

Member Resource Guide

Kaiser Permanente Medicare Advantage (HMO) plans



kp.org

Plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

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Important phone numbers

Member Services

- 1-888-901-4600
- 206-630-4600
- 711 (TTY)
- Seven days a week, 8 a.m. to 8 p.m., except major holidays
- Also available via online chat when you sign in at kp.org

New Member Welcome Team

Get help transferring your care or prescriptions to Kaiser Permanente, Monday through Friday, 8 a.m. to 5 p.m., except major holidays.

- 1-888-844-4607
- 206-630-0029

24/7 advice line

Get health care advice from a licensed clinician 24 hours a day, 7 days a week.

- 1-800-297-6877
- 206-630-2244

Mental Health Access Center

Schedule first-time and follow-up appointments for mental health and for addiction and recovery services, Monday through Friday, 8 a.m. to 5 p.m.

- 1-888-287-2680
- 206-901-6300

Hospital Notification Line

Call 24/7 if you've been hospitalized for an emergency.

- 1-888-457-9516
- 206-901-4609

Website and mobile app support

Get help with our online services, Monday through Friday, 8 a.m. to 5 p.m.

- 1-888-874-1620

Patient Financial Services

Get answers to questions about a bill or request a payment arrangement.

- 1-800-442-4014



The information in this Member Resource Guide is updated from time to time and is current as of February 2024. Plan hospitals, plan physicians and other plan providers, and the services available at plan facilities are subject to change at any time without notice. If you have questions, or to get the latest information, call Member Services or visit kp.org.

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Hello!

Thank you for choosing Kaiser Permanente.

This guide will provide you useful information about your plan, your care, and all the services that are available to you. It will also connect you to much more information on our website.

There's a lot to know, but you don't have to know it all now. This guide is yours to reference whenever you need it.

Introduction to care: **Get started**

1 Visit kp.org/wa/getstarted.

2 Register for your secure online account at kp.org/wa/register if you don't already have one.

With our website and mobile app you can:

- Find a doctor
- Order prescriptions
- Take a health assessment
- Access online care options
- See billing statements
- Pay bills
- Check your deductible status

When you get care from Kaiser Permanente doctors and care teams and sign in to your account, you can also:

- Email your health care team with nonurgent questions
- See preventive care reminders
- Make appointments
- Review scheduled appointments
- View lab and test results
- Review after-visit summaries
- See medical records



Get care on the go with our mobile app*

The Kaiser Permanente Washington mobile app gives you easy access to many features available in your secure online account for care anytime, anywhere. Go to kp.org/wa/mobile to download the app.

* To use the Kaiser Permanente Washington app, you must be a Kaiser Permanente Washington member registered on kp.org. If you travel out of state, some virtual care services may not be available due to licensing laws. Laws differ by state.

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Introduction to care: **Get help**

1 New Member Welcome Team

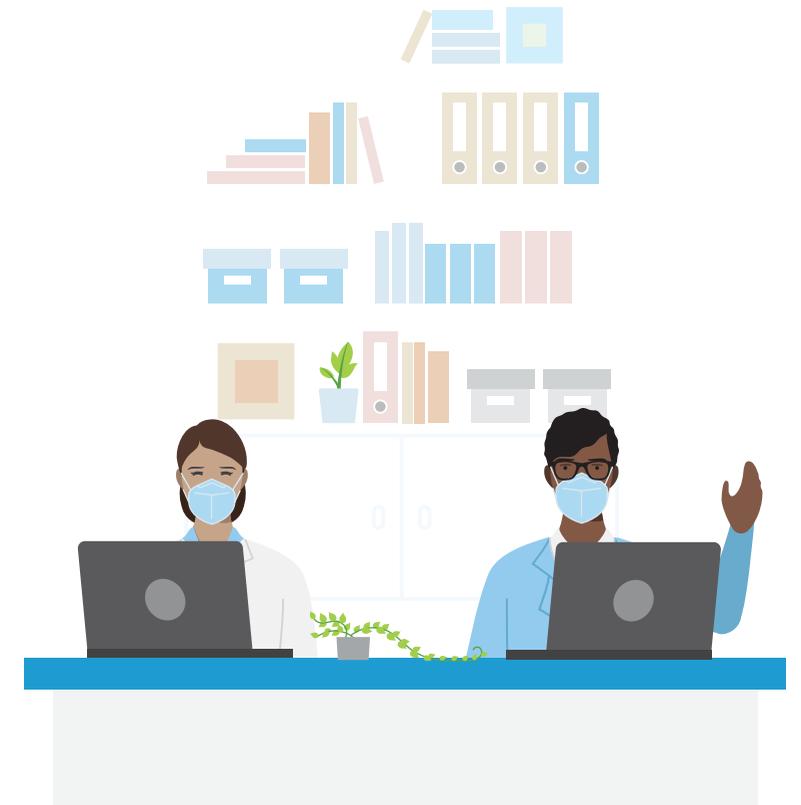
Are you new to Kaiser Permanente and in the middle of treatment elsewhere? Call the New Member Welcome Team. Our team can help you transition your care and prescriptions, find a doctor, answer plan questions, and more. Call **206-630-0029** or **1-888-844-4607** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m.

