 PPO Plans Member OneKP ID Card Samples

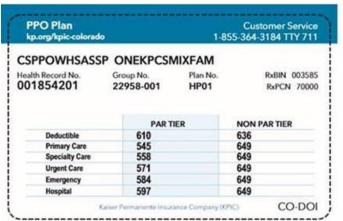
#### **PPO Plan**













#### 3.5.17 Digital Membership Cards

The digital membership card provides **convenient**, **secure access** to members' Kaiser Permanente **membership information anytime**, **anywhere** so members can check in for appointments and pick up prescriptions at Kaiser Permanente facilities, and can access their family's membership information.

## 3.6. Drug Benefits

Kaiser Permanente offers supplemental drug coverage with many of its benefit plans. To verify a member's drug coverage, obtain or view our drug formularies, identify available pharmacies, or for general questions, please use the following options.

- 1. Contact Member/Provider Services Department at 303-338-3800 or 1-800-632-9700 711 TTY
- 2. Use the Kaiser Permanente Community Provider Portal at: <a href="http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html">http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html</a>?
- 3. Surescripts provides some of this information, dependent upon the electronic medical record your practice utilizes

#### 3.6.1 Pharmacy Networks

#### **HMO and Medicare Part D Benefits**

Kaiser Permanente owns and operates KP medical office pharmacies throughout the service area. Members must fill their prescriptions at a KP medical office pharmacy, a contracted affiliated pharmacy or through the KP mail order pharmacy to be covered under their benefit.

Some plans have preferred pharmacy benefit tiering, which offers lower copayments for prescriptions filled at designated preferred pharmacies. Members should refer to their EOC and Pharmacy Directory or contact Member Services to determine if this applies under their coverage.

Some plan members must refill their maintenance medication prescriptions at a KP medical office pharmacy or through the KP mail order pharmacy to be covered under their benefit. On rare occasions there may be an urgent medical need to refill the prescription at an affiliated pharmacy. If this is the case, members may request an authorization for the maintenance drug to be filled at the affiliated pharmacy by calling Member Services. Members should refer to their EOC or contact Member Services to determine if this applies under their coverage.

#### **EPO (Self-Funded and Level Funded Plans administered by KPIC)**

We utilize Kaiser Permanente owned and operated pharmacies, a few select Hospital, Long Term Care, select affiliate retail pharmacies, and the Kaiser Permanente Mail Order Pharmacy located in Downey, California.

#### Level Funded Plans administered by KPIC: PPO and POS Benefits

We utilize OptumRx pharmacies, affiliated retail pharmacies and Walgreens Mail Order pharmacies. POS members may also utilize Kaiser Permanente owned and operated pharmacies and the Kaiser Permanente Mail Order Pharmacy located in Downey, California.

#### KPIC PPO and POS (Participating Provider Tier and Non-Participating Provider Tier) Benefits

We utilize MedImpact pharmacies, affiliated retail pharmacies and Walgreens Mail Order pharmacies. POS members may also utilize Kaiser Permanente owned and operated pharmacies and the Kaiser Permanente Mail Order Pharmacy located in Downey, California.

#### 3.6.2 Drug Formularies

#### **HMO Benefits (non-Medicare)**

Follows the formulary titled Colorado Commercial formulary – Colorado Marketplace

#### Marketplace plans

Follows the formulary titled Colorado Commercial formulary – Colorado Marketplace

#### Self-Funded administered by KPIC plans

Follows the formulary titled Colorado Self-Funded / Level-Funded/EPO formulary.

#### Level Funded Choice plans (POS/PPO) administered by KPIC

Follows the formulary titled Colorado Premium formulary

#### Federal Employee Commercial Group

Follow the formulary titled the FEHB Drug Formulary.

#### **Medicare Part D Benefits**

All service areas follow the formulary titled the Kaiser Permanente Medicare Part D formulary

## PPO Plan and KPIC Tiers of the POS (Participating Provider Tier and Non-Participating Provider Tier) Benefits

The Outpatient Prescription Drug Benefit (Rx) uses an open formulary that is managed by MedImpact, KPIC's Pharmacy Benefits Manager (PBM).

Except when prohibited by applicable state law, the Rx benefit is subject to the following utilization management requirements: (1) Quantity Limits; (2) Age Limits; (3) Step Therapy; and (4) Prior Authorization. The Prescribing Provider may request an exception or a waiver to the Outpatient Prescription Drug Prior Authorization Request, Step Therapy process, Quantity and Age Limits. To request for an exception or waiver of the utilization management requirements or for questions about the Outpatient Prescription Drugs covered under the PPO and KPIC Tiers of the POS plan, you can call 1-800-788-2949 (Pharmacy Help Desk) or 711 (TTY) 24 hours a day, 7 days a week (closed holidays).

