

### **New Members Transitioning to Kaiser Permanente**

The transition of care is accomplished on a case-by-case basis taking into consideration the unique medical requirements of the member. For those members in need of specialized services, we have case managers on staff that collaborate with reviewing physicians to assess what is medically appropriate. For example:

- If an enrollee is currently hospitalized on his or her effective date with Kaiser Permanente, the previous carrier would cover that admission until the member is discharged. Kaiser Permanente would cover the member after discharge.
- If an enrollee is pregnant, she can transition her prenatal care to a Kaiser Permanente provider on or before the effective date. In instances where the member is already in her third trimester, she may remain with her current obstetrician if desired. Coverage with the previous provider includes the remainder of prenatal care, delivery, and one postpartum visit. If the mother or the baby develops complications requiring hospitalization after the normal length of stay, they will be evaluated for transition to our plan. Authorizations from our Quality Resource Management (QRM) are required if the obstetrician is a non-contracted KPGA provider to ensure appropriate claims payment of services. Any co-payments required under Kaiser Permanente plan benefits will apply.

New members in the following situations are typically evaluated by the Quality Resource Management Department and brought into the plan immediately:

- Enrollees who are receiving major ongoing treatment (not hospitalized) for an acute condition
- Enrollees with non-acute or chronic conditions
- Enrollees who are receiving ongoing treatment for outpatient mental health or chemical dependency

As of a new member's effective date, he or she is entitled to full benefits through Kaiser Permanente. Care being provided by another carrier needs to be transitioned to Kaiser Permanente for the member to be covered.

### **Initiating the Process**

New patients requesting transition of care should contact Kaiser Permanente's Customer Service at **(404) 261-2590** locally or **(888) 865-5813** toll-free and request transition assistance as soon as possible. Customer Service will send the patient a Transition of Care form to be completed by their current provider. The provider will fax the form to Kaiser Permanente at **(866) 452-4585**. The form is reviewed by Quality Resource Management (QRM) and is either approved or denied. QRM will contact the provider with the approval or denial status. If the request is denied, QRM sends a letter of denial with information regarding our appeal process to the member/future member.

### **Members Leaving Kaiser Permanente**

In the event of a group's termination, Kaiser Permanente would endeavor to provide a smooth transition of care. However, subject to applicable state regulations, coverage for individuals who are inpatients in an acute general hospital, a rehabilitation facility, or a skilled nursing facility will cease upon termination of the contract, for example: (a) if the group contract remains in force, but the member ceases to be eligible under that contract, coverage ends when the member's eligibility ends, unless the member has opted to elect COBRA and/or Conversion in order to have no break in coverage; (b) if the group contract terminates and the group does not provide replacement coverage, coverage would terminate; (c) if the group contract terminates and the group does provide alternative coverage to its employees, then the Health Plan would have responsibility for covering until discharge.

In all cases, Kaiser Permanente works with the member and the new physician / provider assuming the ongoing care of the member to provide a smooth transition.