



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.

Contents

SECTION 3: MEMBER ELIGIBILITY AND BENEFITS DETERMINATION	5
3.1. MEMBER ELIGIBILITY VERIFICATION	5
3.2. RETROACTIVE ELIGIBILITY CHANGES.....	5
3.3. BENEFIT COVERAGE VERIFICATION	6
3.4. EXCLUSIONS AND LIMITATIONS	6
3.5. PRODUCTS AND ONEKP ID CARDS.....	6
3.5.1 Health Maintenance Organization (HMO) Products.....	8
3.5.2 Colorado HMO Member OneKP ID Card Samples.....	9
3.5.3 KP Select Member OneKP ID Card Samples	11
3.5.4 Digital Membership Cards	12
3.5.5 Point-of-Service (“POS”) Products	12
3.5.6 Colorado POS Member OneKP ID Card Samples	14
3.5.7 Medicare Products	14
3.5.8 Medicare Member ID Card Samples	15
3.5.9 Self-Funded (SF) Plans Administered by KPIC Card Samples	16
3.5.10 Level-Funded Plans Administered by KPIC Card Samples	17
3.5.11 Child Health Plan Plus (CHP+)	18
3.5.12 Medicaid Products	18
3.5.13 Medicaid Member ID Card Samples.....	19
3.5.14 PPO Products.....	19
3.5.15 PPO Plan Member ID Card Samples	20
3.5.16 PPO Plans Member OneKP ID Card Samples	20
3.5.17 Digital Membership Cards	21
3.6. DRUG BENEFITS	21
3.6.1 Pharmacy Networks	22
3.6.2 Drug Formularies	22
3.6.3 Mail Order Pharmacy	23
3.6.4 Specialty Pharmaceuticals	24
3.6.5 Drug Inclusions, Exclusions and Limitations.....	25

3.6.6	Exception Process	26
3.6.7	Formulary Addition/Deletion Requests	27
3.6.8	Pharmacy Benefits Manager (PBM)	27
3.7.	VISITING MEMBERS.....	27

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	Interactive Voice Response (IVR) System: The IVR can be accessed for member eligibility, 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 week from 8am to 5pm. Please have the member's HRM number and date of birth available when you call.
#2	Member/Provider Service Line: If you are unable to use the IVR system to confirm member eligibility or PCP assignment, you may speak with a customer service representative by calling the Member/Provider Services Department at 303- 338-3800 or 800-632-9700, , M-F from 8am to 5pm. Please provide the member's name and member HRN number, inclusive of suffix, which is located on the Kaiser Permanente ID card.
#3	www.providers.kaiserpermanente.org/cod : Eligibility verification is available to providers via AffiliateLink on the Kaiser Permanente website at www.providers.kaiserpermanente.org/cod , 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 http://kpclaimservices.com , a secure site, for which a user ID and password are required. To obtain access, go to http://kpclaimservices.com 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 www.providers.kaiserpermanente.org/cod, 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 <http://kpclaimservices.com>, 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.kaiserpermanente.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

 KAISER PERMANENTE ®		kp.org Member Services 1-800-632-9700 (TTY 711)
Kaiser Foundation Health Plan of Colorado		
FIRST NAME M LAST NAME		
Health Record No: 000000000		Date of Birth: 02/1979
Traditional HMO Plan		
Group No: 00849-273 Plan No: PC5A RxBIN: 003585 RxPCN: 70000 CO-DOI	Primary Care \$5 Specialty Care \$5 Urgent Care* \$5 Emergency \$25 Hospital \$0/ADMIT Deductible - Out of Pocket Max \$2000/\$4000	


Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from Home Travel Line	Card Issued: 06-11-2021 303-338-4545 1-800-218-1059 (TTY 711) 303-338-3600 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. <small>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.</small>
03070-CH (1/21)	

