



KAISER PERMANENTE

## Consumer Choice Option Information

As a KAISER PERMANENTE member, you can see doctors at our Kaiser Permanente Medical Centers or participating doctors—commonly referred to as Affiliated Community Physicians—practicing in their own offices all over town. We would like to inform you of the **Consumer Choice Option (CCO)** which allows you to use providers not available through our health plan while receiving benefits comparable to those you receive when you use in-network providers. If you choose the CCO, your premium will increase 17.5% above your total health care premium.

Since the CCO is complex, please read the following material closely so you can make an informed decision.

- You may select the CCO only during your employer's open enrollment periods or as a new hire, except in certain circumstances as described in detail in the enclosed "Full Disclosure" information.
- You must go through a nomination process to select CCO physicians. There is no guarantee that KAISER PERMANENTE will accept your nominated provider(s) or that your nominated provider(s) will be willing to accept KAISER PERMANENTE's reimbursement. Nominations declined by KAISER PERMANENTE are not open for appeal.
- KAISER PERMANENTE cannot control the amount of time a provider may take in requesting information on our policies and procedures or fee schedules before he/she makes a decision whether to participate in the CCO.
- Please note that no action will be taken on nomination forms submitted to KAISER PERMANENTE, nor will the three day response time to nomination forms begin, until KAISER PERMANENTE's enrollment system indicates that you are a CCO member.
- KAISER PERMANENTE is not responsible for the quality of care or services received from your nominated and accepted provider(s). We will not perform the rigorous review process that is in place for physicians who are contracted with KAISER PERMANENTE.
- When you elect the CCO, you and the CCO provider you are using are still responsible for attaining referrals, pre-certifications, prior-authorizations, and following the drug formulary as outlined in your membership literature. Failure by you or your nominated and accepted provider(s) to follow KAISER PERMANENTE guidelines disqualifies those services for coverage and reimbursement.
- You may see your nominated and accepted provider for services covered by your health plan as outlined in your *Evidence of Coverage* booklet. Services not covered are your financial responsibility.
- If you want to be hospitalized in an out-of-network hospital, you will need to nominate the hospital prior to hospitalization as well as any other out-of-network physicians who may provide care for you while in the out-of-network hospital.
- If you want to be able to receive services from a group of physicians, you must nominate each physician in the group separately.
- If you nominate a specialty physician, you may not have direct access to that physician. You will need to qualify for a referral through our **regular referral processes**. You will not be able to use a **nominated** specialty physician for primary or routine care.
- Even if you elect the CCO, it is not necessary to nominate a KAISER PERMANENTE in-network physician if you want to see him/her for care.

Please read the election form carefully before you sign it. If you elect the CCO, your employer's signature is required, too. You will need to send the election form back to us with your enrollment form if you elect the CCO.

Once you are shown as being a CCO member in KAISER PERMANENTE's enrollment system, and KAISER PERMANENTE verifies and accepts your nomination(s), you may see nominated and accepted providers for care, but only for services covered in your benefits package (as outlined in your *Evidence of Coverage* booklet). In the case of a specialist, this will require attaining a referral (which may be denied) prior to seeing him/her for care.

If, for any reason other than emergency care, you see a provider not affiliated with KAISER PERMANENTE, and who is not nominated and accepted under the CCO prior to receiving care, you are financially responsible for all services.

If you have questions about the CCO, please call our Consumer Choice Representative in KAISER PERMANENTE's Member Services Department at (404) 364-4900.

## Full Disclosure for KAISER PERMANENTE Regarding the Consumer Choice Option (CCO)

### Special Abbreviations:

ACP—Affiliated Community Physician    PCP—Primary Care Physician    UCR—Usual and Customary Reimbursement  
CCO—Consumer Choice Option    SCP—Specialty Care Physician    TSPMG—The Southeast Permanente Medical Group, Inc.

### Intent of the Consumer Choice Option

To allow health plan members to use providers other than those offered as part of the Plan's participating provider network while receiving benefits comparable to those they receive when they use in-network providers.