KPIC Formulary, the KPIC PPO and POS Drug List can be found at: <a href="https://choiceproducts-colorado.kaiserpermanente.org/2-tier-point-of-service-plan/member-information/pharmacy/">https://choiceproducts-colorado.kaiserpermanente.org/2-tier-point-of-service-plan/member-information/pharmacy/</a>

These drug formularies and preferred products lists can be found within the Community Provider Portal at: http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html?

Or you may obtain a copy of any of our drug formularies by contacting Member/Provider Services Department at 303-338-3800 or 800-632-9700.

#### 3.6.3 Mail Order Pharmacy

#### HMO, Medicare Part D Benefits, Marketplace and EPO (KPIC Self-Funded) plans

Kaiser Permanente Mail Order Pharmacy 9521 Dalen St. Downey, CA 90242

Phone for Providers: 866-523-6059

Fax for new prescriptions: 877-626-7035 or 562-401-2378

Hours of Operation: Monday through Friday, 8:00 a.m. to 6:00 p.m. MST

## <u>PPO and POS (Participating Provider Tier) Benefits (No Mail Order available in Non-Participating Provider Tier)</u>

Walgreens Mail Service Pharmacy P.O. Box 29061 Phoenix, AZ 85038-9061

<u>Phone for Providers:</u> 855-899-6012 <u>Fax for new prescriptions:</u> 800-332-9581

Hours of Operation: Monday through Friday, 6:00 a.m. to 8:00 p.m. Saturday & Sunday, 6:00 a.m. to 3:00 p.m.

The majority of our HMO and Marketplace plans have a Mandatory Mail Order or KP benefit design in place for maintenance medications. This means that the first fill of a maintenance medication may be dispensed from any pharmacy within the network, however the subsequent dispenses must be from a Kaiser Permanente outpatient pharmacy or the Kaiser Permanente Mail Order pharmacy.

#### 3.6.4 Specialty Pharmaceuticals

Kaiser Permanente utilizes a list of medications which are designated as specialty drugs. These medications are typically medications which require special dispensing and/or monitoring or are high cost medications. Some prescription drug plans may have a defined copay/coinsurance tier for specialty drugs, and these drugs are usually limited to a 30-day supply. These drugs may also be restricted to being dispensed by a Kaiser Permanente pharmacy. In select cases involving rural areas, Kaiser Permanente will courier the prescription directly to the member. To verify a Member's drug coverage, or to obtain or view the Kaiser Permanente Specialty Drug List please refer to the Community Provider Portal at:

http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html?

In addition to a Kaiser Permanente pharmacy, Members on a Colorado 3-Tier POS plan have the option of obtaining their specialty drugs from any MedImpact-contracted pharmacy.

In addition to a Kaiser Permanente pharmacy, Members on a Level Funded 3-Tier POS plan administered by KPIC have the option of obtaining their specialty drugs from any OptumRx-contracted pharmacy.

Colorado 2-Tier PPO members should obtain their specialty drugs from any MedImpact-contracted pharmacy.

Level Funded 2-Tier PPO members should obtain their specialty drugs from any OptumRx-contracted pharmacy.

#### 3.6.5 Drug Inclusions, Exclusions and Limitations

Kaiser Permanente's outpatient prescription drug coverage is determined by the specific drug formularies; however, many drug plans have specific exclusions, copays or coinsurances that are not reflected in the drug formularies. A general summary of inclusions, exclusions, limitations and rules for the HMO Commercial and Marketplace plans can be found in the following sections. Medicare Part D plans follow the rules set forth by the Centers for Medicare & Medicaid Services (CMS). EPO plans (Self-Funded and Level Funded plans administered by KPIC) follow rules set forth by the funding entity.

#### **Inclusions**

Kaiser Permanente's outpatient prescription drug plans generally cover FDA approved medications for which a prescription is required by law, over-the-counter diabetic supplies and insulin, if they are included in the drug formulary or have been approved through the formulary exception process.

#### **Exclusions**

Over-the-counter medications are excluded from benefit with the exception of diabetic supplies, insulin, and several items required by the Affordable Care Act. Prescription and Non-prescription devices and supplies are excluded unless they are specifically included in the drug formulary. Medications related to non-covered treatments or services are also excluded from the prescription drug benefit. Medications used for sexual dysfunction and fertility needs are excluded from benefit unless specifically purchased as a buy up. The Medicare Part D formulary does not include drugs excluded by CMS. Please seek specific member eligibility and drug coverage by contacting Member/Provider Services Department at for 303-338-3800 or 800-632-9700 or by using the Community Provider Portal at

http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html?