Traditional HMO Plus Plan

 KAISER PERMANENTE ®		kp.org Customer Service 1-855-364-3184 (TTY 711)																											
Kaiser Foundation Health Plan of Colorado																													
FIRST NAME M LAST NAME																													
Health Record No: 000000000		Date of Birth: 03/1970																											
Traditional HMO Plus Plan																													
Group No: 04095-001 Plan No: 810X RxBIN: 003585 RxPCN: 70000 CO-DOI	<table border="1"> <thead> <tr> <th></th> <th>HMO</th> <th>Out-of-Network</th> </tr> </thead> <tbody> <tr> <td>Primary Care</td> <td>454</td> <td>545</td> </tr> <tr> <td>Specialty Care</td> <td>467</td> <td>558</td> </tr> <tr> <td>Urgent Care*</td> <td>480</td> <td>N/A</td> </tr> <tr> <td>Emergency</td> <td>493</td> <td>N/A</td> </tr> <tr> <td>Hospital</td> <td>506</td> <td>N/A</td> </tr> <tr> <td>Annual Allowance</td> <td>N/A</td> <td>662</td> </tr> <tr> <td>Deductible</td> <td>519</td> <td>636</td> </tr> <tr> <td>Out of Pocket Max</td> <td>675</td> <td>\$6000/\$18000</td> </tr> </tbody> </table>		HMO	Out-of-Network	Primary Care	454	545	Specialty Care	467	558	Urgent Care*	480	N/A	Emergency	493	N/A	Hospital	506	N/A	Annual Allowance	N/A	662	Deductible	519	636	Out of Pocket Max	675	\$6000/\$18000	
	HMO	Out-of-Network																											
Primary Care	454	545																											
Specialty Care	467	558																											
Urgent Care*	480	N/A																											
Emergency	493	N/A																											
Hospital	506	N/A																											
Annual Allowance	N/A	662																											
Deductible	519	636																											
Out of Pocket Max	675	\$6000/\$18000																											


Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from Home Travel Line	Card Issued: 06-04-2021 303-338-4545 1-800-218-1059 (TTY 711) 1-855-364-3184 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 1-855-364-3184 if you receive emergency hospital services in a non-plan facility. <small>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.</small>
03070-CX (1/21)	

Deductible/Coinsurance HMO Plan

 KAISER PERMANENTE ®		kp.org Member Services 1-800-632-9700 (TTY 711)
Kaiser Foundation Health Plan of Colorado		
FIRST NAME M LAST NAME		
Health Record No: 000000000		Date of Birth: 12/1963
Deductible/Coinsurance HMO Plan		
Group No: 00225-001 Plan No: 621D RxBIN: 003585 RxPCN: 70000 CO-DOI	Primary Care \$100VC Specialty Care \$25SPVC Urgent Care* \$50AFTR Emergency 20%EMER Hospital 20%HOSP Deductible \$250/\$750DED Out of Pocket Max -	

Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from Home Travel Line	Card Issued: 06-11-2021 303-338-4545 1-800-218-1059 (TTY 711) 303-338-3600 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. <small>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.</small>
03070-CD (1/21)	

Deductible/Coinsurance HMO Plus Plan

 **KAISER PERMANENTE**® kp.org
 Kaiser Foundation Health Plan of Colorado Customer Service
1-855-364-3184 (TTY 711)

FIRST NAME M LAST NAME

Health Record No: **000000000** Date of Birth: **08/1974**

Deductible/Coinsurance HMO Plus Plan

	HMO	Out-of-Network
Primary Care	454	545
Specialty Care	467	558
Urgent Care*	480	N/A
Emergency	493	N/A
Hospital	506	N/A
Deductible	519	636
Annual Allowance	N/A	662
Out of Pocket Max	675	\$6000/\$18000

Group No: 00153-001
 Plan No: Y810
 RxBIN: 003585
 RxPCN: 70000
 CO-DOI

Emergency **911** Card Issued: 06-11-2021
 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
 PO Box 373150
 Denver, CO 80237-3150
 Electronic Payer ID #: 91617

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-CE (1/21)

