

# 1. Kaiser Permanente Medical Care Program (KPMCP)

## 1.1 History

Kaiser Permanente was founded in the late 1930's by an innovative physician, Sidney R. Garfield, MD, and an industrialist, Henry J. Kaiser, as a comprehensive affordable alternative to “fee-for-service” medical care. Initially, the health care program was only available to construction, shipyard, and steel mill workers employed by the Kaiser industrial companies during the late 1930's and 1940's. The program was opened for enrollment to the general public in 1945.

Today, Kaiser Foundation Health Plan is one of the country's largest nonprofit, independent, prepaid group practice health maintenance organizations. We are proud of our over 60-year history of providing quality health care services to our Members and of the positive regard we've earned from our Members, peers, and others within the health care industry.

## 1.2 Organizational Structure

Kaiser Permanente Northern California Region (KPNC) is comprised of 3 separate entities that share responsibility for providing medical, hospital and business management services. This group of entities is referred to in this Provider Manual as Kaiser Permanente (KP). The entities are:

- **Kaiser Foundation Health Plan, Inc. (KFHP):** KFHP is a California nonprofit, public benefit corporation that is licensed as a health care service plan under the Knox-Keene Act. KFHP offers HMO plans. KFHP contracts with Kaiser Foundation Hospitals and The Permanente Medical Group to provide or arrange for the provision of medical services.
- **Kaiser Foundation Hospitals (KFH):** KFH is a California nonprofit public benefit corporation that owns and operates community hospitals and outpatient facilities. KFH provides and arranges for hospital and other facility services, and sponsors charitable, educational, and research activities.
- **The Permanente Medical Group, Inc. (TPMG):** TPMG is a professional corporation of physicians in KPNC that provides and arranges for professional medical services.

## 1.3 KPNC Service Area

The KPNC was the first of KP's 8 regions. Currently covering an area from south of Fresno to El Dorado in the Sierra foothills, from San Jose (Gilroy) to Sonoma on the Pacific coast, KPNC spans more than twenty counties.

## **1.4 Integration**

KP is unique. We integrate the elements of health care providers, hospitals, home health, support functions and health care coverage into a cohesive health care delivery system. Our integrated structure enables us to coordinate care to our Members across the continuum of care settings.

## **1.5 Nondiscrimination**

The KPMCP in Northern California does not discriminate in the delivery of health care based on race/ethnicity, color, national origin, ancestry, religion, sex (including gender, gender identity, or gender related appearance/behavior whether or not stereotypically associated with the person's assigned sex at birth), marital status, veteran's status, sexual orientation, age, genetic information, medical history, medical conditions, claims experience, evidence of insurability (including conditions arising out of acts of domestic violence), or source of payment.

It is also the policy of KPMCP to require that facilities and services be accessible to individuals with mental or physical disabilities in compliance with the Americans with Disabilities Act of 1990 ("ADA") including but not limited to the service animal requirements set forth in 28 C.F.R. § 36.302(c), and Section 504 of the Rehabilitation Act of 1973 ("Section 504") and other applicable federal and state laws and regulations that prohibit discrimination on the basis of disability.

As a Provider for HMO products offered by KP, you are expected to adhere to KP's "Nondiscrimination In the Delivery of Health Care Policy" and to all other federal and state laws and regulations that prohibit discrimination.

## **1.6 Preventative Health Care**

KP continues to influence the practice of medicine by focusing on keeping the patient healthy and on treating illness and injuries. We encourage Members to seek care on a regular and preventive basis.

## **1.7 Other Products**

In addition to our core HMO plans, KP also offers the fully insured and self-funded products, administered by KP Insurance Company (KPIC). Fully insured and Self-Funded Exclusive Provider Organization, Point-of-Service, and Preferred Provider Organization (PPO) options are addressed in a separate manual.

### **1.7.1 Exclusive Provider Organization (EPO)**

- Mirrors our HMO product, offered on a fully insured or self-funded basis
- EPO Members choose a KP primary care provider (PCP) and receive care at KP or (contracted) plan medical facilities
- Except when referred by a TPMG physician or designee (Plan Physician), EPO Members will be covered for non-emergency care only at designated plan medical facilities and from designated plan practitioners

### **1.7.2 Point of Service (POS)—Two-Tier**

- Tier 1 is the EPO provider network
- Tier 2 is comprised of all other contracted Providers
- POS Members incur greater out-of-pocket expenses in the form of higher co-payments, co-insurance and/or deductibles when they use Tier 2 benefits
- The POS—Two Tier product is offered on a fully insured or self-funded basis