2 Member Services

Contact Member Services at **1-888-901-4600**, seven days a week, 8 a.m. to 8 p.m., except major holidays. You can get help and information about most things, including:

- Choosing or switching doctors, where to go for care, and referrals for specialists
- What your health plan does and doesn't cover, billing questions, and coverage while traveling
- Billing statements, payments, and reimbursements
- Language services if your primary language is not English

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Introduction to care: **Get care**

1 Select a doctor in your network

Know your network

You have access to a specific network of doctors and care providers, as well as hospitals, pharmacies, and other care facilities.

- Your network is listed on your ID card, which you'll receive in the mail. (Your digital ID card has the same information. Find it at kp.org and in the Kaiser Permanente Washington mobile app once you've registered for a secure member account and signed in.)
- If you need help understanding your network, call Member Services.

Consider your options

A designated personal physician means you have someone to coordinate your overall health care and make sure you're connected with the resources you need.

- Depending on your health plan and where you live, you can choose a Kaiser Permanente doctor or another provider in your network.
- Choose a personal doctor who practices family medicine or adult/internal medicine or who specializes in pediatric or adolescent medicine for children up to 18.
- If you don't choose a doctor, we'll match you with one so you have a doctor assigned to you if you get sick or injured. You can change your doctor anytime, for any reason.



Here are some things to consider as you search for a personal physician:

- Gender
- Facility location
- Medical interests
- Languages spoken
- Years of experience
- Cultural or personal background

Browse doctor profiles and make a selection

Search kp.org/wa/find-a-doctor for doctors as well as pharmacies, medical facilities, hospitals, and more.

- Be sure to select your network as you begin your search.
- Make sure the doctor you're considering is accepting new patients.
- Contact Member Services if you need help.

2 Learn about your coverage

Kaiser Permanente offers many plans, networks, and levels of coverage. It's a good idea to get familiar with your plan's coverage.

- Find the name of your network on your ID card.
- Review your *Evidence of Coverage*.

Individual plan members: kp.org/wa/eocs

Group plan members: kpwa.memberdoc.com

3 Review your care options

Learn about the many care options available to our members at kp.org/getcare.

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Specialty care

If you have a new health concern, the best place to start is with your personal physician. Your doctor can help you determine if you should see a specialist for evaluation or treatment.

Referrals

In most cases, you need a referral from your personal doctor to see a Kaiser Permanente specialist or a network specialist who doesn't practice at Kaiser Permanente. You may also need authorization from Kaiser Permanente for your visit to be covered. After talking with you, your personal doctor may call for a specialty referral that allows you to see the same specialist more than once without needing to get a new authorization each time. You don't need a referral or authorization for emergency care or urgent care. You can find specialists in your network at kp.org/wa/find-a-doctor.

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Information about specific specialty care services

Hearing care

Your plan covers annual hearing exams.

- Check your *Evidence of Coverage* for details about your hearing care coverage and whether your plan has a hearing hardware allowance that you can use toward the purchase of hearing aids from a network provider.
- Visit kp.org/wa/find-a-doctor for audiology locations and providers.

Dental care

- Individual Medicare Advantage plans offer a preventive dental care benefit. For information about these benefits, or adding optional dental coverage, visit kp.org/wa/senior-health or call Member Services.
- If you're enrolled in a group Medicare Advantage plan, contact your group administrator for information about your dental coverage.

Inpatient care or surgery

Planned procedures are covered at a network facility when ordered by a Kaiser Permanente or other network physician. Your physician will request any needed preauthorization from the health plan.

Mental health care

Call the Mental Health Access Center at **1-888-287-2680** for mental health services. They'll coordinate and authorize all mental health care, addiction, and recovery care.

- No referral is necessary.
- Coverage varies; check your *Evidence of Coverage* for details.
- Visit kp.org/mentalhealth for more information.

