Member Handbook

YOUR INTRODUCTION TO KAISER PERMANENTE

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INTRODUCTION

Thank you for choosing to be a Kaiser Permanente member. We look forward to helping you live a longer, healthier life. This member handbook will help you to learn more about Kaiser Permanente. We hope that you are an active participant in your health care and use our many programs and tools that empower you to thrive.

This member handbook provides general information, not medical advice or benefit coverage. For complete details on your benefit coverage, including exclusions, limitations, and plan terms, please call the Customer Service Center at **808-432-5955 (Oahu)** or **1-800-966-5955 (Neighbor Islands)**.

If you are a member of one of the below plans, please refer to the guide that applies to your plan. If you have questions about which guide applies to you, or for instructions on obtaining the correct guide, please contact our Customer Service Center.

- Federal Employees Health Benefits Program members
- Kaiser Permanente Added Choice Plan members
- Kaiser Permanente for Individuals and Families Plan members
- Kaiser Permanente Medicare Cost members
- Kaiser Permanente QUEST and QUEST-Net members
- Kaiser Permanente Senior Advantage members

Information in this member handbook is current as of August 2012 and may be subject to change without notice.

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PREVENTIVE CARE GUIDELINES

Make a positive impact on your health by following some basic health guidelines and by getting recommended medical screening tests. Healthy lifestyle habits can go a long way toward keeping you well and may potentially add years to your life. These habits include not smoking; eating a low-fat, high-fiber diet; wearing seat belts; and maintaining a regular exercise program.

As your health care partner, we'll do our part by focusing on early detection and timely treatment of disease. To monitor your health and identify symptoms at an early stage, we ask that you follow these preventive care guidelines. The services listed can be obtained through your health care team.

The preventive care guidelines on pages 3 to 7 are for healthy adults and children with no symptoms of illness. Your doctor may recommend that you have some of these tests more often based on the information you provide, including your age, medical history, and lifestyle. Children need frequent health examinations to have their growth and development monitored and to receive immunizations. Preventive care schedules often incorporate these aspects into each visit. The schedules allow for some variation.

PREVENTIVE CARE GUIDELINES FOR CHILDREN AND ADOLESCENTS

Age	Vaccination or screening test*	Checkup
Birth	Hep B (Hepatitis B)	
2 weeks		Well-child visit
2 months	DTaP (diphtheria/tetanus/acellular pertussis), Hib (Haemophilus influenzae type B), 2nd Hep B, Polio vaccine, 1st PCV (pneumococcal conjugate vaccine), 1st rotavirus oral vaccine	Well-child visit
4 months	2nd DTaP, 2nd Hib, 2nd Polio vaccine, 2nd PCV, 2nd rotavirus oral vaccine	Well-child visit
6 months	3rd DTaP, 3rd Hib, 3rd Hep B, 3rd Polio vaccine, 3rd PCV, influenza annually to age 18,3rd rotavirus oral vaccine (if needed)	Well-child visit
9 months	Complete blood count, TB (tuberculosis) skin test	Well-child visit
12 to 13 months	1st MMR (measles/mumps/rubella), 1st Hep A (hepatitis A), 1st varicella (chicken pox)	Well-child visit
15 months	4th DTaP, Hib, PCV, and Polio at age 15 to 18 months	Well-child visit (when indicated)
18 months	2nd Hep A, 4th DTaP, Hib, PCV, and Polio if not completed at 15 months	Well-child visit
2 to 5 years	TB skin test once between the ages of 4 to 6 years, 5th DTaP, 2nd MMR, 2nd varicella, 5th Polio	Every year
6 to 13 years	Tdap (tetanus/diphtheria/acellular pertussis) at age 11 to 12 years; 1st MCV4 (meningococcal conjugate vaccine) at age 11 to 12 years; HPV (human papillomavirus) vaccine for females and males age 11 to 26 years; diabetes and lipid screening for high risk individuals	Every two years

Age	Vaccination or screening test*	Checkup
14 to 18 years	Tdap if not given at 11 to 13 years, then Td (tetanus/diphtheria) every 10 years; 2nd MCV4 at age 16 to 18 years, annual chlamydia test for females if sexually experienced; complete blood count for females (once); diabetes and lipid screening for high risk individuals	Every year—health risk behavior screening

*Vaccine schedule subject to change based on Centers for Disease Control and Prevention and American Academy of Pediatrics recommendations.

These are recommended preventive guidelines that are subject to change and may not reflect what is a covered benefit.

Safety and Health

Age*	Recommendation	Comments
Infant	Ensure safe sleeping	Babies should sleep on their sides or backs (not stomachs) to help prevent Sudden Infant Death Syndrome (SIDS).
Infant	Avoid sun exposure	Sun exposure is the direct cause of skin cancer. Keep your baby covered up when outside or use a sunscreen specifically formulated for infants.
Infant/toddler	Prevent injuries and accidents	Childproof your home with childproof latches, outlet covers, and other safety devices.
Infant/toddler	Provide proper nutrition	Feed your baby with breast milk, or if not possible, infant formula, for at least he first year. Low-fat diets are not recommended for infants and toddlers.
Infant/toddler	Prevent tooth decay	Wean your child off the baby bottle at age 1 year. Liquids with sugar, such as milk or juice, contribute to tooth decay. Give daily fluoride if recommended by your doctor.
Infant/toddler	Travel safely	Always put your child in an age-appropriate, approved car seat. Car seats should be installed in the back seat only.
School age/adolescent	Practice good oral hygiene	Brush regularly with a fluoride toothpaste, and floss daily to prevent gum disease.
School age/adolescent	Prevent injuries and accidents	Always wear a seat belt. Use safety equipment, such as helmets and other protective gear, when riding a bicycle, skating, and playing sports.
School age/adolescent	Avoid alcohol	Don't drink. Don't ride in a car with a driver who has been drinking.

Age*	Recommendation	Comments
School age/adolescent	Say no to tobacco and drugs	Don't smoke or chew tobacco. Don't take drugs. If you want to quit, talk to your health care practitioner—we can help.
School age/adolescent	Limit sun exposure	Apply sunscreen before going out in the sun and reapply regularly. Wear long-sleeved shirts, hats, and sunglasses whenever possible.
School age/adolescent	Eat a balanced diet	Have 5 or more servings of fruits and vegetables every day. Limit fat and cholesterol. Avoid sugary drinks. Eat foods high in fiber, iron, and calcium.
School age/adolescent	Exercise regularly	Participate in sports or some other form of exercise for at least 60 minutes each day.
Adolescent	Prevent sexually transmitted diseases and unintended pregnancy	Abstinence is your best protection. If you are sexually active, always practice safer sex and use contraception.
All	Avoid accidental poisoning	Keep medications, household chemicals, and other dangerous substances locked up and out of reach. Keep the Poison Help number handy: **1-800-222-1222**.
All	Install smoke detectors	Check alarms once a month and change the batteries yearly.
All	Prevent firearm accidents	Encourage gun safety. Lock up guns and keep ammunition separate.
All	Provide clean air	Don't allow anyone to smoke in your house, your car, or around your child.

*__Infant__=birth through 12 months, **Toddler**=12 through 48 months, **School age**=48 months through 10 years, **Adolescent**=11 through 18 years, **All**=birth through 18 years.

