

15.0 Kaiser Permanente's Flexible Choice Plans

The Kaiser Permanente Flexible Choice plans blend Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and indemnity-style benefit plans and delivery systems into one product. The Flexible Choice product line consists of Flexible Choice, Deductible Flexible Choice, and Health Savings Account (HSA)- Qualified Flexible Choice plans. The Flexible Choice plans are composed of three benefit levels, which includes the convenience of our traditional HMO coverage. Each Flexible Choice benefit level includes different provider options. The benefit level accessed for care determines the member's cost share. Members enrolled in Flexible Choice can access any of the three benefit levels at any time.

Flexible Choice Option 1: Traditional HMO benefit level - Kaiser Permanente Providers Flexible Choice Option 1 includes covered services provided by Kaiser Permanente Providers. This benefit level is our traditional HMO model.

Flexible Choice Option 2: POS with PPO benefit level – PHCS and MultiPlan Participating Providers, and *Cigna HealthcareSM PPO Network Providers

Flexible Choice Option 2 includes covered services provided by Private Healthcare Systems (PHCS) and MultiPlan Network Participating Providers within the Kaiser Permanente States and Cigna PPO Network Participating Providers outside these jurisdictions. The Kaiser Permanente States are the District of Columbia, Maryland, Virginia, California, Colorado, Georgia, Hawaii, Oregon and Washington. Cigna provides commercial HMO and EPO members access to their U.S. provider network if they need urgent or emergency care while traveling. PHCS and MultiPlan are national PPO networks of private physicians, ancillary providers, skilled nursing facilities, and hospitals.

*The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.

Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Healthcare Intellectual Property, Inc.

Flexible Choice Option 3: Out-of Network/Indemnity benefit level

Flexible Choice Option 3 includes any covered services provided by an Out-of-Network Provider.

15.1 Flexible Choice Plan Quick Reference Guide

	Option 1: Kaiser Permanente Providers	OPTION 2: PHCS or Multiplan Participating Providers (within Kaiser Permanente states) or Cigna PPO Network (outside those jurisdictions)
What is the Kaiser Permanente Flexible Choice Plan?	Members enrolled in this plan are allowed to receive care through three (3) options - each option has its own set of providers and schedule of co-pays, deductibles, and/or coinsurance. The option in which the member receives the service determines a member's out-of-pocket costs and benefits.	
When do I follow the Option 1 processes listed below?	<p>> When a patient offers a Flexible Choice identification card at your office for an appointment.</p> <p>Specialist: When you have received an approved Kaiser Permanente External Referral for services for a Flexible Choice member</p>	
When do I follow the Option 2 processes listed below?	<p>> When a patient offers a Flexible Choice identification card at your office for an appointment.</p> <p>> When a Flexible Choice member self-directs to you for care without a Kaiser Permanente External Referral</p>	
What do I need to know about hospital admissions?	<p>> Kaiser Permanente physician obtains pre-authorization when necessary.</p> <p>> Kaiser Permanente participating facilities and hospitals are listed in chapter 2 of the Kaiser Permanente Participating Provider Manual or on the provider website at www.kp.org/providers/mas</p>	<p>> Member or physician obtains pre-certification for hospital admissions and certain outpatient procedures.</p> <p>> Financial penalty may incur if pre-certification is not obtained.</p> <p>> PHCS and MultiPlan Network Participating Hospitals are listed on the PHCS website at www.multiplan.com/kpmas</p> <p>> Cigna PPO Network hospitals are listed at www.kp.org/flexiblechoice/mas</p>
<p>A member may choose to take advantage of the cost-saving Option 1 benefit level and apply for additional recommended services from Option 1 providers including but not limited to, pharmacy prescriptions, laboratory, or radiology services.</p> <p>To obtain services in the Option 1 benefit level after seeing a PHCS, MultiPlan Network, or Cigna PPO Network Participating Provider, members may call our Flexible Choice Specialty Access Team in our Member Services Department at 1-877-630-5202 to discuss obtaining a facilitated referral for additional recommended services which require a referral or authorization.</p>		
Ambulance Services	<ul style="list-style-type: none"> Call Hospital Hotline at ☎ 800-810-4766, prompt #1 	<ul style="list-style-type: none"> Call Permanente Advantage (PA) at ☎ 888-567-6847 for pre-certification
Authorizations (Inpatient and Out-patient)	<ul style="list-style-type: none"> Inquiries: Call Utilization Management Operations Center (UMOC) at ☎ 800-810-4766. 	<ul style="list-style-type: none"> Call PA at ☎ 888-567-6847 for pre-certification. Refer to the list of procedures requiring authorization.

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Referrals	<ul style="list-style-type: none"> Inquiries: Call UMOC at ☎ 800-810-4766. Submit a referral request for approval: Fax: ☎ 800-660-2019 	<ul style="list-style-type: none"> No Referrals are required in the Option 2 benefit level.
Behavioral Health Services	<ul style="list-style-type: none"> Member should contact Kaiser Permanente Behavior Health Access Unit at ☎ 866-530-8778 	<ul style="list-style-type: none"> Member should call PA at ☎ 888-567-6847, and Member should contact the PHCS or MultiPlan Network Participating Behavioral Health provider's office directly.
Claims Submission	<ul style="list-style-type: none"> Send all paper claims to: Mid-Atlantic Claims Administration Kaiser Permanente P.O. Box 371860 Denver, CO 80237-9998 Electronic claim submission available. Claim status: call ☎ 800-810-4766 	<ul style="list-style-type: none"> Send all Claims EXCEPT EMERGENCY SERVICES to: Kaiser Permanente Insurance Co. P.O. Box 261130 Plano, TX 75026 Claim status and inquiries about electronic claim submission: call ☎ 800-392-8649 Claims for emergency services should be sent to the Option 1 claims address
Diagnostic Imaging / Radiology	<ul style="list-style-type: none"> If authorization required: Call UMOC at ☎ 800-810-4766 If no authorization required, practitioner to provide member with a written order (on a prescription pad) Member may present the written order at the Radiology Department at a Kaiser Permanente Medical Center. 	<ul style="list-style-type: none"> Call PA at ☎ 888-567-6847 for pre-certification Call MultiPlan to locate a provider at ☎ 888-220-6010 or visit www.multiplan.com/kpmas Locate a Cigna PPO Network provider at www.kp.org/flexiblechoice/mas
DME	<ul style="list-style-type: none"> Ordering physician must coordinate DME services through UMOC, ☎ 800-810-4766. After 5:00pm or weekends, contact the Hospital Hotline at ☎ 800-810-4766. 	<ul style="list-style-type: none"> Call MultiPlan to locate a provider at ☎ 888-220-6010 or visit www.multiplan.com/kpmas Locate a Cigna PPO Network provider at www.kp.org/flexiblechoice/mas
Emergency Admissions	<ul style="list-style-type: none"> Notification is required prior to admission. Contact the Hospital Hotline: ☎ 800-810-4766. 	<ul style="list-style-type: none"> Notification is required prior to admission. Contact the Hospital Hotline: ☎ 800-810-4766.
Home Care	<ul style="list-style-type: none"> Ordering physician must coordinate home health services through UMOC, ☎ 800-810-4766. 	<ul style="list-style-type: none"> Call PA at ☎ 888-567-6847 for pre-certification

