Introduction
1.0

Welcome to the Kaiser Permanente Network. As a valued Participating Provider, you provide services to members of the Kaiser Permanente Health Plan of the Mid-Atlantic States, Inc. You have access to many systems of care.

The legal name of our health maintenance organization (HMO) is Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KPMAS). We operate under the trade name "Kaiser Permanente". We are a subsidiary of the national organization, Kaiser Foundation Health Plan, Inc. The local HMO and its parent are both non-profit organizations.

Kaiser Permanente provides or arranges for health care services through an exclusive agreement between the Kaiser Foundation Hospitals, Inc., a non-profit corporation and the Permanente Medical Group. Each division of the national program has its own autonomous medical group. In the Mid-Atlantic States, the physician group is the Mid-Atlantic Permanente Medical Group, P.C. (MAPMG). All community-based Participating Providers who provide services to Kaiser Permanente members hold contracts with MAPMG.

1.1 This Service Area

Two local markets comprise Kaiser Permanente’s Service Area. The Metropolitan Washington local market includes the District of Columbia, counties in Suburban Maryland and counties in Northern Virginia. The Baltimore Metropolitan local market includes Baltimore City, Baltimore County and the surrounding suburbs of Anne Arundel, Harford, Howard, Carroll and Frederick counties.

1.2 Using This Manual

This Participating Provider Manual is intended to complement your on-site orientation and to be a reference manual for administrative procedures and clinical issues. It provides a quick and easy resource with contact phone numbers, detailed processes and site lists for various services.

These policies and procedures are specific to the KPMAS Participating Providers. Any change to the policies and procedures included in this manual will have an effective date at least thirty (30) days after distribution of the written notice of such change to all Participating Providers.

The Provider Relations Department is available to provide continued support to you and your office staff. This includes providing updates and revisions to this manual when
issued, as well as supporting you and your staff with operational inquiries and education on new products or plans.

If, at any time, you have a question or concern about the information outlined in this manual or about the Kaiser Permanente Medical Care Programs, you can reach the Kaiser Permanente Provider Relations Department by calling ☏ 1 (877) 806-7470.

1.3 Provider Relations Department

KPMAS is committed to supporting the role of the Network Participating Providers – community providers who are contracted and credentialed. The Provider Relations Department staff provides comprehensive and personalized support for all Participating Providers and their staff. As the liaison between the Participating Providers and KPMAS, the Provider Relations staff is responsible for the following support functions:

- Ensuring that each Participating Provider’s issues or concerns are addressed and resolved to satisfaction.
- Communicating pertinent information regarding medical management procedures, compensation models, referral processes and new products to all Participating Providers.
- Assisting Participating Providers in identifying appropriate network medical facilities and services available for patient care.

The Provider Relations Department can be contacted at ☏ 1 (877) 806-7470.

1.4 Provider Service Center

The Provider Service Center (PSC) 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 7:00 P.M.
- Emergency Department visits can be phoned to 1-800-810-4766 or faxed to 301-879-6192 or entered on Affiliate Link 24 hours a day/7 days a week.
- Emergency Care Management located at the Provider Service 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 PSC 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.

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The following services are coordinated through the PSC:

<table>
<thead>
<tr>
<th>Medical, surgical, or behavioral health care admissions to acute care facilities;</th>
<th>Emergency Room visits</th>
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<tbody>
<tr>
<td>Medical, post-surgical, or behavioral health care admissions to sub-acute care facilities;</td>
<td>Home care</td>
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<tr>
<td>Concurrent review of out-of-area medical, surgical, or behavioral health care inpatient hospitalizations</td>
<td>Durable medical equipment</td>
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<tr>
<td>Retrospective review of inpatient acute care that was not pre-authorized</td>
<td>Follow-up primary care practitioner or behavioral health care practitioner visits</td>
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<tr>
<td>Ambulance transports</td>
<td>Specialty referrals (including radiology and laboratory) outside KPMAS centers</td>
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<tr>
<td>Urgent care</td>
<td>Repatriation from non-core to core facilities</td>
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<td>Provider call-in line for member information and triage</td>
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Pre-service review is required for selected procedures and services. This process is administered at the Provider Service Center. PSC 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 PSC at 1-800-810-4766 and follow the prompts to speak with a staff member. The PSC 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)

### 1.5 Member Services Department

The Member Services Department has representatives to assist both Providers and members who call for:

- General verification of member eligibility/enrollment
- Clarification of member benefits and coverage
- Information about services available at KPMAS medical facilities
- Maps, driving directions, and other KPMAS literature
- Status or payment information related to a claims submission
- Information about or assistance with filing a Grievance or Appeal or Complaint
- Assistance with solving a problem
- Information about Plan Providers/assistance with selecting 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

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

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