

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.

Kaiser Permanente Insurance Company (KPIC) underwrites the PPO insurance plan, where PPO enrollees may receive care from any provider in our participating provider network or any licensed provider without referral.¹ The First Health Network for the PPO plan provides access to care in the Kaiser Permanente states of CA, CO, GA, HI, MD, OR, VA, WA, and the District of Columbia.² The Cigna PPO Network provides access to care in non-Kaiser Permanente states.³

If you are contracted with Kaiser Permanente Insurance Company (KPIC) or the First Health® network, it is important to remember under Colorado law, it is the participating provider’s responsibility to obtain any necessary pre-certification. If you are not part of the First Health® network for KPIC or directly contracted with KPIC and pre-certification is not obtained, the enrollee may have to pay a penalty or the services may not be covered at all. Pre-certification is required for certain procedures or services; please review the information below for important information about prescriptions, hospitalization, claims, pre-certification, 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.

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. and Saturday and Sunday, 6 a.m. to 3 p.m. 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..

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. Pre-certification is required for ALL hospital admissions, including preadmission testing.

Pre-certification

Pre-certification 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, pre-certification will be denied.

For First Health and non-participating providers, 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. For Cigna PPO Network providers, contact **1-888-831-0761** to request pre-certification for services. Please note: Pre-certification 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.

Pre-certification 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
- 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
- TMJ/orthognathic surgery
- Transplants

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.

For First Health and out-of-network providers, mail all completed documents to:

Kaiser Permanente Claims Department
P.O. Box 373150
Denver, CO 80237-9998

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

For Cigna providers, mail all completed documents to:

Cigna
P.O. BOX 188061
Chattanooga, TN 37422-8061

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. at **1-855-364-3184** (TTY **711**).

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.
 2. Kaiser Permanente Insurance Company is contracted with First Health. First Health is a brand name of First Health Group Corp.
 3. The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna PPO Network is available through Cigna's contractual relationship with the Kaiser Permanente health plans. The Cigna PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.
- Colorado state law requires that an Access Plan be available that describes the carrier's network provider services. To obtain a copy of Kaiser Foundation Health Plan of Colorado's Access Plan describing its HMO In-Network Provider, please call Member Services or visit kp.org. To obtain a copy of KPIC's Access Plan describing its Participating Provider Network, please call Customer Service at **1-855-364-3184** or visit kp.org/kpic-colorado.