	Option 1: Kaiser Permanente Providers	OPTION 2: PHCS or Multiplan Participating Providers (within Kaiser Permanente states) or Cigna PPO Network (outside those jurisdictions)
	<ul style="list-style-type: none"> After 5:00pm or weekends, contact the Hospital Hotline at ☎ 800-810-4766. 	<ul style="list-style-type: none"> Call MultiPlan to locate a provider at ☎ 888-220-6010 or visit www.multiplan.com/kpmas Locate a Cigna PPO Network provider at www.kp.org/flexiblechoice/mas
Laboratory	<ul style="list-style-type: none"> If authorization required: Call UMOC at ☎ 800-810-4766. If no authorization required, practitioner to provide member with a written order (on a prescription pad). Member may present the written order at the laboratory in many Kaiser Permanente medical centers (see attached list). 	<ul style="list-style-type: none"> Call MultiPlan to locate a provider at ☎ 888-220-6010 or visit www.multiplan.com/kpmas Locate a Cigna PPO Network provider at www.kp.org/flexiblechoice/mas
Optical Care	<ul style="list-style-type: none"> If no authorization required, practitioner to provide member with a written order (on a prescription pad). Member may present the written order at the Optical Center in many Kaiser Permanente medical centers (see attached list). 	<ul style="list-style-type: none"> No vision care services are available in Option 2. Member may choose a provider in their Option 1 benefit level, or Member may choose a licensed Out-of-Network provider in their Option 3 benefit level.
Pharmacy Services	<ul style="list-style-type: none"> Practitioner to provide member with a written order (on a prescription pad) or electronic order Member may present the written order at the Pharmacy in many Kaiser Permanente medical centers (see attached list). 	<ul style="list-style-type: none"> Call MedImpact to confirm participating pharmacies: ☎ 800-788-2949
Physical Therapy	<ul style="list-style-type: none"> Ordering physician must coordinate physical therapy services through UMOC, ☎ 800-810-4766, prompt #2 After 5:00pm or weekends, contact the Hospital Hotline at ☎ 800-810-4766, prompt #1 	<ul style="list-style-type: none"> Call PA at ☎ 888-567-6847 for pre-certification Call MultiPlan to locate a provider at ☎ 888-220-6010 or visit www.multiplan.com/kpmas Locate a Cigna PPO Network provider at www.kp.org/flexiblechoice/mas
Urgent Care	<ul style="list-style-type: none"> Contact UMOC, ☎ 800-810-4766. See list of Kaiser Permanente Urgent Care Centers 	<ul style="list-style-type: none"> Member should call MultiPlan to confirm participating providers: ☎ 888-220-6010, and

	Option 1: Kaiser Permanente Providers	OPTION 2: PHCS or Multiplan Participating Providers (within Kaiser Permanente states) or Cigna PPO Network (outside those jurisdictions)
	<ul style="list-style-type: none"> FOR AFTER-HOURS URGENT CARE: PCP can refer the member to the Advice Line at ☎ 800-777-7904. Members can go to the nearest Kaiser Permanente medical group Urgent Care Center 	<ul style="list-style-type: none"> Member should contact the PHCS or MultiPlan Network Urgent Care provider's office directly. Locate a Cigna PPO Network provider at www.kp.org/flexiblechoice/mas
Eligibility and Benefits	<ul style="list-style-type: none"> Inquiries: Kaiser Permanente Online Affiliate, or Kaiser Permanente Member Services at ☎ 800-777-7902 	<ul style="list-style-type: none"> Inquiries: Call Kaiser Permanente Insurance Company (KPIC) Customer Service at ☎ 800-392-8649
Provider Experience Department	<ul style="list-style-type: none"> Kaiser Permanente: ☎ 877-806-7470 Fax: ☎ 855-414-2623 Assistance with Trainings / Orientations, identifying a provider for services, or general questions concerning participation 	<ul style="list-style-type: none"> MultiPlan: ☎ 800-950-7040 General questions regarding participation with PHCS Network and/or MultiPlan Network.

15.2 Kaiser Permanente Providers - Sites and Resources (Option 1)

This section references the Kaiser Permanente locations for services included in Flexible Choice Option 1. This section includes services offered at:

- Kaiser Permanente medical centers
- Urgent Care - after hours locations

This resource listing is as accurate and complete as the date of distribution. Locations and hours of operations are subject to change – please consult our website at www.healthy.kaiserpermanente.org, for current center and hospital information as well as the listing of Participating Providers. If, at any time, you have any questions or concerns about the Kaiser Permanente Network, please call Kaiser Permanente Provider Experience at ☎ 877-806-7470.

Kaiser Permanente Medical Centers – District of Columbia (Option 1)

Capitol Hill Medical Center

700 Second Street, NE
Washington, DC 20002

Main Number: ☎ 202-346-3000

Main Hours: 8 A.M. – 5:30 P.M. M – F

Services: Advanced Urgent Care, After- Hours, Allergy, Audiology, Cardiology, Dermatology, ENT, Endocrinology, Gastroenterology, General Surgery, Head and Neck Surgery, Hematology, Imaging/Radiology, Infectious Disease, Infusion Center, Laboratory, Nephrology, Neurology, Newborn Care Center, Oncology, Ophthalmology, Optometry, Orthopedics/Spine, Pediatric Endocrinology, Pediatric Neurology, Pediatrics, Perinatology, Pharmacy, Physical Therapy, Podiatry, Pulmonary, Rheumatology, Urology, Vision Essentials Optical Center

Northwest DC Medical Center

2301 M Street, NW

Washington, DC 20037

Main Number: ☎ 202-419-6200

Main Hours: 8 A.M. – 5:30 P.M. M – F

Services: Behavioral Health, Laboratory, Ob/Gyn, Pediatrics, Pharmacy, Primary Care, Radiology

Kaiser Permanente Medical Centers – Maryland (Option 1)**Bowie Fairwood Medical Center**

5400 Hillmeade Road

Bowie, MD 20720

Main Number: ☎ 301-867-1300

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Adult Family Medicine, Allergy, Behavioral Health, Imaging, Laboratory, Obstetrics and Gynecology, Pharmacy

Camp Springs Medical Center

6104 Old Branch Avenue

Temple Hills, MD 20748

Main Number: ☎ 301-702-6100

Main Hours: 8 A.M. – 6 P.M. M – F

Services: General Surgery, Internal Medicine, Laboratory, Mammography, Newborn Care Center, Nurse Clinic, Optometry, Orthopedics, Pediatrics, Pharmacy, Podiatry, Radiology, Vision Essentials Optical Center

Gaithersburg Medical Center

655 Watkins Mill Road

Gaithersburg, MD 20879

Main Number: ☎ 240-632-4000

Main Hours: 8 A.M. – 5:30 P.M. M – F

Services: Adolescent Medicine, Adult Medicine, Advanced Urgent Care, After-Hours, Allergy, Alternative & Complimentary Medicine, Ambulatory Surgery, Audiology, Cardiology, Critical Decision Unit (CDU), Dermatology, ENT, Endocrinology, General Surgery, Hematology/Oncology, Imaging Services/Radiology, Infectious Diseases, Infusion Center, Internal Medicine, Laboratory, Nephrology, Neurology, Newborn Care Center, Observation Unit, Ob/Gyn, Occupational Therapy, Ophthalmology, Optometry, Orthopedics, Pain Management, Pediatrics, Pharmacy, Physical Medicine, Physical Therapy, Podiatry, Presurgical Testing, Pulmonary, Rehabilitation Services, Rheumatology, Sleep Medicine, Speech Therapy, Sports Medicine, Urology, Vision Essentials Optical Center

Kaiser Permanente Frederick Medical Center

7190 Crestwood Boulevard

Frederick, MD 21703

Main Number: ☎ 240-529-1700

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Behavioral Health, Family Practice, Internal Medicine, Laboratory, Ob/Gyn, Orthopedics, Pediatrics, Pharmacy, Radiology

Kensington Medical Center

10810 Connecticut Avenue

Kensington, MD 20895

Main Number: 📞 301-929-7100

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Adult Primary Care, Ambulatory Surgery, Audiology/ENT, General Surgery, Laboratory, Newborn Care Center, Ob/Gyn, Ophthalmology, Optometry, Orthopedics, Pain Management, Pediatrics, Perinatology/Genetics, Pharmacy, Physical Therapy, Plastic Surgery, Podiatry, Radiology, Retina, Urology, Vision Essentials Optical Center, Wound Care