HSA-Qualified Deductible HMO Plan

 **KAISER PERMANENTE**® kp.org
 Kaiser Foundation Health Plan of Colorado Member Services
1-800-632-9700 (TTY 711)

FIRST NAME M LAST NAME

Health Record No: **000000000** Date of Birth: **11/1978**

HSA-Qualified Deductible HMO Plan

Primary Care	454
Specialty Care	467
Urgent Care*	480
Emergency	493
Hospital	506
Deductible	519
Out of Pocket Max	675

Group No: 06933-001
 Plan No: OXM5
 RxBIN: 003585
 RxPCN: 70000
 CO-DOI

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
 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-CN (1/21)

HSA-Qualified Deductible HMO Plus Plan

 **KAISER PERMANENTE**® kp.org
 Kaiser Foundation Health Plan of Colorado Customer Service
1-855-364-3184 (TTY 711)

FIRST NAME M LAST NAME

Health Record No: **000000000** Date of Birth: **03/1995**

HSA-Qualified Deductible HMO Plus Plan

	HMO	Out-of-Network
Primary Care	30%KPMO/40%AF	50%
Specialty Care	30%	50%
Urgent Care*	30%	N/A
Emergency	30%	N/A
Hospital	30%	N/A
Deductible	\$3500/\$7000	\$3500/\$7000
Annual Allowance	N/A	15 VISITS

Group No: 42980-003
 Plan No: OXB9
 RxBIN: 003585
 RxPCN: 70000
 CO-DOI

Emergency **911** Card Issued: 03-18-2021
 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
 PO Box 373150
 Denver, CO 80237-3150
 Electronic Payer ID #: 91617


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-CU (1/21)

3.5.3 KP Select Member OneKP ID Card Samples


KP Select HMO

 KAISER PERMANENTE [®] <small>kp.org</small> Kaiser Foundation Health Plan of Colorado <small>Member Services</small> 1-800-632-9700 (TTY 711)		Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from home Travel Line	Card Issued: 04-20-2019 303-338-4545 1-800-218-1059 (TTY 711) 303-338-3600 1-800-382-4661 1-866-523-6059 1-951-268-3900
CGKPSELECTHMO ONEKPCGMARRNM Health Record No: 001212176 Date of Birth: 10/1972 Kaiser Permanente Select Traditional HMO Plan		Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617	
Group No: 11470-001 Plan No: 420P RxBIN: 003585 RxPCN: 70000 CO-DOI	Primary Care 10%KPMO/30%AF Specialty Care 10%KPMO/30%AF Urgent Care* 10%KPMO/30%AF Emergency 10%KPMO/30%AF Hospital 10%KPMO/30%AF Deductible 10%KPMO/30%AF Out of Pocket Max 10%KPMO/30%AF	Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility. <small>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.</small> 03070-CG (1/21)	

KP Select DHMO

 KAISER PERMANENTE [®] <small>kp.org</small> Kaiser Foundation Health Plan of Colorado <small>Member Services</small> 1-800-632-9700 (TTY 711)		Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from home Travel Line	Card Issued: 04-20-2019 303-338-4545 1-800-218-1059 (TTY 711) 303-338-3600 1-800-382-4661 1-866-523-6059 1-951-268-3900
CFKPSELECTDHMO ONEKPCFMIXFAM Health Record No: 006855510 Date of Birth: 12/1975 Kaiser Permanente Select Deductible/Coinsurance HMO Plan		Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617	
Group No: 87521-047 Plan No: 621D RxBIN: 003585 RxPCN: 70000 CO-DOI	Primary Care 454 Specialty Care 467 Urgent Care* 480 Emergency 493 Hospital 506 Deductible 519 Out of Pocket Max 675	Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility. <small>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.</small> 03070-CF (1/21)	

