Access PPO: Frequently asked questions for small business groups

Does Kaiser Permanente really have a PPO?
Yes, Access PPO has one of the state’s most comprehensive provider networks1 with the award-winning care teams and physicians of Kaiser Permanente at their core. Access PPO members experience all the benefits of Kaiser Permanente’s integrated group practice without sacrificing provider choice locally and nationally.

What’s unique about Access PPO?
Health care consumers want choice. Access PPO provides access to a network of more than 5,000 hospitals, 90,000 health care clinics, and more than one million health care professionals across the country. This includes more than 1,000 physicians at Kaiser Permanente medical offices,1 where care is coordinated between all members of your health team. Kaiser Permanente doctors use the best approach—based on scientific research, supported by advanced technology, and leveraged to achieve better health outcomes at lower costs.1 In addition, there is a select group of Washington providers in the network with a lower cost share for office visits. That’s because we contract with these providers directly and they meet high standards for exceptional patient care and satisfaction.

What is the service area where these Access PPO plans can be sold?
For small business groups, it includes these Washington counties: Benton, Columbia, Franklin, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, and Yakima.

Why should someone consider Access PPO over other PPOs in the market?
Access plans feature a range of benefit options and an extensive provider network at a competitive price, making this PPO attractive to employers and individuals who may have never considered Group Health (now Kaiser Permanente). Access PPO members have broad provider choices both in and outside Washington state, as well as access to more than 1,000 Kaiser Permanente doctors that no non–Kaiser Permanente commercial plan offers. Multi-channel access to care helps members stay engaged with their health, and nurse care managers reach out to those who need extra support managing complex conditions.

Is there anything in Access PPO plans that helps members choose high-performing providers?
Our medical chiefs and directors set the high standards we use for evaluating providers we contract with. With Access PPO plans, we offer an enhanced benefit—a lower copay or other cost share—for care with hundreds of Washington physicians who demonstrate these high standards for patient care and satisfaction. This includes primary care doctors from Kaiser Permanente (Puget Sound, Spokane) and Family Care Network (Skagit, Whatcom) to Walla Walla Clinic and Memorial Physicians in Yakima.

What’s so special about care at Kaiser Permanente?
Kaiser Permanente physicians and care teams have been on the leading edge of many clinical care innovations—whether it’s salaried doctors, electronic medical records, email access to care providers, preventive care reminders and coaching, online appointment setting, or one-stop service with doctors, lab, X-ray, and pharmacy at nearly every primary care location. Doctors from leading medical schools and institutions are eager for the opportunity to practice at Kaiser Permanente, where they can focus on patient care rather than running a private practice. That dedication combined with exceptional expertise and coordination is why the Washington Health Alliance 2016 Community Checkup ranked Kaiser Permanente (formerly Group Health) the highest of 80 medical groups in the state.

Why should producers want to sell Access PPO?
Access PPO is a competitive product. It brings our award-winning clinical care and case management to the choice market. You can expect this product to perform extremely well from a cost perspective, while offering access to a high-performing medical system without sacrificing choice.
Will Access PPO members need preauthorization before seeing a specialist or receiving a service?

There is no need for preauthorization before seeing specialists. However, as with most health plans, all services must be medically necessary. While members can self-refer to a specialist, with self-referral comes responsibility. If a member decides to access health care services that require preauthorization, it is important that the member review their benefits summary or contact Kaiser Permanente Member Services to verify whether preauthorization is required in order to receive the full benefit coverage for that particular health care service or procedure. We have also designed our PPO like other PPO plans, so that only certain services, such as hospitalizations and certain surgical procedures, require preauthorization.

Are alternative care providers available? Where can care be obtained and are there plan limitations?

A variety of alternative treatment options, from naturopathy to chiropractic care are available. Members can self-refer to a licensed chiropractor, acupuncturist, or naturopath in the Access PPO network. If a massage therapist is needed, the member’s personal physician can write a prescription and care plan.

Plans include a specific number of covered visits for acupuncture, chiropractic care, and massage therapy. All in-network acupuncture and chiropractic care visits will be covered at the enhanced benefit level (lower member cost share).

Are there providers who aren’t in the Access PPO network who may still deliver services?

There are some specialties such as anesthesiology, pathology, radiology, and others that may be considered out of network even if the hospital, outpatient facility, or surgeons used are in network. These specialists often choose not to contract with any insurance provider, so it is advisable to check the provider directory or contact Kaiser Permanente Member Services to verify if a specialist is in the network.

What if I want a PPO plan that features a high deductible combined with a health savings account?

The Access PPO plans sold directly from Kaiser Permanente for small business groups include Bronze and Silver HSA-compatible plans.

How does the Kaiser Permanente Access PPO compare with similar products in the marketplace?

Access PPO provides the standard benefits offered by many PPOs with a few special features. Among PPOs in the market, only Kaiser Permanente PPOs have the high-performing physicians and care teams of Kaiser Permanente at their core. Members can take advantage of an enhanced in-network benefit with select physicians (including the Washington Permanente Medical Group), offered with lower cost shares for office visits and prescriptions. So they have many options: extensive choice of doctors, physicians with cost savings on office visits, and physicians who have met rigorous standards for quality and care. Specific cost shares vary depending on the plan.

Do the new PPO plans include the 10 essential health benefits (EHB) required in exchange products?

Yes, these requirements apply to all small business group plans.
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