Lanham Rehabilitation Center

4400 Forbes Boulevard, Suite C

Lanham, MD 20706

Main Number: 📞 301-618-5695

Main Hours: 6:30 A.M. – 5:30 P.M. M – F

Services: Occupational Therapy, Physical Therapy, Speech Therapy

Largo Medical Center

1221 Mercantile Lane

Upper Marlboro, MD 20774

Main Number: 📞 301-618-5500

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Advanced Urgent Care, After-Hours, Ambulatory Surgery Center, Audiology, Behavioral Health, Cardiology, Dermatology, Endocrinology, Endoscopy, ENT, Gastroenterology, General Surgery, Infectious Disease, Internal Medicine, Laboratory, Nephrology, Neurology, Newborn Care Center, Ob/Gyn, Oncology, Oncology Infusion Center, Ophthalmology, Orthopedics, Pain Management, Pediatrics, Peritoneal Dialysis, Pharmacy, Podiatry, Pre-surgical Testing, Pulmonary, Radiology, Sleep Medicine, Urology, Vascular Surgery, Vision Essentials Optical Center, Wound Care

Marlow Heights Medical Center

5100 Auth Way

Suitland, MD 20746

Main Number: 📞 301-702-5000

Main Hours: 8 A.M. – 5 A.M. M – F

Services: Laboratory, Ob/Gyn, Ophthalmology, Optometry, Perinatology, Pharmacy, Primary Care/Family Practice, Radiology, Vision Essentials Optical Center

Shady Grove Medical Center

1396 Piccard Drive

Rockville, MD 20850

Main Number: 📞 301-548-5700

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Adult Medicine, Behavioral Health, Endoscopy/Colonoscopy Procedures, Family Practice, Gastroenterology, Internal Medicine, Laboratory, Pediatric Specialties, Pharmacy, Radiology

Silver Spring Medical Center

12201 Plum Orchard Drive

Silver Spring, MD 20904

Main Number: 📞 301-572-1000

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Adult Primary Care, Behavioral Health, Diabetes Management, Laboratory, Mammography, Ob/Gyn, Pediatrics, Pharmacy, Radiology, Vision Essentials Optical Center

West Hyattsville Medical Center

5620 Ager Rd.

Hyattsville, MD 20782

Main Number: ☎ 240-906-6500

Main Hours: 8 A.M. – 5:30 P.M. M – F

Services: Adult Medicine, Family Medicine, Pediatrics, Laboratory, Obstetrics-Gynecology, Pharmacy, Radiology/Imaging

Kaiser Permanente Medical Centers – Baltimore (Option 1)

Abingdon Medical Center

3400 Box Hill Corporate Center Drive, Ste 100

Abingdon, MD 21009

Main Number: ☎ 410-515-5440

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Adult & Family Medicine, Cardiology, Gastroenterology, General Surgery, Laboratory, Orthopedics, Pharmacy, Podiatry, Radiology

Annapolis Medical Center

888 Bestgate Road, Ste 111

Annapolis, MD 21401

Main Number: ☎ 410-571-7300

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Behavioral Services, Cardiology, Dermatology, Family Practice, Internal Medicine, Laboratory, Ob/Gyn, Orthopedics, Pediatrics, Pharmacy, Podiatry, Radiology

Baltimore Harbor Medical Center

815 E. Pratt Street

Baltimore, MD 21202

Main Number: ☎ 410-637-5700

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Family Practice, Internal Medicine, Laboratory, Ob/Gyn, Pharmacy, Radiology

Columbia Gateway Medical Center

7070 Samuel Morse Drive

Columbia, MD 21046

Main Number: ☎ 410-309-4600

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Allergy Shots, Behavioral Health, Family Practice, Internal Medicine, Laboratory, Newborn Care Center, Ob/Gyn, Pediatrics, Pharmacy, Radiology

Lutherville-Timonium Medical Center

2391 Greenspring Dr.

Lutherville-Timonium, MD 21093

Main Number: ☎ 410-847-3000

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Adult Medicine, Advanced Urgent Care, Allergy, Ambulatory Surgery, Audiology, Behavioral Health, Cardiology, Chemotherapy/Infusion, Chronic Pain Management,

Complimentary and Alternative Medicine, Dermatology, Endocrinology, Endoscopy, Family Medicine, Gastroenterology, General Surgery, Head & Neck Surgery, Hematology/Oncology, Infectious Disease, Interventional Pain, Laboratory, Nephrology, Neurology, Ob/Gyn, Ophthalmology, Optometry, Orthopedics, Outpatient Procedure Suites, Pain Psychology, Pediatrics, Perinatology, Pharmacy, Physical Medicine & Rehabilitation, Plastic Surgery, Podiatry, Pulmonology, Radiology, Rheumatology, Sleep Medicine, Urology, Vascular Surgery, Vision Essentials

North Arundel Medical Center

7670 Quarterfield Road
Glen Burnie, MD 21061

Main Number: 📞 410-508-7650

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Allergy Shots, Family Practice, Internal Medicine, Laboratory, Nutrition and Diabetes Education, Ob/Gyn, Ophthalmology, Optometry, Pediatrics, Pharmacy, Radiology, Vision Essentials Optical Center

South Baltimore County Medical Center

1701 Twin Springs Road
Halethorpe, MD 21227

Main Number: 📞 410-737-5000

Main Hours: 7:30 A.M. – 5 P.M. M – F

Services: Adolescent Medicine, Adult Medicine, Advanced Urgent Care, After-Hours, Allergy, Ambulatory Surgery, Audiology, Bariatric Nutrition, Cardiology, Dermatology, ENT, Endocrinology, Endoscopy, Family Medicine, Gastroenterology, General Surgery, Head and Neck Surgery, Imaging/Radiology, Infectious Disease, Internal Medicine, Laboratory, Nephrology, Neurology, Newborn Care Center, Nuclear Cardiology, Observation Unit, Ob/Gyn, Orthopedics, Outpatient Procedure Suite, Pain Management, Pediatrics, Perinatology, Pharmacy, Physical Medicine, Plastic Surgery, Podiatry, Pre-Operative Evaluation & Education Center, Pulmonology, Rheumatology, Sleep Medicine, Sterile Processing, Urology, Vascular Surgery

White Marsh Medical Center

4920 Campbell Boulevard
Nottingham, MD 21236

Main Number: 📞 410-933-7600

Main Hours: 8 A.M. – 5 P.M. M – F

Services: After-Hours, Behavioral Health, Internal Medicine, Laboratory, Newborn Care Center, Nutrition and Diabetes Education, Ob/Gyn, Orthopedics, Pediatrics, Pharmacy, Physical Medicine, Physical Therapy, Pre-Op Testing, Radiology, Urgent Care

Woodlawn Medical Center

7141 Security Boulevard
Baltimore, MD 21244

Main Number: 📞 443-663-6000

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Baltimore Imaging Center, Behavioral Health, Diabetes Education, Hand Therapy (Occupational Therapy), Infusion Center, Internal Medicine, Laboratory, Nutrition, Ob/Gyn, Oncology, Ophthalmology, Optometry, Pediatrics, Peritoneal Dialysis, Pharmacy, Physical Therapy, Radiology, Vision Essentials Optical Center

Kaiser Permanente Medical Centers – Virginia (Option 1)

Alexandria Medical Center

3000 Potomac Ave

Alexandria, VA 22305

Main Number: 📞 703-721-6300

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Family Practice, Imaging Services/Radiology, Internal Medicine, Laboratory, Ob/Gyn, Optometry, Pediatrics, Pharmacy, Physical Therapy, Vision Essentials Optical Center

Ashburn Medical Center

43480 Yukon Drive, Suite 100

Ashburn, VA 20147

Main Number: 📞 571-252-6000

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Behavioral Health, Family Practice, Internal Medicine, Laboratory, Newborn Care Center, Ob/Gyn, Pediatrics, Pharmacy, Radiology, Vision Essentials

Burke Medical Center

5999 Burke Commons Road

Burke, VA 22015

Main Number: 📞 703-249-7700

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Behavioral Health, Laboratory, Ob/Gyn, Oncology/Hematology/Infusions, Pharmacy, Primary Care, Radiology, Vision Essentials Optical Center