KP Select HSA-Qualified DHMO Plan

 KAISER PERMANENTE [®] <small>kp.org</small> Kaiser Foundation Health Plan of Colorado <small>Member Services</small> 1-800-632-9700 (TTY 711)		Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from home Travel Line	Card Issued: 04-20-2019 303-338-4545 1-800-218-1059 (TTY 711) 303-338-3600 1-800-382-4661 1-866-523-6059 1-951-268-3900
CCKPSELECTDPHSA ONEKPCCMARRNM Health Record No: 007748575 Date of Birth: 04/1987 Kaiser Permanente Select HSA-Qualified Deductible HMO Plan		Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617	
Group No: 95820-031 Plan No: HDS1 RxBIN: 003585 RxPCN: 70000 CO-DOI	Primary Care \$15KPMO/\$35AF Specialty Care \$15KPMO/\$35AF Urgent Care* \$15KPMO/\$35AF Emergency \$15KPMO/\$35AF Hospital \$15KPMO/\$35AF Deductible \$15KPMO/\$35AF Out of Pocket Max \$15KPMO/\$35AF	Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility. <small>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.</small> 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

2-Tier POS Plan kp.org/kpic-colorado		Customer Service 1-855-364-3184 TTY 711	
FIRST NAME M LAST NAME			
Health Record No.	Group No.	Plan No.	RxBIN 003585
000000000	08745-001	Y215	RxPCN 70000
	HMO TIER	NON PAR TIER	
Deductible	20%KPMO/40%AF	20%KPMO/40%AF	
Primary Care	20%KPMO/40%AF	20%KPMO/40%AF	
Specialty Care	20%KPMO/40%AF	20%KPMO/40%AF	
Urgent Care	20%KPMO/40%AF	20%KPMO/40%AF	
Emergency	20%KPMO/40%AF	20%KPMO/40%AF	
Hospital	20%KPMO/40%AF	20%KPMO/40%AF	
Out of Pocket Max	20%KPMO/40%AF	\$6000/\$18000	
Kaiser Permanente Insurance Company (KPIC) Kaiser Foundation Health Plan of Colorado (KFHP)			CO-DOI

Emergency: Dial 911 or go to the nearest emergency room		03070-CQ (1/21)
Kaiser Permanente Providers (HMO Tier)		
Appointments, Medical Advice, and Urgent Care	.....	1-800-218-1059
Mail Order Pharmacy	.....	1-866-523-6059
Appointments with all other Providers		
Contact your provider directly. Some services may require precertification.		
For use by your Provider		
Medical service precertification	.....	1-888-525-1553
Pharmacy prior authorization	.....	1-800-788-2949
<small>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. For benefit details see KFHP Evidence of Coverage (HMO) and KPIC Certificate of Insurance (NON-PAR). Underwritten by KFHP of Colorado and KPIC.</small>		
KAISER PERMANENTE.		Card Issued: 06-04-2021

3-Tier POS Plan

3-Tier POS Plan kp.org/kpic-colorado		Customer Service 1-800-495-4662 TTY 711	
POSNJH2 DEDCOIN3OPVALUESCI			
Health Record No.	Group No.	Plan No.	RxBIN 003585
642225008	31512-006	NJ04	RxPCN 70000
	HMO TIER	PAR TIER	NON-PAR TIER
Deductible	\$1000/\$3000	\$1000/\$3000	\$2000/\$6000
Primary Care	\$35	\$35	30%
Specialty Care	\$50	\$50	30%
Urgent Care	\$50	NA	30%
Emergency	10%	SEE HMO TIER	30%
Hospital	10%	10%	30%
Out of Pocket Max	-	\$3000/\$6000	\$6000/\$18000
Kaiser Permanente Insurance Company (KPIC) Kaiser Foundation Health Plan of Colorado (KFHP)			CO-DOI

