Kaiser Permanente Hawaii

2022 Annual Subscriber Notice

This mailing contains information and notices we are required to provide to all subscribers.

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KAISER PERMANENTE®

Health Plan Information

How we ensure you receive the right care

The medical care and services provided or authorized by your physician are subject to utilization management (UM) review. UM describes the various methods used by Health Plan to ensure you receive the right care, at the right time, in the right place.

Kaiser Permanente's UM program staff works with practitioners and providers to ensure quality, cost-effective care for members. Some of the services include:

- Reviewing hospital admissions, referrals for covered services, and emergency, urgent care and other types of post-service claims.
- Providing care management services for certain medical conditions to help you maintain your health at the highest level possible.

Kaiser Permanente staff who make decisions about your medical treatments and service have a primary focus on providing the level of care that is appropriate for your needs. All UM decision-making is based on evidence that service and care are covered under your health plan coverage and are medically necessary. Kaiser Permanente does not reward staff for issuing denials of coverage. There are no financial incentives that encourage decisions that may result in underutilization or barriers to care and service. Kaiser Permanente does not make decisions regarding hiring, promoting, or terminating staff based on the likelihood that the individual would (or tends to) support the denial of benefits.
If you have any UM inquiries during regular business hours, please call Member Services toll free (Monday through Friday, 8 a.m. to 5 p.m.; Saturday, 8 a.m. to noon) at **1-800-966-5955** or **TTY 711**. Language assistance services are also available and provided free of charge. After regular business hours and on holidays, call **808-432-7100** on Oahu and **1-800-227-0482** (toll free) on the neighbor islands; your message will be forwarded to our UM team and your call will be returned the next business day. Communications received after midnight on Monday through Friday are responded to on the same business day. You may also fax us at **808-432-7419**.

New Medical Technologies

Kaiser Permanente physicians depend on research and advances in science to provide their patients with evidence-based, high-quality care. Our Interregional New Technologies Committee, made up of physicians and scientists from across Kaiser Permanente nationwide, evaluates medical advances to determine their quality and safety. By regularly reviewing medical technologies and our benefit coverage, we strive to provide up-to-date, effective, and affordable medical care. If you would like to know more about the review process for medical technologies in relation to benefit coverage, please call Member Services at **1-800-966-5955**.

Additional Health Plan information

The following information about your Health Plan can be found in your Evidence of Coverage / Kaiser Permanente Hawaii's Guide to Your Health Plan[1]:

- How to obtain care and coverage outside of Kaiser Permanente's service area (also available online at **kp.org/chooseyourdoctor**)
- How to submit a claim for covered services, submit a complaint, or appeal a decision that affects your coverage or benefits, and request an independent external review of final UM determinations
- How to obtain language assistance through interpreter services (also available at **kp.org/getcare**)

- Information on participating practitioners (also available online at **kp.org/chooseyourdoctor**)
- Benefits and services included or excluded from coverage, including services obtained from non-Kaiser Permanente providers
- Copayments and other charges

The following information can be found online at the **kp.org** member website:

- How to obtain care and contact phone numbers for the following services: Primary care, specialty care, behavioral health care, health care advice, care after normal business hours, urgent care, emergency care, and hospital services at **kp.org/getcare**.
- Information about our practitioners, including name, address, telephone numbers, professional qualifications, specialty, medical school attended, residency completion, and board certification status, and additional services such as lab or pharmacy available at the clinics at **kp.org/medicalstaff**, information also available in printed brochures at your primary care clinic reception desk.
- The current list of formulary drugs and pharmacy management policies including information on limits, exceptions, and generic substitutions at **kp.org/formulary.**
- Notice of Privacy Practices describing how medical information about you may be used and disclosed, your access, and other rights regarding your information at **kp.org/privacy/hi**.
- Your rights and responsibilities as a Kaiser Permanente member can be found at **kp.org/memberrights/hi**.
- Annual quality report on the quality of care and service we provide to our members and the community at **kp.org/quality**.
- Health classes, both online and at our clinics, and online health guides and tools to support your health goals can be found online at **kp.org/hawaii/health-wellness**.

If you have questions or would like a printed copy of the information mentioned above, please contact Member Services toll free (Monday through Friday, 8 a.m. to 5 p.m.; Saturday, 8 a.m. to noon) at **1-800-966-5955** or **TTY 711**.

[1]The Evidence of Coverage for Commercial and Marketplace members is available upon request to Member Services; the Evidence of Coverage for Medicare members is available online at **kp.org/eochi** or upon request to Member Services.