Caton Hill Medical Center

13285 Minnieville Rd.

Woodbridge, VA 22192

Main Number: 📞 703-986-2400

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Adult Medicine, Advanced Urgent Care, Allergy, Ambulatory Surgery, Audiology, Behavioral Health, Cardiology, Chemotherapy/Infusion, Complimentary and Alternative Medicine, Dermatology, Endocrinology, Endoscopy, Family Medicine, Gastroenterology, General Surgery, Head & Neck Surgery, Hematology/Oncology, Infectious Disease, Interventional Pain, Laboratory, Nephrology, Neurology, Nutrition, Ob/Gyn, Ophthalmology, Optometry, Orthopedics, Pediatrics, Perinatology, Pharmacy, Physical Medicine & Rehabilitation, Physical Therapy, Podiatry, Pulmonology, Radiology, Rheumatology, Sleep Medicine, Urology, Vascular Testing, Vision Essentials

Colonial Forge Medical Center

125 Hospital Center Blvd., Ste 110

Stafford, VA 22554

Main Number: 📞 540-602-6500

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Behavioral Health, Cardiology, Dermatology, ENT, Endocrinology, Gastroenterology, General Surgery, Hematology/Oncology, Imaging, Laboratory, Neurology, Optometry, Orthopedics, Pharmacy, Physical Therapy, Podiatry, Primary Care (adult and family medicine), Pulmonary, Rheumatology, Sleep Medicine, Urology, Vision Essentials Optical Center

Fair Oaks Medical Center

12255 Fair Lakes Parkway

Fairfax, VA 22033

Main Number: 📞 703-934-5700

Main Hours: 8 A.M. – 6 P.M. M – F

Services: Allergy, Family Medicine, General Surgery, Internal Medicine, Laboratory, Newborn Care Center, Ob/Gyn, Orthopedics, Pediatrics, Pharmacy, Physical Therapy, Podiatry, Radiology, Urology, Vision Essentials Optical Center

Falls Church Medical Center

201 North Washington Street

Falls Church, VA 22046

Main Number: 📞 703-237-4000

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Allergy, Alternative Medicine, Audiology, Cosmetic Dermatology, Dermatology, Endocrinology, Endoscopy, ENT, Family Medicine, Gastroenterology, Internal Medicine, Laboratory, Newborn Care Center, Nutrition, Ob/Gyn, Ophthalmology, Optometry, Pediatrics, Pharmacy, Radiology, Rheumatology, Sleep Medicine, Vision Essentials Optical Center

Fredericksburg Medical Center

1201 Hospital Drive

Fredericksburg, VA 22401

Main Number: 📞 540-368-3700

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Family Practice, Gastroenterology, Internal Medicine, Laboratory, Newborn Care Center, Ob/Gyn, Oncology, Pediatrics, Pharmacy, Radiology, Urgent Care, Urology

Haymarket Crossroads Medical Center

15050 Heathcote Blvd.

Haymarket, VA 20169

Main Number: 📞 571-445-7200

Main Hours: 8:50 A.M. – 5 P.M. M – F

Services: Adult Medicine, Behavioral Health, Family Medicine, Laboratory, Ob/Gyn, Pharmacy, Radiology/Imaging, Vision Essentials

Manassas Medical Center

10701 Rosemary Drive

Manassas, VA 20109

Main Number: 📞 703-257-3000

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Adult Primary Care, Allergy, Alternative Medicine, Laboratory, Newborn Care Center, Ob/Gyn, Pediatrics, Pharmacy, Radiology

Reston Medical Center

1890 Metro Center Drive

Reston, VA 20190

Main Number: 📞 703-709-1500

Main Hours: 8 A.M. – 5 P.M. M – F

Services: After-Hours, Allergy Injections, Dermatology, Internal Medicine, Laboratory, Newborn Care Center, Ob/Gyn, Pediatrics, Pharmacy, Radiology, Urgent Care, Vision Essentials Optical Center

Springfield Medical Center

6501 Loisdale Court

Springfield, VA 22150

Main Number: 📞 703-922-1000

Main Hours: 8 A.M. – 5 P.M. M – F

Services: After-Hours, Allergy, Anticoagulation, Dermatology, Endocrinology, Family Practice, General Surgery, Infectious Disease, Internal Medicine, Laboratory, Neurology, Newborn Care Center, Nutrition, Ob/Gyn, Ophthalmology, Optometry, Orthopedics, Pediatrics, Pharmacy, Physical Therapy, Podiatry, Pre-Operative Education Clinic, Primary Care, Radiology, Rheumatology, Vision Essentials Optical Center, Wound Care

Tysons Corner Medical Center

8008 Westpark Drive
McLean, VA 22102

Main Number: ☎ 703-287-6400

Main Hours: 8 A.M. – 5 P.M. M – F

Services: Adult Medicine, Advanced Urgent Care, After-Hours, Allergy, Ambulatory Surgery Center, Audiology, Cardiology, Clinical Decision Unit, Comprehensive Spine Care Center, ENT, General Surgery, Genetics, Imaging Services/Radiology, Interventional Pain/Chronic Pain, Laboratory, Mohs Surgery, Nephrology/Peritoneal Dialysis, Neurology, Newborn Care Center, Observation Unit, Ob/Gyn, Occupational Therapy, Oncology/Hematology/Infusion Center, Ophthalmology, Optometry, Orthopedic Surgery, Pediatrics, Perinatology, Pharmacy, Physical Therapy, Plastic Surgery, Podiatry, Pre-Operative Evaluation and Education, Pulmonary, Radiology, Rehabilitation Services, Urology, Vascular Surgery, Vision Essentials Optical Center

Kaiser Permanente Urgent Care (Option 1)

<p>Baltimore Harbor Medical Center 815 East Pratt Street Baltimore, MD 21202 ☎ 410-637-5700</p>	<p>Camp Springs Medical Center 6104 Old Branch Avenue Temple Hills, MD 20748 ☎ 301-703-6100</p>
<p>Capitol Hill Medical Center 700 Second Street NE Washington, DC 20002 ☎ 202-346-3000</p>	<p>Fredericksburg Medical Center 1201 Hospital Drive Fredericksburg, VA 22401 ☎ 540-368-3700</p>
<p>Gaithersburg Medical Center 655 Watkins Mill Road Gaithersburg, MD 20879 ☎ 240-632-4000</p>	<p>Kensington Medical Center 10810 Connecticut Avenue Kensington, MD 20895 ☎ 301-929-7100</p>
<p>Largo Medical Center 1221 Mercantile Lane Largo, MD 20774 ☎ 301-618-5500</p>	<p>Manassas Medical Center 10701 Rosemary Drive Manassas, VA 20109 ☎ 703-257-3000</p>
<p>Reston Medical Center 11445 Sunset Hills Road Reston, VA 20190 ☎ 703-709-1500</p>	<p>South Baltimore County Medical Center 1701 Twin Springs Road Halethorpe, MD 21227 ☎ 410-737-5000</p>
<p>Tysons Corner Medical Center 8008 Westpark Drive McLean, VA 22102 ☎ 703-287-6400</p>	<p>White Marsh Medical Center 4920 Campbell Boulevard Nottingham, MD 21236 ☎ 410-933-7600</p>
<p>Woodbridge Medical Center 14139 Potomac Mills Road Woodbridge, VA 22192 ☎ 703-490-8400</p>	

15.3 PHCS/MultiPlan or Cigna Participating Providers-Sites and Resources (Option 2)

PHCS and Multiplan

PHCS and MultiPlan are national PPO Networks of private physicians, ancillary providers, skilled nursing facilities and hospitals. There are resources available to identify if a provider or facility is in the PHCS or MultiPlan Network:

1. Call PHCS Customer Service at ☎ 866-680-7427
2. Call MultiPlan to locate a provider at ☎ 888-708-7427
3. Log on to www.multiplan.com/kpmas or www.phcs.com
Provider Search option is updated daily.