Vision care

Many plans cover routine eye exams, and many of our medical facilities have an optical center where you can fill your prescription for contact lenses or eyeglasses.

- No referral is necessary.
- Check your *Evidence of Coverage* for details about your vision coverage and your benefit for contacts or eyewear and lenses.
- Visit kp.org/wa/eyecare for Kaiser Permanente locations, hours, discounts, and frame selections. Find other network optometrists in your area at kp.org/wa/find-a-doctor.

Women's health care

Women can refer themselves to women's health care providers for routine reproductive health care, gynecological care, maternity care, and general preventive care such as Pap tests and breast exams. Women's health care providers include specialty doctors, such as gynecologists and obstetricians, and physician assistants or nurse practitioners specializing in women's health and midwifery.

- Search for providers in your network at kp.org/wa/find-a-doctor.



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Urgent and emergency care

You're covered for emergency care and medically necessary urgent care anywhere in the world. You do not need preauthorization.



Urgent care

Urgent care is for illness or injuries that require prompt medical attention but are not emergencies, such as wounds needing stitches, minor breathing issues, or stomach pain. Here are your options:

- During office hours, call your personal doctor's office to see if you can get a same-day appointment.



If your doctor isn't available, or you're unsure if urgent care is your best option, call the 24/7 advice line at 1-800-297-6877 or 206-630-2244 (TTY 711).

Emergency care

Seek emergency care for a medical or psychiatric condition that requires immediate medical attention to prevent serious risk to your health. Examples include:

- Chest pain or pressure that may move out to the arm, neck, back, shoulder, jaw, or wrist
- Severe stomach pain that comes on suddenly
- A sudden decrease in or loss of consciousness
- Severe shortness of breath

Hospital admission

If you need emergency care and are admitted to a hospital not in your network, you or a family member must let us know as soon as is reasonably possible. Call the Hospital Notification Line at **1-888-457-9516** (also listed on the back of your member ID card) to help make sure your claim is accepted.

Coverage details

- Your plan provides coverage for emergency services, including ambulance transportation used for a medical or psychiatric emergency. If your plan has a copayment, coinsurance, or deductible for these services, you'll receive a bill.
- You can review coverage for emergency services in your plan's *Evidence of Coverage* or Summary of Benefits and Coverage.

If you think you are experiencing an emergency, go immediately to the nearest emergency care facility or call 911.

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Prescription drugs

If your plan includes prescription drug coverage, you have options for filling your prescriptions, getting them via convenient home delivery, and getting help managing multiple medications.



Visit kp.org/wa/pharmacy to learn about our pharmacy services.

Visit kp.org/wa/find-a-doctor to find pharmacies in your network.

To find the formulary for your plan, go to kp.org/formulary.

Things you need to know

Formulary

Your plan has a list of approved drugs – called a formulary – to help make sure that the safest, most appropriate, and most effective prescription medications are available to you. The formulary divides groups of medications into tiers that determine your portion of the drug cost. You may need to review your Summary of Benefits to know how many tiers your plan’s formulary has.

Requirements for some drugs

A formulary usually includes some restrictions. Here’s what you should know:

Step therapy (ST): If 2 drugs have been shown to be equally effective at treating a condition, we ask that you try the less costly drug first before we’ll cover the other medication.

Quantity limit (QL): Based on a drug’s safety, toxicity, and potential misuse, we may limit the amount of the drug you can have each time you fill the prescription.

Prior authorization (PA): This process is to confirm medical criteria have been met that will help ensure your safety. If you’re on a drug that requires prior authorization and you got it while on another company’s health plan, you will still need to complete the process with Kaiser Permanente.

Prescription home delivery

For certain medications, you can get prescription refills mailed to you through the Kaiser Permanente mail-order pharmacy. Once your prescriptions are in our system, mail-order prescriptions usually arrive at your home within 1 to 5 days. Delivery is free of charge. If you have questions or concerns about prescription delivery, please call **1-800-245-7979 (TTY 711)**.

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Support, resources, and tools

Good health goes beyond the doctor's office. That's why we offer these convenient resources to our members.

Care at home

If you're unable to leave your home due to health issues, skilled professionals can visit you at home to help you work toward returning to independence. These services are available with your doctor's referral.

- In Seattle, call **1-800-332-5735**.
- In Eastern/Central Washington and North Idaho, call **1-888-781-3573**.



