

A BETTER WAY TO TAKE CARE OF BUSINESS



National Transplant Provider Manual Kaiser Permanente Self-Funded Program

Introduction





Welcome to the Kaiser Permanente Self-Funded Program

It is our pleasure to welcome you as a Provider for the Kaiser Permanente Self-Funded Program. We want this relationship to work well for you, your medical support staff, and our Members.

This Provider Manual was designed to guide you and your staff in understanding Kaiser Permanente Insurance Company's and the Kaiser Permanente National Transplant Network's policies and procedures for the Self-Funded Program and related administrative procedures.

If you have a question or concern about the information outlined in this manual, you can contact our Provider Contracting and Network Management Department at 510-268-5448.

Capitalized terms in this Reference Guide which are used in describing the Self-Funded Program are defined in Section 9: Glossary of Terms.

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Introduction

This Provider Manual is referenced in your agreement (“Agreement”) with a Kaiser Permanente. The information in this Provider Manual is proprietary and may not be used, circulated, reproduced, copied or disclosed in any manner whatsoever, except as permitted by your Agreement, or with prior written permission from Kaiser Permanente.

As a contracted Center of Excellence, we want to ensure that our business relationship works well for you, your medical support staff, and most importantly for your Kaiser Permanente patients, our Members.

This Provider Manual was created to serve as an operational guide, providing you with an overview of Kaiser Permanente Insurance Company’s Self-Funded Program. Updates to the manual will be provided on a periodic basis in accordance with the Agreement and in response to changes in operational systems and regulatory requirements.

Your satisfaction with Kaiser Permanente is vital to this relationship. Our Provider Contracting & Network Management Department welcomes and encourages your comments and suggestions regarding this manual and any other aspect of your relationship with Kaiser Permanente. If at any time, you have a question or concern about the information outlined in this Provider Manual, you can contact our Provider Contracting & Network Management Department at 510-268-5448.

If there is a conflict between this Provider Manual and your Agreement, the terms of this Provider Manual will control. Capitalized terms that are used in this Provider Manual, but not defined, will have the meanings given to them in your Agreement.

Section 1: Kaiser Permanente Medical Care Program

1.1 Kaiser Permanente Insurance Company (KPIC)

Kaiser Permanente Insurance Company (KPIC), an affiliate of Kaiser Foundation Health Plan, Inc., will be administering Kaiser Permanente's Self-Funded Program. Each Self-Funded Plan Sponsor (and "Other Payor") will contract with KPIC to provide administrative services for the Plan Sponsor's Self-Funded plan. KPIC has a dedicated administrative services team to coordinate administration with the Plan Sponsors. KPIC will provide network administration services and certain other administrative functions through an arrangement with Kaiser Foundation Health Plan, Inc.

1.2 Third Party Administrator (TPA)

KPIC has contracted with a Third Party Administrator (TPA), Harrington Health, to provide certain administrative services for Kaiser Permanente's Self-Funded Program, including claims processing, eligibility information, and benefits.

Harrington Health administers the Self-Funded Customer Service System, with automated functions as well as access to customer service representatives that allows you to check eligibility, benefit, and claims information for Self-Funded Members.

The automated system (interactive voice response or IVR) is available 24 hours a day, 7 days a week. Customer Service Representatives are available Monday - Friday from 7 A.M. to 9 P.M. Eastern Time Zone (ET).

1.3 Self-Funded Products

Health Plan is a tax-exempt organization that operates health care benefit plans and provides or arranges for the provision of medically necessary health care services for its Members primarily through Kaiser Foundation Hospitals (KFH) and the Region's Permanente Medical Group (PMG).

1.3.1 Exclusive Provider Organization (EPO)

- Mirrors our HMO product, offered on a Self-Funded basis
- Self-Funded EPO Members choose a Kaiser Permanente primary care Provider and receive care at Kaiser Permanente or other identified medical facilities
- Self-Funded EPO Members are covered for non-emergent care only at designated plan medical facilities and from designated plan practitioners (unless referred by a KP primary care Provider)

1.3.2 Point of Service (POS) - Two-Tier

- Tier 1 is the EPO Provider network
- Tier 2 is comprised of all other providers
- Self-Funded Members incur greater out-of-pocket expenses in the form of higher copayments, coinsurance and/or deductibles when they use Tier 2 benefits

1.3.3 Point of Service (POS) – Three Tier

- Tier 1 is the EPO Provider network
- Tier 2 is comprised of our contracted PPO network Providers.
- Tier 3 includes non-contracted providers
- Self-Funded Members incur greater out-of-pocket expenses in the form of higher copayments, coinsurance and/or deductibles when they self-refer to a contracted PPO network Provider (Tier 2)
- Generally, the out-of-pocket costs will be highest for self-referred services received from non-contracted Providers (Tier 3)

1.3.4 Out of Area Preferred Provider Organization (PPO)

The Self-Funded PPO is offered to Self-Funded Members living outside the Kaiser Permanente HMO service area. Members receive care from our contracted provider network.

Self-Funded PPO Members may choose to receive care from a non-network provider; however, their out-of-pocket costs may be higher.

At this time, Kaiser Permanente of Georgia does not offer a Self-Funded PPO.

1.4 National Transplant Network

Each Self-Funded Member will be issued a Self-Funded Identification Card (Self-Funded ID card), which differs in appearance from other Kaiser Permanente ID cards. Self-Funded Members should bring their Self-Funded ID card and a photo ID when they seek medical care.

Each Self-Funded Member is assigned a unique Health/Medical Record Number, which is used to locate Membership and medical information. Every Self-Funded Member receives a Self-Funded ID card that shows his or her unique number. If a replacement card is needed, the Self-Funded Member can order a Self-Funded ID card online.

The Self-Funded ID card is for identification only and does not give a Self-Funded Member rights to services or other benefits unless he or she is eligible. Anyone who is not a Member will be billed for any services provided.