### Cost of the CCO

The total monthly premium will increase by 17.5%. **That means a 17.5% increase over the total health care premium.** This is not just any applicable payroll deduction but 17.5% of the employee's and the employer's combined payment for the health care benefits. Here are two examples:

- For a person with single coverage for which the total monthly premium is \$180:  
If the person's employer pays \$150, the person's monthly contribution will be \$30. If the person elects the CCO, the monthly contribution would increase from \$30 to \$61.50. [\$31.50 is 17.5% of \$180, plus \$30 (the person's contribution without the CCO) for a total monthly contribution of \$61.50.]
- For a person with family coverage for which the total monthly premium is \$510:  
If the person's employer pays \$410, the person's monthly contribution will be \$100. If the person elects the CCO, the monthly contribution would increase from \$100 to \$189.25 [\$89.25 is 17.5% of \$510, plus \$100 (the person's contribution without the CCO) for a total monthly contribution of \$189.25.]

### Benefits

Under the CCO, you and your nominated and accepted provider(s) are subject to the same copayments, coinsurance, and deductibles, and must follow all KAISER PERMANENTE policies and procedures, including those pertaining to the drug formulary, pre-certification, prior-authorization, referrals, and covered benefits in your *Evidence of Coverage*.

### Quality Assurance

KAISER PERMANENTE will not perform the rigorous monitoring of quality and service standards in place for The Southeast Permanente Medical Group, Inc. (TSPMG) and Affiliated Community Physicians (ACPs). Due to the very limited (three-day) turnaround time required by the new law for a nominated provider to be reviewed for the Consumer Choice Option, KAISER PERMANENTE will not implement our routine processes or procedures to ensure nominated and accepted providers meet quality standards.

### How to Start—The Election and Nomination Process

1. You must first complete and sign Part A of the Election Form indicating your desire to select the CCO. You may select the CCO only during your employer's open enrollment period, as a newly hired employee or after a qualifying event, e.g., divorce. Once electing the CCO, you must stay in the program for the entire plan year and continue to pay the additional premium unless you end coverage earlier due to a qualifying event, e.g., leaving employment. (Enrollees shall have the right to withdraw from the option in limited situations where their nominated provider is rejected, deselected or declines to participate, effective the first day of the month following written notice to KAISER PERMANENTE. In the event of withdrawal, KAISER PERMANENTE shall provide the enrollee with a commensurate decrease in premium for the remainder of the plan year. However, due to federal taxation consequences the enrollee's right to withdrawal shall not apply to cafeteria benefit plans qualified under Section 125 of the Internal Revenue Code). Also, your employer must

complete and sign Part B of the Election Form. If your employer chooses not to collect the additional premium for you, KAISER PERMANENTE may bill you directly. Failure to pay the additional premium, should your employer choose not to collect it for you, may subject you to termination of all coverage by KAISER PERMANENTE.

2. You must go through the nomination process to request that your provider be considered for participation in the CCO. You should not schedule an appointment or treatment with your nominated provider until you receive approval from KAISER PERMANENTE. If you do, you will need to pay for the full cost of all services you receive.
3. You must complete and sign Section I of the Provider Nomination Form for CCO. You must get your nominated provider to complete and sign Sections II and III of the Provider Nomination Form for CCO.
4. You must then return the completed nomination form to KAISER PERMANENTE Member Services Department, Consumer Choice Representative, Nine Piedmont Center, 3495 Piedmont Road, NE, Atlanta, GA 30305-1736.
5. Within three business days of receiving your completed nomination form, the Consumer Choice Representative in KAISER PERMANENTE's Member Services Department will notify you and your nominated provider in writing of whether your nomination has been accepted or denied.
6. Please note that no action will be taken on nomination forms submitted to KAISER PERMANENTE, nor will the three day response time to nomination forms begin, until KAISER PERMANENTE's enrollment system indicates that you are a CCO member.

