

Transition of Care Coverage | Guidelines

Transferring care from another health plan to Kaiser Permanente

We have established general guidelines regarding the transfer of care for new members. This sheet summarizes those guidelines, although these decisions are made on a case-by-case basis. These guidelines are applicable when the employee/employer has elected to change from another health plan to a Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. plan.

When appropriate, we encourage members to obtain care from our extensive network of qualified, credentialed providers.

New members seeking health carrier approval for treatment by a nonparticipating doctor, provider, or facility who had provided care to the member under the member's previous health plan, should complete the Transition of Care Coverage Request form, which can be obtained by calling Member Services toll-free at 1-888-844-4607. This form must be completed and submitted by the patient and the treating physician within 30 days of becoming a Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. member.

Please refer to the following table to determine how to proceed with your continuity of care options.*

OUTPATIENT DOCTOR VISITS/OTHER OUTPATIENT SERVICES/PATIENT CONDITIONS	TYPICAL ACTION TAKEN
Medical equipment rentals	Will be redirected to contracted provider.
Routine and urgent care: Physical exams, urgent health care problems, or regular follow-up visits	Will be redirected to a contracted provider.
Chronic medical condition, involved in ongoing therapies (other than oral medications)	Will be redirected to a contracted provider.
Scheduled for an elective procedure	Will be redirected to a contracted provider.
Rehabilitation services	A contracted provider will re-evaluate the treatment plan and determine the need for treatment and expected duration.
<ul style="list-style-type: none"> Physical, occupational, and speech therapies 	<ul style="list-style-type: none"> Will be redirected to a contracted provider.
Involved in active, ongoing treatment	May be allowed to complete the current segment of treatment and stable to transition. Treatments may include: <ul style="list-style-type: none"> Active cycle of chemotherapy to complete that cycle and transfer. Active cycle of radiation. Follow-up within the post-op global period of surgical procedure.

HOME CARE/HOSPICE

Home care services	Will be redirected to a contracted provider.
Home care physical, occupational, or speech therapies	Will be redirected to a contracted provider.
Hospice program enrollment	Members enrolled in a hospice program who are undergoing treatment for terminal care will be allowed to remain with their current provider.

* For federal and state employees and persons enrolled in other government program health plans—such as Medicare and Medicaid—certain special rules may apply.

PREGNANCY CARE**TYPICAL ACTION TAKEN**

High risk	Will be reviewed on a case-by-case basis.
Uncomplicated after completion of 36 weeks	May remain with their provider through delivery and initial postpartum visit, generally not to exceed six weeks after delivery.

MENTAL HEALTH/CHEMICAL DEPENDENCY CARE

Chemical dependency—not intensive outpatient (IOP)	Requests will be reviewed on a case-by-case basis.
Chemical dependency—intensive outpatient (IOP)	Requests will be reviewed on a case-by-case basis.
Mental health—outpatient	May be allowed a few visits for the development of a transition plan to a contracted provider (no more than 3 visits within 30 days).

HOSPITAL CARE

Members hospitalized when the hospital contract ends	If discharge is within two days, patients will be able to remain at the hospital until discharged. Longer stays may result in transfer to a contracted facility, depending on medical stability, physician approval, and payment methodologies.
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For further information, contact our dedicated transition team at 206-630-0029 or 888-844-4607 (toll free), or call the Washington state TTY relay at 800-833-6388 or 711.

Kaiser Permanente Nondiscrimination Notice and Language Access Services



KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Kaiser Permanente:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente Member Services.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance by phone, mail, fax, or email. If you need help filing a grievance, a Kaiser Permanente Member Services Representative is available to help you. Language assistance is provided free of charge. The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Fax: 206-901-6205 or toll-free 1-888-874-1765

Address: Kaiser Foundation Health Plan of Washington

Civil Rights Coordinator, Quality GNE-D1E-07

P.O. Box 9812

Renton, WA 98057-9054

Email: csforms@ghc.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F

HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

LANGUAGE ACCESS SERVICES

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

中文 (Chinese) : 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

ភាសាខ្មែរ (Khmer) : ប្រយ័ត្ន៖ បើសិនអ្នកនិយាយខ្មែរ, សេវាជំនួយផ្នែក យេមិនគិតថ្លៃ គឺចូលរួមសេវាឥតគិតថ្លៃ។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711) ។

日本語 (Japanese): 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic) : ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): لديكم حق الحصول على مساعدة ومعلومات في ملحوظة : إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان . اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388) .

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ພາສາລາວ (Lao): ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍ່ ວິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມ ໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Adamawa (Fulfulde): MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.