The Kaiser Permanente Flexible Choice plan blends HMO, PPO, and indemnity-style benefit plans and delivery systems into one product. The Flexible Choice plan is composed of three benefit levels, which includes the convenience of our traditional HMO coverage. Each Flexible Choice benefit level includes different provider options. The benefit level accessed for care determines the member's cost share. Members enrolled in Flexible Choice can access any of the three benefit levels at any time.

Flexible Choice Option-1: Traditional HMO benefit level - Kaiser Permanente Providers

Flexible Choice Option-1 includes covered services provided by Kaiser Permanente Providers. This benefit level is our traditional HMO model. Option-1 includes covered services provided by Kaiser Permanente Providers which includes the Mid-Atlantic Permanente Medical Group (MAPMG), Affiliate Practitioners, and some Participating Network Specialists.

If you are unsure if you are an eligible participating provider under Option-1, please call Provider Relations at 1 (877) 806-7470.

Flexible Choice Option-2: POS with PPO benefit level – PHCS and MultiPlan Participating Providers

Flexible Choice Option-2 includes covered services provided by PHCS and MultiPlan Network Participating Providers. Flexible Choice Option-2 is the PPO Point-of Service benefit level. PHCS and MultiPlan are national PPO network of private physicians, ancillary providers, skilled nursing facilities, and hospitals.

NOTE: Some Network Participating Providers may be available to Flexible Choice members under both Option-1 Kaiser Permanente Providers, and Option-2 PHCS and MultiPlan Participating Providers. Providers included in both Option-1 and Option-2 are in a unique position. For providers in this position, the benefit level a Flexible Choice member utilizes not only will determine the member’s out-of-pocket expense or cost share, but will also determine which of the administrative procedures outlined in this section (Section 15) should be followed.

Flexible Choice Option-3: Out-of Network/Indemnity benefit level

Flexible Choice Option-3 includes any covered services provided by an Out-of-Network Provider.
### 15.1 Flexible Choice Plan Quick Reference Guide

<table>
<thead>
<tr>
<th><strong>What is the Kaiser Permanente Flexible Choice Plan?</strong></th>
<th><strong>OPTION-1: KAISER PERMANENTE PROVIDERS</strong></th>
<th><strong>OPTION-2: PHCS OR MULTIPLAN PARTICIPATING PROVIDERS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Members enrolled in this plan are allowed to receive care through 3-options - each option has its own set of providers and schedule of co-pays, deductibles, and/or coinsurance. The option in which the member receives the service determines a member’s out-of-pocket costs and benefits.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>When do I follow the Option-1 processes listed below?</strong></th>
<th><strong>When a patient offers a Flexible Choice identification card at your office for an appointment.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP: When a Flexible Choice member is on your panel.</td>
<td>&gt; <strong>Specialist:</strong> When you have received an approved Kaiser Permanente External Referral for services for a Flexible Choice member.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>When do I follow the Option-2 processes listed below?</strong></th>
<th><strong>When a patient offers a Flexible Choice identification card at your office for an appointment.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; When a Flexible Choice member self-directs to you for care without a KP External Referral.</td>
<td>&gt; When a patient offers a Flexible Choice identification card at your office for an appointment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What do I need to know about hospital admissions?</strong></th>
<th><strong>&gt; Kaiser Permanente physician obtains pre-authorization when necessary.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; Kaiser Permanente Participating Facilities and Hospitals are listed in Section 2 of the KP Participating Provider Manual or on the provider website <a href="http://www.providers.kaiserpermanente.org/mas">www.providers.kaiserpermanente.org/mas</a></td>
<td>&gt; Member or physician obtains pre-certification for hospital admissions and certain outpatient procedures.</td>
</tr>
<tr>
<td>&gt; Financial penalty may incur if pre-certification is not obtained.</td>
<td>&gt; PHCS and MultiPlan Network Participating Hospitals are listed on the PHCS website at <a href="http://www.phcs.com">www.phcs.com</a></td>
</tr>
</tbody>
</table>

A member may choose to take advantage of the cost-saving Option-1 benefit level and apply for additional recommended services from Option-1 providers including but not limited to, pharmacy prescriptions, laboratory, or radiology services.

To obtain services in the Option-1 benefit level after seeing a PHCS or MultiPlan Network Participating Provider, members may call our Flexible Choice Specialty Access Team in our Member Services Department at 1-877-630-5202 to discuss obtaining a facilitated referral for additional recommended services which require a referral or authorization.