PREVENTIVE CARE GUIDELINES FOR ADULTS

Action	Age	Frequency
Vaccinations		
Zoster	60 years and older	Once
Td (tetanus/diphtheria)	18 and older	Once every 10 years
Tdap (tetanus/diphtheria/ acellular pertussis)	18 to 64 years	Tdap in place of Td one time
	65 years and older having close contact with children under 12 months	Once
Influenza (flu)	18 years and older	Once every year

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Action	Age	Frequency
Vaccinations		
Pneumococcal (pneumonia)	19 to 64 years 65 years and older	Once if high risk conditions exist, like chronic renal failure, asthma, smoking, etc. A second dose might be needed in 5 years (check with your doctor). Once, regardless of risk factors
HPV (human papillomavirus) vaccine series for females and males who have not been previously vaccinated	11 to 26 years	Once (series of 3 injections)
Cancer risk screenings		
iFOBT (stool blood test for colorectal cancer screen) OR Flexible sigmoidoscopy (speak to your doctor) OR Optional colonoscopy (speak to your doctor)	50 to 75 years	Once a year Every 5 years (with iFOBT prior and at year 3) Every 10 years
Mammogram	40 to 74 years	Every 1 to 2 years
Pap test	21 to 65 years	For ages 21 to 29 years, pap tests should be every two years. For ages 30 to 65 years, pap tests should be every one to three years after discussion with your doctor
Other preventive services		
Blood pressure	18 years and older	Every 2 years
Lipid evaluation	Men and women age 20 Men from 35 years Women from 45 years	Once if never done before Every 5 years or more frequently for higher risk individuals
Bone mineral density test for osteoporosis	65 years	Once
Sexually transmitted diseases		
Chlamydia test	18 to 25 years	Once a year for sexually active women
Self-care and risk counseling		
Tobacco use	All	Don't smoke and avoid second hand exposure
Substance abuse	All	Avoid or quit drug use; limit alcohol

Other preventive services		
Excessive sun exposure	All	Use a sunscreen daily with a minimum rating of SPF (sun protection factor) 30
Physical activity	All	At least 30 minutes of moderate activity per day, 5 days per week
Diet	All	5 servings of fruit and vegetables a day, plenty of fiber. Avoid sugary drinks. Limit fat and cholesterol.
Injury/accident prevention	All	Always wear seat belts; don't drink and drive; lock firearms in a safe place
Sexual practices	All	Avoid HIV/STDs and practice safer sex
Pregnancy prevention	All	Always use effective birth control

Kaiser Permanente covers a variety of preventive care services, which are services that do one or more of the following: 1) Protect against disease, such as in the use of immunizations; 2) Promote health, such as counseling on tobacco use; and/or 3) Detect disease in its earliest stages before noticeable symptoms develop, such as screening for breast cancer. If you have questions about coverage of medical services mentioned in this grid, please see your *Benefits Summary* or contact our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

These are recommended preventive guidelines that are subject to change and may not reflect what is a covered benefit.

SPECIALTY CARE

You need a referral to see a specialist for services not listed below. Your personal physician can refer you when it's medically necessary.

SELF-REFERRALS

You don't need a doctor's referral to make appointments for the following services and departments:

- Alcohol and drug treatment
- Behavioral health services
- Eye examinations for glasses and contact lenses
- Family practice
- Health education
- Internal medicine
- Medication counseling
- Obstetrics-gynecology
- Occupational health services
- Pediatrics
- Physical Therapy
- Social work
- Sports medicine
- Tobacco telephone counseling
- Travel medicine

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JOINT COMMISSION ACCREDITATION FOR KAISER FOUNDATION HOSPITAL AND OAHU HOME HEALTH

The Joint Commission is an independent, not-for-profit organization founded in 1951. It is dedicated to continuously improving the safety and quality of the nation's health care through the accreditation process.

Organizations voluntarily undergo a survey by a full team of Joint Commission experts every three years. Kaiser Foundation Hospital (Moanalua Medical Center) and Oahu Home Health voluntarily completed the survey in April 2012, and full accreditation status was awarded to both entities.

As an accredited organization, our goal is to provide you with outstanding care. If you have a concern about the quality of care and/or patient safety in the hospital or Oahu Home Health, please contact Hospital Administration. You may find them on the first floor of the hospital, or you can reach them through the hospital operator at **808-432-0000**.

You may contact the Joint Commission's Office of Quality Monitoring at **1-800-994-6610** or by

emailing **complaint@jointcommission.org**

fax: **630-792-5636**

or mail to:

TJC- Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

TRANSPORTATION SERVICES

We provide FREE shuttle service on Oahu between our Moanalua Medical Center and the following facilities:

- Honolulu Clinic
- Kahuku Clinic
- Kapolei Clinic
- Koolau Clinic
- Mapunapuna Clinic
- Nanaikeola Clinic
- Waipio Clinic
- Honolulu International Airport Interisland Terminal

Shuttle operates Monday to Friday except holidays. Schedules and sign-ups are posted at each location. You can also go to **kp.org/shuttle/hi** for more information.

NEIGHBOR ISLAND CONCIERGE

If you have to go to Oahu for medically necessary care, we can assist you with coordinating your medical appointments. Our concierge can also offer shuttle and ground transportation information, hotel and housing recommendations, along with tips on making the most of your stay.

Moanalua Medical Center (main lobby)
808-432-8359 (Oahu)
Monday-Friday, 7:30 a.m.-4 p.m.

If you live on Maui, Kauai, Molokai, Lanai, or the Big Island and need transportation assistance to Oahu for medically necessary care, call our Travel Department:
808-243-6589 (Maui)
1-800-214-6572 (Kauai, Molokai, Lanai, Big Island, and Oahu)
Monday-Friday, 8 a.m.-5 p.m., Saturday, 8 a.m.-noon (emergencies only)
Closed Sunday and most holidays

TRAVEL MEDICINE CLINIC

Traveling to a foreign destination? Visit our Travel Medicine Clinic based at the Honolulu Clinic for immunizations, medications, and educational materials. You'll receive a medical consultation and advice based on your itinerary and, if necessary, you can come back for a health evaluation and screening when you return from your trip. Travel supplies, such as insect repellent, are also available.
808-432-2365 (Oahu)
808-243-6540 (Maui)
808-334-4415 (Big Island)

OCCUPATIONAL HEALTH SERVICES

Occupational Health Services focuses on keeping Hawaii's employees healthy and working. Work-related injury care, employment physicals, commercial driver's license examinations, and employer-requested substance abuse testing are a few of the services available to our members and nonmembers as well. These services are not covered under your benefit plan.

If you experience a work-related injury, call and ask for an appointment with Occupational Health Services. Our Occupational Health Services clinics are located in our Honolulu, Waipio, Wailuku, Hilo, and Kona Clinics. We offer medical care for work-related illnesses and injuries, and a variety of prevention and safety services geared to the workplace.

We have clinics with specially trained occupational health physicians and staff. Our administrative staff is available to assist you with all the paperwork associated with workers' compensation claims.

After-hours or urgent care is available at the Moanalua Medical Center, Honolulu Clinic, and Maui Lani Clinic. Please check the scheduled hours at these clinics. Our Moanalua Medical Center's Emergency Department provides emergency care for work-related injuries 24 hours a day, 365 days a year. Follow-up care is normally scheduled at the Occupational Health Services clinic most convenient to you.

For more information, call Kaiser On-the-Job Customer Service:
808-432-2208 (Oahu)
1-888-683-2208 (Neighbor Islands)

FEE-FOR-SERVICE OFFERINGS

We offer a range of popular services for a fee. These services are not covered by your health plan benefits, but are provided by Kaiser Permanente physicians and staff as support to our community of health-conscious patients.

