

Kaiser Permanente Northwest Provider Manual



About Dual Choice PPO

Kaiser Foundation Health Plan of the Northwest has created the Dual Choice PPO product to address consumer demand for higher quality PPO products with more flexibility than HMO products which will increase the number of patients that are able to access healthcare services. Dual Choice PPO is sold along with the KP HMO product.

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Introduction

This provider manual is referenced (sometimes as “policies”) in your provider agreement (“Agreement”) with a Kaiser Permanente entity. 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 Health Plan.

This provider manual is posted at www.providers.kp.org/nw.

If there’s a conflict between this provider manual and your Agreement, the terms of your Agreement 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 15: Dual Choice PPO

15.1 Dual Choice PPO Product Overview

Kaiser Foundation Health Plan of the Northwest, Inc. has created the Dual Choice PPO product to address consumer demand for higher quality PPO products with more flexibility than HMO products which will increase the number of patients that are able to access healthcare services. Dual Choice PPO is sold along with the KP HMO product.

Kaiser Permanente’s Dual Choice PPO product opens its network providers and practices to members who prefer the increased choice of a PPO product. Patients may choose to be seen by Permanente Medical Group providers, KP direct contracted providers, or by certain providers in the First Choice Health Network.

Network providers may receive calls from KP Expert Advisors attempting to assist a member. These Expert Advisors educate KP members regarding benefits, pharmacy options, network costs, and confirm the provider of member’s choice is in network. These Expert Advisors are integrated into the process of problem solving in real time, any issues that arise. In addition, Expert Advisors may schedule the member’s first appointment.

Dual Choice PPO members may seek certain types of specialty care without a referral and see the PCP of their choice. Members may select from in-network and out-of-network providers. Remaining inside the network means smaller copays, seeking care out of network means members will have higher out of pocket costs; however, by working with all KP providers in the network community members will experience an integrated and guided PPO experience.

To contact the KP NW Provider Services Team by email at: nw-provider-relations@kp.org or use the NW Provider Portal at <http://www.providers.kaiserpermanente.org/nw/index.html>

[You may learn more about the product at:](#)

[Home - Kaiser Permanente Northwest Choice Products](#)

In network providers:

Kaiser Permanente Providers — Includes our clinicians in Kaiser Permanente medical facilities throughout Oregon and Southwest Washington.

Network Providers —Includes our KP network of providers in Oregon and Southwest Washington across the states, and nationwide, including selected First Choice and (in states not served by First Choice) First Health providers are available.

Out of network providers:

Licensed Providers — See any other licensed provider nationwide and get care at a wide range of medical facilities.

15.2 Eligibility

This section of the Manual was created to help guide network provider's to obtain Kaiser Permanente's member eligibility and benefit determination policies.

To request electronic access to KP systems, you can visit our Secure Provider Tools at http://www.providers.kaiserpermanente.org/html/cpp_knw/providertools.html as well as our Affiliate Provider Connect can be accessed via One Health Port at <https://www.onehealthport.com/>

Due to HIPAA regulations, providers must keep offices' user information current. User IDs and passwords are unique. Providers are required to obtain unique user IDs and passwords for each office staff member. Each user must log-in at least once every 30 days, or access will be suspended.

If you are unable to log on to the website, call Member Services to verify member eligibility, benefits, or PCP assignment. Please provide the member's name and member ID number, inclusive of suffix, which is located on the Kaiser Permanente ID card. See below for images of the membership card.

When a member presents a digital membership card for service, provider check-in procedure should remain the same. Remember to record the medical record number and to ask the member to show a photo ID. If your facility requires the swiping or imprinting of a physical card, the front-office staff should ask the member for their physical card.

If the member does not have the physical card, the member can email their card to you, or providers can verify eligibility via our Secure Provider Tools http://www.providers.kaiserpermanente.org/html/cpp_knw/providertools.html as well as our Affiliate Provider Connect can be accessed via One Health Port at <https://www.onehealthport.com/>

DUAL CHOICE PPO® Customer Service
 kp.org 1-866-616-0047 (TTY 711)

<MEMBER NAME HERE>

Health Record Number
00000000

RxBIN 003585 RxPCN 70000

Emergency: Call 911 or go to the nearest emergency room
468550137_ID_05-20 031033-01

Kaiser Permanente providers
 Appointments, medical advice, urgent care, after hours, and pharmacy.....1-800-813-2000 (TTY 711)
 Language interpretation services.....1-800-324-8010

All other providers
 Some services may require prior authorization.
 For medical prior authorization.....1-855-281-1840
 For pharmacy prior authorization.....1-800-788-2949