15.4 Participating Hospitals-Combined List for Option 1: Kaiser Permanente Providers and Option 2: PHCS and MultiPlan Participating Providers

MARYLAND				
Opt	Opt	COUNTY	CITY	
1	2	Anne Arundel	Annapolis	Anne Arundel Medical Center
	2	Anne Arundel	Glen Burnie	North Arundel Hospital
	2	Baltimore	Baltimore	Deaton Specialty Hospital and Home
	2	Baltimore	Baltimore	Good Samaritan Hospital of Maryland
	2	Baltimore	Baltimore	Harbor Hospital Center
	2	Baltimore	Baltimore	James Lawrence Kernan Hospital
	2	Baltimore	Baltimore	Johns Hopkins Bayview Medical Center (Burn only)
	2	Baltimore	Baltimore	Johns Hopkins Hospital
	2	Baltimore	Baltimore	Mercy Medical Center
	2	Baltimore	Baltimore	Sinai Hospital of Baltimore (Cardiac Surgery / Peds)
1	2	Baltimore	Baltimore	St. Agnes Healthcare
	2	Baltimore	Baltimore	Union Memorial Hospital (Cardiac Surgery)
	2	Baltimore	Baltimore	University of Maryland Medical System (Trauma)
	2	Baltimore	Randallstown	Northwest Hospital Center
	2	Baltimore	Rosedale	Franklin Square Hospital Center
1	2	Baltimore	Towson	Greater Baltimore Medical Center
	2	Baltimore	Towson	St. Joseph Medical Center
	2	Carroll	Westminster	Carroll County General Hospital
	2	Harford	Havre De Grace	Harford Memorial Hospital
	2	Harford	Bel Air	Upper Chesapeake Medical Center
1	2	Howard	Columbia	Howard County General Hospital
1	2	Montgomery	Silver Spring	Holy Cross Hospital

MARYLAND				
	2	Montgomery	Olney	Montgomery General Hospital
1	2	Montgomery	Rockville	Shady Grove Adventist Hospital
	2	Montgomery	Bethesda	Suburban Hospital
	2	Montgomery	Takoma Park	Washington Adventist Hospital
	2	Pr. George's	Bowie	Bowie Health Center (ED services only)
	2	Pr. George's	Lanham	Doctors' Community Hospital
	2	Pr. George's	Fort Washington	Fort Washington Hospital
	2	Pr. George's	Laurel	Laurel Regional Hospital
	2	Pr. George's	Cheverly	Prince George's Hospital Center
	2	Pr. George's	Clinton	Southern Maryland Hospital Center

DISTRICT OF COLUMBIA				
Opt	Opt	COUNTY	CITY	
1	2	D.C.	Washington	Children's National Medical Center
	2	D.C.	Washington	Georgetown University Hospital
	2	D.C.	Washington	Greater Southeast Community Hospital
	2	D.C.	Washington	Howard University Hospital
	2	D.C.	Washington	Sibley Memorial Hospital
	2	D.C.	Washington	The George Washington University Medical Center
1	2	D.C.	Washington	Washington Hospital Center

VIRGINIA				
Opt	Opt	COUNTY	CITY	
1	2	Arlington	Arlington	Virginia Hospital Center
	2	Fairfax	Falls Church	Dominion Hospital (Psychiatric)
	2	Fairfax	Reston	Reston Hospital Center
1	2	Loudoun	Leesburg	Loudoun Hospital Center
	2	Manassas	Manassas	Prince William Hospital
	2	Spotsylvania	Fredericksburg	Mary Washington Hospital
1	2	Stafford	Stafford	Stafford Hospital

15.5 Referrals, Utilization Management, and Authorizations (Option 1) Kaiser Permanente Providers

Pre-service review is required for selected procedures and services. This process is administered at the UMOG. UMOG RNs (Referral and Durable Medical Equipment and Home Health nurses) and UM ancillary staff manage the referrals following KPMAS UM policies and procedures. Referrals requiring medical necessity review are forwarded to Board Certified UM Medical Directors. All UM Physicians are Certified Medical Directors by the State of Maryland.

You can reach the UMOC at ☎ 800-810-4766 and follow the prompts to speak with a staff member. The UMOC staff can assist you with the following:

- Provide information regarding utilization management processes
- Check the status of referral or an authorization
- Provide copies of criteria/guidelines utilized for decision making
- Answer questions regarding a benefit denial decision
- Speak to a UM Physician on any adverse medical necessity denial decision (select the appropriate prompt)

Specialty Care Physician Responsibilities (Option 1)

Specialists in Flexible Choice Option 1 will receive patient referrals from Kaiser Permanente PCPs. Every member utilizing their Flexible Choice Option 1 to receive services from a Specialist must have a referral for that specific visit. Referral forms authorizing patient services will either be faxed or mailed in advance of the patient visit. In some limited situations, the form will be hand-carried by the patient.

- Each referral for services is valid until the identified expiration date noted on line six (6) of “External Referral” form. Referrals received on Uniform Referral Requests may be approved for ninety (90) days, except Obstetrics, which is valid for 270 days.
- Only one (1) visit is authorized per referral, unless otherwise indicated in writing on the referral form.
- Only those services that are specified on the referral form are authorized. The patient’s referring PCP must authorize any additional services for treatment required. However, basic laboratory tests including hematologies, chemistries, urines, therapeutic drug levels, and radiology studies, do not require a processed authorization. The member should take the order form directly to a Kaiser Permanente laboratory.
- Each approved external referral has a unique referral number. This referral number must be reflected on the claim/bill for appropriate processing and payment.
- If additional visits are needed, call the referring PCP.

If a patient visits your office for care utilizing their Flexible Choice Option 1, but does not have a referral, please call the referring provider, or if the referring provider is unknown, call the UMOC at ☎ 800-810-4766. The referring Provider or referral staff can determine if the care was authorized and provide a referral number. Maintain a record of the referral number to include on the claim/bill or utilization form.

Participating Specialists receive referrals from both Mid-Atlantic Permanente Medical Group (MAPMG) Providers and Kaiser Permanente Mid-Atlantic States (KPMAS) Participating Network PCPs, i.e., community PCPs, who contract with Kaiser Permanente. Every member receiving services from a Participating Specialist must have an approved referral for that visit. Referral forms authorizing services will be faxed to the referred by and the referred to provider (unless otherwise requested by the referring provider) prior to the member’s scheduled appointment. The member may request a copy of the approved referral from the referring provider. It is the responsibility of the specialist’s office to ensure that Kaiser Permanente has the demographic and contact phone/fax numbers of the specialist office on file to ensure accurate and timely communication of referral information.

- Referrals received on Uniform Referral Requests are valid for ninety (90) days, except:
 - Obstetrics: valid for 270 days.
 - Durable Medical Equipment (DME): Referral will specify valid time period
 - Allergy: valid for 180 days
 - Chemotherapy: valid for 180 days
 - Radiation Therapy: valid for 180 days
 - Dialysis: valid for 365 days/1 year.
 - Dermatology: valid for 180 days
- Most Kaiser Permanente members (e.g., those in our Kaiser Permanente SignatureSM and Kaiser Permanente Select plans) receiving services from a Participating Specialist must have an authorized initial consultation from their PCP. Exceptions to this requirement may include members enrolled in Kaiser Permanente Flexible Choice when utilizing their Option 2 or 3 point of service benefit.
- Each referral has a unique referral number. This referral number must be reflected on the claim/bill for appropriate processing and payment.
- During the initial office visit, a specialist may perform whatever services are medically indicated (even if they are not specified on the referral form) provided the services:
 - Are performed in your office and not in another facility or location
 - Are performed on the same day as the initial office visit
 - Are regarded as covered benefits under the member's health plan
 - Do not appear on the list of services that require separate pre-authorization.
 - Only one (1) visit is approved per referral, unless otherwise indicated on the referral form. We encourage our referring providers to use their clinical judgment and discretion in anticipating a reasonable number of visits that might be required for a particular consultation.
- Each approved referral is valid only until the identified expiration date is noted on the Kaiser Permanente Referral Summary Report.