VISION ESSENTIALS BY KAISER PERMANENTE

Our team of ophthalmologists, optometrists, and opticians are committed to providing high-quality vision services that improve your quality of life. Our optical centers are conveniently located in our clinics, offering one-stop vision services, including eye examinations, care for medical conditions (such as glaucoma or cataracts), contact lens fitting services, and a broad selection of competitively priced eyewear. Optical sales staff is available to assist you with selection, fitting, and adjustments, and to answer your questions about the latest innovations in frame and lens technology. Most eyeglass repairs and servicing are done on site. Eyeglass cleaning and adjustments are provided at no charge. Visit us at **kp2020.org**

Contact lens orders only:
808-432-2610 (Oahu)
1-866-424-7908 (Neighbor Islands)

THE VISION CORRECTION CENTER BY KAISER PERMANENTE

LASIK Vision Correction

Members and the general public are invited to book a one-on-one consultation with an optometrist to see if you are a candidate for LASIK surgery to correct nearsightedness, farsightedness, or astigmatism. The LASIK fee includes a comprehensive pre-op examination, the LASIK procedure, and all follow-up visits with your surgeon for one year. Enhancement (retreatment) procedures to get you to your best level of vision are included for up to two years. The surgery is performed on Oahu, but Neighbor Island members have the option of follow-up visits at a Kaiser Permanente facility on their home island.

808-432-2600 (Oahu)
1-888-699-3937 (Neighbor Islands: to leave messages for call-back)

Premium Intraocular Lens Implants (IOL)

Upgrading to Premium IOLs may provide improved range of vision and less dependence on glasses if you have cataracts and are facing surgery to remove them. This optional upgrade is not covered by your health plan benefits or Original Medicare.

For information and consultation:
808-432-2600

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THE AESTHETIC CENTER BY KAISER PERMANENTE

Our Aesthetic Center offers cosmetic skin care and aesthetic surgery services not covered by your health plan benefits to members and the general public. A fee is charged for a consultation with a physician or physician's assistant, but this fee is deducted from the price of the procedure performed.

808-432-5670 for an appointment
1-866-400-1760 (toll-free from the Neighbor Islands)

Cosmetic Skin Care Services
Our cosmetic skin care services vary by location and include:

- State-of-the-art laser treatments for skin resurfacing, discolorations, and hair reduction
- Injectables, including Botox®, Dysport®, Restylane®, Juvederm®, Perlane®, and Sculptra®
- Aesthetician services for microdermabrasion, chemical peels, and pharmaceutical grade skin care products

Aesthetic Surgery
Our skilled and experienced cosmetic plastic surgeons perform:

- Breast augmentation, lift, or reduction
- Tummy tuck
- Arm, body, and thigh lifts
- Liposuction
- Facial procedures including brow, face, neck lifts, and nose reshaping

THE HEARING CENTER BY KAISER PERMANENTE

Ordering and fitting of nationally-recognized hearing aids by Doctors of Audiology are available to members and the general public at our Honolulu, Hawaii Kai, Waipio, and Wailuku Clinics. Updated assistive listening technology and equipment are also available. Most Kaiser Permanente members typically have coverage for medically necessary hearing examinations. Refer to your *Benefits Summary* for a description of coverage.

808-432-2155 (Oahu)
808-243-6191 (Maui)

ADDITIONAL INFORMATION

EYE CARE COVERAGE IN BASE BENEFIT

All Kaiser Permanente members have an eye exam benefit as part of the base health plan coverage. The eye exam screens for eye conditions related to injuries or disease of the eye, including glaucoma or cataracts. Also included are routine eye examinations for eyeglasses. Your eye exam information as well as your corrective vision prescription are stored in your electronic medical record, which is accessible to your entire Kaiser Permanente health care team.

For information about your optical benefits, please review your *Benefits Summary* or call Customer Service. If eligible, you may apply your Kaiser Permanente optical benefit toward eyeglasses or contact lens purchases. To make an appointment, call a clinic location that is convenient for you. For optical center locations, check *Our Physicians and Locations Directory* or visit **kp2020.org**.

CARE RECEIVED OUTSIDE THE KAISER PERMANENTE SYSTEM

The only care from non-Kaiser Permanente practitioners or providers that may be covered is:
- An authorized referral when your Kaiser Permanente physician refers you for care that is not available from Kaiser Permanente.
- Emergency care.
- Out-of-area urgent care when you temporarily travel outside the Hawaii service area.

Outside the Hawaii service area, benefits are limited to authorized referrals (when your Kaiser Permanente physician determines the services you require are not available in the Hawaii service area), emergency benefits, ambulance services, and out-of-area urgent care when you are temporarily away from the Hawaii service area. "Urgent care" means necessary services for a condition that requires prompt medical attention (but is not an emergency medical condition) when:
- You are temporarily away from the Hawaii service area.
- The care is required to prevent serious deterioration of your health.
- The care cannot be delayed until you are medically able to safely return to the Hawaii service area or travel to one of our facilities in another Kaiser Permanente region.

Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered. When you are temporarily traveling outside the Hawaii service area, which consists of the islands of Oahu, Maui, Kauai, Lanai, Molokai, and Hawaii, you may require medical services for emergency or urgent problems. Please have your Kaiser Permanente ID card with you at all times. If you're admitted to a hospital, you or a family member must call the toll-free number found on the back of your ID card within 48 hours of your hospital admittance or your claim may be denied.

Services at Kaiser Permanente facilities in our other regions are provided while you're visiting the area for less than 90 days. Visiting member services are different from the coverage you receive in your home region. Be sure you have your Kaiser Permanente ID card with you at all times. The visiting member program is not a plan benefit but a service offered to members as a courtesy. Changes to the program may occur at any time.

Members who move anywhere outside the Hawaii service area will be terminated (this does not apply to dependents up to age 26. However, should the subscriber move outside the Hawaii service area, all dependents will be terminated, including dependents up to age 26.) Until your membership is terminated, you'll be covered only for initial emergency care in accordance with your health plan benefits. Before you move outside the Hawaii service area, you should contact your group benefits representative to discuss your options.

LIMIT ON SUPPLEMENTAL CHARGES

The amount of supplemental charges for "Basic Health Services" paid by a member (or family unit of three or more members) in a calendar year is limited for each type of Kaiser Permanente plan.

Members must retain their receipts for the charges they have paid, and when the maximum amount has been paid, they must present these receipts to one of our business offices at Moanalua Medical Center or our Honolulu, Waipio, or Wailuku clinics, or to the cashier at other clinics. After verification that the supplemental charges maximum has been paid, **members will be given a card** that indicates no additional supplemental charges for covered "Basic Health Services" will be collected for the remainder of the calendar year. **Members must show this card** during their visit to ensure supplemental charges for "Basic Health Services" are not billed or collected for the remainder of the calendar year. **All payments are credited toward the calendar year in which the medical services were received**.

Once a member has met his or her supplemental charges maximum, he or she should submit proof of payment as soon as reasonably possible. All receipts must be submitted by the member no later than February 28 of the year following the one in which services were received.

Contact the Kaiser Permanente Customer Service Center at **808-432- 5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) for more information.

REQUESTS FOR SERVICES OR SUPPLIES YOU HAVE NOT RECEIVED

Standard Decision

You, your authorized representative, or treating physician may request that we provide health care services or supplies you have not received but believe you're entitled to receive through Kaiser Permanente. These requests should be submitted in writing to the following address:

Kaiser Foundation Health Plan, Inc.
Authorizations and Referrals Management
2828 Paa St.
Honolulu, HI 96819

Your written submission should include your name, the patient's name and medical record number, the specific service or supply you're requesting, and any comments, records, or other information you think is important for our review. We have the right to require that you provide all documents and information that we deem necessary to make a decision. If you don't provide any information requested in regard to any request for coverage, claim for payment, or related appeal, or if the

information you provide does not show entitlement to the coverage or payment you request, this could result in an adverse decision.