<table>
<thead>
<tr>
<th><strong>Ambulance Services</strong></th>
<th><strong>Call Hospital Hotline at 1-800-810-4766, prompt #1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorizations (Inpatient and Out-patient)</strong></td>
<td><strong>Call PA at 1-888-567-6847 for pre-certification</strong></td>
</tr>
<tr>
<td>&gt; Inquires: Call Utilization Management Operations Center at 1-800-810-4766, prompt # 2.</td>
<td>&gt; Call PA at 1-888-567-6847 for pre-certification.</td>
</tr>
<tr>
<td>&gt; Refer to the list of procedures requiring authorization.</td>
<td></td>
</tr>
<tr>
<td><strong>OPTION-1: KAISER PERMANENTE PROVIDERS</strong></td>
<td><strong>OPTION-2: PHCS OR MULTIPLAN PARTICIPATING PROVIDERS</strong></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Referrals** | ♦ Inquiries: Call Utilization Management Operations Center at 1-800-810-4766.  
♦ Submit a referral request for approval: Fax: 1-800-660-2019  
♦ No Referrals are required in the Option-2 benefit level. |
| **Behavioral Health Services** | ♦ Member should contact Kaiser Permanente Behavior Health Access Unit at 1-866-530-8778  
♦ Member should call PA at 1-888-567-6847, and  
♦ Member should contact the PHCS or MultiPlan Network Participating Behavioral Health provider’s office directly. |
| **Claims Submission** | ♦ Send all paper claims to:  
*Kaiser Foundation Health Plan of the Mid-Atlantic States*  
P.O. Box 6233  
Rockville, MD 20849-6233  
♦ Electronic claim submission available.  
♦ Claim status: call 1-800-810-4766, prompt #5, then #2  
♦ Send all Claims EXCEPT EMERGENCY SERVICES to:  
*Kaiser Permanente Insurance Co.*  
P.O. Box 261130  
Plano, Texas 75026  
♦ Claim status and inquiries about electronic claim submission: call 1-800-392-8649  
♦ Claims for Emergency Services should be sent to the Option-1 Claims Address |
| **Diagnostic Imaging / Radiology** | ♦ If authorization required: Call Utilization Management Operations Center at 1-800-810-4766, prompt #2.  
♦ If no authorization required, practitioner to provide member with a written order (on a prescription pad)  
♦ Member may present the written order at the Radiology Department at a Kaiser Permanente Medical Center.  
♦ Call PA at 1-888-567-6847 for pre-certification  
♦ Call MultiPlan to locate a provider at 1-888-708-7427 or visit www.multiplan.com/kpmas |
| **DME** | ♦ Ordering physician must coordinate DME services through Utilization Management Operations Center, 1-800-810-4766, prompt #2.  
♦ After 5:00pm or weekends, contact the Hospital Hotline at 1-800-810-4766, prompt #1  
♦ Call MultiPlan to locate a provider at 1-888-708-7427 or visit www.multiplan.com/kpmas |
| **Emergency Admissions** | ♦ Notification is required prior to admission.  
♦ Contact the Hospital Hotline: 1-800-810-4766, prompt #1  
♦ Notification is required prior to admission.  
♦ Contact the Hospital Hotline: 1-800-810-4766, prompt #1 |
<table>
<thead>
<tr>
<th><strong>OPTION-1: KAISER PERMANENTE PROVIDERS</strong></th>
<th><strong>OPTION-2: PHCS OR MULTIPLAN PARTICIPATING PROVIDERS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Care</strong></td>
<td></td>
</tr>
</tbody>
</table>
| ♦ Ordering physician must coordinate home health services through Utilization Management Operations Center, 1-800-810-4766, prompt # 2.  
♦ After 5:00pm or weekends, contact the Hospital Hotline at 1-800-810-4766, prompt # 1 | ♦ Call PA at 1-888-567-6847 for pre-certification  
♦ Call MultiPlan to locate a provider at 1-888-708-7427 or visit www.multiplan.com/kpmas |
| **Laboratory**                           |                                                      |
| ♦ If authorization required: Call Utilization Management Operations Center at 1-800-810-4766, prompt # 2.  
♦ If no authorization required, practitioner to provide member with a written order (on a prescription pad).  
♦ Member may present the written order at the Laboratory in many Kaiser Permanente Medical Centers (see attached list). | ♦ Call MultiPlan to locate a provider at 1-888-708-7427 or visit www.multiplan.com/kpmas |
| **Optical Care**                         |                                                      |
| ♦ If no authorization required, practitioner to provide member with a written order (on a prescription pad).  
♦ Member may present the written order at the Optical Center in many Kaiser Permanente Medical Centers (see attached list).  
♦ In Baltimore area or Howard County, Maryland Eye Care (MEC) locations are also available. | ♦ No vision care services are available in Option-2.  
♦ Member may choose a provider in their Option-1 benefit level, or  
♦ Member may choose a licensed Out-of-Network provider in their Option-3 benefit level. |
| **Pharmacy Services**                    |                                                      |
| ♦ Practitioner to provide member with a written order (on a prescription pad)  
♦ Member may present the written order at the Pharmacy in many Kaiser Permanente Medical Centers (see attached list). | ♦ Call MedImpact to confirm participating pharmacies: 1-800-788-2949 |
| **Physical Therapy**                     |                                                      |
| ♦ Ordering physician must coordinate physical therapy services through Utilization Management Operations Center, 1-800-810-4766, prompt #2  
♦ After 5:00pm or weekends, contact the Hospital Hotline at 1-800-810-4766, prompt #1 | ♦ Call PA at 1-888-567-6847 for pre-certification  
♦ Call MultiPlan to locate a provider at 1-888-708-7427 or visit www.multiplan.com/kpmas |
<table>
<thead>
<tr>
<th><strong>OPTION-1: KAISER PERMANENTE PROVIDERS</strong></th>
<th><strong>OPTION-2: PHCS OR MULTIPLAN PARTICIPATING PROVIDERS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent Care</strong></td>
<td></td>
</tr>
<tr>
<td>♦ Contact Utilization Management Operations Center, 1-800-810-4766, prompt # 4</td>
<td>♦ Member should call MultiPlan to confirm participating providers: 1-888-708-7427, and</td>
</tr>
<tr>
<td>♦ See list of Kaiser Permanente Urgent Care Centers</td>
<td>♦ Member should contact the PHCS or MultiPlan Network Urgent Care provider’s office directly.</td>
</tr>
<tr>
<td>FOR AFTER-HOURS URGENT CARE:</td>
<td></td>
</tr>
<tr>
<td>♦ PCP can refer the member to Advice Line at 1-800-777-7904.</td>
<td></td>
</tr>
<tr>
<td>♦ Members can go to the nearest Kaiser Permanente Medical Group Urgent Care Center</td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility and Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>♦ Inquiries: Call Kaiser Permanente Member Services at 1-800-777-7902</td>
<td>♦ Inquiries: Call Kaiser Permanente Insurance Company Customer Service at 1-800-392-8649</td>
</tr>
<tr>
<td><strong>Provider Relations Dept.</strong></td>
<td></td>
</tr>
<tr>
<td>♦ Kaiser Permanente: 1-877-806-7470</td>
<td>♦ MultiPlan: 1-800-950-7040</td>
</tr>
<tr>
<td>♦ Fax: 301-816-6360</td>
<td>♦ General questions regarding participation with PHCS Network and/or MultiPlan Network.</td>
</tr>
<tr>
<td>♦ Assistance with Trainings / Orientations, identifying a provider for services, or general questions concerning participation</td>
<td></td>
</tr>
</tbody>
</table>

### 15.2 Kaiser Permanente Providers - Sites and Resources (Option-1)

This section references the Kaiser Permanente locations for services included in Flexible Choice Option-1. This section includes services offered at:

- Kaiser Permanente Medical Centers
- Urgent Care-After Hours Locations

This resource listing is as accurate and complete as the date of distribution. Locations and hours of operations are subject to change – please consult our website at [www.kaiserpermanente.org](http://www.kaiserpermanente.org), for current center and hospital information as well as the listing of Participating Providers.

If, at any time, you have any questions or concerns about the Kaiser Permanente Network, please call Kaiser Permanente Provider Relations at 1(877) 806-7470.
**Kaiser Permanente Medical Centers - Maryland (Option-1)**

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Hours</th>
<th>Services</th>
<th>Pharmacy Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Camp Springs Medical Center</strong></td>
<td>6104 Old Branch Ave.</td>
<td>(301) 702-6100</td>
<td>M-F: 8:30am – 1am, Sat, Sun: 9am – 5pm</td>
<td>Primary Care, OB/GYN, Lab, Optical, Pharmacy, Radiology, Urgent Care</td>
<td>(301) 702-6175</td>
</tr>
<tr>
<td><strong>Gaithersburg Medical Center</strong></td>
<td>655 Watkins Mill Road</td>
<td>(240) 632-4000</td>
<td>24 Hours</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care</td>
<td>(240) 632-4150</td>
</tr>
<tr>
<td><strong>Frederick Medical Center</strong></td>
<td>7190 Crestwood Boulevard</td>
<td>(240) 529-1700</td>
<td>M-F: 8:30am – 5:30pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Pharmacy, Radiology</td>
<td>(240) 529-1800</td>
</tr>
<tr>
<td><strong>Kensington Medical Center</strong></td>
<td>10810 Connecticut Ave.</td>
<td>(301) 929-7100</td>
<td>M-F: 8:30am – 10pm, Sat: 9am – 1pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Ambulatory Surgery, Lab, Optical, Pharmacy, Radiology, Urgent Care</td>
<td>(301) 929-7175</td>
</tr>
<tr>
<td><strong>Largo Medical Center</strong></td>
<td>1221 Mercantile Lane</td>
<td>(301) 618-5500</td>
<td>24 Hours</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Optical, Pharmacy, Urgent Care</td>
<td>(301) 618-5552</td>
</tr>
<tr>
<td><strong>Marlow Heights Medical Center</strong></td>
<td>5100 Auth Way</td>
<td>(301) 702-5000</td>
<td>M-F: 8:30am – 5:30pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Behavioral Health, Lab, Optical, Pharmacy, Radiology</td>
<td>(301) 702-5190</td>
</tr>
<tr>
<td><strong>Prince George's Medical Center</strong></td>
<td>6525 Belcrest Road</td>
<td>(301) 209-6000</td>
<td>M-F: 8:30am – 5:30pm</td>
<td>Primary Care, OB/GYN, Lab, Pharmacy, Radiology</td>
<td>301 209-6688</td>
</tr>
<tr>
<td><strong>Shady Grove Medical Center</strong></td>
<td>1396 Piccard Drive</td>
<td>(301) 548-5700</td>
<td>M-F: 8:30am – 5:30pm</td>
<td>Primary Care, Specialty Care, Lab, Radiology, Pharmacy</td>
<td>(301) 548-5755</td>
</tr>
<tr>
<td><strong>Silver Spring Medical Center</strong></td>
<td>12201 Plum Orchard Drive</td>
<td>(301) 572-1000</td>
<td>M-F: 8:30am – 5:30pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Optical, Pharmacy, Radiology</td>
<td>(301) 572-1055</td>
</tr>
</tbody>
</table>
### Kaiser Permanente Medical Centers – Baltimore (Option-1)