Additional Visits, Care or Consultations

Following the initial authorized consultation, should the patient require additional visits, care and/or consultation with you or another provider, the Participating Specialist may initiate an extension to the initial referral and/or submit a new referral/authorization request directly by calling the UMOC at 📞 800-810-4766 (follow the prompts).

Following the initial approved consultation, should the patient require a referral to another provider, facility and/or a service requiring pre-authorization, the Participating Specialist may initiate a referral/authorization request directly by completing a Uniform Referral Form (URF) and fax it to the UMOC at 📠 800-660-2019.

In all instances, after a participating specialist has received an approved referral and has determined that additional services are required, it is not necessary to contact the referring PCP for approval. Rather, the point of contact should always be directed to the UMOC as noted above by phone, fax or internet communication.

If a member visits your office for care, but does not have a referral, please, call the UMOC at 📞 800-810-4766 to determine if the care is authorized and if so, obtain a referral number, which should be noted on the claim/bill for these services.

Basic diagnostic testing, including most routine radiology studies do not require a referral form or authorization. Routine laboratory services and routine radiology may be rendered and billed directly to the Kaiser Permanente Mid-Atlantic States Claims Department.

Referrals Requiring Pre-Certification (Option 1)

For those services requiring pre-certification, the procedures are as follows:

1. Verify that the procedure/service requires pre-certification; determine if the specialist is a participating Flexible Choice Option 1 Kaiser Permanente provider.
2. Complete the referral form and fax to the UMOC at ☎800-660-2019. Please ensure that any required or supporting documentation accompanies the fax. Complete the referral form and attach appropriate lab, x-ray results, or medical records, as necessary. Incomplete referrals will be faxed back to the participating PCP or the office will be contacted by telephone. Be sure to include fax numbers on the request.
3. Urgent referrals will have determinations made within 24-hours upon receipt of the request, provided all information needed is available; call ☎ 800-810-4766 with any questions on urgent referrals.
4. All other standard referral requests will be handled within two (2) working days of receipt of the information necessary to make the determination.
5. Once processed, the referral form will be faxed to the referring PCP and to the Flexible Choice Option 1 Specialist with the authorization number.
6. Specialists participating in Flexible Choice Option 1 as Kaiser Permanente Provider must send a written report of their findings to the referring PCP after the patient has been seen. They will call the referring PCP if their findings are urgent. All consulting specialists' reports must be reviewed, initialed, and dated by the referring physician and maintained in the patient's chart.
7. If a participating Flexible Choice Option 1 Specialist believes that the patient will require additional referral services, then the participating Flexible Choice Option 1 Specialist must contact the referring PCP. It is the referring PCP's responsibility to review the request and to generate the additional referral if the care is deemed necessary.
8. Basic laboratory tests, including hematology, chemistries, urines, therapeutic drug levels, and radiology studies, not requiring appointment, do not a patient to have a referral. However, ensure that the patient is directed to an appropriate provider.

All requests must be initiated by the referring Flexible Choice Option 1 PCP. In certain cases, a participating Flexible Choice Option 1 Specialist will make referrals. Please submit all materials that would be pertinent to allow the referral to be authorized. The following treatments/services require pre-authorization review by the UMOC nurses and physicians to facilitate reimbursement of the services.

Initial determinations will be made within two (2) business days of obtaining all the information necessary to make a determination. KPMAS will notify the participating Flexible

Choice Option 1 Provider of the decision by telephone within one (1) business days of the determination.

Pre-Authorization Denials & Appeals (Option 1)

Service requests are authorized when medical necessity has been established for a health care service and the services are covered under the member's contract. If the services requiring pre-authorization are not approved, the requesting Provider will be notified verbally within one (1) business day of the decision to deny and written communication will be sent within two (2) business days of the decision.

If you wish to request a reconsideration regarding a pre-service denial on behalf of the Kaiser Permanente Flexible Choice member, you may call ☎ 800-810-4766 and select the appropriate prompt to speak with the UM physician on-call within 24 hours of the verbal notification of the adverse decision.

If more than 24 hours has elapsed, the Flexible Choice Option 1 Provider or the member must file a formal grievance in order to obtain further review.

Expedited Appeals (Option 1)

An expedited process is available for appeals and grievances where anticipated services are related to a condition that, left untreated, will endanger the life or well-being of the member.

An expedited appeal may be initiated by calling:

During normal business hours:

Member Services

☎ 301-468-6000

☎ 800-777-7902 (toll free outside the local calling area)

☎ TTD 301-816-6380 (available for hearing impaired)

Outside normal business hours (Evening, Weekends, and Holidays)

Appointments/Advice

☎ 703-359-7878

☎ 800-777-7904 (toll free outside the local calling area)

☎ TTD 703-359-7616 / ☎ 800-700-4901

Member Services will notify the member or Provider as expeditiously as the medical condition requires, but no more than 24 hours to 72 hours after receipt of the request. Written confirmation of the decision is sent within two (2) working days of that decision.

Emergency and Urgent Care (Option 1)

The Flexible Choice Option 1 PCP will provide urgent care services in his/her office. Flexible Choice Option 1 PCPs are responsible for providing evaluation, triage, and telephone services 24- hours a day, 7-days a week. If the PCP is unavailable, that PCP's on-call back up will direct the member's care based upon medical necessity.

If a Flexible Choice Option 1 PCP or coverage/on call physician is unavailable, members may access Kaiser Permanente's Medical Advice Nurse by calling ☎ 703-359-7878 or ☎ 800-

777-7904. The Advice Nurses may refer the member to one of the Kaiser Permanente After-Hour Locations or Urgent Care Contracted Centers.

If due to the nature of the problem, the patient must be directed to a hospital emergency department (ED), the Flexible Choice Option 1 PCP should instruct the patient to go to the ED of the nearest hospital. The referring PCP should notify the E.D. M.D. to assure acceptance of the patient, if it is not a 911 call. Referrals to the Emergency Department must be called into the Emergency Care Management Department at ☎ 844-552-0009. The hotline staff will document the referral. Kaiser Permanente staff are available 24 hours a day, 7 days a week to facilitate discharge planning from an Emergency Department or make urgent referrals to approved skilled nursing facilities or home health agencies.

Hospital and Facility Admissions (Option 1)

Both emergent and non-emergent admissions require immediate notification within 24-hours to the UMOC Hotline by the referring Flexible Choice Option-1 PCP or his/her agent at ☎ 800-810-4766. If the admitting physician is not the member's Flexible Choice Option 1 PCP, it is the admitting physician's responsibility to contact the member's PCP in order to authorize the admission and discuss plans for care.

Non-Emergency and Elective Admissions (Option 1)

All non-emergent and elective admissions require pre-authorization. The Flexible Choice Option-1 PCP should initiate the referral form for preauthorization or contact the UMOC at ☎ 800-810-4766. Upon processing, a pre-authorization number will be generated for inpatient admissions.

Emergency Admissions (Option 1)

In order to expedite reimbursement and facilitate case management, please follow these procedures:

1. Direct the patient to a Kaiser Permanente participating facility where you have privileges, or to the nearest emergency room. (see listing)
2. Contact the Emergency Care Management Department at ☎ 844-552-0009 to immediately report the admission, 24-hours a day, 7-days a week.
3. Provide the Emergency Care Management Department staff with the following information:
 - Patient Name
 - Member Identification Number
 - Name of the Referring PCP
 - Admitting Hospital or Facility
 - Admitting Diagnosis
 - Proposed Treatment and LOS
 - Date of Admission

15.5 PHCS and MultiPlan Participating Providers-Medical Management and Authorization (Option 2)

Utilizing their Flexible Choice Option 2, an enrolled member may self-direct to PHCS or Multiplan's Participating Providers for their health care services. A Kaiser Permanente member who presents with a Flexible Choice Plan identification card does not need a referral if services **are not** rendered at core or affiliated Kaiser Permanente facilities.