You may appoint someone to make this request on your behalf. If you choose to appoint a representative, you must name this person in writing and state that he or she may file the request on your behalf. Both you and your representative must sign and date this statement, unless the person is your attorney. When necessary, your representative will have access to your medical information as it relates to the request. If you prefer, you may call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) to request an Appointment of Representative form.

Our standard decision will be made within 14 calendar days from the date we receive your non-urgent pre-service request. If we cannot make a decision on your request within the standard allotted time because we don't have sufficient information or because of other special circumstances, within the 14 calendar days, we'll send you a written notice of the circumstances requiring an extension of time and the date by which we expect to render a decision. If we determine that your request is not covered, we'll send you a denial notice, which will include the specific reason for the denial, refer to the health plan provisions on which our denial is based, and your appeal rights. You can ask us to reconsider our decision by filing an appeal if you disagree with our denial decision.

Expedited Decision

You, your authorized representative, or treating physician may ask that we decide your request on an expedited basis if we find or if your health care provider states that waiting for a standard decision could seriously affect your health or ability to regain maximum function or would subject you to severe pain that cannot be adequately managed.

You, your authorized representative, or treating physician may request an expedited decision anytime by calling toll-free **1-866-233-2851**, or by faxing, writing, or delivering your request to the same address listed for standard decisions. Our fax number is **808-432-5691**. The fax number for appeals is listed in the "How to file an appeal" section on page 17.

Specifically state that you want an expedited decision. If we have all the information we need to make a decision and your request qualifies for expedited review, then we'll give our decision to you orally or in writing within 72 hours of our receipt of your request. If we gave you our decision orally, then we must send you written confirmation within three calendar days following our oral notice. We will decide your request within 24 hours if we have all the information we need to make a decision when your request relates to an ongoing (sometimes called "concurrent") course of treatment that is being terminated or reduced and you make your request for continued coverage within 24 hours before the services are scheduled to end.

If your request qualifies for expedited review but you don't provide us with sufficient information to determine coverage, we'll inform you within 24 hours of our receipt of your request and give you at least 48 hours to provide us with the specified information. If we decide that your request is not covered, we'll send you a denial notice, which will include the reason for the denial and your appeal rights. If you disagree with our decision, you can ask us to reconsider our decision by filing an appeal, using the appeal procedures described in the "How to file an appeal" section.

You may appoint someone to file your expedited request on your behalf by following the steps described earlier in the "Standard decision" section. If a health care provider with knowledge of your condition makes a request for an expedited decision on your behalf, we don't require you to appoint your health care provider in writing.

FILING A CLAIM

How to File a Claim for Payment

You can be reimbursed for covered care received from a non-Kaiser Permanente practitioner or provider, based on:

- Written referral by a Kaiser Permanente physician that is authorized by Kaiser Permanente.
- Emergency care.
- Out-of-state urgent care when traveling.

You or the provider should submit a claim form, including itemized statements describing the services received. We review and authorize claims after the services have been provided, not during an emergency or urgent episode. If you, your family members, or practitioners call us during an emergency or urgent episode, we'll confirm your membership status. However, we will not authorize coverage or payment at that time.

When we receive the claim(s) and medical information, we'll determine whether the services are covered by your Kaiser Permanente plan. Filing a claim does not guarantee payment of that claim. If approved, reimbursement is made to providers according to your health plan benefits. If you paid for services, you may file a claim by sending your name, the patient's name and medical record number, paid receipts, medical documentation, and a written statement describing the sequence of events to the following address within 90 days (or as soon as reasonably possible) after the patient received the out-of-plan emergency or out-of-area urgent care:

Kaiser Foundation Health Plan, Inc.
Attn: Claims Administration
80 Mahalani St.
Wailuku, HI 96793

If you have questions relating to filing a claim, please contact the Customer Service Center at the number listed below. If you have questions specific to a claim already submitted, including the status of your claim, the amount paid, information relating to your cost or the date the claim was paid, if applicable, please call Claims Administration toll free at 1**-877-875-3805** (Oahu and Neighbor Islands).

You may appoint someone to file the claim on your behalf. If you choose to appoint a representative, you must name this person in writing and state that he or she may file the claim on your behalf. Both you and your representative must sign this statement, unless the person is your attorney. When necessary, your representative will have access to medical information about you that relates to the request. If you prefer, you may call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) to request an Appointment of Representative form.

Claim Decisions

Our standard decision will be made within 30 calendar days from the date we receive your post-service claim for payment. If we don't have sufficient information to make a decision, we'll send you a written notice about the next steps available to you. If we determine that your claim is not covered, we'll send you a denial notice, which will include the specific reason for the denial, refer to the Health Plan provisions on which our denial is based, and state your appeal rights. If you disagree with our denial decision, you can file an appeal by following the appeal procedures described in the "How to file an appeal" section.

Upon written request to the address listed above in the "Standard decision" section under the "Requests for services or supplies you have not received" section, you may be provided a free copy of (1) all documents and information relevant to your request for payment or coverage; (2) any rule, guideline, or protocol we relied upon in denying the service or supply you requested; and (3) the identity of any experts whose advice was obtained by us in connection with our denial of your request.

You also have the right to request the diagnosis and treatment codes and their meanings that are the subject of your claim for coverage or payment. You can request this information by calling Claims Administration Customer Service at **1-877-875-3805** (Oahu and Neighbor Islands).

When a health plan like Kaiser Permanente issues an adverse benefit determination, the federal Affordable Care Act requires the health plan to notify recipients of their right to request language assistance to understand the denial notice and their appeal rights. The law also requires health plans to notify recipients of the right to request translation of the denial notice.

Language assistance available in languages mandated by the federal Affordable Care Act:
Para obtener asistencia en Español, llame al 808-432-5955 ó 1-800-966-5955.
Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 808-432-5955 o di kaya'y 1-800-966-5955.
如果需要中文的帮助，?拨打?个号码 808-432-5955 或者1-800-966-5955。
Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 808-432-5955 doodaii 1-800-966-5955.

HOW TO FILE AN APPEAL

Standard Appeal

If we deny your request for payment or coverage, you have the right to file an appeal and ask that we reconsider our decision. Generally, we'll issue a written notice that tells you the specific reasons why we denied coverage or payment for the item or service. The notice will describe your appeal rights and how to file an appeal. You must submit your appeal within 180 days of the date of our denial notice.

You may appoint someone to file the appeal on your behalf. If you choose to appoint a representative, you must name this person in writing and state that he or she may file the appeal on your behalf. Both you and your representative must sign this statement, unless the person is your attorney. When necessary, your representative will have access to medical information about you that relates to the request. If you prefer, you may call our Customer Service Center at

808-432-5955 (Oahu) or **1-800-966-5955** (Neighbor Islands) to request an Appointment of Representative form.

You may file your appeal by mailing or delivering your request to:
Kaiser Foundation Health Plan, Inc.
Attn: Regional Appeals Office
2828 Paa St.
Honolulu, HI 96819

Include in your appeal your name, the patient's name and Kaiser Permanente medical record number, the date, the nature of our decision that you're appealing, and all comments, documents, and other information you want us to consider regarding your appeal. Fax your appeal to **808-432-5667** or file it by electronic mail at **KPHawaii.Appeals@kp.org**. If you have questions about the appeals process, you may call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Standard appeals must be filed on weekdays during office hours, from 7 a.m. to 7 p.m. The receipt date for appeals filed after office hours or on weekends will be the next business day.