<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Address</th>
<th>Phone</th>
<th>Hours</th>
<th>Services</th>
<th>Pharmacy Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City Plaza Medical Center</strong></td>
<td>10 Hopkins Plaza</td>
<td>(443) 263-7300</td>
<td>M- F: 8:30am – 5pm</td>
<td>Primary Care, OB/GYN, Lab, Pharmacy, Radiology</td>
<td>(443) 263-7375</td>
</tr>
<tr>
<td><strong>Severna Park Medical Center</strong></td>
<td>8028 Ritchie Hwy., Suite 134</td>
<td>(410) 553-2400</td>
<td>M- F: 8:30am – 5pm</td>
<td>Primary Care, Gynecology, Lab, Pharmacy, Radiology</td>
<td>(410) 553-2450</td>
</tr>
<tr>
<td><strong>South Baltimore County Medical Center</strong></td>
<td>1701 Twin Springs Road</td>
<td>(410) 737-5000</td>
<td>24 hours</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care</td>
<td>(410) 737-5200</td>
</tr>
<tr>
<td><strong>Towson Medical Center</strong></td>
<td>1447 York Road</td>
<td>(410) 339-5500</td>
<td>M- F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Pharmacy, Radiology</td>
<td>(410) 339-5655</td>
</tr>
<tr>
<td><strong>White Marsh Medical Center</strong></td>
<td>4920 Campbell Blvd</td>
<td>(410) 933-7600</td>
<td>M- F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care</td>
<td>(410) 933-7626</td>
</tr>
<tr>
<td><strong>Woodlawn Medical Center</strong></td>
<td>7141 Security Blvd</td>
<td>(410) 309-7500</td>
<td>M- F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Pharmacy, Radiology</td>
<td>(410) 309-7626</td>
</tr>
</tbody>
</table>

### Kaiser Permanente Medical Centers – Annapolis and Columbia Gateway (Option-1)

<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Address</th>
<th>Phone</th>
<th>Hours</th>
<th>Services</th>
<th>Pharmacy Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annapolis Medical Center</strong></td>
<td>888 Bestgate Road</td>
<td>(410) 571-7300</td>
<td>M, Tu, Th, F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Pharmacy</td>
<td>(410) 571-7360</td>
</tr>
<tr>
<td><strong>Columbia Gateway Medical Center</strong></td>
<td>7070 Samuel Morse Drive</td>
<td>(410) 309-4600</td>
<td>M- F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Pharmacy, Radiology</td>
<td>(410) 309-7500</td>
</tr>
</tbody>
</table>

Publication Date: 12/20/2007  
Last Review and Revised Date: October 2013
### Kaiser Permanente Medical Centers – Northern Virginia (Option-1)

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Number</th>
<th>Hours</th>
<th>Services</th>
<th>Pharmacy Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ashburn Medical Center</strong></td>
<td>43480 Yukon Drive, Suite 100, Ashburn, VA 20147</td>
<td>(571) 252-6000</td>
<td>M-F: 8:30am – 5pm</td>
<td>Primary Care, OB/GYN, Lab, Pharmacy, Radiology</td>
<td>(571) 252-6005</td>
</tr>
<tr>
<td><strong>Burke Medical Center</strong></td>
<td>5999 Burke Commons Rd., Burke, VA 22015</td>
<td>(703) 249-7700</td>
<td>M-F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Optical, Pharmacy, Radiology</td>
<td>(703) 249-7750</td>
</tr>
<tr>
<td><strong>Fair Oaks Medical Center</strong></td>
<td>12255 Fair Lakes Pkwy, Fairfax, VA 22033</td>
<td>(703) 934-5700</td>
<td>M-F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Optical, Pharmacy, Radiology</td>
<td>(703) 934-5800</td>
</tr>
<tr>
<td><strong>Falls Church Medical Center</strong></td>
<td>201 N. Washington Street, Falls Church, VA 22046</td>
<td>(703) 237-4000</td>
<td>M-F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Ambulatory Surgery, Lab, Optical, Pharmacy, Radiology</td>
<td>(703) 237-4430</td>
</tr>
<tr>
<td><strong>Fredericksburg Medical Center</strong></td>
<td>1201 Hospital Drive, Fredericksburg, VA 22401</td>
<td>(540) 368-3700</td>
<td>M-F: 8:30am – 5pm</td>
<td>Primary Care, Gynecology, Lab, Pharmacy, Radiology</td>
<td>(540) 368-3800</td>
</tr>
<tr>
<td><strong>Manassas Medical Center</strong></td>
<td>11730 Sudley Manor Dr., Manassas, VA 22110</td>
<td>(703) 257-3000</td>
<td>M-F: 8:30am – 5pm</td>
<td>Primary Care, Pediatrics, Specialty Care, OB/GYN, Lab, Pharmacy, Radiology</td>
<td>(703) 257-3030</td>
</tr>
<tr>
<td><strong>Reston Medical Center</strong></td>
<td>1890 Metro Center Drive, Reston, VA 20190</td>
<td>(703) 709-1500</td>
<td>M-F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, OB/GYN, Lab, Optical, Pharmacy, Radiology, Urgent Care</td>
<td>(703) 709-1560</td>
</tr>
<tr>
<td><strong>Springfield Medical Center</strong></td>
<td>6501 Loisdale Court, Springfield, VA 22150</td>
<td>(703) 922-1000</td>
<td>M-F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, Lab, Optical, Pharmacy, Radiology</td>
<td>(703) 922-1234</td>
</tr>
<tr>
<td><strong>Tysons Corner Medical Center</strong></td>
<td>8008 Westpark Drive, McLean, VA 22102</td>
<td>(703) 287-6400</td>
<td>24 Hours</td>
<td>Primary Care, Specialty Care, CDU, Lab, Optical, Pharmacy, Radiology, Urgent Care</td>
<td>(703) 287-4650</td>
</tr>
<tr>
<td><strong>Woodbridge Medical Center</strong></td>
<td>14139 Potomac Mills Road, Woodbridge, VA 22192</td>
<td>(703) 490-8400</td>
<td>M-F: 8:30am – 5pm</td>
<td>Primary Care, Specialty Care, Lab, OB/GYN, Optical, Pharmacy, Radiology, Urgent Care</td>
<td>(703) 490-7624</td>
</tr>
</tbody>
</table>

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Last Review and Revised Date: October 2013
## Kaiser Permanente Medical Centers – Washington, DC (Option-1)

<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Address</th>
<th>Hours</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Northwest Medical Center</strong></td>
<td>2301 M Street, NW</td>
<td>24 hours</td>
<td>Primary Care, Behavioral Health, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care Pharmacy</td>
</tr>
<tr>
<td><strong>Capitol Hill Medical Center</strong></td>
<td>700 2nd Street, NW</td>
<td>24 hours</td>
<td>Primary Care, Specialty Care, OB/GYN, Behavioral Health, Lab, Pharmacy, Physical Therapy, Radiology, Urgent Care Pharmacy</td>
</tr>
</tbody>
</table>

## Kaiser Permanente After Hours and Urgent Care (Option-1)

<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Address</th>
<th>Hours</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Camp Springs Medical Center</strong></td>
<td>6104 Old Branch Avenue</td>
<td>5:30pm – 1am, M-F</td>
<td>Primary Care, Behavioral Health, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care Pharmacy</td>
</tr>
<tr>
<td><strong>Capitol Hill Medical Center</strong></td>
<td>700 Second Street, NE</td>
<td>24 hours</td>
<td>Primary Care, Specialty Care, OB/GYN, Behavioral Health, Lab, Pharmacy, Physical Therapy, Radiology, Urgent Care Pharmacy</td>
</tr>
<tr>
<td><strong>Gaithersburg Medical Center</strong></td>
<td>655 Watkins Mill Road</td>
<td>24 Hours</td>
<td>Primary Care, Behavioral Health, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care Pharmacy</td>
</tr>
<tr>
<td><strong>Kensington Medical Center</strong></td>
<td>10810 Connecticut Avenue</td>
<td>5:30pm – 10pm, M-F</td>
<td>Primary Care, Behavioral Health, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care Pharmacy</td>
</tr>
<tr>
<td><strong>Largo Medical Center</strong></td>
<td>1221 Mercantile Lane</td>
<td>24 Hours</td>
<td>Primary Care, Behavioral Health, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care Pharmacy</td>
</tr>
<tr>
<td><strong>Reston Medical Center</strong></td>
<td>1890 Metro Center Drive</td>
<td>5pm – 1am, M-F</td>
<td>Primary Care, Behavioral Health, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care Pharmacy</td>
</tr>
<tr>
<td><strong>South Baltimore County Medical Center</strong></td>
<td>1701 Twin Springs Road Halethorpe, MD 21227</td>
<td>24 Hours</td>
<td>Primary Care, Behavioral Health, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care Pharmacy</td>
</tr>
<tr>
<td><strong>Tysons Corner Medical Center</strong></td>
<td>8008 Westpark Drive</td>
<td>24 Hours</td>
<td>Primary Care, Behavioral Health, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care Pharmacy</td>
</tr>
<tr>
<td><strong>White Marsh Medical Center</strong></td>
<td>4920 Campbell Boulevard</td>
<td>5pm – 1am, M-F</td>
<td>Primary Care, Behavioral Health, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care Pharmacy</td>
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<tr>
<td><strong>Woodbridge Medical Center</strong></td>
<td>14139 Potomac Mills Road</td>
<td>5pm – 8:30am, M-F</td>
<td>Primary Care, Behavioral Health, OB/GYN, Lab, Pharmacy, Radiology, Urgent Care Pharmacy</td>
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Last Review and Revised Date: October 2013
15.3 **PHCS or MultiPlan Participating Providers-Sites and Resources (Option-2)**

