



Information for Physicians and Care Providers: Kaiser Permanente Preferred Provider Organization (PPO) Insurance Plans

PPO ENROLLEES - Please present this to your provider's office when receiving care from a non-Kaiser Permanente provider.

If you are contracted with Kaiser Permanente Insurance Company (KPIC) or the PHCS Network, it is important to remember under Colorado law, it is the participating provider's responsibility to obtain any necessary precertification. If you are not part of the PHCS Network for KPIC or directly contracted with KPIC and precertification is not obtained, the enrollee may have to pay a penalty or the services may not be covered at all.

Kaiser Permanente Insurance Company (KPIC) underwrites the PPO insurance plan,¹ where PPO enrollees may receive care from any provider in our participating provider network or any licensed provider without referral. Precertification is required for certain procedures or services; please review the information below for important information about prescriptions, hospitalization, claims, precertification, and more. We encourage you to keep this material in your patient's file along with a copy of his/her Kaiser Permanente ID card, front and back, for your records.

Prescriptions

In general, KPIC enrollees receive lower costs in the MedImpact Pharmacy network, which includes Rite Aid, Kroger, Walgreens, Safeway, and many other retail pharmacies. Enrollees have the option to choose a nonparticipating pharmacy outside the MedImpact network then submit a claim to MedImpact for reimbursement subject to applicable cost share.

Members can verify if a specific pharmacy participates in the MedImpact network, or can obtain a complete list of participating pharmacies by calling MedImpact at **1-800-788-2949 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m., Mountain time.

Mail order pharmacy services are also available through Walgreens. You, the provider, may call in a prescription to Walgreens at **1-855-899-6012 (TTY 711)**, Monday through Friday, 6 a.m. to 8 p.m., Mountain time; and Saturday and Sunday, 6 a.m. to 3 p.m., Mountain time. If you prefer, fax prescriptions to Walgreens at **1-800-332-9581**.

Please refer to the *Preferred Drug List - Preferred Provider Organization (PPO) and Point of Service (POS)* at kp.org/kpic-colorado to find out which drugs are on our formulary and if there are any formulary limitations. Certain outpatient prescription drugs are subject to utilization management requirements: prior authorization, step therapy, age, and quantity limits. For any medications with formulary limitations, submit a KPIC Prior Authorization form to MedImpact. You can reach the Pharmacy Help Desk at MedImpact at **1-800-788-2949 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m., Mountain time.

1. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the Participating Provider Tier and the Non-Participating Provider Tier.

Hospitalization

You may admit your patient to any hospital you choose. Patient expenses will be lower if you choose a hospital that is contracted with KPIC or the PHCS network for KPIC. Precertification is required for ALL hospital admissions, including preadmission testing.

Precertification

Precertification should be initiated prior to scheduling any of the services listed below. The KPIC Medical Review Program is the organization or program that (1) evaluates proposed treatments and/or services to determine medical necessity, and (2) assures that the care received is appropriate and medically necessary to the covered person's health care needs. If the Medical Review Program determines that the care is not medically necessary, precertification will be denied.

To request precertification, contact Permanente Advantage three days prior to any scheduled hospital admission at **1-888-525-1553 (TTY 711)**, 24 hours a day, seven days a week. Please note: Precertification is not required for emergency admissions; however, the attending physician should notify the Medical Review Program of the admission no later than 24 hours following an emergency admission or as soon as reasonably possible.

Precertification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures, including but not limited to:

- All inpatient admissions* and services including:
 - inpatient rehabilitation therapy admissions including comprehensive rehabilitation facility admissions related to services provided under an inpatient multidisciplinary rehabilitation program; inpatient mental health and chemical dependency admissions and services including residential services; and long-term acute care and subacute admissions
- Skilled nursing facility
- Non-emergent air or ground ambulance transport
- Amino acid-based elemental formulas
- Clinical trial
- Medical foods
- Applied behavioral analysis (ABA)
- Cardiac rehabilitation
- Dental and endoscopic anesthesia
- Durable medical equipment
- Genetic testing
- Habilitative services (physical therapy, occupational therapy, and speech therapy)
- Home health and home infusion services
- Hospice care
- Imaging services: magnetic resonance imaging (MRI); magnetic resonance angiography (MRA); computerized tomography (CT); computerized tomography angiography (CTA); positron emission tomography (PET); electron beam computerized tomography (EBCT); and single photon emission computerized tomography (SPECT)
- Outpatient injectable drugs
- Outpatient procedures
- Outpatient surgery
- Pain management services
- Prosthetic and orthotic devices
- Radiation therapy services
- Reconstructive surgery
- Outpatient rehabilitation therapy (physical therapy, occupational therapy, speech therapy, and pulmonary therapy)
- TMJ/orthognathic surgery
- Transplants
- Transgender surgery and services.

Claims

Out-of-pocket expenses for enrollees include copays and/or coinsurance for primary and specialty care office visits. Please help us better serve you and our enrollees, and ensure that claims are paid more quickly, by providing complete information.

Filing a Claim on Behalf of Your Patient

Please include the following:

- A completed HCFA 1500 or UB-92
- Amount already paid by the enrollee, with proof of payment (copay or coinsurance)
- Remaining amount owed to you
- Mailing address for reimbursement

You may download claim forms at kp.org/kpic-colorado, or contact Customer Service at **1-855-364-3184** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m., Mountain time.

Mail all completed documents to:

National Claims Administration - Colorado
P.O. Box 373150
Denver, CO 80237-9998

You may also send completed claims to Electronic Payer ID 394320.

Your Patient is Filing a Claim

Please help ensure that they have all the information they need before leaving your office.

Service Information: Please give them an itemized bill that contains the following information (similar to the HCFA 1500 or UB-92):

- Your official provider name
- Tax ID number (TIN)
- Your address and phone number
- Date of service(s)
- Codes for all services performed/treatments (diagnosis and procedure codes)

Payment Information

Provide the enrollee with proof of payment, such as a receipt, for any amount the patient paid on date of service. If you bill the patient after date of service, please provide the total amount owed (i.e., the total cost less any payment already received).

CUSTOMER SERVICE

Please call our Customer Service team with questions, to verify eligibility, or check on a claim. Representatives are available Monday through Friday, 8 a.m. to 6 p.m., Mountain time, at **1-855-364-3184** (TTY **711**).