Emergency: Dial 911 or go to the nearest emergency room		03070-CI (1/21)
Kaiser Permanente Providers		
Appointments, Medical Advice, Urgent Care, and Pharmacy (HMO Tier)	.....	1-800-218-1059
Appointments with all other Providers		
Contact your provider directly. Some services may require precertification.		
For use by your Provider		
Medical service precertification	.....	1-888-525-1553
Pharmacy prior authorization	.....	1-800-788-2949
<small>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. For benefit details see KFHP Evidence of Coverage (HMO) and KPIC Certificate of Insurance (NON-PAR). Underwritten by KFHP of Colorado and KPIC.</small>		
First Health Network	Mayo Impact PHARMACY NETWORK	KAISER PERMANENTE.
		Card Issued: 04-20-2019

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

KAISER PERMANENTE® Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO)
Denver Metro Area

Group: **01300-SA3** RxBIN: **011255**
 Issuer: **(80840)** RxPCN: **COCMS**
 Health Record No.: **000000000** RxGrp: **CO**
 Name: **FIRST LAST NAME**

MedicareRx
Prescription Drug Coverage

CMS-H0630 015

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** 711 TTY
1-800-476-2167 711 TTY

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

D/B Medicare HMO-SNP

KAISER PERMANENTE® Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO SNP)
Denver Metro Area

Group: **01304-SP1** RxBIN: **011255**
 Issuer: **(80840)** RxPCN: **COCMS**
 Health Record No.: **000000000** RxGrp: **CO**
 Name: **FIRST LAST NAME**

MedicareRx
Prescription Drug Coverage

CMS-H0630 014

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** 711 TTY
1-800-382-4661 711 TTY

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

SoCo Medicare Part D

KAISER PERMANENTE® Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO)
Southern Colorado

Group: **01303-CC2** RxBIN: **011255**
 Issuer: **(80840)** RxPCN: **COCMISS**
 Health Record No.: **000000000** RxGrp: **CO**
 Name: **FIRST LAST NAME**

Primary Care **\$5KPMO/\$35AF**
 Specialty Care **\$50**

MedicareRx
Prescription Drug Coverage

CMS-H0630 017

Emergency: **911**

Member Services: **1-800-476-2167** 711 TTY

Claims Information: **1-800-476-2167** 711 TTY

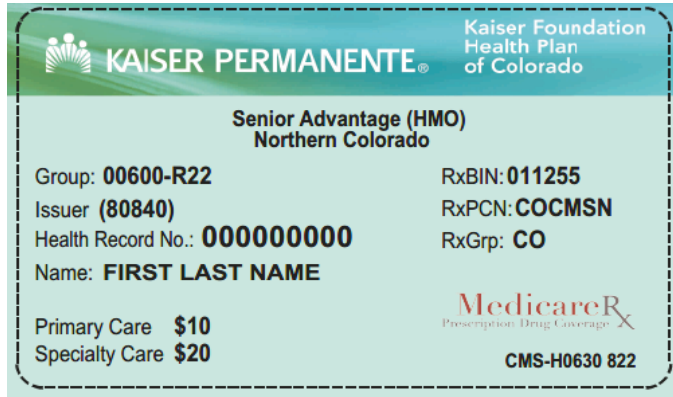
Mail Order Pharmacy: **1-866-523-6059** 711 TTY

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

NoCo Medicare Part D



KAISER PERMANENTE Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO)
Northern Colorado

Group: **00600-R22** RxBIN: **011255**
 Issuer: **(80840)** RxPCN: **COCMSN**
 Health Record No.: **000000000** RxGrp: **CO**
 Name: **FIRST LAST NAME**

Primary Care **\$10**
 Specialty Care **\$20**

Medicare Rx
Prescription Drug Coverage
CMS-H0630 822

kp.org

Emergency: **911**
 Appointments, Medical Advice and After-Hours Care: **970-207-7171 1-800-218-1059 711 TTY**
 Member Services: **1-800-476-2167 711 TTY**
 Claims Information: **1-800-382-4661 711 TTY**
 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**