PHCS and MultiPlan are national PPO Networks of private physicians, ancillary providers, skilled nursing facilities and hospitals. There are resources available to identify if a provider or facility is in the PHCS or MultiPlan Network:

1. Call PHCS Customer Service at ☏ 1(866) 680-7427
2. Call MultiPlan to locate a provider at ☏ 1 (888) 708-7427
3. Log on to [www.multiplan.com/kpmas](http://www.multiplan.com/kpmas) or [www.phcs.com](http://www.phcs.com)
   Provider Search option is updated daily.

15.4 **Participating Hospitals-Combined List for Option-1: Kaiser Permanente Providers and Option-2: PHCS and MultiPlan Participating Providers**

<table>
<thead>
<tr>
<th>MARYLAND</th>
<th>Opt</th>
<th>Opt</th>
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<th>CITY</th>
<th>PROVIDER NAME</th>
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<td>Glen Burnie</td>
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<td>Baltimore</td>
<td>Deaton Specialty Hospital and Home</td>
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<td>Good Samaritan Hospital of Maryland</td>
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</tr>
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<td>Baltimore</td>
<td>Johns Hopkins Hospital</td>
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<td>Mercy Medical Center</td>
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<td>Baltimore</td>
<td>Baltimore</td>
<td>Sinai Hospital of Baltimore (Cardiac Surgery / Peds)</td>
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<td>Union Memorial Hospital (Cardiac Surgery)</td>
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<td>Randallstown</td>
<td>Northwest Hospital Center</td>
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<td>Havre De Grace</td>
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<td>Harford</td>
<td>Bel Air</td>
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<td></td>
<td>Howard</td>
<td>Columbia</td>
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<tr>
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<td></td>
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<td>Montgomery</td>
<td>Silver Spring</td>
<td>Holy Cross Hospital</td>
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<tr>
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<td>Olney</td>
<td>Montgomery General Hospital</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Montgomery</td>
<td>Rockville</td>
<td>Shady Grove Adventist Hospital</td>
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<tr>
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<td>Montgomery</td>
<td>Bethesda</td>
<td>Suburban Hospital</td>
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<td></td>
<td></td>
<td>Montgomery</td>
<td>Takoma Park</td>
<td>Washington Adventist Hospital</td>
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<tr>
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<td></td>
<td></td>
<td>Pr. George’s</td>
<td>Bowie</td>
<td>Bowie Health Center (ED services only)</td>
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<td>Pr. George’s</td>
<td>Lanham</td>
<td>Doctors’ Community Hospital</td>
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<td>Pr. George’s</td>
<td>Fort Washington</td>
<td>Fort Washington Hospital</td>
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<td>Pr. George’s</td>
<td>Laurel</td>
<td>Laurel Regional Hospital</td>
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<td>2</td>
<td></td>
<td></td>
<td>Pr. George’s</td>
<td>Cheverly</td>
<td>Prince George’s Hospital Center</td>
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MARYLAND

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<tr>
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<td>Pr. George’s</td>
<td>Clinton</td>
<td>Southern Maryland Hospital Center</td>
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DISTRICT OF COLUMBIA

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<th>Location</th>
<th>Phone/ Fax</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>D.C.</td>
<td>Washington</td>
<td>Children’s National Medical Center</td>
<td>(301) 876-6654</td>
</tr>
<tr>
<td>2</td>
<td>D.C.</td>
<td>Washington</td>
<td>Greater Southeast Community Hospital</td>
<td>(301) 601-1100</td>
</tr>
<tr>
<td>2</td>
<td>D.C.</td>
<td>Washington</td>
<td>Howard University Hospital</td>
<td>(301) 365-9000</td>
</tr>
<tr>
<td>2</td>
<td>D.C.</td>
<td>Washington</td>
<td>Sibley Memorial Hospital</td>
<td>(301) 581-0100</td>
</tr>
<tr>
<td>2</td>
<td>D.C.</td>
<td>Washington</td>
<td>The George Washington University Medical Center</td>
<td>(202) 483-5000</td>
</tr>
<tr>
<td>1</td>
<td>D.C.</td>
<td>Washington</td>
<td>Washington Hospital Center</td>
<td>(202) 966-6400</td>
</tr>
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VIRGINIA

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<th>Phone/ Fax</th>
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<tbody>
<tr>
<td>1</td>
<td>Arlington</td>
<td>Arlington</td>
<td>Virginia Hospital Center</td>
<td>(202) 361-5000</td>
</tr>
<tr>
<td>2</td>
<td>Fairfax</td>
<td>Falls Church</td>
<td>Dominion Hospital (Psychiatric)</td>
<td>(703) 359-3333</td>
</tr>
<tr>
<td>2</td>
<td>Fairfax</td>
<td>Reston</td>
<td>Reston Hospital Center</td>
<td>(703) 359-3333</td>
</tr>
<tr>
<td>1</td>
<td>Loudoun</td>
<td>Leesburg</td>
<td>Loudoun Hospital Center</td>
<td>(703) 359-3333</td>
</tr>
<tr>
<td>2</td>
<td>Manassas</td>
<td>Manassas</td>
<td>Prince William Hospital</td>
<td>(703) 359-3333</td>
</tr>
<tr>
<td>2</td>
<td>Spotsylvania</td>
<td>Fredericksburg</td>
<td>Mary Washington Hospital</td>
<td>(540) 231-2534</td>
</tr>
<tr>
<td>1</td>
<td>Stafford</td>
<td>Stafford</td>
<td>Stafford Hospital</td>
<td>(540) 231-2534</td>
</tr>
</tbody>
</table>

15.5 Referrals, Utilization Management, and Authorizations (Option-1) Kaiser Permanente Providers

The Utilization Management Operations Center (UMOC) is a centralized telephonic Utilization Management (UM) and Referral Management Service Center designed to assist Mid-Atlantic Permanente Medical Group (MAPMG) practitioners, community-based practitioners, affiliate providers, and applicable KPMAS staff in coordinating health care services for KPMAS members.

- Authorization services for planned inpatient, outpatient or office care are available Monday-Friday (excluding holidays) from 8:30 A.M. to 5:00 P.M.
- Emergency Department visits can be phoned to 1 (800) 810-4766 or faxed to (301) 879-6192.
- Emergency Care Management located at the Utilization Management Operations Center is available 24-hours/day on weekends and holidays. It is designed to manage Kaiser Permanente members who have been admitted to non-core and/or out of area admissions to facilities around the country.