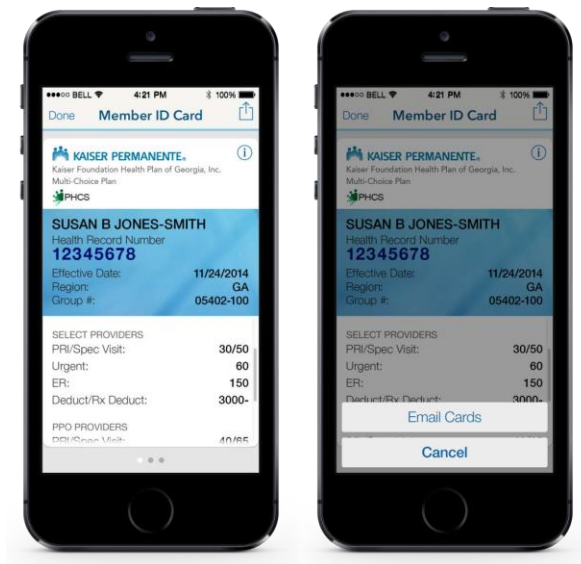
Medical Claims:
 Kaiser Permanente
 Claims Administration
 PO Box 370050
 Denver, CO 80237-9998
 EDI Payor ID: 93079

If you are hospitalized outside of our network, you must notify Kaiser Permanente no later than 24 hours after any admission, or as soon as reasonably possible, at 1-877-813-5993.

First Choice Health First Health Network Megimpact KAISER PERMANENTE.

Underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.

See below for images of the digital Membership card.



Members may call Dual Choice PPO Customer Services at
 1-866-616-0047 7am to 7 pm Eastern Time.

15.3 Pharmacy Benefits

Dual Choice PPO members have copayment amounts printed on their ID cards. Some prescription drug coverage may exclude certain drugs, cover generic drugs only, have age restrictions, or limit the amount of the drug a Member can get at one time. Outpatient prescription drugs can be obtained from In-Network or Out-of-Network Pharmacies. If a member uses an Out-of-Network Pharmacy, they may have to pay a higher cost share.

KP's Pharmacy partner, MedImpact (pharmacy benefit manager), follows KP's requirements and KP's formulary. MedImpact rejects at the point of service and sends a fax to the provider to prompt them to call and provide the clinical information. If a provider calls and the member has no clinical evidence to support the drug, the plan will not pay for the drug. Member will be formally denied and will receive a letter in the mail with appeal rights.

MedImpact Pharmacies include but are not limited to Riteaid, Kroger, and Walgreens. Dual Choice PPO Members may also use a Kaiser Permanente Pharmacy.

Kaiser Foundation Health Plan of the Northwest, uses an open Formulary. The formulary contains a list and an index to the list to help a Network Provider identify drugs requiring Step Therapy. If a Member is not aware of this, they may attempt to fill their prescription at the pharmacy and could be told the prescription requires precertification/prior authorization.

When a Pharmacy is waiting for the clinical communication between Provider and Med Impact, Members have the following options:

- 1) Try an alternative drug offered by a pharmacist
- 2) Request that their provider prescribes an alternative drug that meets the requirement
- 3) Pay for their drug out of pocket

For certain drugs identified as specialty drugs in the formulary, providers need to call in the prescription to the pharmacy closest to the member. Pharmacy will mail specialty drug to the Member. If Member is taking an outpatient prescription Specialty Drug, as identified in the drug formulary, they will need to use a pharmacy that dispenses Specialty Drugs.

Step Therapy

- Access the formulary online at <https://healthy.kaiserpermanente.org/oregon-washington/health-wellness/drug-formulary>
- Refer to the formulary's indexed list of medications to help you identify medications requiring step therapy.
- Certain medications must now meet precertification/prior authorization before being dispensed, the majority of these medications require step therapy.
- Contact the Pharmacy Precertification Team at (800)788-2949 to obtain precertification.

Specialty Pharmacy

For medications identified as specialty drugs within the formulary, providers will need to call in the prescription to the Kaiser Permanente pharmacies at (503)821-3688 or to one of the pharmacies listed below, or MedImpact at (800)788-2949.