Chronic conditions

Registered nurses certified in case management offer phone-based support managing chronic asthma, diabetes, high blood pressure, cholesterol, or heart disease. Call **1-866-656-4183**.

Community resources

To find community resources for financial, caregiving, food, transportation, and other needs, call for an appointment with a community resource specialist at **1-800-260-7445**.

Complex case management

A specially trained nurse – in partnership with your personal care doctor – can help members who need or want help managing multiple chronic conditions, medications, and providers. Call **1-866-656-4183**.

Fitness deals

Stay active and fit with a variety of reduced rates on studios, gyms, fitness gear, in-person classes, and on-demand video workouts. Visit kp.org/wa/fitness.

Discounted services

To check out discounts for nonmedical products and services, go to kp.org/seniorhealth and click on "Explore discounts."

Printed health information

To request printed health education materials or forms, leave a message at **1-800-992-2279**.

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Mindfulness and meditation apps:¹

Offered at no cost to members.

Go to kp.org/selfcareapps.

- **Calm** is designed to lower stress, reduce anxiety, and much more.
- **Headspace Care** offers text-based emotional support coaching to help manage anxiety, reduce stress, and more.^{1,2}

Silver&Fit^{®3}

Access at-home fitness kits, online exercise classes, and fitness center memberships at no cost to you. Sign up at silverandfit.com or by calling **1-877-750-2746 (TTY 711)**, Monday through Friday, 5 a.m. to 6 p.m.

Smoking cessation

Quit for good with one of the country's most successful tobacco cessation programs – at no additional cost. Phone-based or online. Visit quitnow.net/kpwa.

Sponsored events

Find ways to connect with your community and improve overall wellness at kp.org/wa/community-events.

Support groups and classes

Go to kp.org/classes for details about your options.

Gender health services

Members moving through the process of gender-affirming surgery can self-refer for clinical guidance and support from licensed social workers. Coverage depends on your plan. Contact **1-888-245-9004** or genderhealth@kp.org for details.

Transportation services

Get rides to and from medical and dental appointments and in-network pharmacies, at no cost.⁴ Call Access2Care at **1-877-828-4512 (TTY 711)** or use the Access2Care mobile app to schedule your ride 2 business days before you need to go.



Wellness blog

Visit our trusted source of information about wellness, fitness, and nutrition at thrive.kp.org/thrive-together.

Wellness coaching

Get phone support from experienced health coaches to make positive life changes. Visit kp.org/wa/wellness-coach.

1 The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Medicare Advantage grievance process. Calm can be used by members 13 and over. The Headspace Care app and services are not available to any members under 18 years old.

2 The Headspace Care app and coaching services are neither offered nor guaranteed under contract with the Federal Employees Health Benefits Program but are made available to enrollees and family members, 18 and older, who become members of Kaiser Permanente. Kaiser Permanente members can text with a coach using the Headspace Care app for 90 days per year. After the 90 days, members can continue to access the other services available on the Headspace Care app for the

remainder of the year at no cost.

3 Silver&Fit[®] is a federally registered trademark of American Specialty Health, Inc.

4 Limitations may apply. Emergency transportation not included. Number of rides varies by plan. Consult Member Services or your coverage documents for this detail.

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Care while traveling

If you become ill or injured while traveling, you're covered for urgent and emergency services anywhere in the world. And if you get your care routine from Kaiser Permanente doctors and care teams, you can email your care team's office with nonurgent questions.



For the best options for nonemergency urgent care away from home:

In your plan's Washington service area

You can access all providers in your network. Find links to providers at kp.org/wa/find-a-doctor.

In Arizona

Depending on your plan, you may also have a supplemental travel benefit that covers care at select Banner Health locations in Pima and Maricopa counties. For more information, see your *Evidence of Coverage* or call Member Services.

Nationwide travel coverage

Essential, Key, and Vital individual Medicare Advantage plan members can access routine medical coverage nationwide while traveling outside states with Kaiser Permanente facilities. For more information about the nationwide visitor/travel benefit, visit kp.org/medicaretravel/wa.

In all other areas

Call Member Services at **1-888-901-4600** for help finding the closest care. You'll also receive a visiting member ID number if you plan to get care at a Kaiser Permanente facility outside the Kaiser Permanente Washington service area.

1 When appropriate and available. If you travel out of state, some virtual care services may not be available due to licensing laws. Laws differ by state.

2 This feature is available when you get care from Kaiser Permanente doctors and care teams.



Call 24/7 for care advice from a licensed clinician: **1-800-297-6877**



Start a phone or video visit, available 24/7 across the U.S.¹



Email your Kaiser Permanente care team with nonurgent questions.²

Learn more about these care options at kp.org/getcare.