Registered Nurses at the UMOC work collaboratively with licensed, board-certified UM Physician Managers and practitioner in managing the patient's medical, surgical, or behavioral health care through telephonic utilization review of requested services and equipment, and by coordinating care across the continuum.
The following services are coordinated through the UMOC:

- Medical, surgical, or behavioral health care admissions to acute care facilities;
- Medical, post-surgical, or behavioral health care admissions to sub-acute care facilities;
- Concurrent review of out-of-area medical, surgical, or behavioral health care inpatient hospitalizations;
- Retrospective review of inpatient acute care that was not pre-authorized;
- Ambulance transports;
- Urgent care;
- Emergency Room visits;
- Home care;
- Durable medical equipment;
- Follow-up primary care practitioner or behavioral health care practitioner visits;
- Specialty referrals (including radiology and laboratory) outside KPMAS centers;
- Repatriation from non-core to core facilities;
- Provider call-in line for member information and triage;
- Pre-service review is required for selected procedures and services. This process is administered at the Utilization Management Operations Center. UMOC RNs (Referral and Durable Medical Equipment and Home Health nurses) and UM ancillary staff manage the referrals following KPMAS UM policies and procedures. Referrals requiring medical necessity review are forwarded to Board Certified UM Medical Directors. All UM Physicians are Certified Medical Directors by the State of Maryland.

You can reach the UMOC at 1 (800) 810-4766 and follow the prompts to speak with a staff member. The UMOC staff can assist you with the following:
- Provide information regarding utilization management processes;
- Check the status of referral or an authorization;
- Provide copies of criteria/guidelines utilized for decision making;
- Answer questions regarding a benefit denial decision;
- Speak to a UM Physician on any adverse medical necessity denial decision (select the appropriate prompt);

**Specialty Care Physician Responsibilities (Option-1)**

Specialists in Flexible Choice Option-1 will receive patient referrals from Kaiser Permanente Providers (PCPs). Every member utilizing their Flexible Choice Option-1 to receive services from a Specialist must have a referral for that specific visit. Referral forms authorizing patient services will either be faxed or mailed in advance of the patient visit. In some limited situations, the form will be hand-carried by the patient.

- Each referral for services is valid until the identified expiration date noted on line six (6) of “External Referral” form. Referrals received on Uniform Referral Requests may be approved for ninety (90) days, except Obstetrics, which is valid for 270 days.
- Only one (1) visit is authorized per referral, unless otherwise indicated in writing on the referral form.
- Only those services that are specified on the referral form are authorized. The patient’s referring PCP must authorize any additional services for treatment required. However, basic laboratory tests including hematologies, chemistries,
urines, therapeutic drug levels, and radiology studies, do not require a processed authorization. The member should take the order form directly to a Kaiser Permanente laboratory.

- Each approved external referral has a unique referral number. This referral number must be reflected on the claim/bill for appropriate processing and payment.

- If additional visits are needed, call the referring PCP.

If a patient visits your office for care utilizing their Flexible Choice Option-1, but does not have a referral, please call the referring Provider, or if the referring provider is unknown, call the Utilization Management Operations Center at 1(800) 810-4766. The referring Provider or referral staff can determine if the care was authorized and provide a referral number. Maintain a record of the referral number to include on the claim/bill or utilization form.

Participating Specialists receive referrals from both MAPMG Providers and KPMAS Participating Network Primary Care Physicians (PCPs) i.e. community primary care physicians who contract with Kaiser Permanente. Every member receiving services from a Participating Specialist must have an approved referral for that visit. Referral forms authorizing services will be faxed to the referred by and the referred to provider (unless otherwise requested by the referring provider) prior to the member’s scheduled appointment. The member may request a copy of the approved referral from the referring provider. It is the responsibility of the specialist’s office to ensure that Kaiser Permanente has the demographic and contact phone/fax numbers of the specialist office on file to ensure accurate and timely communication of referral information.

- Referrals received on Uniform Referral Requests are valid for ninety (90) days, except:
  - Obstetrics: valid for 270 days.
  - DME (Durable Medical Equipment): Referral will specify valid time period
  - Allergy: valid for 180 days
  - Chemotherapy: valid for 180 days
  - Radiation Therapy: valid for 180 days
  - Dialysis: valid for 365 days/1 year.
  - Dermatology: valid for 180 days

- Most Kaiser Permanente members (e.g. those in our Kaiser Permanente Signature and Kaiser Permanente Select plans) receiving services from a Participating Specialist must have an authorized initial consultation from their Primary Care Physician. Exceptions to this requirement may include members enrolled in Kaiser Permanente Flexible Choice when utilizing their Option 2 or 3 point of service benefit.

- Each referral has a unique referral number. This referral number must be reflected on the claim/bill for appropriate processing and payment.

- During the initial office visit, a specialist may perform whatever services are medically indicated (even if they are not specified on the referral form) provided the services:
1. Are performed in your office and not in another facility or location
2. Are performed on the same day as the initial office visit
3. Are regarded as covered benefits under the member's health plan
4. Do not appear on the list of services that require separate pre-authorization.

➢ Only one (1) visit is approved per referral, unless otherwise indicated on the referral form. We encourage our referring providers to use their clinical judgment and discretion in anticipating a reasonable number of visits that might be required for a particular consultation.

➢ Each approved referral is valid only until the identified expiration date is noted on the Kaiser Permanente Referral Summary Report.

Additional Visits, Care or Consultations

Following the initial authorized consultation, should the patient require additional visits, care and/or consultation with you or another provider, the Participating Specialist may initiate an extension to the initial referral and/or submit a new referral/authorization request directly by calling the Utilization Management Operations Center (UMOC) at 1 (800) 810-4766 (follow the prompts).

Following the initial approved consultation, should the patient require a referral to another provider, facility and/or a service requiring pre-authorization, the Participating Specialist may initiate a referral/authorization request directly by completing a Uniform Referral Form (URF) and fax it to the Utilization Management Operations Center (UMOC) at Fax 1-800-660-2019.

In all instances, after a participating specialist has received an approved referral and has determined that additional services are required, it is not necessary to contact the referring PCP for approval. Rather, the point of contact should always be directed to the Utilization Management Operations Center (UMOC) as noted above by phone, fax or internet communication.

If a member visits your office for care, but does not have a referral, please, call the Utilization Management Operations Center at ☎ 1 (800) 810-4766 to determine if the care is authorized and if so, obtain a referral number, which should be noted on the claim/bill for these services.

Basic diagnostic testing, including most routine radiology studies do not require a referral form or authorization. Routine laboratory services and routine radiology may be rendered and billed directly to the Kaiser Permanente Mid-Atlantic States Claims Department.

Referrals Requiring Pre-Certification (Option-1)

For those services requiring pre-certification, the procedures are as follows:

1. Verify that the procedure/service requires pre-certification; determine if the specialist is a participating Flexible Choice Option-1 Kaiser Permanente Provider.
2. Complete the referral form and fax to the Utilization Management Operations Center at \( 1(800) 660-2019 \). Please ensure that any required or supporting documentation accompanies the fax. Complete the referral form and attach appropriate lab, x-ray results, or medical records, as necessary. Incomplete referrals will be faxed back to the Participating PCP or the office will be contacted by telephone. Back sure to include fax numbers on the request.

3. Urgent referrals will have determinations made within 24-hours upon receipt of the request, provided all information needed is available; call \( 1(800) 810-4766 \) with any questions on urgent referrals.

4. All other standard referral requests will be handled within two (2) working days of receipt of the information necessary to make the determination.

5. Once processed, the referral form will be faxed to the referring PCP and also to the Flexible Choice Option-1 Specialist with the authorization number.

6. Specialists participating in Flexible Choice Option-1 as Kaiser Permanente Provider must send a written report of their findings to the referring PCP after the patient has been seen. They will call the referring PCP if their findings are urgent. All consulting specialists’ reports must be reviewed, initialed, and dated by the referring physician and maintained in the patient’s chart.

7. If a participating Flexible Choice Option-1 Specialist believes that the patient will require additional referral services, then the participating Flexible Choice Option-1 Specialist must contact the referring PCP. It is the referring PCP’s responsibility to review the request and to generate the additional referral if the care is deemed necessary.

8. Basic laboratory tests, including hematology, chemistries, urines, therapeutic drug levels, and radiology studies, not requiring appointment, do not a patient to have a referral. However, ensure that the patient is directed to an appropriate provider.