### **Your Role and Responsibilities**

- Even though you have chosen the CCO, you do not have to nominate a provider in order to see your KAISER PERMANENTE in-network PRIMARY CARE PHYSICIAN and SPECIALTY CARE PHYSICIANS associated with your KAISER PERMANENTE PRIMARY CARE PHYSICIAN.
- You are responsible for returning the completed nomination form to the Consumer Choice Representative in KAISER PERMANENTE's Member Services Department.
- KAISER PERMANENTE will screen nominated providers to ensure they have a current Georgia license, are not on the Medicare Sanction list, nor have been terminated from KAISER PERMANENTE for quality reasons in the past. Please be advised, this is a much more limited screening than KAISER PERMANENTE's full credentialing process.
- You may not appeal provider nominations not accepted by KAISER PERMANENTE; you may not re-nominate rejected providers unless the nomination form contains materially different information as determined by the health plan.
- You are responsible for all copayments, coinsurance, and deductibles (if any) as described in your *Evidence of Coverage* and plan benefit description whenever receiving covered services from a nominated and accepted provider.
- Services provided by nominated and accepted providers must be eligible as a covered benefit as described in your *Evidence of Coverage* booklet to be considered for payment. Requests for services requiring referrals, pre-certification or prior-authorization must follow KAISER PERMANENTE's standard policies and procedures for pre-certification and prior-authorization in order to be eligible for payment.
- If you nominate a specialist, you should not schedule an appointment or treatment with that specialist unless your PCP gives you a referral to that specialist.
- Your nominated and accepted provider may not appeal reimbursement for claims paid under the CCO agreement.
- If you, as the subscriber, elect the CCO, your enrolled dependents will also have the CCO. The CCO premium will apply to all eligible dependents covered by your benefit plan. In other words, you may not split your family's coverage regarding the CCO. If the subscriber elects the CCO, your cost will be based on a 17.5% increase of the premium for the entire family.
- If a nominated and accepted provider will not be providing services at a hospital within the health plan's network, then you must also submit additional nomination forms for acceptance of the hospitals where services may be provided prior to admission.
- If you have a nominated and accepted CCO provider and need to be hospitalized by that provider in a nominated and accepted hospital, you must also nominate all other providers associated with care you will receive in that hospital. This may include radiology, anesthesiology, pathology, and other specialties. If you do not, or if the nominated provider is not accepted, you will be responsible for any balances due for charges not covered by KAISER PERMANENTE.
- If you nominate a specialty physician, you may not have direct access to that physician. You will need to qualify for a referral through our regular referral processes. You will not be able to use a nominated specialty physician for primary or routine care.
- If, for any reason other than emergency care, you see a provider not affiliated with KAISER PERMANENTE, and who is not nominated and accepted under the CCO prior to receiving care, you are financially responsible for all services.

## **Your Employer's Role and Responsibilities**

- If your employer chooses not to collect the increased premium associated with the CCO, KAISER PERMANENTE may bill you directly for this amount. Failure to pay the CCO premium on time may result in your being terminated from KAISER PERMANENTE.
- If you choose to elect the CCO, your employer must complete and sign Part B of the CCO Election Form.