Prior to hospitalization and certain procedures, the member or their PHCS/MultiPlan Participating Provider should call Permanente Advantage (PA) at ☎ 888-567-6847 to arrange for pre-certification.

When calling PA, the member or physician should have the following information:

- Patient's name, phone number, and address
- Patient's Social Security number
- Employer's name
- Patient's medical record number
- Information about other health plan coverage, if any
- Name, phone number, and address of attending physician or surgeon
- Description of type of surgery or treatment recommended
- Date of surgery or treatment, if scheduled
- Name, address, and phone number of hospital or outpatient surgery center where services will be provided

If pre-certification is not obtained by the member, their physician or other responsible party when required, or obtained but not followed, benefits otherwise payable for all covered charges incurred in connection with the treatment or service will be reduced. Any such reduction in benefits will not count toward satisfaction of any deductible, coinsurance, or out-of-pocket maximum applicable under the member's coverage.

The following treatment or service must be pre-certified by PA:

1. Hospital confinements, including pre-admission testing
2. All inpatient hospital care services
3. Inpatient services, treatments, and supplies in connection with substance abuse
4. Inpatient care at a comprehensive rehabilitation facility
5. Inpatient care at a skilled nursing facility (SNF) or other licensed medical facility.
6. Outpatient surgery at a hospital, free-standing surgical facility, or other licensed medical facility
7. Home health services
8. Hospice care
9. Treatment, services or supplies related to inpatient or outpatient mental health care
10. Treatment, services or supplies related to birth Services
11. Hospitalization and anesthesia for dental procedures
12. Transplant services (organ and tissue)
13. Infertility Services
14. The following surgical or diagnostic procedures, regardless of cost:
 - a) Adenoidectomy / tonsillectomy
 - b) Angioplasty
 - c) Arthroscopy of the knee or shoulder
 - d) Bariatric surgery
 - e) Biofeedback
 - f) Blephasoplasty

- g) Breast reduction mammoplasty
- h) Bronchoscopy
- i) Cardiac catheterization
- j) Cardiac rehabilitation
- k) Carpal tunnel release
- l) CAT scan: computerized axial tomography
- m) Cataract extraction
- n) Colonoscopy
- o) Coronary artery angioplasty
- p) Dilation and curettage
- q) Gall bladder surgery
- r) Hammertoes repair
- s) Hemorrhoidectomy
- t) Hernia repair
- u) Laparoscopy
- v) Lithotripsy
- w) MRI: magnetic resonance imaging
- x) Myringotomy, with or without tubes
- y) Orthognathic surgery
- z) Reconstructive surgery
- aa) Rehabilitation Therapies (Physical, Occupational, Speech, Vestibular)
- bb) Repair of nasal septum
- cc) Septoplasty
- dd) Temporomandibular joint dysfunction surgery

For Maryland:

1. Inpatient admissions and services
2. Inpatient rehabilitation therapy admissions, services and programs
3. Inpatient SNF, long term care, and sub-acute admissions and services
4. Bariatric surgery/gastric bypass, stapling or banding
5. Dental anesthesia
6. Spinal surgery
7. Upper airway procedures
8. Orthotics/prosthetics
9. Endoscopy (pill/capsule only)
10. Pain management
11. Varicose vein treatment/sclerotherapy
12. Experimental/investigational procedures and drugs
13. Hyperbaric oxygen treatment
14. Non-emergent air or ground ambulance transport
15. Enhanced external counterpulsation (EECP)
16. Genetic testing
17. Amino acid-based elemental formulas
18. Plasma pheresis for multiple sclerosis
19. Anodyne therapy
20. Vagal therapy stimulation for epilepsy
21. Imaging service: magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computerized tomography angiography (CTA), positron emission tomography (PET), electronic beam computed tomography (EBCT)
22. Home health & home infusion

23. Outpatient & home therapy: physical, speech, occupational, respiratory beyond 10 visits in calendar year
24. Infertility
25. Outpatient injectable drugs
26. DME
27. The following surgical procedures regardless of cost:
 - a. Blepharoplasty
 - b. Carpal tunnel release
 - c. Hammertoes repair
 - d. Orthognathic surgery
 - e. Reconstruction surgery
 - f. Repair of nasal septum
 - g. Septoplasty
 - h. Temporomandibular joint dysfunction surgery

For Virginia:

1. Inpatient admissions and services
2. Inpatient rehabilitation therapy admissions, services and programs
3. Inpatient SNF, long term care, and sub-acute admissions and services
4. Treatment of Autism Spectrum Disorder (ASD)
5. Bariatric surgery/gastric bypass, stapling or banding
6. Dental anesthesia
7. Spinal surgery
8. Upper airway procedures
9. Orthotics/prosthetics
10. Endoscopy (pill/capsule only)
11. Pain management
12. Varicose vein treatment/sclerotherapy
13. Experimental/investigational procedures and drugs
14. Hyperbaric oxygen treatment
15. Non-emergent air or ground ambulance transport
16. EECF
17. Genetic testing
18. Plasma pheresis for multiple sclerosis
19. Anodyne therapy
20. Vagal therapy stimulation for epilepsy
21. Imaging service: MRI, MRA, CTA, PET, EBCT
22. Home health & home infusion
23. Outpatient & home therapy: physical, speech, occupational, respiratory beyond 10 visits in calendar year
24. Infertility
25. Outpatient injectable rugs
26. DME
27. The following surgical procedures regardless of cost:
 - a. Blepharoplasty
 - b. Carpal tunnel release
 - c. Hammertoes repair
 - d. Orthognathic surgery
 - e. Reconstruction surgery
 - f. Repair of nasal septum

- g. Septoplasty
- h. Temporomandibular joint dysfunction surgery

For District of Columbia:

1. Inpatient admissions and services
2. Inpatient rehabilitation therapy admissions, services and programs
3. Inpatient SNF, long term care, and sub-acute admissions and services
4. Bariatric surgery/gastric bypass, stapling or banding
5. Dental anesthesia
6. Spinal surgery
7. Upper airway procedures
8. Orthotics/prosthetics
9. Endoscopy (pill/capsule only)
10. Pain management
11. Varicose vein treatment/sclerotherapy
12. Experimental/investigational procedures and drugs
13. Hyperbaric oxygen treatment
14. Non-emergent air or ground ambulance transport
15. EECF
16. Genetic testing
17. Plasma pheresis for multiple sclerosis
18. Anodyne therapy
19. Vagal therapy stimulation for epilepsy
20. Imaging Service: MRI, MRA, CTA, PET, EBCT
21. Home health & home infusion
22. Outpatient & home therapy: physical, speech, occupational, respiratory beyond 10 visits in calendar year
23. Infertility
24. Outpatient injectable drugs
25. DME
26. The following surgical procedures regardless of cost:
 - a. Blephasoplasty
 - b. Carpal tunnel release
 - c. Hammertoes repair
 - d. Orthognathic surgery
 - e. Reconstruction surgery
 - f. Repair of nasal septum
 - g. Septoplasty
 - h. Temporomandibular joint dysfunction surgery

NOTE: Members enrolled in the Flexible Choice Plan can choose to use medical resources in Option 1 (Kaiser Permanente Providers) or Option 2 (PHCS or MultiPlan Participating Providers within Kaiser Permanente States or Cigna PPO Network Participating Providers outside those jurisdictions) or Option 3 (Out of Network Providers) each time health care services are needed.

If a Flexible Choice member chooses to seek further recommended care through the Option 1 Kaiser Permanente Providers, the member should call the Kaiser Permanente Flexible Choice specialty access department at ☎ 877-630-5202, to facilitate access with a Kaiser Permanente Provider for the recommended service.