When received, your appeal will be prepared for an internal review. Appeal reviews will consider all information you submit (whether or not that information was submitted with your initial request for payment or coverage), will be decided by a different reviewer than the person who denied your initial request, and will not give deference to the initial decision you're appealing. When you appeal, you may give testimony in writing or by telephone. Please call the Customer Service Center to get information about giving testimony by phone. If we consider, rely upon or generate any new or additional evidence in our appeal review, or if our appeal decision is based on a new or additional coverage rationale, we will provide you, free of charge, such evidence or coverage rationale as soon as possible and give you a reasonable opportunity to respond before our decision is due. If you do not respond before we must make our decision, our decision will be based on the information that we have on hand. If we continue to deny your request after our appeal is completed, our written notice to you will include the specific reasons for the decision and refer to the specific plan provisions on which our decision was made. If you are not satisfied with our decision, you may request external review as noted later in this section.

You may request a free copy of (1) all documents and information relevant to your initial claim and appeal; (2) any rule, guideline, or protocol we relied upon in denying the service or supply you requested; and (3) the identity of any experts whose advice was obtained by us in connection with our denial of your request. You can request the information by calling our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

You also have the right to request the diagnosis and treatment codes and their meanings that are the subject of your claim. You can request this information by calling Claims Administration Customer Service at **1-877-875-3805** (Oahu and Neighbor Islands).

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如果需要中文的帮助，?拨打?个号码 808-432-5955 或者1-800-966-5955。
Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 808-432-5955 doodaii 1-800-966-5955.

Expedited Appeal

You may ask that we make an expedited decision on your appeal. The expedited procedure applies to denied requests for services or supplies that you have not yet received or are currently receiving that are being reduced or terminated. It does not apply to denied requests for payment for services or supplies that you have already received. We'll make an expedited decision in not longer than 72 hours if we find, or if your physician states, that reviewing your appeal under the 30-day process would seriously jeopardize your life or health, seriously affect your ability to regain maximum function, or subject you to severe pain that cannot be adequately managed without the care or treatment you are requesting. Our decision may take longer if we have to wait for information from you or medical records about your case, but we must make a decision within 72 hours of our receipt of such additional information.

You or your physician may request an expedited appeal anytime by calling toll-free **1-866-233-2851**, or by faxing, writing, or delivering your request to the same address and phone numbers listed for standard appeals. If we determine that your request does not meet the criteria for an expedited appeal, we'll automatically review your written appeal under the 30-day process.

Different procedures apply to the following plans: Kaiser Permanente Senior Advantage, Kaiser Permanente Medicare Cost, Kaiser Permanente QUEST, the Federal Employees Health Benefits Program, and Kaiser Permanente Individuals and Families. Members on these plans should consult their respective Evidence of Coverage, handbook, or brochure for a description of the claims and appeals procedures that apply to them.

External Appeal with an Independent Review Organization

Once you've exhausted your internal appeal rights and we've continued to deny coverage or payment as stated in any final adverse benefit determination (ABD) notice that you receive from us, you can request an external appeal with an independent review organization (IRO). The process is available for decisions about medical judgment including one based on our requirements for medical necessity, appropriateness, health care setting, level of care of effectiveness of a covered service, or our determination that the requested care or service is experimental or investigational. If our ABD does not involve medical judgment or medical information, then your request is not eligible for external review through the Hawaii state process.

An IRO is independent from Kaiser Permanente and has the authority to overturn our denial of coverage or payment. The IRO that is responsible for conducting your external appeal is based on your Kaiser Permanente plan.

Our ABD notice will contain information about the IRO that applies to you and instructions on filing an external appeal with the IRO. You may also be able to simultaneously request external review as permitted under federal law in connection with an expedited internal appeal.

If you are covered by a state or county employee plan, certain employee disability or a qualified church plan, or an employee health plan subject to ERISA (the Employee Retirement Income Security Act), then you may have the right to request external review by the Hawaii Insurance Commissioner. You, your appointed representative, or treating provider may file the request for review. Requests for external review must be submitted to the commissioner within 130 days of your receipt of Kaiser Permanente's final adverse decision. Requests for external review may be filed at the address below or by facsimile to **808-587-5379**. You can reach the Health Insurance Branch of the Hawaii Insurance Division by calling **808-586-2804**.

State of Hawaii DCCA
Insurance Division - External Appeals
335 Merchant St., 2nd Fl.
Honolulu, HI 96813

If the request is determined eligible for external review, the commissioner will assign the case to an IRO approved by the Insurance Division within three business days. Once assigned, the IRO will notify you and Kaiser Permanente within five business days that the external appeal has been opened for review. We must submit to the IRO within five business days of our receipt of the notice from the IRO all the documents and information that we considered during our internal review of your request. You or your authorized representative may submit additional written information to the IRO within five business days of your receipt of the notice from the IRO.

The IRO will perform the external review by considering the information noted above and the terms of your Kaiser Permanente plan as well as your medical records, any recommendations from your attending health care professional, additional consulting reports from appropriate health care professionals, the medical necessity statute defined under Hawaii law (Hawaii Revised Statutes chapter 432E-1), the most appropriate practice guidelines, any applicable clinical review criteria developed and used by Kaiser Permanente, and the opinion of the IRO's clinical reviewer. The IRO will not be bound by our initial and appeal adverse decisions in deciding your external appeal. The IRO will send you its decision in writing within 45 days of receiving your external review request. In the event the IRO reverses our adverse decision, we must immediately cover or pay for the service or item that you are requesting.

Expedited External Appeal

Expedited review may be requested from the commissioner by you, your authorized representative, or health care provider if processing under the standard timeframe would result in serious jeopardy to your life or health, seriously affect your ability to regain maximum function, or subject you to severe pain that cannot be adequately managed without the care or treatment you are requesting. Expedited review may also be requested from the commissioner if your appeal involves admission to a facility for health care services, the availability of care or a continued stay at a facility for health care services, or a health care service that you are receiving during an emergency visit before you are discharged from the facility where the emergency services are being obtained. If your request qualifies for expedited processing at the time you receive our initial ABD or file your internal appeal, you have the right to simultaneously request expedited review with the commissioner. The expedited process does not apply to services or items that you have already received.

If the request is determined eligible for expedited external review, the commissioner will immediately assign the case to an IRO approved by the Insurance Division and provide Kaiser Permanente with the name of the IRO. We must transmit to the IRO in an expeditious manner all the documents and information that we considered during our internal review of your request.

The IRO will perform the external review by considering the same types of information as noted earlier under the standard process. The IRO will not be bound by our initial and appeal adverse decisions in deciding your external expedited appeal. The IRO will notify you of its decision as expeditiously as your medical condition or the circumstances require, but in no event more than 72 hours of its receipt of your eligible expedited request. If its decision was provided verbally at first, then the IRO must send written confirmation within 48 hours of its verbal notice. In the event the IRO reverses our adverse decision, we must immediately cover or pay for the service or item that you are requesting.

External Review Requests for Experimental or Investigational Services or Treatments

Additional procedures apply to a request involving an experimental or investigational service or treatment. You or your authorized representative may make an oral request for expedited review if your treating physician certifies in writing that the service or treatment you are requesting would be significantly less effective if it was not initiated promptly. This certification must be filed promptly with the commissioner following your oral request for review. If you or your authorized representative request expedited review in writing rather than orally, you must include your treating physician's written certification with the written request. If your request is determined eligible for expedited review, the commissioner must immediately assign the case to an IRO approved by the Insurance Division and provide Kaiser Permanente with the name of the IRO. We must transmit to the IRO in an expeditious manner all the documents and information that we considered during our internal review of your request.