## **Your Nominated and Accepted Provider's Role and Responsibilities**

- Your nominated provider must complete and sign Section II of the Provider Nomination Form for CCO. You must then return the completed nomination form to the Consumer Choice Representative in KAISER PERMANENTE's Member Services Department.
- CCO providers are subject to the same KAISER PERMANENTE standard policies and procedures for drug formulary, referrals, pre-certifications, and prior-authorizations for services to be eligible for payment. If your CCO PRIMARY CARE PHYSICIAN or your CCO SPECIALTY CARE PHYSICIAN wants to perform a service or procedure requiring a referral, prior-authorization or pre-certification, KAISER PERMANENTE standard policies and procedures must be followed. Referrals, pre-certifications, and prior-authorizations to/from nominated and accepted providers must be for services or procedures covered in your *Evidence of Coverage* booklet to be considered for payment. Failure to comply with these policies and procedures will result in non-payment for these services.
- Your nominated and accepted provider may not appeal for additional reimbursement for claims paid under the CCO agreement. The nominated provider must agree to the fee schedule set forth in the nomination form. If KAISER PERMANENTE does not pay a claim, then the member may appeal.
- Nomination and acceptance of a provider does not mean you can see other providers in a group practice. Each provider in a group must be nominated and accepted individually.
- Nominated and accepted providers are not required to provide services at hospitals within the health plan's network, and non-network hospitals must be nominated and accepted in order for the costs of care at non-network hospitals to be eligible for coverage.
- Your nominated and accepted provider, by signing the nomination form, has agreed to accept KAISER PERMANENTE reimbursement as payment in full except for any copayments, coinsurance, and deductibles for which you are responsible.
- Please be aware that KAISER PERMANENTE cannot control the amount of time a provider may take in requesting information on our policies and procedures or fee schedules before he/she makes a decision whether to participate in the CCO.

## **Provider Reimbursement**

- KAISER PERMANENTE will reimburse hospitals on a per-day basis.
- KAISER PERMANENTE will reimburse all CCO physicians based on a percentage of an established fee schedule.
- If you follow all KAISER PERMANENTE rules for referrals, prior-authorization, and pre-certification, but fail to nominate hospital-based providers, you will be responsible for the charges of providers you have failed to nominate who take care of you in the hospital. If you have nominated and accepted hospital-based providers (including those in radiology, anesthesiology, pathology, and other specialties) and do not follow KAISER PERMANENTE plan rules for referrals, prior-authorizations, and pre-certifications, you will be responsible for these charges.

## **To Deselect the CCO**

You will be able to discontinue participation in the CCO only during your employer's open enrollment period, at the time of a qualifying event, or in certain other situations as described herein (see section entitled "How to Start..."). If you have the CCO and want to change that election during your employer's next open enrollment period, you must indicate your selection by checking the "No" box on the election form at your next renewal.

## **For More Information**

If you have questions or need more information, please call our Consumer Choice Representative at (404) 364-4900.



**KAISER PERMANENTE**

## Instructions for the Provider Nomination Form for Consumer Choice Option (CCO) For Kaiser Foundation Health Plan of Georgia, Inc.

### General Instructions

- You will find the "Provider Nomination Form for the Consumer Choice Option" on the back of this form.
- Please complete the nomination form and sign Section I, "To Be Completed by Member".
- The nominated provider must complete Sections II & III of the form "To be completed by Provider" and "Provider Reimbursement". Please be reminded that the provider must sign and date each section.
- It is your responsibility to return the completed form to the Kaiser Permanente Member Services Department.
- You may return the completed form to the Kaiser Permanente Member Services Department by mail or fax:

Kaiser Permanente  
Attention: Consumer Choice Representative  
Nine Piedmont Center, 3495 Piedmont Road, NE  
Atlanta, GA 30305-1736

Fax Number: (404) 364-4939

- In order to comply with the three-business-day notification requirement, Kaiser Permanente will notify members and nominated providers by fax. Please make sure that the physician's fax number and your fax number, if you have one, are on the nomination form. If you do not have a fax number, Kaiser Permanente will mail you a letter at the address provided on the form.
- Incomplete forms will not be processed and will be returned to you.

### Please Note:

- It is not necessary to nominate a provider if you want to see a Kaiser Permanente in-network participating physician associated with your personal physician.
- Kaiser Permanente will notify you within three business days of receipt of the completed nomination form regarding status of the nominated provider.
- If you seek services from your nominated provider during the three-business-day screening period, those services received may not be eligible for payment under your health plan benefits.
- Please note that no action will be taken on nomination forms submitted to Kaiser Permanente, nor will the three day response time to nomination forms begin, until Kaiser Permanente's enrollment system indicates that you are a CCO member.
- Once you receive notice of acceptance, you may seek covered medical services from your nominated provider as well as from any other Kaiser Permanente in-network physician in accordance with Plan guidelines. If your nominated provider is a specialist, you will need to qualify for a referral.
- Kaiser Permanente will screen CCO providers based on limited criteria and will not be performing or monitoring any quality or service measurements.
- Even though Kaiser Permanente has accepted your provider nomination, this alone should not be construed as a guarantee of payment. All care provided by nominated physicians is subject to normal payment rules, which may include without limitation: 1) referrals for specialty services, pre-certification or prior approval of services; 2) member eligibility at the time services are rendered; 3) services qualifying as covered services under the member's benefit plan; and 4) any cost savings provisions included in the member's benefit plan.
- Services rendered by a provider who is not accepted will not be eligible for payment under your health plan benefits.