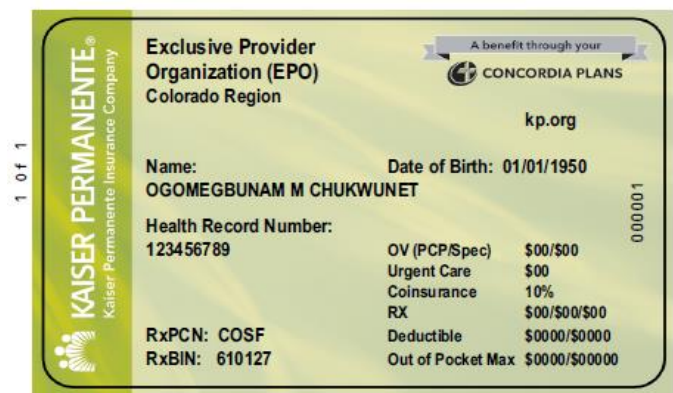
This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org Card Issued: 07-20-2021

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

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

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



KAISER PERMANENTE Kaiser Permanente Insurance Company

Exclusive Provider Organization (EPO)
Colorado Region

A benefit through your
CONCORDIA PLANS

kp.org

Name: **OGOMEBUNAM M CHUKWUNET** Date of Birth: **01/01/1950**
 Health Record Number: **123456789**

OV (PCP/Spec)	\$00/\$00
Urgent Care	\$00
Coinsurance	10%
RX	\$00/\$00/\$00
Deductible	\$0000/\$0000
Out of Pocket Max	\$0000/\$0000

RxPCN: **COSF**
 RxBIN: **610127**

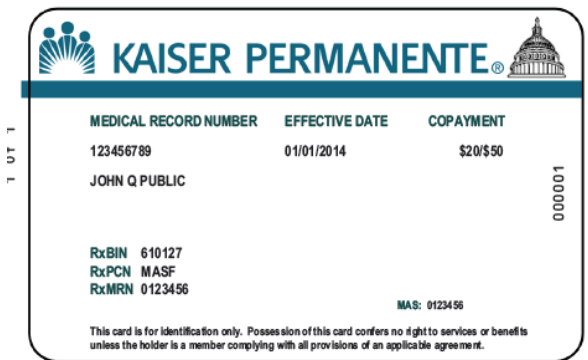
kp.org

Emergency **911**
 Customer Service and Benefits **1-877-883-6698**
 Appointments, Urgent Care, Advice **1-866-311-4464**
 TTY **711**
 Pharmacy Benefit Information (OptumRX) **1-866-427-7701**
 Away From Home Travel Line **1-951-268-3900**
 (If you seek Medical services away from home)

Mail Claims to: **KPIC Self-Funded Claims Administrator
 P.O. Box 30547, Salt Lake City, UT 84130-0547
 Payor ID # 94320**

Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

DC SHOP – Denver/Boulder, Northern Colorado & Southern Colorado



KAISER PERMANENTE

MEDICAL RECORD NUMBER	EFFECTIVE DATE	COPAYMENT
123456789	01/01/2014	\$20/\$50

JOHN Q PUBLIC

RxBIN 610127
 RxPCN MASF
 RxMRN 0123456

MAS: 0123456

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.

kp.org

Call 911 if you think you are having a medical emergency.
 Call 711 for TTY.

Medical Advice/Appointments/Cancel Appointments
 Colorado **(800) 218-1059**
 Washington D.C. Metro Area **(800) 777-7904**


Member Services (Medical/Pharmacy) **(877) 8-KAISER (877) 852-4737**

Dental benefits administered by:
 Dominion Dental Services, Inc. **(855) 733-7524**

Submit medical claims to: **Kaiser Permanente
 PO Box 30547
 Salt Lake City, UT 84130-0547
 Payor ID#: 94320**

Submit dental claims to: **Dominion Dental Services, Inc.
 PO Box 1126
 Elk Grove Village, IL 60009-1126
 Payor ID#: DOM01**

Underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and purchased through the DC Health Link SHOP Exchange.



MEDICAL RECORD NUMBER **EFFECTIVE DATE** **COPAYMENT**
 123456789 01/01/2014 \$20/\$30

JOHN Q PUBLIC

RxBIN 610127
 RxPCN MASF
 RxMRN 0123456

MAS: 0123456

000001

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.

kp.org

Call 911 if you think you are having a medical emergency.
 Call 711 for TTY.