Within three business days after being assigned to perform the external review, the IRO will select one or more clinical reviewers who are experts in the treatment of the condition and knowledgeable about the service or treatment that is the subject of the request. Each clinical reviewer must provide an opinion regarding whether the service or treatment should be covered. This opinion must be provided to the IRO orally or in writing as expeditiously as your condition requires but in no event more than five calendar days after the reviewer was selected. If the opinion was provided orally, then the reviewer must provide a written report to the IRO within 48 hours following the date the oral opinion was provided. The IRO must provide you, your authorized representative, and Kaiser Permanente with its decision either orally or in writing within 48 hours after it receives the opinion. If its decision was provided orally, then the IRO must send its decision in writing within 48 hours of the oral notice. If a majority of the clinical reviewers recommend that the service or treatment should be covered, then the IRO must reverse Kaiser Permanente's adverse decision. If a majority of the reviewers recommend that the service or treatment should not be covered, then the IRO will make a decision to uphold Kaiser Permanente's adverse decision. If the reviewers are evenly split as to whether the service or treatment should be covered, then the IRO must obtain the opinion of another clinical reviewer. The processing timeframes are not extended if the IRO needs to obtain the opinion of an additional reviewer.

For non-expedited requests involving an experimental or investigational service or treatment that are determined eligible for external review, the commissioner has three business days after the eligibility

decision was made to assign the case to an IRO approved by the Insurance Division and provide Kaiser Permanente with the name of the IRO. We must submit to the IRO within five business days of our receipt of the name of the IRO all the documents and information that we considered during our internal review of your request. You or your authorized representative may submit additional written information to the IRO within five business days of your receipt of the Insurance Division's notice that your case was assigned to an IRO. The IRO must select one or more clinical reviewers within three business days after it was assigned to perform the external review. Each reviewer must provide its opinion to the IRO in writing within 20 days of the date the IRO was assigned to perform the review. The IRO must then provide its written decision to you, your authorized representative, and Kaiser Permanente within 20 days after the opinions were received. The IRO must decide to reverse or uphold Kaiser Permanente's adverse decision in the same manner discussed earlier based on a majority of the clinical reviewers' recommendations.

Procedures Applicable to All Requests for External Review

The IRO's decision is binding on you and Kaiser Permanente except for any additional remedies that may be available to you or Kaiser Permanente under applicable federal or state law. You or your authorized representative may not file a subsequent request for external review involving the same adverse decision for which you already received an external decision.

When filing any request for external review, you must include a copy of Kaiser Permanente's final ABD with your request, unless you are seeking simultaneous expedited external review or we have substantially failed to comply with our internal appeals procedures. You or your authorized representative will also be required to authorize the release of your medical records that need to be reviewed for the external appeal, as well as provide written disclosure that permits the commissioner to perform a conflict of interest evaluation as part of the selection process for an appropriate IRO. You can find forms that meet each requirement on our website at **kp.org** or by calling our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). Lastly, a $15 filing fee must be included with the external appeal request. The filing fee will be refunded if Kaiser Permanente's adverse determination is reversed through the external review or the commissioner waives the fee because it poses an undue hardship on you. Your request will be considered incomplete and the external review delayed if you do not submit all the required information with the request.

When you submit a request for external review, the commissioner will inform Kaiser Permanente about your request. We will be responsible for notifying the commissioner and you or your authorized representative in writing whether the request is complete and eligible for external review. If we believe your request is not eligible for external review, you may file an appeal with the commissioner. Our notice of ineligibility will include information on requesting this appeal.

You must exhaust Kaiser Permanente's internal claims and appeals process before you may request external review, except 1) when external review is permitted to occur simultaneously for requests that qualify for expedited review, or 2) we have failed to comply with applicable claims and appeals requirements under federal or state law. You may have certain additional rights if you remain dissatisfied after you have exhausted our internal claims and appeals procedures and external review. If you are enrolled through a plan that is subject to ERISA, you may file a civil action under section 502(a) of ERISA. To understand these rights, you should check with your benefits office or contact the Employee Benefits Security Administration (part of the U.S. Department of Labor) at

1-866-444-3272. Alternatively, if your plan is not subject to ERISA (for example, most state or local government plans and church plans or all individual plans), you may have a right to request review in state court.

Different procedures apply to the following plans: Kaiser Permanente Senior Advantage, Kaiser Permanente Medicare Cost, Kaiser Permanente QUEST, and the Federal Employees Health Benefits Program. Members on these plans should consult their respective Evidence of Coverage, handbook, or brochure for a description of the independent external review procedures that apply to them.

BINDING ARBITRATION

Except for certain situations outlined in your *Service Agreement*, all claims, disputes, or causes of action arising out of, or related to, your *Service Agreement*, its performance or alleged breach, or the relationship or conduct of the parties, must be resolved by binding arbitration. **For claims, disputes, or causes of action subject to binding arbitration, all parties give up the right to jury or court trial.** For a complete description of arbitration information, please refer to your *Service Agreement*, which may be obtained upon request by calling the Customer Service Center.

THIRD-PARTY LIABILITY

Kaiser Permanente has the right to recover the cost of care for a member's injury or illness caused by another person or in an auto accident from a judgment, settlement, or other payment paid to the member by an insurance company, individual, or other third party.

UTILIZATION MANAGEMENT

Utilization management (UM) describes the methods we use to ensure you receive the right care at the right time in the right place. We use the advice and cooperation of practitioners and providers to ensure quality, cost-effective care for members. Some of these services, which we continuously monitor and evaluate, are:

- Review of hospital admissions
- Review of referred services
- Review of post-service claims
- Case management services for certain medical conditions
- Clinical pharmacist services
- Care maps and clinical practice guidelines

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, or to file a claim for payment of charges you've incurred. If you don't agree with our decision regarding your request, you have the right to request an appeal.

Kaiser Permanente physicians, employees, and affiliated practitioners (professionals contracted with Kaiser Permanente) who make decisions about your medical treatments and services have a primary focus on providing the level of care that is appropriate for your needs. All UM decision making is based on evidence that service and care are medically necessary and appropriate. There is no reward for denying care and no financial incentives that encourage denial of service or coverage that may

result in underutilization. Kaiser Permanente does not make decisions regarding hiring, promoting or terminating practitioners, or other individuals based on the likelihood that the individual would (or tend to) support the denial of benefits.

UM inquiries during regular business hours and any requests for language assistance services provided free of charge through an interpreter should go to our Customer Service Center:
808-432-5955 (Oahu)
1-800-966-5955 (Neighbor Islands)
1-877-447-5990 (toll free) TTY hearing/speech impaired
Monday through Friday, 8 a.m. to 5 p.m.
Saturday, 8 a.m.-noon

After regular business hours and holidays
808-432-7100 (Oahu)
1-800-227-0482 (Neighbor Islands)
After regular business hours, your message will be forwarded to our UM team and your call will be returned the next business day. You may also fax us at **808-432-7419**.

INTERPRETER SERVICES

We offer interpreter services at no charge. If you need an interpreter during your next doctor visit, inform the appointment clerk when scheduling your appointment

For all other questions, call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). A Customer Service representative will provide an interpreter over the phone. Members who are deaf, hard of hearing, or speech impaired may call toll free **1-877-447- 5990** (TTY). Our interpreter services are available only at Kaiser Permanente facilities. Requests for Kaiser Permanente members outside Kaiser Permanente facilities will be reviewed on a case by case basis, and Kaiser Permanente will provide interpretive services if the servicing non-Kaiser Permanente facility is not able to provide such service.

