



Transplant Provider Manual Kaiser Permanente Self-Funded Program

Glossary of Terms

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TERM	ACRONYM	DEFINITION
Accumulator		A running total of the expenses that apply to the Member's deductible and out-of-pocket expenses maximum. This determines how much the Member cost share will be for current services or treatment.
AffiliateLink Website		Available in selected regions. A website that allows Providers select access to the electronic health records of any Kaiser Permanente Member.
Avidyn		A wholly owned subsidiary of Harrington Health which will facilitate integration of utilization management information into the claims system.
ClaimCheck		A commercial code editor application utilized by the TPA for the Self-Funded product.
Coordination of Benefits	COB	A method for determining the order in which benefits are paid and the amounts which are payable when a Patient is covered under more than one plan.
Community Provider Website		A website maintained by Kaiser Permanente for Provider's ease of access to information, such as Provider Manuals, and in some Regions eligibility and benefits. http://providers.kp.org
Current Procedural Terminology	CPT	A standard, universal medical procedures and services coding language developed and maintained by the American Medical Association (AMA). A CPT code usually consists of five digits that indicate a service or procedure. The AMA approves and updates CPT codes annually.
Electronic Data Interchange	EDI	An electronic exchange of information in a standardized format that adheres to all Health Insurance Portability and Accountability Act (HIPAA) requirements. EDI transactions replace the submission of paper claims. KPIC encourages electronic submission of claims.
Employers Mutual Inc.	EMI	The Third Party Administrator for ambulance claims.
Explanation of Benefits	EOB	Statement notice from the TPA to the Self-Funded Member which indicates services that were billed and amounts that were paid.
Explanation of Payment	EOP	Statement notice from the TPA to the Provider when a claim is adjudicated.
Harrington Health		The Third Party Administrator for the Self-Funded program.
Harrington Health Website		Website maintained by Harrington Health that will allow Providers to check eligibility, benefit, and claims information for Self-Funded Members. http://provider.kphealthservices.com

TERM	ACRONYM	DEFINITION
In-Network		Refers to the most restrictive level of a HMO or POS plan or the only network in an EPO plan. Customers have limited choice among providers but receive richer benefits and pay less in out-of-pocket expenses than in the other tiers.
Integrated Voice Response System	IVR	A telephone based voice response system utilized by the TPA to provide Self-Funded related support to Providers.
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 will contract with KPIC to provide administrative services for the Plan Sponsor's Self-Funded plan.
Member Cost Share		Any amount a Member owes for a benefited service. This can be a copay, deductible, or coinsurance.
Non-ERISA		Group health plans not regulated by the Employee Retirement Income Security Act of 1974.
Out-of-Network		Out-of-Network refers to the less restrictive, level of a POS plan. It requires higher deductibles and co-insurance for services, and usually has restrictions on certain types of benefits (such as transplants). In exchange, the customer can choose to receive care from a much broader range of providers, often from doctors who haven't contracted with the insurer for any other services.
Other Payor		For Self-Funding, the Plan Sponsor that is responsible for payment of claims in accordance with your Agreement.
Plan Sponsor		An employer or other entity that has set up a Self-Funded health benefits plan and has contracted with KPIC to provide administrative services for the plan. (Also referred to as "Other Payor" under your Provider Contract).
Point-of-Service Plan	POS	A category of products in which Members can choose different providers and receive different levels of benefits depending on their choice at the point of care. For example, in a two-tier Point of Service (POS), Members receive the highest level of benefits when they use the KP system. They can also use other providers and pay a higher percentage of the cost.
Self-Funded Plan		A health plan under which an employer or other group sponsor is financially responsible for paying plan expenses, including claims made by group plan participants. Under ERISA, Self-Funded or self-insured plans are exempt from many state laws and regulations such as premium taxes and mandatory benefits. Self-Funded plans contract with KPIC for administrative services.

TERM	ACRONYM	DEFINITION
Summary Plan Description	SPD	A document provided to Self-Funded Members which describes the plan specifications as it relates to benefits coverage and administrative requirements specified by the Plan Sponsor (i.e. employer group).
Third Party Administrator	TPA	A firm that provides such services as actuarial, benefit plan design, claim processing, data recovery and analysis, and stop-loss benefits to a Self-Funded plan. These services are provided on a contract basis to a group or an insurer.
Utilization Management	UM	The process of reviewing the use of hospital resources, such as patient days, ancillary tests, medications, and surgical procedures, in order to insure appropriateness of medical care and level of care.