Mastectomy-Related Coverage

Under the Women's Health and Cancer Rights Act of 1998, we are required to annually notify members of our Health Plan's obligation to provide the following coverage after a mastectomy, as determined in consultation with the attending physician and the patient:

- Reconstruction of the breast(s) on which the mastectomy was performed.
- Surgery and reconstruction of the breast(s) to produce a symmetrical (balanced) appearance.
- Prosthesis (artificial replacement).
- Services for physical complications resulting from the mastectomy.

Coverage is subject to your plan's supplemental charges. If you have any questions, please contact Member Services.

Newborn Baby and Mother Protection Act

The Newborn Baby and Mother Protection Act requires that health benefit policies which provide maternity benefits must provide coverage for a minimum of 48 hours of inpatient care following a normal vaginal delivery and a minimum of 96 hours of inpatient care following a cesarean section for a mother and her newborn child. The care must be provided in a licensed health care facility.
A decision to shorten the length of stay may be made only by the attending health care provider after conferring with the mother. If the stay is shortened, coverage must be provided for up to two follow-up visits with specified health care providers with the first visit being within 48 hours after discharge. After conferring with the mother, the health care provider must determine whether the initial visit will be conducted at home or at the office and whether a second visit is appropriate. Specified services are required to be provided at such visits.
Covered benefits are subject to all provisions described in Your plan, including but not limited to, Copayments, Coinsurance, deductibles, exclusions, limitations, and reductions.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain **out-of-pocket costs**, like a **copayment**, **coinsurance**, or **deductible**. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network and/or your plan does not cover out-of-network services.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than your in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit. Your health plan coverage may not cover out-of-network services when you agree (consent) to receive services from the out-of-network providers.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care —like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service. Providers and facilities are not balance billing you when they seek to collect cost sharing or another amount that you agreed to pay or are required to pay under your plan for the services that they provided.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services, or when an in-network provider is not available. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.
You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
  - Cover emergency services by out-of-network providers and facilities.
  - Base what you owe the provider or facility (your cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or non-emergency services provided by certain out-of-network providers at an in-network facility toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed by a provider or facility, contact the federal government at: **1-800-985-3059** or the Hawaii Insurance Division, Department of Commerce and Consumer Affairs at **https://cca.hawaii.gov/ins/consumers/health/** or call **808-586-2804**.

Visit **www.cms.gov/nosurprises/consumers** for more information about your rights under federal law.

Temporary Extension of Deadlines During COVID-19 National Emergency (for Group Coverage Only)

On March 13, 2020, President Trump declared a National Emergency concerning the Coronavirus Disease 2019 Outbreak ("COVID-19 National Emergency"). The U.S. Departments of Health and Human Services, Labor and Treasury ("Federal Agencies") then issued notices giving additional time to comply with certain deadlines affecting:

- Special Enrollment Periods (SEPs).
- COBRA Continuation Notices (if your group is required to comply with COBRA).
- Claims for benefits.
- Appeals of denied claims.
- External Review of certain claims.

Beginning March 1, 2020, and lasting until 60 days after the end of the COVID-19 National Emergency or such other date announced by the Federal Agencies ("End Date"), the time frames for taking certain actions regarding SEPs, COBRA, claims, appeals and external review are extended by 1 year from (1) the date that you become entitled to a SEP or COBRA or that your claim for benefits, appeal of a claim denial or request for external review arises or (2) until 60 days after the End Date, whichever is earlier (the "Outbreak Period"). As a result, Kaiser Permanente will not count the days in the Outbreak Period when determining the deadline for you to enroll in your group health coverage, elect COBRA coverage (if applicable to your coverage), submit a claim for payment of benefits, appeal a denial, or request external review.

If you have questions or concerns, please contact Member Services at **1-800-966-5955**.

Nondiscrimination Notice

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-966-5955** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at:

Membership Services
Attn: Kaiser Permanente Civil Rights Coordinator
Kaiser Permanente
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,** or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **1-800-537-7697** (TDD). Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

Help in Your Language

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-800-966-5955** (TTY: **711**).

Chuuk (Chukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-966-5955** (TTY: **711**).

ʻŌlelo Hawaiʻi (Hawaiian) E NĀNĀ MAI: Inā hoʻopuka ʻoe i ka ʻōlelo Hawaiʻi, hiki iā ʻoe ke loaʻa i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-966-5955** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-966-5955** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-800-966-5955** (TTY: **711**).

Kajin Majōļ (Marshallese) LALE: Ñe kwōj kōnono Kajin Ṃajōļ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeļọk wōṇāān. Kaalọk **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dé˛é˛', t'áá jiik'eh, éí ná hóló˛, kojí˛' hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoani, e fai fua e leai se totogi, mo oe, Telefoni mai: **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA'I: Kapau 'oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-966-5955** (TTY: **711**).

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