All requests must be initiated by the referring Flexible Choice Option-1 PCP. In certain cases, a participating Flexible Choice Option-1 Specialist will make referrals. Please submit all materials that would be pertinent to allow the referral to be authorized. The following treatments/services require pre-authorization review by the Utilization Management Operations Center nurses and physicians to facilitate reimbursement of the services.

Initial determinations will be made within two (2) business days of obtaining all the information necessary to make a determination. KPMAS will notify the participating Flexible Choice Option -1 Provider of the decision by telephone within one (1) business days of the determination.

**List of Services Which Require Kaiser Permanente Review**
*Please note that this is periodically updated and may not be an all inclusive list.*
Questions should be directed to the Utilization Management Operations Center at 1-800-810-4766, follow the prompts.

A. **Acute Inpatient Services**
   1. Inpatient Admissions (elective and emergent)
   2. Short Stay Admissions
   3. Observation Services
   4. Acute Rehabilitation
   5. Sub-acute Rehabilitation services in Skilled Nursing Facility (SNF)
   6. Inpatient Hospice Admissions
   7. Inpatient Behavioral Health Admissions
   8. Outpatient Behavioral Health Admissions*
      * Partial Hospitalization

B. **Elective Services**
   1. Abortions, Elective/Therapeutic
   2. Acupuncture
   3. Anesthesia for Oral Surgery/Dental
   4. Any Services Outside Washington Baltimore Metro Areas
   5. Assistive Technologies
   6. Behavioral Health Services
   7. Biofeedback
   8. Blepharoplasty
   9. Breast Surgery for any reason
   10. Chiropractic Care
   11. Clinical Trials
   12. Cosmetic and Reconstructive or Plastic Surgery
   13. Dental Services Covered Under Medical Benefit
   14. Durable Medical Equipment (DME)
   15. Gastric Bypass Surgery, Gastroplasty
   16. Home Health Care Services (Including Hospice)
   17. Infertility Assessment and Treatment
   18. Infusion Therapy and Injectables (Home IV, Excluding Allergy Injections)
   19. Intensity Modulated Radiation Therapy (IMRT)
   20. Investigational/ Experimental Services
   21. Magnetic Resonance Imaging (MRI)
   22. Narrow Beam Radiation Therapy Modalities
      22.1. Cyberknife
      22.2. Gamma Knife
      22.3. Stereotactic Radio surgery
   23. Nasal Surgery (Rhinoplasty or Septoplasty)
   24. Non-Participating Provider Requests
   25. Obstructive Sleep Apnea Treatment including Sleep Studies
   26. Oral Surgery
   27. Orthogenetic Surgery
   28. Outpatient Surgery—All Hospital Settings/Ambulatory Surgery Centers
   29. Pain Management Services
   30. Penile Implants
   31. Positron Emission Tomography (PET) Scan
   32. Podiatry Services

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Last Review and Revised Date: October 2013
Pre-Authorization Denials & Appeals (Option-1)

Service requests are authorized when medical necessity has been established for a health care service and the services are covered under the member’s contract. If the services requiring pre-authorization are not approved, the requesting Provider will be notified verbally within one (1) business day of the decision to deny and written communication will be sent within two (2) business days of the decision.

If you wish to request a reconsideration regarding a pre-service denial on behalf of the Kaiser Permanente Flexible Choice member, you may call 1(800) 810-4766 and select the appropriate prompt to speak with the UM physician on-call within 24 hours of the verbal notification of the adverse decision.

If more than 24 hours has elapsed, the Flexible Choice Option-1 Provider or the member must file a formal grievance in order to obtain further review.

Expedited Appeals (Option-1)

An expedited process is available for appeals and grievances where anticipated services are related to a condition that, left untreated, will endanger the life or well-being of the member.

An expedited appeal may be initiated by calling:

During normal business hours:
   Member Services
   ☏(301) 468-6000
   ☏1(800) 777-7902 (toll free outside the local calling area)
   ☏TTD (301) 816-6380 (available for hearing impaired)

Outside normal business hours (Evening, Weekends, and Holidays)
   Appointments/Advice
   ☏(703) 359-7878
   ☏1(800) 777-7904(toll free outside the local calling area)
Member Services will notify the member or Provider as expeditiously as the medical condition requires, but no more than 24 hours to 72 hours after receipt of the request. Written confirmation of the decision is sent within two (2) working days of that decision.

**Emergency and Urgent Care (Option-1)**

The Flexible Choice Option-1 PCP will provide urgent care services in his/her office. Flexible Choice Option-1 PCPs are responsible for providing evaluation, triage, and telephone services 24-hours a day, 7-days a week. If the PCP is unavailable, that PCP’s on-call back up will direct the member’s care based upon medical necessity.

If a Flexible Choice Option-1 PCP or coverage/on call physician is unavailable, members may access Kaiser Permanente’s Medical Advice Nurse by calling 1(703) 359-7878 or 1(800) 777-7904. The Advice Nurses may refer the member to one of the Kaiser Permanente After-Hour Locations or Urgent Care Contracted Centers.

If due to the nature of the problem, the patient must be directed to a Hospital Emergency Department, the Flexible Choice Option-1 PCP should instruct the patient to go to the Emergency Department of the nearest hospital. The referring PCP should notify the E.D. M.D. to assure acceptance of the patient, if it is not a 911 call. Referrals to the Emergency Department must be called into the Utilization Management Operations Center Hotline at 1 (800) 810-4766. The hotline staff will document the referral and notify the Emergency Department if called prior to the patient’s arrival. Kaiser Permanente staffs are available 24 hours a day, 7 days a week to facilitate discharge planning from an Emergency Department, or make urgent referrals to approved skilled nursing facilities or home health agencies.

**Hospital and Facility Admissions (Option-1)**

Both emergent and non-emergent admissions require immediate notification within 24-hours to the Utilization Management Operations Center Hotline by the referring Flexible Choice Option-1 PCP or his/her agent at 1(800) 810-4766. If the admitting physician is not the member’s Flexible Choice Option-1 PCP, it is the admitting physician’s responsibility to contact the member’s PCP in order to authorize the admission and discuss plans for care.

**Non-Emergency and Elective Admissions (Option-1)**

All non-emergent and elective admissions require pre-authorization. The Flexible Choice Option-1 PCP should initiate the referral form for preauthorization, or contact the Utilization Management Operations Center at 1 (800) 810-4766. Upon processing, a pre-authorization number will be generated for inpatient admissions.

**Emergency Admissions (Option-1)**

In order to expedite reimbursement and facilitate case management, please follow these procedures:
1. Direct the patient to a Kaiser Permanente participating facility where you have privileges, or to the nearest emergency room. (see listing)

2. Contact the Utilization Management Operations Center at 1 (800) 810-4766 and select the appropriate prompt to immediately report the admission, 24-hours a day, 7-days a week.

3. Provide the Utilization Management Operations Center staff with the following information:
   - Patient Name
   - Member Identification Number
   - Name of the Referring PCP
   - Admitting Hospital or Facility
   - Admitting Diagnosis
   - Proposed Treatment and LOS
   - Date of Admission

15.6 PHCS and MultiPlan Participating Providers-Medical Management and Authorization (Option-2)

Utilizing their Flexible Choice Option-2, an enrolled member may self-direct to PHCS or Multiplan's Participating Providers for their health care services. A Kaiser Permanente member who presents with a Flexible Choice Plan identification card does not need a referral if services are not rendered at core or affiliated Kaiser Permanente facilities.

Prior to hospitalization and certain procedures, the member or their PHCS/MultiPlan Participating Provider should call PA at 1 (888) 567-6847 to arrange for pre-certification.

When calling PA, the member or physician should have the following information:
- Patient's name, phone number, and address
- Patient's Social Security number
- Employer's name
- Patient's medical record number
- Information about other health plan coverage, if any
- Name, phone number, and address of attending physician or surgeon
- Description of type of surgery or treatment recommended
- Date of surgery or treatment, if scheduled
- Name, address, and phone number of hospital or outpatient surgery center where services will be provided

If pre-certification is not obtained by the member, their physician or other responsible party when required, or obtained but not followed, benefits otherwise payable for all Covered Charges incurred in connection with the treatment or service will be reduced. Any such reduction in benefits will not count toward satisfaction of any Deductible, Coinsurance, or Out-of-Pocket Maximum applicable under the member’s coverage.