Pharmacy Contacts

<p>MedImpact Prescription Drugs Claims</p>	<p>All prescription drug claims filled at a non-KP pharmacy go to MedImpact.</p> <p>MedImpact Healthcare Systems Inc Utilization Management Department P.O. Box 509098 San Diego, CA 92150-9098</p> <p>MedImpact Pharmacy Claim Form https://healthy.kaiserpermanente.org/static/health/en-us/pdfs/mid/mid_commercial_claimform.pdf</p>
<p>MedImpact Appeal for Prescription Drugs Address for non-KP Providers</p>	<p>All appeals for prescription drugs written by all non-KP Providers are sent to MedImpact.</p> <p>Kaiser Foundation Health Plan of the Northwest Member Relations Department 500 NE Multnomah Street, Suite 100 Portland, OR 97232-2099 Fax: (855)347-7239 Phone: (503)813-4480</p>
<p>MedImpact Pharmacy Customer Service for Dual Choice PPO</p>	<p>Call: (866)616-0047</p>
<p>Kaiser Permanente Formulary</p>	<p>https://healthy.kaiserpermanente.org/oregon-washington/health-wellness/drug-formulary</p>

Dual Choice PPO Pharmacy Precertification	Call: (800)788-2949
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15.4 Utilization Management

This section of the Manual was created to help network providers understand Kaiser Permanente's Utilization Management (UM) policies and procedures. Dual Choice PPO utilizes the same NW utilization management support team you are accustomed to using with our HMO and other choice products.

Pre-certification guidelines

Utilization Management KPNW helps make sure services are medically necessary, cost-effective, and the most appropriate treatment for your patient's condition based on nationally recognized standards. Pre-certification of certain services is required under the Dual Choice product.

Pre-certification services can be ordered by In-network providers or out-of-network providers. The services requiring pre-certification are listed in each member's coverage information. A list on the next page summarizes those services which do not require precertification.

Please note precertification is not required for emergency visits. For precertification of Emergency Admissions call (877)812-5993 The attending providers should notify the Medical Review Program of the admission no later than 24 hours following an emergency admission or as soon as reasonably possible.

All in-network and out-of-network covered services require prior authorization from the Medical Review Program with Utilization Management KPNW **except for the following**:

- Ambulance Services.
- Emergency Services.
- Health education Services.
- Limited outpatient drugs and supplies as described in the "Limited Outpatient Prescription Drugs and Supplies" section.
- Maternity Services.
- Outpatient Laboratory Services, except genetic testing. (For genetic testing prior authorization requirements, see the "Outpatient Laboratory, X-ray, Imaging, and Special Diagnostic Procedures" section.)

- Outpatient radiology Services, except MRI, CT scans, PET scans, and bone density (DEXA) scans. (For MRI, CT scan, PET scan, and bone density (DEXA) scan prior authorization requirements, see the “Outpatient Laboratory, X-ray, Imaging, and Special Diagnostic Procedures” section.)
- In-Network Provider and Out-of-Network Provider office visits.
- Services that are billed as preventive care Services.
- Urgent Care.

Note: The above list is subject to change. For the most current information, please call the Medical Review Program at (855)281-1840 (TTY 711), twenty-four (24) hours a day, seven (7) days a week.

Pre-Authorization Instructions and Form

Please see the form and instructions on the following two pages.



NORTHWEST REGIONAL REFERRAL CENTER – PRE-AUTHORIZATION REQUEST FORM

COMPLETE ALL INFORMATION ON THE FORM. INCOMPLETE SUBMISSIONS MAY BE RETURNED UNPROCESSED. Please direct any questions regarding this form to the Regional Referral Center to which you submit your request for external service request. This form is not intended to replace payer specific prior authorization procedures, policies and documentation requirements.

ATTENTION: To avoid delays, please complete form in its entirety and fax all information at least 2 business days prior to scheduled procedure or service. For retrospective reviews, please contact the appropriate claims department.

MEMBER INFORMATION	
Patient Name: [REDACTED]	<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: [REDACTED]
KP MRN: [REDACTED]	Phone: [REDACTED]

REQUESTING PROVIDER/PHYSICIAN	
Requesting Clinician: [REDACTED]	MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> [REDACTED]
NPI#: [REDACTED]	Contact Person: [REDACTED]
Phone: [REDACTED]	Fax: [REDACTED]
Company Name: [REDACTED]	
Address: [REDACTED]	
Tax ID #: [REDACTED]	

NOTE: Include any clinical information to support medical necessity (Required).