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Travel within the Kaiser Permanente Washington service area

- Nearest Kaiser Permanente urgent care
- Other urgent care location in your plan's network

Travel in another Kaiser Permanente region

- Nearest Kaiser Permanente urgent care
- Other urgent care location in your plan's network

Travel in a state without Kaiser Permanente

- Nearest CVS MinuteClinic, Concentra, or The Little Clinic urgent care center³
- Nearest urgent care⁴

International travel

- Nearest urgent care⁴
- Nearest hospital

Emergency care while traveling⁵

- In the United States, call 911.
- If abroad, call the local emergency number of the country you're visiting or go to the closest emergency room.
- If admitted to a hospital, call our Hospital Notification Line at **206-901-4609** or **1-888-457-9516** as soon as reasonably possible.

³ If you get care at a CVS MinuteClinic, Concentra urgent care center, or any other urgent care facility within a state where Kaiser Permanente operates, you'll be asked to pay upfront for services you receive and file a claim for reimbursement.

⁴ Urgent care services are covered subject to the applicable copay, coinsurance, or deductible. See your *Evidence of Coverage* for details.

⁵ If you reasonably believe you have an emergency medical condition, which is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health, call 911 or go to the nearest emergency department. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage*.

Travel Advisory Service

Our Travel Advisory Service offers recommendations tailored to your travel outside the United States. Nurses certified in travel health will advise you on any vaccines or medications you need based on your destination, activities, and medical history. The consultation is not a covered benefit, and there is a fee for a Kaiser Permanente member using the service for the first time. Prices for travel vaccines and medicines may vary depending on your Kaiser Permanente plan.

For more information

Call Kaiser Permanente Member Services at **1-888-901-4636** or visit kp.org/travel.



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Medical treatment; rights and responsibilities

You have rights when it comes to your medical treatment. While some rights are set by state and federal law, you also have the right to choose treatments based on your personal values, beliefs, and what is important to you.

Making treatment decisions

When your doctor offers you treatment for a medical condition, you can choose to say “yes” or “no.” To help you make a decision, your physician will tell you about your medical condition, the different treatments, and what their side effects might be. Your beliefs and values may guide you in deciding whether to go ahead with a treatment or not.

Discussing treatment alternatives

While Kaiser Permanente doesn’t cover every kind of treatment or procedure (no health plan does), we don’t have any financial incentives or penalties that might encourage doctors or other clinicians to withhold medically necessary services or to keep them from discussing recognized medical alternatives with you. The only financial incentives we ever use are rewards for medical groups and hospitals that meet quality care measures (such as cancer screenings) and patient satisfaction targets.

Documenting your care choices

What if you were in a serious accident and lost your ability to say “yes” or “no” to treatment? Advance directives are designed to document your wishes in case you find yourself in that situation. They can be completed by anyone 18 or older and changed or canceled at any time. There are 3 types of advance directives:

- **Durable Power of Attorney for Health Care (DPOA):** Names someone as your decision-maker if you’re unable to make health care decisions yourself.
- **Health Care Directive – Living Will:** Tells your provider and your family what kinds of care you do not want if you are seriously ill or injured.
- **Portable Orders for Life-Sustaining Treatment (POLST):** Contains physician orders about the use of life-sustaining treatment such as CPR. It is intended to reflect your wishes around end-of-life care.

You can find these forms and an advance directive booklet at kp.org/wa/forms.



When you need hospital care

Your network includes community or regional hospitals in locations across our Washington state service area. The Leapfrog Group, a national hospital rating organization, publishes an annual survey on hospital safety performance.

You can review the most recent results for participating Washington hospitals at leapfroggroup.org/compare-hospitals.

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Laws related to women's health

Contraception

Beginning in 2018, Washington state law requires non-Medicare health plans with contraceptive drug coverage to let members get a 12-month supply at once. All preferred contraceptives except NuvaRing are eligible for this extended supply. This regulation doesn't apply to employer self-funded plans or Federal Employees Health Benefits Program plans.

Mastectomies

The Women's Health and Cancer Rights Act of 1998 gives you the right to the following coverage after a mastectomy: reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance, prostheses (artificial replacements), and treatment for physical complications resulting from the mastectomy.