### **1.7.3 Point of Service (POS)—Three-Tier**

- Tier 1 is the EPO provider network
- Tier 2 is comprised of our contracted PPO network providers
- Tier 3 includes non-contracted providers
- POS Members incur greater out-of-pocket expenses in the form of higher co-payments, co-insurance and/or deductibles when they self-refer to a contracted PPO network provider (Tier 2)
- Generally, the out-of-pocket costs will be highest for self-referred services received from non-contracted providers (Tier 3)
- The POS—Three Tier product is offered on a fully insured or self-funded basis

### **1.7.4 Out of Area Preferred Provider Organization (PPO)**

- The PPO is offered to Members living outside the KP EPO service area. Members receive care from our PPO provider network, e.g. PHCS.
- PPO Members may choose to receive care from a non-network provider; however, their out-of-pocket costs may be higher
- There are no requirements for PCP selection
- The Out of Area PPO is offered on a fully insured or self-funded basis

Each Member is issued a Health Identification Card (Health ID Card) that shows his/her unique medical record number (MRN). Members should present their Health ID Card and photo identification when they seek medical care. If a replacement card is needed, the Member can order a Health ID Card online at [www.kp.org](http://www.kp.org) or call Member Services Contact Center.

## **1.8 Identification Cards and Medical Record Number (MRN)**

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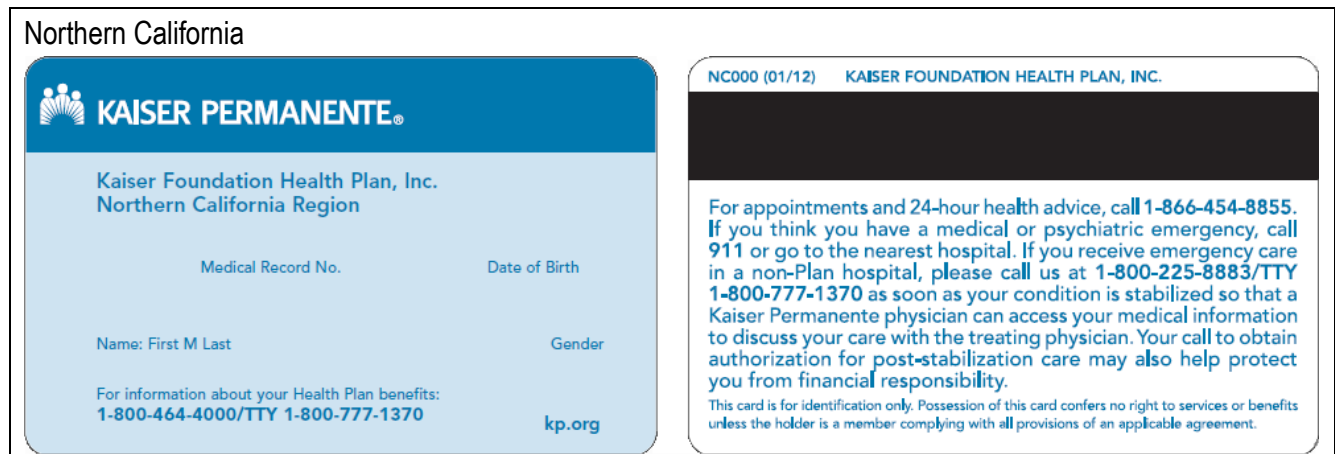
The Health ID Card is for identification only and does not give a Member rights to services or other benefits unless he/she is eligible. Anyone who is not eligible at the time of service is responsible for paying for services provided.

For record-keeping purposes, your business office may wish to photocopy the front and back of a Member's Health ID card and place it in the Member's medical records file.


The MRN is used by KP to identify the Member's medical record, eligibility, and benefit level. If a Member's enrollment terminates and the Member re-enrolls at a later date, the Member retains the same MRN even though employer or other information may change. The MRN enables medical records/history to be tracked for all periods of enrollment.

The MRN should be used as the "Patient ID" when submitting bills and encounter data.

Sample Health ID Cards:



**Southern California**

 <b>KAISER PERMANENTE®</b>			KH003 (07/11) KAISER FOUNDATION HEALTH PLAN, INC.		
Kaiser Foundation Health Plan, Inc. Southern California Region					
Prefix	Medical Record No.	Date of Birth			
Name: First M Last				Gender	
For information about your Health Plan benefits: <b>1-800-464-4000/TTY 1-800-777-1370</b>					kp.org
After-hours nurse advice: <b>1-888-576-6225/TTY 1-888-880-0833</b> If you think you have a medical or psychiatric emergency, call <b>911</b> or go to the nearest hospital. If you receive emergency care in a non-Plan hospital, please call us at <b>1-800-225-8883/TTY 1-800-777-1370</b> as soon as your condition is stabilized so that a Kaiser Permanente physician can access your medical information to discuss your care with the treating physician. Your call to obtain authorization for post-stabilization care may also help protect you from financial responsibility.					
This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.					