中文
我們提供免費口譯服務。如果您下次向醫師求診時需要口譯人員協助，預約門診時請告知約診人員。如有任何其他問題，請撥打 **808-432-5955**（歐胡島）或 **1-800-966-5955**（其他島嶼）聯絡本公司的客戶服務中心。客戶服務代表會透過電話為您提供口譯服務。失聰、有聽力 或語言障礙的會員可撥打免費電話：**1-877-447-5990**（TTY）。我們的口譯服務僅於 Kaiser Permanente 機構提供。Kaiser Permanente 會員若要求在 Kaiser Permanente 機構以外的地點提供口譯服務，則需根據個案情況審核，如果服務的非 Kaiser Permanente 機構無法提供此類服務，則 Kaiser Permanente 會提供口譯服務。

Tiếng Việt
Chúng tôi cung cấp miễn phí dịch vụ thông dịch. Nếu quý vị cần một thông dịch viên trong lần thăm khám kế tiếp, hãy thông báo cho nhân viên xếp lịch hẹn khi đặt hẹn. Nếu có thắc mắc khác, hãy gọi Trung Tâm Dịch Vụ Khách Hàng của chúng tôi qua số **808-432-5955** (Oahu) hoặc **1-800-966-5955** (Các Đảo Lân Cận). Sẽ có một đại diện Dịch Vụ Khách Hàng cung cấp thông dịch viên qua điện thoại. Đối với hội viên khiếm thính, nặng tai hoặc khiếm thanh có thể gọi số miễn cước **1-877-447-5990** (TTY). Dịch vụ thông dịch của chúng tôi chỉ được cung cấp tại các cơ sở của Kaiser Permanente. Yêu cầu của các hội viên Kaiser Permanente ngoài các cơ sở Kaiser Permanente sẽ được xem xét từng trường hợp, Kaiser Permanente sẽ cung cấp dịch vụ thông dịch nếu cơ sở phục vụ không phải của Kaiser Permanente không thể cung cấp dịch vụ như thế.

한국어
통역 서비스를 무료로 제공해 드립니다. 다음 진료 때 통역이 필요한 경우, 진료 예약시 담당 직원에게 말씀해 주십시오. 다른 문의 사항이 있으면 고객서비스센터 **808-432-5955**(오아후 섬의 경우) 또는 **1-800-966-5955**(이웃 섬의 경우)로 연락 주십시오. 고객서비스센터 상담원이 전화 통역을 제공해 드릴 것입니다. 청각장애인, 난청이신 분 또는 언어장애가 있는 분은 수신자부담 전화번호인 **1-877-447-5990**(TTY)으로 연락 주십시오. 통역 서비스는 Kaiser Permanente시설에서만 이용 가능합니다. Kaiser Permanente 시설 바깥의 Kaiser Permanente 회원을 위한 요청은 사례별로 검토하여 Kaiser Permanente가 아닌 서비스 시설이 통역 서비스를 제공할 수 없는 경우에만 Kaiser Permanente가 이 서비스를 제공할 것입니다.

日本語
Kaiser Permanenteでは医療通訳サービスを無料で提供しております。 次回の来診時に通訳がご入り用の場合は、ご予約の際に予約受付係にお知らせください。 その他のご質問はカスタマーサービスセンター：**808-432-5955**（オアフ島）／**1-800-966-5955**（近隣の島）にお電話ください。 カスタマーサービスでは通訳が電話の応対をいたします。 また聴覚障害あるいは言語障害をお持ちの方はテレタイプライターサービス**1-877-447-5990**もご利用いただけます。 なお私どもの医療通訳サービスは、Kaiser Permanenteの医療施設でのみご利用いただけることにご留意ください。 その他の医療機関においてKaiser Permanenteの通訳派遣を希望される場合には、個々の事情をもとに派遣の有無を決定いたします。また、Kaiser PermanenteはKaiser Permanente以外の医療機関で同様の医療通訳サービスが受けられない場合に通訳サービスを提供いたします。

Español
Ofrecemos servicios gratuitos de interpretación. Si necesita un intérprete durante su próxima visita al médico, avísele al encargado de las citas cuando haga su siguiente cita. Si tiene alguna otra pregunta, llame a nuestro Centro de Servicio al Cliente al **808-432-5955** (Oahu) o **1-800-966-5955** (en las islas vecinas). Un representante de Servicio al Cliente le comunicará con un intérprete por teléfono. Los miembros con problemas auditivos o del habla pueden llamar al número sin costo **1-877-447-5990** (línea TTY). Nuestros servicios de intérpretes están disponibles solamente en los centros de Kaiser Permanente. Las solicitudes de los miembros de Kaiser Permanente fuera de nuestros centros se revisarán en cada caso y Kaiser Permanente proporcionará servicios de interpretación en caso de que el centro tratante ajeno a Kaiser Permanente no pueda ofrecerlo.

YOUR RIGHTS AND RESPONSIBILITIES

You are our partner in your health care, and your participation in decisions about your health care is important. Your willingness to speak with your doctor and other health care practitioners about your needs can help us provide you with the right type of care.

For detailed information about your rights to privacy, please refer to your Notice of Privacy Practices on our website at **kp.org**. Simply click on the "Privacy practices" link at the bottom of the page, and then click on the "Hawaii" link. Or contact our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

YOUR RIGHTS

As a person using our services, you have specific rights regardless of your age, cultural background, gender, gender identity, sexual orientation, financial status, national origin, race, religion, or disability.

You have a right to:

- Receive information about Kaiser Permanente, our services, our health care practitioners and providers, and your rights and responsibilities.
- Get information about the people who provide your health care, including their names, professional status, and board certification.
- Be treated with consideration, compassion, and respect, taking into account your dignity and individuality, including privacy in treatment and care.
- Make decisions about your medical care. This includes advance directives to have life-prolonging medical or surgical treatment given, ended, or stopped; withholding resuscitative services; and care at the end of life. You have the right to assign another person to make health care decisions for you, to the extent allowed by law.
- Discuss all medically necessary treatment options, regardless of cost or benefit coverage.
- Voice your complaints freely, without fear of discrimination or retaliation. If you are not satisfied with how your complaint was handled, you may have us reconsider your complaint.
- Make recommendations regarding Kaiser Permanente's Member Rights and Responsibilities statement.
- Be involved and include your family in the planning of your medical care. You have the right to be informed of the risks, benefits, and consequences of your actions. You may refuse to participate in experimental research.
- Choose your primary care physician, change your primary care physician, or obtain a second opinion within Kaiser Permanente. You also have the right to consult with a non-Plan doctor at your own expense.
- Establish a relationship with a specialist or qualified practitioner of women's health services to assure your continuing care for specific conditions.
- Receive information and discuss with your doctor your medical condition, available treatment options, alternatives, and diagnosis in a manner appropriate to your condition and ability to understand.
- Obtain language interpretation services when required to understand your care and services.
- Be involved in the consideration of bioethical issues. You have the right to contact our Bioethics Committee for help in resolving ethical, legal, and moral matters relating to your care.
- Be informed of the relationship between Kaiser Permanente and other health care programs, providers, and schools.
- Be informed about how new technologies are evaluated in relation to benefit coverage.
- Receive the medical information and education you need to participate in your health care.
- Give informed consent before the start of any procedure or treatment.
- Have access to medically necessary services and treatment including emergency treatment, and covered benefits, in a timely and fair way. Services should not be arbitrarily denied or reduced in amount, duration or scope because of diagnosis, type of illness, or condition.
- Have your cultural, psychological, social, and spiritual needs considered and respected.
- Be assured of privacy and confidentiality of all communications and records related to your care and have your confidentiality protected. You or a person you choose can request and receive a copy of or access your medical records and request to amend or correct the record, within the

limits of the law. In addition, you have the right to limit, restrict or prevent disclosure of protected health information.
- Be treated in a safe, secure, and clean environment free from physical and drug restraints except when ordered by a doctor or, in the case of an emergency, when it is necessary to protect you or others from injury.
- Receive appropriate and effective pain management as an important part of your care plan.
- Get an explanation of your bill and benefits regardless of how you pay. You have the right to know about our available services, referral procedures, and costs.
- Receive other information and services required by various state or federal programs.
- When appropriate, be informed about the outcomes of care, including unanticipated outcomes.