New medical technology

New and emerging medical technologies are evaluated on an ongoing basis by 2 Kaiser Permanente committees: the Interregional New Technologies Committee and our local Pharmacy and



Therapeutics Committee. These evaluators consider the new technology's benefits, whether it has been proven safe and effective, and under what conditions its use would be appropriate. The recommendations of these committees, which are led by physicians, inform what is covered and used by our clinicians.

Quality improvements

Each year we develop an annual work plan to guide our efforts to maintain and improve the quality of patient care and services. You can find the Quality & Safety Program description and Quality Plan work plan at kp.org/wa/quality, or call Member Services and ask for a copy.

Feedback on care quality or access

Your compliments, concerns, complaints, and questions help us provide high-quality care and service. You can call Member Services to share your comments or complete an online form and email it to Member Services at kp.org/wa/compliments-complaints.

Privacy, rights, and responsibilities

Know your rights and responsibilities

It's important to know what you can expect and what we need from you when you receive care from us. Visit kp.org/wa/rights.

Find out how we protect your privacy

Our regional Notice of Privacy Practices, which all members and patients receive, describes how medical information about you may be used and disclosed and how you can access it. It also describes our responsibility to notify you if there is a breach of your protected health information. Go to kp.org/wa/privacy.

Important resources

Visit kp.org/wa/important-resources to learn about coverage documents, other plan documents, and preventive care schedules. You can also read about our quality program and ratings on hospital care and safety, learn about women's health and cancer rights, and read important health plan and pharmacy disclosures.



Nondiscrimination and language services

We comply with all civil rights laws and do not discriminate in any way. We also provide language services to people whose primary language is not English. For details, visit kp.org/wa/ndn.

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Coverage decisions

Decisions about your benefit coverage are based solely on the appropriateness of care for your medical needs and what is covered by your health plan.

How utilization management works

Utilization management is a process used in the health care field to make sure patients are getting appropriate services at the right time and for the right length of time. You benefit because it requires continuous review and monitoring of your care. Some of the services we continuously monitor and evaluate are:

- Hospital admissions and average length of stay
- Referred services
- Post-service claims
- Case management services for certain medical conditions
- Clinical practice guidelines

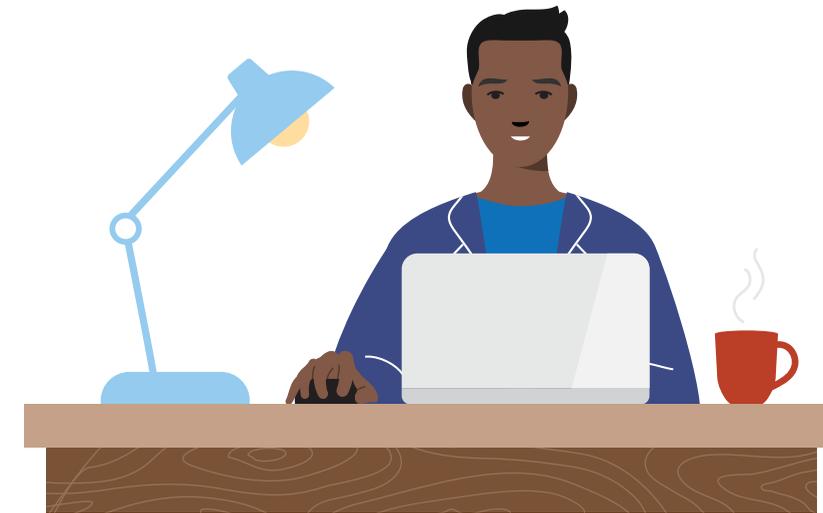
Some care, services, and supplies require prior approval (preauthorization) from Kaiser Permanente in order to be covered. This includes planned inpatient hospitalization, advanced imaging (CT scan, MRI, PET scan), clinical trials, dialysis, home health care, hospice, certain drugs, and more. Generally, the recommending provider will request the preauthorization on your behalf.

If at any time you feel you are not receiving coverage for an item or service that you believe is medically necessary, you have the right to:

- Make a request for services or supplies you have not received.
- File a claim for payment of charges you've paid.

If you don't agree with our decision regarding your request, you have the right to request an appeal.

You or your doctor can contact Member Services for help with questions about coverage determinations. If you contact us after regular business hours, we'll respond the next business day. If the communication is received after midnight, Monday through Friday, we'll respond the same business day.



Claims and appeals

Appeal a coverage or claim decision

If Kaiser Permanente denies coverage for a medical service or payment of a claim, you have the right to appeal that decision.

Go to kp.org/wa/appeals to learn how.

File a claim

Find instruction for filing claims at kp.org/wa/reimburse.