15.7 Kaiser Permanente Provider Claims (Option 1) Billing Procedures for Fee-For-Service Claims

As a participating Flexible Choice Option 1 Provider billing for services, please follow the procedures listed below:

1. All patient services must be billed on a fully completed red line CMS 1500 or UB04 form, unless otherwise indicated by contract; redline forms are preferable for efficient scanning.
2. All claims / bills requiring authorization to be considered for processing and payment **must have an authorization number noted on the claim form** or a copy of the referral form may be submitted with the claim.
3. **All paper claims/bills should be mailed to:**
Mid-Atlantic Claims Administration
Kaiser Permanente
P.O. Box 371860
Denver, CO 80237-9998

We also have the ability to receive your claims electronically through the Emdeon Clearinghouse.

The Kaiser Permanente Mid-Atlantic States Emdeon payor ID is: 52095

The option of submitting your claims electronically is not available for claims that require attachments and/or supporting documentation. Examples of a claim attachment are Medicare Summary Notice (MSN), medical record, itemized bill, etc. These types of claims must be billed on the CMS 1500 or UB04 form and mailed along with the required attachments to the address indicated above.

If you have any questions regarding submitting your claims electronically, please contact Provider Experience at ☎ 877-806-7470. Should you require technical assistance with Electronic Data Interface (EDI), contact EDI Technical Support at ☎ 301-879-5453.

4. Claims/bills for services provided to non-Medicare member must be received within (180) days of the date of service to be considered eligible for processing and payment. Claims/bills for services provided to Medicare Advantage members must be received on the following timeline:
 - **For services rendered between January 1st and September 30th, the claim/bill must be submitted by December 31st of the following year.**
 - **For services rendered between October 1st and December 31st, the claim/bill must be submitted by December 31st of the second year following the service.**
5. Payment is generally made within thirty (30) days of receiving the claim/bill. Participating Providers may check the status of a claim/bill submitted for payment by calling ☎ 800-810-4766 and selecting the Claims prompt to speak to a Member Services Representative.

If you have a question regarding a previously submitted claim, billing or utilization, please contact our UMOG at ☎ 800-810-4766 and select the Claims prompt to speak to a service representative. If no resolution is received after thirty (30) days, please feel free to contact your Network Associate at ☎ 877-806-7470.

Clean Claim (Option 1)

Kaiser Permanente considers a claim 'clean' when submitted on the appropriate CMS form (1500 or UB92); using current coding standards to complete form fields; and including the attachments that provide information necessary in the processing the claim.

Definition: A "Clean claim" is a claim / bill for reimbursement submitted to Kaiser Permanente by a health care practitioner, pharmacy (or pharmacist), hospital or vendors entitled to reimbursement that contains:

- 1.) Current industry standard data coding;
- 2.) Attachments appropriate for submission and procedural circumstance;
- 3.) Completed data element fields required for the CMS 1500 or the CMS form UB92

A claim is not considered to be "Clean" or payable if one or more of the following conditions exists, due to a good faith determination or dispute regarding:

- The standards or format used in the completion or submission of the claim;
- The eligibility of a person for coverage;
- The responsibility of another payor for all or part of the claim;
- The amount of the claim or the amount currently due under the claim;
- The benefits covered;
- The manner in which services were accessed or provided;
- The claim was submitted fraudulently

Provider Payment Dispute Process (Option 1)

Flexible Choice Option 1 Providers with inquiries regarding claim status, level of payment or reason for denial of claim payment may call ☎ 800-810-4766 to speak to a Member Services representative or send a written request.

Provider disputes and appeals submitted in writing need to be sent to:

Mid-Atlantic Claims Administration
Kaiser Permanente
PO Box 371860
Denver, CO 80237-9998

Flexible Choice Option 1 Providers, who disagree with a decision not to pay a claim, in full or in part, may file a payment dispute request. This process only applies to clean claims, as defined earlier in this Section. Payment dispute requests must be filed within six (6) months of the date of the denial or explanation of payment. Requests should include the claim number at issue, specific payment or adjustment information, and all supporting documentation.

Timely Filing Requirements and Appeal of Timely Filing

All claims must be received within the timeframes outlined in Section 8.1.

Resubmitted claims along with proof of initial timely filing received within six (6) months of the original date of denial or explanation of payment will be allowed for reconsideration of claim processing and payment. Any claim resubmissions received for timely filing reconsideration beyond six (6) months of the original date of denial or explanation of payment will be denied as untimely submitted.

Proof of Timely Filing

Claims submitted for consideration or reconsideration of timely filing must be reviewed with information that indicates the claim was initially submitted within the appropriate time frames

outlined in Section 8.1. Acceptable proof of timely filing may include the following documentation and/or situations:

Proof or Documentation

System generated claim copies, account printouts or reports that indicate the original date that claim was submitted, and to which insurance carrier.

*Hand-written or typed documentation is not acceptable proof of timely filing.
EDI Transmission report

Lack of member insurance information. Proof of follow-up with member for lack of insurance or incorrect insurance information.

*Members are responsible for providing current and appropriate insurance information each time services are rendered by a provider.

Examples

- Account ledger posting that includes multiple patient submissions
- Individual patient ledger
- CMS UB92 or 1500 with a system generated date or submission.

- Reports from a Provider Clearinghouse (i.e., WebMD)
- Copies of dated letters requesting information or requesting correct information from the member.
- Original hospital admission sheet or face sheet with incomplete, absent, or incorrect insurance information.
- Any type of demographic sheet collected by the provider from the member with incomplete, absent, or incorrect insurance information.

15.8 PHCS or MultiPlan Participating Provider Claims (Option 2)

PHCS or Multiplan Participating Provider billing for services rendered at non-core and non-affiliated facilities please follow the procedures listed below:

Send all Claims EXCEPT EMERGENCY SERVICES to:

**Kaiser Permanente Insurance Company
P. O. Box 261130
Plano, TX 75026**

To expedite payment, write "PHCS or MultiPlan" on the claim.

PHCS or MultiPlan Participating Providers may check the status of a claim / bill submitted for payment by calling ☎ 800-392-8649.

All claims for services rendered in core and affiliated facilities and emergency room services should be mailed to:

**Mid-Atlantic Claims Administration
Kaiser Permanente
P.O. Box 371860
Denver, CO 80237-9998**

15.9 Provider Assistance Resources

Enrollment / Eligibility Verification (Option 1 and Option 2)

See Section 4.1 Eligibility and Enrollment

Referring Members for Assistance (Option 1 and Option 2)

The Member Services Department has representatives to assist with members with:

- General verification of member eligibility and enrollment
- Clarification of member benefits and coverage
- Information about member benefits while traveling out of the area
- Information about services available at Kaiser Permanente medical facilities
- Maps, driving directions, and other Kaiser Permanente literature
- Status or payment information related to a claim submission
- Information about or assistance with filing a grievance, appeal or complaint
- Assistance with solving a problem
- Information about Flexible Choice providers, and assistance with selecting or changing a PCP
- Requests for replacement member identification card(s)
- Requests by a member to change the member's address or phone number

Kaiser Permanente Member Services representatives can be reached Monday – Friday between 7:30am and 5:30pm:

Inside the Local Calling Area: ☎ 301-468-6000
Toll-free Outside Local Calling Area: ☎ 800-777-7902
TTY for the hearing impaired ☎ 301-879-6380 (TTY – 711)

Provider Services and Provider Experience (Option 1)

The Provider Experience Department and Member Services are available to assist providers with:

Member Services: ☎ 800-777-7902
Medicare Members: ☎ 888-777-5536

- Clarification of member benefits
- Members presenting with no Kaiser Permanente identification card
- Members terminated for greater than 90 days

Provider Experience: ☎ 877-806-7470

- Contracted rate payment questions
- Monthly reimbursement questions
- Billing inquiries
- Form requests

Additional Resources for PHCS or MultiPlan Participating Providers (Option 2)

1. Eligibility and co-pays for Kaiser Permanente Flexible Choice members may be verified by calling the Kaiser Permanente Member Services Department at ☎ 800-777-7902
2. If you have any questions concerning this new plan, please feel free to contact:
 - MultiPlan Provider Experience Department at ☎ 800-950-7040
 - Kaiser Permanente Provider Experience Department at ☎ 877-806-7470