The following treatment or service must be pre-certified by PA:
1. Hospital Confinements, including pre-admission testing
2. All Inpatient Hospital Care Services
3. Inpatient services, treatments, and supplies in connection with substance abuse
4. Inpatient care at a Comprehensive Rehabilitation Facility
5. Inpatient care at a Skilled Nursing Facility or other licensed medical facility.
6. Outpatient surgery at a Hospital, Free-Standing Surgical Facility, or other licensed medical facility
7. Home Health Services
8. Hospice Care
9. Treatment, services or supplies related to inpatient or outpatient mental health care
10. Treatment, services or supplies related to Birth Services
11. Hospitalization and anesthesia for dental procedures
12. Transplant services (organ and tissue)
13. Infertility Services
14. The following surgical or diagnostic procedures, regardless of cost:
   a. Adenoidectomy / tonsillectomy  
   b. Angioplasty  
   c. Arthroscopy of the knee or shoulder  
   d. Bariatric surgery  
   e. Biofeedback  
   f. Blephasoplasty  
   g. Breast reduction mammoplasty  
   h. Bronchoscopy  
   i. Cardiac catheterization  
   j. Cardiac rehabilitation  
   k. Carpal tunnel release  
   l. CAT scan: computerized axial tomography  
   m. Cataract extraction  
   n. Colonoscopy  
   o. Coronary artery angioplasty  
   p. Dilation and curettage  
   q. Gall bladder surgery  
   r. Hammertoes repair  
   s. Hemorrhoidectomy  
   t. Hernia repair  
   u. Laparoscopy  
   v. Lithotripsy  
   w. MRI: magnetic resonance imaging  
   x. Myringotomy, with or without tubes  
   y. Orthognathic surgery  
   z. Reconstructive surgery  
   aa. Rehabilitation Therapies (Physical, Occupational, Speech, Vestibular)  
   bb. Repair of nasal septum  
   cc. Septoplasty  
   dd. Temporomandibular joint dysfunction surgery

For Maryland:
   1. Inpatient admissions and services
2. Inpatient Rehabilitation Therapy admissions, services and programs
3. Inpatient Skilled Nursing Facility, long term care, and sub acute admissions and services
4. Bariatric Surgery/Gastric Bypass, Stapling or Banding
5. Dental Anesthesia
6. Spinal Surgery
7. Upper Airway Procedures
8. Orthotics/Prosthetics
9. Endoscopy (pill/capsule only)
10. Pain Management
11. Varicose Vein Treatment/Sclerotherapy
12. Experimental/Investigational Procedures and Drugs
13. Hyperbaric Oxygen Treatment
14. Non-Emergent Air or Ground Ambulance Transport
15. Enhanced External Counterpulsation (EECP)
16. Genetic Testing
17. Amino Acid-Based Elemental Formulas
18. Plasma Pheresis for Multiple Sclerosis
19. Anodyne Therapy
20. Vagal Therapy Stimulation for Epilepsy
21. Imaging Service: Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography Angiography (CTA), Positron Emission Tomography (PET), Electronic Beam Computed Tomography (EBCT)
22. Home Health & Home Infusion
23. Outpatient & Home Therapy: Physical, Speech, Occupational, Respiratory beyond 10 visits in calendar year
24. Infertility
25. Outpatient Injectable Drugs
26. Durable Medical Equipment (DME)
27. The following surgical procedures regardless of cost:
   a. Blephasoplasty
   b. Carpal tunnel release
   c. Hammertoes repair
   d. Orthognathic surgery
   e. Reconstruction surgery
   f. Repair of nasal septum
   g. Septoplasty
   h. Temporomandibular joint dysfunction surgery

For Virginia:
1. Inpatient admissions and services
2. Inpatient Rehabilitation Therapy admissions, services and programs
3. Inpatient Skilled Nursing Facility, long term care, and sub acute admissions and services
4. Treatment of Autism Spectrum Disorder (ASD)
5. Bariatric Surgery/Gastric Bypass, Stapling or Banding
6. Dental Anesthesia
7. Spinal Surgery
8. Upper Airway Procedures
9. Orthotics/Prosthetics
10. Endoscopy (pill/capsule only)
11. Pain Management  
12. Varicose Vein Treatment/Sclerotherapy  
13. Experimental/Investigational Procedures and Drugs  
14. Hyperbaric Oxygen Treatment  
15. Non-Emergent Air or Ground Ambulance Transport  
16. Enhanced External Counterpulsation (EECP)  
17. Genetic Testing  
18. Plasma Pheresis for Multiple Sclerosis  
19. Anodyne Therapy  
20. Vagal Therapy Stimulation for Epilepsy  
21. Imaging Service: Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography Angiography (CTA), Positron Emission Tomography (PET), Electronic Beam Computed Tomography (EBCT)  
22. Home Health & Home Infusion  
23. Outpatient & Home Therapy: Physical, Speech, Occupational, Respiratory beyond 10 visits in calendar year  
24. Infertility  
25. Outpatient Injectable Drugs  
26. Durable Medical Equipment (DME)  
27. The following surgical procedures regardless of cost:  
   a. Blephasoplasty  
   b. Carpal tunnel release  
   c. Hammertoes repair  
   d. Orthognathic surgery  
   e. Reconstruction surgery  
   f. Repair of nasal septum  
   g. Septoplasty  
   h. Temporomandibular joint dysfunction surgery  

For District of Columbia:  
1. Inpatient admissions and services  
2. Inpatient Rehabilitation Therapy admissions, services and programs  
3. Inpatient Skilled Nursing Facility, long term care, and sub acute admissions and services  
4. Bariatric Surgery/Gastric Bypass, Stapling or Banding  
5. Dental Anesthesia  
6. Spinal Surgery  
7. Upper Airway Procedures  
8. Orthotics/Prosthetics  
9. Endoscopy (pill/capsule only)  
10. Pain Management  
11. Varicose Vein Treatment/Sclerotherapy  
12. Experimental/Investigational Procedures and Drugs  
13. Hyperbaric Oxygen Treatment  
14. Non-Emergent Air or Ground Ambulance Transport  
15. Enhanced External Counterpulsation (EECP)  
16. Genetic Testing  
17. Plasma Pheresis for Multiple Sclerosis  
18. Anodyne Therapy  
19. Vagal Therapy Stimulation for Epilepsy
20. Imaging Service: Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography Angiography (CTA), Positron Emission Tomography (PET), Electronic Beam Computed Tomography (EBCT)

21. Home Health & Home Infusion

22. Outpatient & Home Therapy: Physical, Speech, Occupational, Respiratory beyond 10 visits in calendar year

23. Infertility

24. Outpatient Injectable Drugs

25. Durable Medical Equipment (DME)

26. The following surgical procedures regardless of cost:
   a. Blephasoplasty
   b. Carpal tunnel release
   c. Hammertoes repair
   d. Orthognathic surgery
   e. Reconstruction surgery
   f. Repair of nasal septum
   g. Septoplasty
   h. Temporomandibular joint dysfunction surgery

NOTE: Members enrolled in the Flexible Choice Plan can choose to use medical resources in Option-1 (Kaiser Permanente Providers) or Option-2 (PHCS or MultiPlan Participating Providers) or Option-3 (Out of Network Providers) each time health care services are needed.

If a Flexible Choice member chooses to seek further recommended care through the Option-1 Kaiser Permanente Providers, the member should call the Kaiser Permanente Flexible Choice specialty access department at 1 (877) 630-5202, to facilitate access with a Kaiser Permanente Provider for the recommended service.

15.7 Kaiser Permanente Provider Claims (Option-1)

Billing Procedures for Fee-For-Service Claims

As a participating Flexible Choice Option-1 Provider billing for services, please follow the procedures listed below:

1. All patient services must be billed on a fully completed red line CMS 1500 or UB04 form, unless otherwise indicated by contract; redline forms are preferable for efficient scanning.