Medical Advice/Appointments/Cancel Appointments
 Colorado (800) 218-1059
 Washington D.C. Metro Area (800) 777-7904

Member Services (Medical/Pharmacy) (877) 8-KAISER
 (877) 852-4737

Dental benefits administered by:
 Dominion Dental Services, Inc. (855) 733-7524

Submit medical claims to: Kaiser Permanente
 PO Box 30547
 Salt Lake City, UT 84130-0547
 Payor ID#: 94320

Submit dental claims to: Dominion Dental Services, Inc.
 PO Box 1126
 Elk Grove Village, IL 60009-1126
 Payor ID#: DOM01

Underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and purchased through the DC Health Link SHOP Exchange.

3.5.10 Level-Funded Plans Administered by KPIC Card Samples

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



Exclusive Provider Organization (EPO)
 Colorado Region

A benefit through your
CONCORDIA PLANS

kp.org

Name: OMEGBUNAM M CHUKWUNET
Date of Birth: 01/01/1950

Health Record Number: 123456789

RxPCN: COSF
RxBIN: 610127

OV (PCP/Spec) \$00/\$00
Urgent Care \$00
Coinsurance 10%
RX \$00/\$00/\$00
Deductible \$0000/\$0000
Out of Pocket Max \$0000/\$00000

000001

kp.org

Emergency 911
Customer Service and Benefits 1-800-401-8405
Appointments, Urgent Care, Medical Advice 1-866-311-4464
TTY 711
Pharmacy Benefit Information (OptumRx) 1-866-427-7701
Medical Benefits Prior Authorization N/A
Pharmacy Prior Authorization N/A
Away From Home Travel Line 1-951-268-3900
(If you seek Medical services away from home)

Mail Claims to: KPIC Self Funded Claims Administrator
 P.O. Box 30547, Salt Lake City, UT 84130-0547
 Payor ID # 94320

Not an insurance product. Level Funded plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

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

3-Tier POS Plan **Customer Service**
 kp.org 1-800-401-8405 TTY 711

LEVEL FUNDED POS MEMBER FIRST NAME LAST NAME

Health Record No. 006422321 **Group No.** ##### **Plan No.** ### **RxBIN** 610127
RxPCN COSF

	HMO TIER	PAR TIER	NON-PAR TIER
Deductible	519	610	636
Primary Care	454	545	649
Specialty Care	467	558	649
Urgent Care	480	571	649
Emergency	493	584	649
Hospital	506	597	649
Out of Pocket Max	675	\$3000/\$6000	\$6000/\$18000

Kaiser Permanente Insurance Company (KPIC)
 Kaiser Foundation Health Plan of Colorado (KFHP)

kp.org **Card Issued:** 08-22-2019

Emergency: Dial 911 or go to the nearest emergency room

Providers
 Appointments, Medical Advice, and Urgent Care1-866-311-4464
 Pharmacy Benefit Information.....1-866-427-7701

Appointments with all other Providers
 Contact your provider directly. Some services may require precertification.

For use by your Provider
 Medical Service Precertification.....1-888-525-1553
 Pharmacy Prior Authorization.....1-800-711-4555

Mail Claims to: KPIC Self Funded Claims Administrator
 P.O. Box 30547, Salt Lake City, UT 84130-0547
 Payor ID # 94320

Not an insurance product. Level Funded plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

