

Visiting Member

Helpful tips for Network Providers seeing a Kaiser Permanente member who lives outside of Colorado.

Visiting Member Guidelines

Kaiser Permanente members who access routine and specialty health services while they are temporarily visiting another Kaiser Permanente region are referred to as **visiting members**. Kaiser Permanente health benefit plans allow members to receive non-urgent and non-emergent care* while traveling in other Kaiser Permanente regions (excludes HSA qualified, Medicaid only and PPO plans). We refer to their visiting region as the "HOST" region and where the member lives as their "HOME" region.

Your first step when a visiting Kaiser Permanente member requests services from you.

- Review the member identification card and confirm their "HOME" region Medical Record Number (MRN).
- Verify "HOME" region benefits, eligibility and cost share by calling the Member Services Call Center (MSCC) number on the member's identification card.
- If the member does not have their identification card, please call the region's "HOME" MSCC listed in this flyer.
- As a reminder, services are covered according to the member's contract benefits, subject to the general visiting member exclusions.*

Does the visiting member need a referral to see a network provider?

- Follow standard referral procedures.

What do I need to know if an authorization is required?

- Visiting members require a "HOST" MRN for all authorizations.**
- The member or network provider should call the Chart Accuracy Group at 303-404-4800 between 8-4PM to get the "HOST" MRN before submitting the referral request for an authorization. After 4PM, press 0 within the recording and the call be transferred to a representative who will assign the "HOST MRN.
- Include the "HOST" MRN on the referral request submission.
- Authorization forms can be found at the Community Provider Portal (CPP).
http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html
- Should additional services be required, refer to the Colorado authorization guidelines.
http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html
- As a reminder, services are covered according to the member's contract benefits, subject to the general visiting member exclusions.*

What do you need to know when submitting claims?

- Claims must be submitted to the member's "HOME" region with the members "HOME" region medical record number (MRN) included on the claim.
- **Always** use the "HOME" MRN. **Never** add the "HOST" MRN on the claim form.
- If the member does not have an identification card or the "HOME" region's claim submission address is not on the identification card, please call the corresponding "HOME" region's MSCC number below to obtain the claims address.
- If you have a claim status inquiry, refer to the "HOME" region's MSCC numbers below.
- If an authorization has been obtained, be sure to add the authorization number on the claim.

Where do I send reconsiderations or appeal forms?

For reconsiderations or appeals, call the home region's MSCC phone number listed below.

Regional Member Services Call Centers (MSCC)

Northern CA	1-800-464-4000
Southern CA	1-800-464-4000
Colorado	1-800-632-9700
Georgia	1-404-261-2590
Group Health	1-888-767-4670
Hawaii	1-800-966-5955
Mid Atlantic	1-800-810-4766
Northwest	1-800-813-2000

* Refer to Visiting Member brochure located on the Community Provider Portal.

** EXCEPTION: for DME authorizations, contact the HOME region MSCC.