**Provider Nomination Form for Consumer Choice Option (CCO)  
For Kaiser Foundation Health Plan of Georgia, Inc.**

**SECTION I: TO BE COMPLETED BY MEMBER**

Member's (Patient) Name:	Member's (Patient) Health Record Number:	Group Number (as shown on your Kaiser Permanente ID Card):
Member's Address (city, state, zip):	Member's (Patient) Date of Birth:	Member's (Patient) Telephone Number:  Fax Number:

By signing below, the **Member** acknowledges that the nominated provider is **not** the Member's in-network provider within Kaiser Permanente and that the provider, therefore, has **not** been credentialed by Kaiser Permanente. Member further acknowledges that he or she alone is responsible for the selection of the nominated provider and that Kaiser Permanente has **not** undertaken any credentialing or quality assurance measures regarding the provider. The Member understands that any and all physicians, hospitals, and any other providers who are not the Member's in-network provider must be nominated by the Member and approved by Kaiser Permanente prior to any services being performed by the nominated provider in order for the services to become eligible for reimbursement. The Member further understands that when nominating a hospital that is not the Member's in-network hospital, all other professional providers must be nominated by the Member and approved by Kaiser Permanente prior to services being performed to be eligible for payment. These other providers could include, but are not limited to, services provided by radiologists, pathologists, anesthesiologists, and other consulting providers. The Member also agrees to complete a separate nomination form for each nominated provider. The member acknowledges that final payment of services rendered by nominated providers will be subject to the normal payment rules of Kaiser Permanente. These may include without limitations: 1) pre-certification or prior approval of services; 2) Member eligibility at the time services are rendered; 3) the services rendered qualifying as covered services under the Member's benefit plan; and 4) any cost savings provisions included in the Member's benefit plan. This form should not be construed as a guarantee of payment. The Member will be notified by Kaiser Permanente of the provider nomination results within 3 business days of receipt of completed Provider Nomination for Consumer Choice Option, as long as he or she is enrolled in the CCO plan. Incomplete forms will be returned to the member.

\_\_\_\_\_  
Member/Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**SECTION II: TO BE COMPLETED BY NOMINATED PROVIDER**

Name of Provider (first, last, middle, title or hospital name):	Provider's Georgia License Number:	Provider's Specialty:
Provider's Mailing Address:    County: _____ Group Name: _____ Address: _____ _____ Phone: _____    Fax: _____	Provider's Billing Address: Group Name: _____ Address: _____ _____ Phone: _____    Fax: _____	Provider's Tax ID:  Provider's UPIN/Medicare#:  Provider's DEA#:

By signing below, the **Provider** or authorized representative accepts the nomination of the Consumer Choice Option by the above Member. This nomination only applies to the above member and does not entitle the Provider to provide services to any other Kaiser Permanente member. The Provider further attests that said provider is currently licensed by the State of Georgia to provide medical care. Furthermore, the provider agrees to accept the reimbursement described below for the designated Member above, agrees not to balance bill the Member except for coinsurance, deductibles, and copays, and agrees to adhere to Kaiser Permanente's utilization management requirements and other plan rules such as formulary, referrals, and benefit coverage rules. The Provider will be notified by Kaiser Permanente of the Provider nomination results within 3 business days of receipt of completed Provider Nomination for Consumer Choice Option. Acceptance of this nomination by Kaiser Permanente does not entitle the member to receive services from other providers in a group practice. Acceptance of the nomination by Kaiser Permanente does not create any contractual, contractor or agency relationship between Kaiser Permanente and the Provider, but rather a doctor-patient relationship between the Provider and the Member listed above.