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

PPO Plan providerlocator.firsthealth.com		Customer Service 1-800-401-8405 TTY 711	
LEVEL FUNDED PPO MEMBER FIRST NAME LAST NAME			
Health Record No. 258580158	Group No. #####	Plan No. ###	RxBIN 610127 RxPCN COSE
	In-Network	Out-of-Network	
Deductible	-	\$1500DED	
Primary Care	\$10OVCEX	30%COIN	
Specialty Care	\$25SPVCEX	30%COIN	
Urgent Care	-	30%COIN	
Emergency	-	30%COIN	
Hospital	-	30%COIN	
Out of Pocket Max	\$3000/\$6000	\$6000/\$18000	
Kaiser Permanente Insurance Company (KPIC)			

providerlocator.firsthealth.com		Card Issued: ##-##-####
Emergency: Dial 911 or go to the nearest emergency room		
Providers		
Pharmacy Benefit Information.....	1-866-427-7701	
Appointments with all other Providers		
Contact your provider directly. Some services may require precertification.		
For use by your Provider		
Medical Service Precertification.....	1-888-525-1553	
Pharmacy Prior Authorization.....	1-800-711-4555	
Mail Claims to: KPIC Self Funded Claims Administrator		
P.O. Box 30547 , Salt Lake City, UT 84130-0547		
Payor ID # 94320		
Not an insurance product. Level Funded plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.		

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: [Member Resources – 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 through 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 30478251. 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.

PPO Plan Customer Service
1-855-364-3184 TTY 711
kp.org/kpic-colorado

CJOOAPPOS ONEKPCJMARRNM

Health Record No. 002298156 Group No. 19481-001 Plan No. SP01 RxBIN 003585
RxPCN 70000

	PAR TIER	NON PAR TIER
Deductible	20%KPMO/40%AF	20%KPMO/40%AF
Primary Care	20%KPMO/40%AF	20%KPMO/40%AF
Specialty Care	20%KPMO/40%AF	20%KPMO/40%AF
Urgent Care	20%KPMO/40%AF	20%KPMO/40%AF
Emergency	20%KPMO/40%AF	20%KPMO/40%AF
Hospital	20%KPMO/40%AF	20%KPMO/40%AF

Kaiser Permanente Insurance Company (KPIC) CO-DOI

03070-CJ (121)




Emergency: Dial 911 or go to the nearest emergency room

Providers
Find a Participating (PAR Tier) Provider at kp.org/kpic-colorado

Appointments
Contact your provider directly. Some services may require precertification.

For use by your Provider
Medical service precertification 1-888-525-1553
Pharmacy prior authorization 1-800-788-2949

Medical Claims:
Claims Administration
P.O. Box 373150
Denver, CO 80237-3150
EDI Payer ID: 91617

Card Issued:
04-20-2019

PPO Plan Customer Service
1-855-364-3184 TTY 711
kp.org/kpic-colorado

CSPPOWSASSP ONEKPCSMIXFAM

Health Record No. 001854201 Group No. 22958-001 Plan No. HP01 RxBIN 003585
RxPCN 70000

	PAR TIER	NON PAR TIER
Deductible	610	636
Primary Care	545	649
Specialty Care	558	649
Urgent Care	571	649
Emergency	584	649
Hospital	597	649

Kaiser Permanente Insurance Company (KPIC) CO-DOI

03070-CS (121)




Emergency: Dial 911 or go to the nearest emergency room

Providers
Find a Participating (PAR Tier) Provider at kp.org/kpic-colorado

Appointments
Contact your provider directly. Some services may require precertification.

For use by your Provider
Medical service precertification 1-888-525-1553
Pharmacy prior authorization 1-800-788-2949

Medical Claims:
Claims Administration
P.O. Box 373150
Denver, CO 80237-3150
EDI Payer ID: 91617

Card Issued:
04-20-2019

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:
http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?
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: <https://choiceproducts-colorado.kaiserpermanente.org/2-tier-point-of-service-plan/member-information/pharmacy/>

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

PPO and POS (Participating Provider Tier) Benefits (No Mail Order available in Non-Participating Provider Tier)

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

Phone for Providers: 855-899-6012
Fax for new prescriptions: 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: http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

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.

For Commercial benefit plans and EPO Plans (Self-Funded and Level-Funded benefit plans administered by KPIC):

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 <https://www.covermymeds.com/main/> 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:
http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

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:

http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

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.