#### Limitations

Kaiser Permanente uses medication utilization management tools, unless prohibited by law, MD specialty requirements, day supply limitations, and prior authorization requirements for various prescription drugs. These tools may be utilized differently amongst the various drug formularies.

For more detail regarding limitations please refer to Section 4.10.1 or the specific drug formularies at: <a href="http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html">http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html</a>?

In addition, Kaiser Permanente may, in its sole discretion, establish quantity limits for specific prescription drugs in the event of a drug shortage or as a means to reduce waste or abuse. These specific quantity limitations may not be reflected in the drug formularies.

#### **Therapeutic Interchange**

Kaiser Permanente utilizes Therapeutic Interchange programs to promote rational, safe, and effective drug therapy. Prescribing provider approval is required before an exchange occurs. Affiliated providers may be notified of a request for therapeutic interchange via phone, fax, email or mailed letter. This notice will be prior to the implementation of a change.

#### **Generic Utilization**

To ensure cost effective therapy, generic equivalents are utilized when available and appropriate. Only generic equivalents approved by the FDA are used. Pharmacies may substitute a preferred generic drug for a prescribed name brand drug unless prohibited by the provider as Dispense As Written. In this case the provider must have received approval through the medical exception process.

#### 3.6.6 Exception Process

Medications which are not included in the drug formularies are considered non-formulary and may require authorization prior to a member receiving the drug for benefit. In addition, Kaiser Permanente uses limitations as defined above, which may also require authorization prior to a member receiving the drug for benefit.

## <u>For Commercial benefit plans and EPO Plans (Self-Funded and Level-Funded benefit plans administered by KPIC):</u>

You may request a medication authorization via the following methods:

- Telephone 866-523-0925, Monday through Friday 8:00 a.m. to 5:30 p.m.
- Fax a completed Medication Request Form to 866-455-1053.
- Use Cover My Meds services at <a href="https://www.covermymeds.com/main/">https://www.covermymeds.com/main/</a>
   and choosing the Kaiser Permanente Colorado General Form and using the Fax Request option.
- Mail a Medication Request Form to:

Kaiser Permanente Pharmacy Benefits Dept. 16601 E Centretech Parkway Aurora, CO 80011

A medication request form can be found on the Community Provider Portal at: <a href="http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html">http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html</a>?

#### For Medicare benefit plans:

You may request a medication authorization via the following methods:

- Telephone OptumRx at 1-888-791-7255
- Use SureScripts for all electronic prior authorization needs (ePA directly with OptumRx, the Pharmacy Benefits Manager)
- Use Cover My Meds services at www.covermymeds.com and choosing the Kaiser Permanente Medicare option
- Fax a request directly to OptumRx at 1-844-403-1028

For more details regarding the Medication Exception process please refer to Section 4.11 of this Provider Manual.

#### 3.6.7 Formulary Addition/Deletion Requests

Our Pharmacy and Therapeutics Committee and Formulary Committee will consider requests to add or delete medications on our drug formularies by affiliated providers. To download a form to submit a formulary addition/deletion request please visit the Community Provider Portal at: <a href="http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html">http://www.providers.kaiserpermanente.org/html/cpp\_cod/index.html</a>?

#### 3.6.8 Pharmacy Benefits Manager (PBM)

Kaiser Permanente contracts with three Pharmacy Benefits Managers (PBM's) to process and adjudicate outpatient prescription drugs.

#### **MedImpact**

Processes Commercial benefits: Telephone: 1-800-788-2949

#### OptumRX

Processes Medicare Part D benefits and performs Medicare Part D coverage determinations:

Telephone: 866-805-1690

#### Optum Rx

Processes KPIC Self-Funded and Level Funded benefits:

Telephone: 1-866-427-7701

### 3.7. Visiting Members

Kaiser Permanente offers a Visiting Member Program to ensure that Members can receive a variety of health care services when temporarily visiting another Kaiser Permanente region. Visiting Member benefits may not be the same as those they receive in their home region and are subject to certain exclusions.

Visiting Members are directed to seek health care services at the nearest Kaiser Permanente Medical Office and contracted facilities/hospitals. If a Permanente Medical Group (PMG) physician needs to refer a Visiting Member to a Participating Provider, you will receive an authorization letter explaining the start and end dates of the referral and a description of the authorized services. Claims should be submitted to the Member's home region. For information, please refer to the Member's Identification Card.