

# Point-of-Service (POS) and Preferred Provider Organization (PPO): Preparing for your appointment



## For members

If you have a point-of-service (POS)<sup>1</sup> or preferred provider organization (PPO)<sup>2</sup> plan with Kaiser Permanente Insurance Company (KPIC), you can get care from participating providers or any licensed provider you choose. The Participating Provider network includes physicians in the PHCS™ or MultiPlan® Network<sup>3</sup> when receiving care within a Kaiser Permanente state (CO, CA, HI, OR, WA, GA, MD, VA, and DC).

When receiving care outside of a Kaiser Permanente state, the Participating Provider network is the Cigna PPO Network.<sup>4</sup>

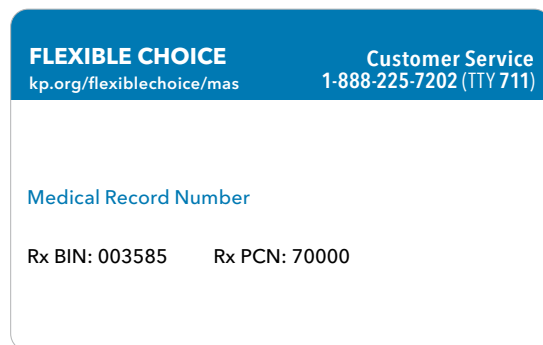
### Help your appointment go smoothly:

1. Before getting care, make sure your doctor or medical facility is accepting new patients. To limit your costs, we suggest using a doctor or medical facility in the PHCS or MultiPlan Network when receiving care within a Kaiser Permanente state (CO, CA, HI, OR, WA, GA, MD, VA, and DC). When receiving care outside of a Kaiser Permanente state, we suggest using a doctor or medical facility in the Cigna PPO Network. Visit [kp.org/flexiblechoice/mas](https://kp.org/flexiblechoice/mas) to confirm that your chosen provider currently participates in the network. You may also visit any licensed provider of your choice.

2. Bring a copy of this form to your appointment and present it when you register for your visit. Also, keep a copy for your records.
3. Remember to let your provider know you have a KPIC POS or PPO plan.

### Don't forget your ID card

Your ID card has important information on the front and back to help you check in for your appointment, including the name of your health plan and medical record number.



Sample image. Your card(s) may vary.

<sup>1</sup> Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the In-Network HMO Tier (Option 1) and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the In-Network PPO Tier (Option 2) and Out-of-Network Tier (Option 3).

<sup>2</sup> Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the In-Network PPO Tier (Option 1) and Out-of-Network Tier (Option 2).

<sup>3</sup> KPIC has contracted with PHCS Network to provide access to hospitals and physicians with a commitment to keeping out-of-pocket costs low through contracted rates.

<sup>4</sup> The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.

Cigna is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna PPO Network is available through Cigna's contractual relationship with the Kaiser Permanente health plans. The Cigna PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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## For providers

This member has a POS or PPO plan, which lets them get care from participating providers or any licensed provider they choose. The Participating Provider network includes physicians in the PHCS or MultiPlan Network when receiving care within a Kaiser Permanente state (CO, CA, HI, OR, WA, GA, MD, VA, and DC).

When receiving care outside of a Kaiser Permanente state, the Participating Provider network is the Cigna PPO Network.<sup>1</sup>

### Helping members during their visit:

1. Check their medical ID card and call customer service at **888-225-7202** to make sure they're eligible and obtain benefits such as copays, deductibles, and coinsurance.
2. Submit member claims to:  
Claims Administration  
P.O. Box 371860  
Denver, CO 80237-9998  
EDI Payor ID: 52095  
  
For Cigna providers, mail claims to:  
Cigna  
P.O. Box 188061  
Chattanooga, TN 37422-8061  
EDI Payor ID: 62308
3. If they need a referral for specialty care, such as labs, scans, or specialist visits, please refer them to any participating PHCS and MultiPlan provider, which helps with member copays and other out-of-pocket expenses. Collect only payments the member is responsible for, which would include copays, coinsurance, and deductibles.
4. The provider explanation of payment will be sent for billed services and will provide additional processing information for the visit.
5. Keep in mind that all nonemergency hospitalizations and certain medical services require precertification. PHCS, MultiPlan, and non-participating providers, please call **888-567-6847**, Monday through Friday, 8 a.m. to 11 p.m., Eastern time, **3 days before** any scheduled admissions or services that require precertification. For a list of these services, find the *Certificate of Insurance* at **kp.org/kpic** or call the number listed on the member's ID card.
6. For all members, please call within 24 hours of any emergency admission.
7. For POS members who had emergency care, call the customer service number on the back of their member ID card.
8. For PPO members, call **888-567-6847**, Monday through Friday, 8 a.m. to 11 p.m., Eastern time.

### Please put this form in the member's medical record or billing files for reference.

Questions? Call the customer service number found on the member's ID card. To find a network facility, visit [kp.org/flexiblechoice/mas](https://kp.org/flexiblechoice/mas).

**NOTE: For pharmacy, call MedImpact at 800-788-2949, 24 hours a day, 7 days a week. Be sure to have the member's full name, date of birth, and medical record number ready when you call.**

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