2. All claims / bills requiring authorization to be considered for processing and payment must have an authorization number noted on the claim form or a copy of the referral form may be submitted with the claim.

3. All paper claims/bills should be mailed to:

   Kaiser Foundation Health Plan of the Mid-Atlantic States
   P. O. Box 6233
   Rockville, MD 20849-6233
We also have the ability to receive your claims electronically through the Emdeon Clearinghouse.

The Kaiser Permanente Mid-Atlantic States Emdeon payor ID is: 52095

The option of submitting your claims electronically is not available for claims that require attachments and/or supporting documentation. Examples of a claim attachment are Medicare Summary Notice (MSN), medical record, itemized bill, etc. These types of claims must be billed on the CMS 1500 or UB04 form and mailed along with the required attachments to the address indicated above. If you have any questions regarding submitting your claims electronically, please contact Provider Relations at (877) 806-7470. Should you require technical assistance with Electronic Data Interface (EDI), contact EDI Technical Support at (301) 879-5453.

4. Claims/bills for services provided to non-Medicare member must be received within (180) days of the date of service to be considered eligible for processing and payment.

Claims/bills for services provided to Medicare Plus members must be received on the following timeline:
- For services rendered between January 1st and September 30th, the claim/bill must be submitted by December 31st of the following year.
- For services rendered between October 1st and December 31st, the claim/bill must be submitted by December 31st of the second year following the service.

5. Payment is generally made within thirty (30) days of receiving the claim/bill. Participating Providers may check the status of a claim/bill submitted for payment by calling (800) 810-4766 and selecting the Claims prompt to speak to a Member Services Representative.

If you have a question regarding a previously submitted claim, billing or utilization, please contact our Utilization Management Operations Center at (800) 810-4766 and select the Claims prompt to speak to a service representative. If no resolution is received after thirty (30) days, please feel free to contact your Network Associate at (877) 806-7470.

Clean Claim (Option-1)

Kaiser Permanente considers a claim ‘clean’ when submitted on the appropriate CMS form (1500 or UB92); using current coding standards to complete form fields; and including the attachments that provide information necessary in the processing the claim.

Definition: A “Clean claim” is a claim / bill for reimbursement submitted to Kaiser Permanente by a health care practitioner, pharmacy (or pharmacist), hospital or vendors entitled to reimbursement that contains:
1.) Current industry standard data coding;
2.) Attachments appropriate for submission and procedural circumstance;
3.) Completed data element fields required for the CMS 1500 or the CMS form UB92.
A claim is not considered to be “Clean” or payable if one or more of the following conditions exists, due to a good faith determination or dispute regarding:

- The standards or format used in the completion or submission of the claim;
- The eligibility of a person for coverage;
- The responsibility of another payor for all or part of the claim;
- The amount of the claim or the amount currently due under the claim;
- The benefits covered;
- The manner in which services were accessed or provided;
- The claim was submitted fraudulently;

**Provider Payment Dispute Process (Option -1)**

Flexible Choice Option-1 Providers with inquiries regarding claim status, level of payment or reason for denial of claim payment may call 1 (800) 810-4766, select Prompt #5 to speak to a Member Services representative, or send a written request to:

Kaiser Permanente
Attn: Provider Relations – Provider Dispute Resolution Unit
2101 East Jefferson Street
Rockville, MD 20852

Flexible Choice Option-1 Providers, who disagree with a decision not to pay a claim, in full or in part, may file a payment dispute request. This process only applies to clean claims, as defined earlier in this Section. Payment dispute requests must be filed within six (6) months of the date of the denial or explanation of payment. Requests should include the claim number at issue, specific payment or adjustment information, and all supporting documentation.

**Timely Filing Requirements and Appeal of Timely Filing**

All claims must be received within the timeframes outlined in Section 8.1.

Resubmitted claims along with proof of initial timely filing received within (6) six months of the original date of denial or explanation of payment will be allowed for reconsideration of claim processing and payment. Any claim resubmissions received for timely filing reconsideration beyond (6) six months of the original date of denial or explanation of payment will be denied as untimely submitted.

**Proof of Timely Filing**

Claims submitted for consideration or reconsideration of timely filing must be reviewed with information that indicates the claim was initially submitted within the appropriate time frames outlined in Section 8.1. Acceptable proof of timely filing may include the following documentation and/or situations:

**Proof or Documentation**

- System generated claim copies, account print-outs, or reports that indicate the original date that claim was submitted, and to which insurance carrier.

**Examples**

- Account ledger posting that includes multiple patient submissions
- Individual Patient ledger
Hand written or typed documentation is not acceptable proof of timely filing.
EDI Transmission report

Lack of member insurance information. Proof of follow-up with member for lack of insurance or incorrect insurance information.

*Members are responsible for providing current and appropriate insurance information each time services are rendered by a provider.

- CMS UB92 or 1500 with a system generated date or submission.
- Reports from a Provider Clearinghouse (i.e. WebMD)
- Copies of dated letters requesting information, or requesting correct information from the member.
- Original hospital admission sheet or face sheet with incomplete, absent, or incorrect insurance information.
- Any type of demographic sheet collected by the provider from the member with incomplete, absent, or incorrect insurance information.

15.8 PHCS or MultiPlan Participating Provider Claims (Option 2)

PHCS or Multiplan Participating Provider billing for services rendered at non-core and non affiliated facilities please follow the procedures listed below:

Send all Claims EXCEPT EMERGENCY SERVICES to:

Kaiser Permanente Insurance Company
P. O. Box 261130
Plano, TX 75026

To expedite payment, write “PHCS or MultiPlan” on the claim.
PHCS or MultiPlan Participating Providers may check the status of a claim / bill submitted for payment by calling ☎ 1 (800) 392-8649.

All claims for services rendered in core and affiliated facilities and emergency room services should be mailed to:

Kaiser Foundation Health Plan of the Mid-Atlantic States
P.O. Box 6233
Rockville, MD 20849-6233

15.9 Provider Assistance Resources

Enrollment / Eligibility Verification (Option-1 and Option-2)

See Section 4.1 Eligibility and Enrollment

Referring Members for Assistance (Option-1 and Option-2)
The Member Services Department has representatives to assist with members with:

- General verification of member eligibility and enrollment
- Clarification of member benefits and coverage
- Information about member benefits while traveling out of the area
- Information about services available at Kaiser Permanente medical facilities
- Maps, driving directions, and other Kaiser Permanente literature
- Status or payment information related to a claims submission
- Information about or assistance with filing a Grievance, Appeal or Complaint
- Assistance with solving a problem
- Information about Flexible Choice providers, and assistance with selecting or changing a Primary Care Physician (PCP)
- Requests for replacement member identification card(s)
- Requests by a member to change the member's address or phone number

Kaiser Permanente Member Services representatives can be reached Monday – Friday between 7:30am and 5:30pm:

- Inside the Local Calling Area: (301) 468-6000
- Toll free Outside the Local Calling Area: 1 (800) 777-7902
- TTY for the hearing impaired: (301) 879-6380

**Provider Services and Provider Relations (Option-1)**

The Provider Relations Department and Member Services are available to assist providers with:

<table>
<thead>
<tr>
<th>Member Services: 1 (800) 777-7902</th>
<th>Provider Relations: 1 (877) 806-7470</th>
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<td>General claims status and payment inquiries</td>
<td>Contracted rate payment questions</td>
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<td>Clarification of member benefits</td>
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<td>Members presenting with no Kaiser Permanente identification card</td>
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<td>Members terminated for greater than 90 days</td>
<td>Form requests</td>
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**Additional Resources for PHCS or MultiPlan Participating Providers (Option 2)**

1. Eligibility and co-pays for Kaiser Permanente Flexible Choice members may be verified by calling the Kaiser Permanente Member Services Department at 1-800-777-7902

2. If you have any questions concerning this new plan, please feel free to contact:
   > MultiPlan Provider Relations Department at 1-800-950-7040
   > Kaiser Permanente Provider Relations Department at 1-877-806-7470