PLACE OF SERVICE/SERVICING PROVIDER	
NAME OF PLACE OF SERVICE: [REDACTED]	
NAME OF SERVICING PROVIDER: [REDACTED]	MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> [REDACTED]
Mailing Address: [REDACTED]	
Phone: [REDACTED]	Fax: [REDACTED]
Tax ID #: [REDACTED]	

SERVICE REQUESTED	
Care Requested (i.e. Consult, DX study, Procedure): [REDACTED]	
Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/>	
Number of Visits Requested: [REDACTED]	Date of Service (if known): [REDACTED]
Specialty / Department: [REDACTED]	
Diagnosis Code(s): [REDACTED]	
Diagnosis Description: [REDACTED]	
Procedure CPT/HCPCS Code(s): [REDACTED]	
Procedure CPT/HCPCS Description: [REDACTED]	
Additional Information: [REDACTED]	

SUBMIT FORM TO: Kaiser Permanente – Regional Referral Center

Fax: 877-800-5456

500 NE Multnomah, Suite 100, Portland, OR 97232-2099

Questions related to this form should be directed to: Phone: 503-813-4560 or 1-866-813-2437

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above fax number.

INSTRUCTIONS FOR PRE-AUTHORIZATION FORM

Failure to include any required information will delay review.

For retrospective reviews, please contact the appropriate claims department.

Complete the top portion of the form with your name, phone and fax numbers, and what office you are from. Include patient's name, date of birth, and Kaiser Medical Record Number (MRN) from the patient's insurance card. Note: each member, including children and dependents, has his/her own unique Medical Record Number.

Recent supporting history and physical (H&P), clinical notes, and physician's order are required before review can begin. Failure to provide these documents in a legible format (i.e. dictated/typed) may delay review.

Diagnosis Codes and Procedure Codes (CPT or HCPCS) are required.

Requesting Provider (Physician) refers to the provider who is ordering the procedure or service and is following patient's care for this condition. Physician's specialty, mailing address, and phone number are required. Please include the best phone number for contacting the physician.

Place of Service/Servicing Provider refers to the facility or provider who is actually performing the procedure or providing the service (e.g. hospital/facility). Mailing address, phone number, and Tax ID number are required.

Please fax completed form with supporting documentation to 877-800-5456. Pre-authorization requests must be submitted by a healthcare provider. If you have any questions about the pre-authorization request form, the pre-authorization process, or what services require pre-authorization, please call us at the phone number below.

Kaiser Permanente NW Regional Referral Center: 503-813-4560 or 1-866-813-2437

15.5 Billing and Payment

Below is the PPO Payor ID for the Dual Choice business. Claims submission requirements, coding, standards, e.g., HIPAA, Clean Claims etc., are the same as your other KP claims. At the end of this section you will find all the key contacts for claims escalation processes, appeals, or general questions.

Dual Choice PPO Payor ID	#21313
Claims NW – Post-Service Medical Claims (for Providers)	Kaiser Permanente National Claims Administration P.O. Box 370050 Denver, CO 80237-9998 FAX: (855)347-7239 EDI Payer ID: 93079

15.6 Dual Choice PPO Key Contacts

Department	Contact information	Services & Information
Provider Contracting & Network Management (Contracted Directly with KP NW)	9:00 a.m.–5:00 p.m. Monday through Friday Home - Kaiser Permanente Northwest Choice Products email: nw-provider-relations@kp.org	<ul style="list-style-type: none"> • Mandatory notifications of any provider demographic updates such as: • Tax ID changes • address changes, and • information regarding practitioner additions or terminations from your office • Provider education and training • Contract questions • Contracted rate payment questions • Issues and problem solving
Claims Inquiries & Member Services	To request electronic access to KP systems, you can visit our Secure Provider Tools at http://www.providers.kaiserpermanente.org/html/cpp_knw/providerertools.html as well as our Affiliate Provider Connect can be accessed via One Health Port at https://www.onehealthport.com/ (866)616-0047	<ul style="list-style-type: none"> • Claims management • Billing and payment inquiries • EDI questions • Appeal and dispute questions
Benefits & Eligibility	8:00 a.m.–6:00 p.m. (866)616-0047 https://www.providers.kaiserpermanente.org/nw/index.html	<ul style="list-style-type: none"> • General enrollment questions • Eligibility and benefit verifications • Co-pay information • Verifying Member's PCP assignment • Questions regarding Members terminated over 90 days • Verification of Kaiser Permanente Members with no identification number
Claims Northwest Appeals Address Claims – Post-Service Medical Claims	Kaiser Foundation Health Plan of the Northwest Member Relations Department 500 NE Multnomah St, Suite 100 Portland, OR 97232-2099	Address to send all pre-service, concurrent care, and post-service Appeals Post-service appeals must occur within 180 days of receiving an Adverse Benefits Determination. Address and FAX where a member can send a post-service claim within 12 months of receiving medical services. This address is also on the back of the Dual Choice PPO Member ID card