\_\_\_\_\_  
Provider/Authorized Representative Signature

\_\_\_\_\_  
Date

**SECTION III: PROVIDER REIMBURSEMENT**

**Practitioner Reimbursement: 100% RBRVS** A Practitioner is defined as a physician, podiatrist, optometrist, psychologist, clinical social worker, advance practice nurse, registered optician, license professional counselor, physical therapist, marriage and family therapist, chiropractor, occupational therapist, speech language pathologist, audiologist, dietician or physician assistant.

**Hospital, Pharmacist or Dentist Reimbursement:** Please call Provider Relations at (404) 364-4934 to obtain a Fee Schedule.

By signing below, the **Provider** acknowledges that final payment will be subject to the normal payment rules of Kaiser Permanente. These may include without limitations: 1) pre-certification or prior approval of services; 2) member eligibility at the time services are rendered; 3) the services rendered qualifying as covered services under the member's benefit plan; and 4) any cost savings provisions included in the member's benefit plan. This form should not be construed as a guarantee of payment.

\_\_\_\_\_  
Acceptance of Reimbursement Schedule

\_\_\_\_\_  
Date

**Return to:**

Kaiser Foundation Health Plan of Georgia, Inc.  
P.O. Box 921012  
Fort Worth, TX 76121-1012

**YOU MAY ONLY ELECT CCO DURING OPEN ENROLLMENT OR AS A NEW HIRE**

Selecting the CCO could more than double your monthly payroll deduction. Here are two examples:

- For a person with single coverage for which the total monthly premium is \$180:  
If the person's employer pays \$150, the person's monthly contribution will be \$30. If the person elects the CCO, the monthly contribution would increase from \$30 to \$61.50. [\$31.50 is 17.5% of \$180, plus \$30 (the person's contribution without the CCO) for a total monthly contribution of \$61.50.]
- For a person with family coverage for which the total monthly premium is \$510:  
If the person's employer pays \$410, the person's monthly contribution will be \$100. If the person elects the CCO, the monthly contribution would increase from \$100 to \$189.25 [\$89.25 is 17.5% of \$510, plus \$100 (the person's contribution without the CCO) for a total monthly contribution of \$189.25.]

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**Part A: To be completed by Member**

Election Box: (If you are currently not in the CCO and do not want to participate in it, you do not need to check either box or return this CCO election form to Kaiser Permanente.)

- Yes, I elect to participate in the Consumer Choice Option.  
 No, I do not want to continue my participation in the Consumer Choice Option.

I understand that by electing the CCO, my monthly costs will increase by 17.5% of my total monthly health care premium for the coverage I have selected through KAISER PERMANENTE. I understand that I must remain in the CCO until my next annual renewal unless I qualify to withdraw from the option as described herein. I have read, understand, and accept the terms of this option.

\_\_\_\_\_  
(subscriber Kaiser Permanente Health Record Number) – for current members only

\_\_\_\_\_  
(subscriber Social Security Number)

\_\_\_\_\_  
(subscriber signature)

\_\_\_\_\_  
(subscriber name—please print)

\_\_\_\_\_  
Date

**Note to new members: Attach Kaiser Permanente application form!**

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**Part B: To be completed by Employer**

Group effective date: \_\_\_\_\_ Group Number: \_\_\_\_\_ Bill Group: \_\_\_\_\_

Sub-group Number: \_\_\_\_\_

\_\_\_\_\_  
(employer signature)

\_\_\_\_\_  
(employer name, title—please print)

\_\_\_\_\_  
Date

Your employer is responsible for informing you of the financial impact on your monthly premium. You must remain in the CCO until your employer's next open enrollment period, unless you leave your place of employment or experience another qualifying event as outlined in COBRA & ERISA regulations.