YOUR RESPONSIBILITIES

As a partner in your health care, you have a responsibility to:
- Provide accurate and complete information about your present and past medical conditions.
- Follow the treatment plan agreed on by you and your health care practitioner. You have a responsibility to inform your health care practitioner if you do not understand or cannot follow through with your treatment.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the extent possible.
- Identify yourself appropriately and use your Kaiser Permanente identification card in accordance with Kaiser Permanente policies and procedures.
- Cooperate with our staff to help ensure proper diagnosis and treatment of your illness or condition.
- Keep your appointments or, if you cannot keep them, cancel appointments in a timely manner.
- Know your benefit coverage and its limitations.
- Cooperate in signing a release form when you choose to refuse recommended treatment or procedures.
- Realize the effects your lifestyle has on your health and understand that decisions you make in your daily life, such as smoking, can affect your health.
- Be considerate of others by respecting the rights and feelings of the staff and respect the privacy of other patients.
- Refrain from disturbing or disrupting operations and administration, and cooperate with our staff to allow services to other patients to be performed without interruption.
- Follow all hospital, clinic, and health plan rules and regulations, including respecting hospital visiting hours.
- Pay your bills when they're due and cooperate in the proper processing of third-party payments.
- Inform us when you or your covered dependents change addresses or other contact information.

PATIENT SAFETY

Kaiser Permanente is committed to being a national leader in patient safety. We strive to provide care that is reliable, effective, consistent, and safe. We believe that patient safety is every patient's right and every person's responsibility.

To foster mutual responsibility and accountability for patient safety throughout Kaiser Permanente, we'll continue to implement activities broadly aimed at achieving the following ideals:

- **Safe Culture**: Create and maintain a strong, unified patient safety culture, with patient safety and error-reduction embraced as shared organizational values.
- **Safe Care**: Ensure that the actual and potential hazards associated with high-risk procedures, processes, and patient care populations are identified, assessed, and controlled in a way that demonstrates continuous improvement and moves the organization toward the ultimate objective of ensuring our patients' freedom from accidental injury or illness.
- **Safe Staff**: Ensure that our staff has the knowledge and competence to safely perform required duties and improve system safety performance.
- **Safe Support Systems**: Identify, implement, and maintain support systems that provide the right information to the right people at the right time. This includes responsible reporting.
- **Safe Place**: Design, construct, operate, and maintain the environment of care as well as evaluate, purchase, and utilize equipment and products in a way that enhances the efficiency and effectiveness with which safe health care is provided.
- **Safe Patients**: Engage the patient and his or her family, as appropriate, in reducing medical errors and improving overall system safety performance. It's important that you take an active role in ensuring your own patient safety. Here are some ways you can work with your medical team to help keep yourself safe when visiting our medical offices or as a patient in the hospital.
- **Ask questions**: It's OK to ask questions and to expect answers you can understand.
- **Know the members of your medical team**: All health care professionals must wear identification badges. Don't hesitate to ask them to show their identification badges.
- **Wash your hands**: Hand washing prevents the spread of infections. Wash your hands after you move around the room, touch things, or use the bathroom. Don't hesitate to ask your medical team and visitors if they have washed their hands.
- **Share important health information with your medical team**: Several staff members may ask you the same questions—that's OK. It's part of making sure you receive safe care. Discuss all of the medications you're taking, including herbal and over-the counter medications.
- **Know how to use your medications**: If you don't understand why you're taking a medicine, ask. Ask about side effects and what food or drinks to avoid when taking any medication. Read the labels and all warnings. Make sure that it's the medication ordered for you and that you know what to expect.
- **Make sure that you're receiving the correct treatment**: Make sure that all staff members check your identification wristband (if in the hospital) when you receive medication or treatments. When visiting our medical offices, make sure staff members check your name and birth date. Bringing proper identification, including a photo ID, helps to ensure that we have the correct member when registering you for services.
- **Get all your test results**: Don't assume that the results of your test are OK—always ask for your results. Ask when and how you can expect to receive them.
- **Before you leave the medical offices or hospital**: Make sure you know what you need to do next and who to contact if you have questions.
- **Always carry a list of your current medications with you**: Make sure that you keep an updated list of your medications with you, including the doses and how often you're taking each one. When you're admitted to the hospital, your health care team can make sure that your medications don't interfere with your current treatment and won't interact with other medications. Make sure you also list any over-the-counter and herbal medications.

If you have concerns about patient safety or quality of care while in the hospital or home health facility: Please speak with the physician in charge or ask for the department manager. If you still

have concerns, please contact Hospital Administration. You may find them on the first floor of the hospital, or you can reach them through the hospital operator at **808-432-0000**.

You may contact the Joint Commission's Office of Quality Monitoring at **1-800-994-6610** or by email: **complaint@jointcommission.org**
fax: **630-792-5636**

or mail to:
TJC- Office of Quality
Monitoring, One Renaissance Blvd.
Oakbrook Terrace, IL 60181

HOSPITAL PATIENT RIGHTS

As a person receiving our services, you have specific rights regardless of your age, cultural background, gender, gender identity, sexual orientation, financial status, national origin, race, religion, or disability.

As a patient in the Moanalua Medical Center, you also have the right to:
- Receive information about your rights and responsibilities when you're admitted.
- Receive orderly transfer and discharge for your welfare, for other patients' welfare, or other causes as determined by your physician. Also, you have the right to receive reasonable advance notice and discharge planning by qualified hospital staff to help ensure appropriate post-hospital placement and care.
- Request visits by clergy at any time and participate in social and religious activities, unless doing so infringes on the rights of other patients or would compromise your medical care.
- Receive and use your own clothing and possessions as space permits, unless doing so infringes on the rights of other patients, is in violation of hospital safety practices, or would compromise your medical care.
- Give informed consent before the start of any recording, films, or other images for purposes of nonpatient care.
- Access protective and advocacy services.
- Access appropriate educational services when a child or adolescent patient's treatment necessitates a significant absence from school.
- Protection from requests to perform services for Kaiser Foundation Hospital that are not included for therapeutic purposes in your plan of care.
- Be free from any form of restraint or seclusion as a means of coercion, discipline, convenience or retaliation as specified in federal regulations on the use of restraints and seclusion.

File a complaint in the hospital by first asking to speak with the department manager or supervisor. If you are not satisfied with the response, contact Hospital Administration. You may find them on the first floor of the hospital, or you can reach them through the hospital operator at **808-432-0000**.

If the concern cannot be resolved by the hospital, you may contact the Joint Commission's Office of Quality Monitoring at **1-800-994-6610**
or by email: **complaint@jointcommission.org**
fax: **630-792-5636**

or mail to:
TJC- Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Questions or concerns
Contact our social workers at **808-432-7100** (Oahu) or page us through the hospital operator at **808-432-0000** (Oahu) or **1-800-966-5955** (Neighbor Islands).

MEMBER SATISFACTION PROCEDURE

We welcome your comments and concerns. They are an encouragement when we meet your expectations and an opportunity for improvement when we fall short. You may provide your comments and concerns to your personal physician or the departmental supervisor. You may also use the Let Us Hear From You customer feedback forms found in all Kaiser Permanente clinics, or call or write to our Customer Service Center. We'll respond within 30 days of receiving your comments and concerns.

Our address
Kaiser Foundation Health Plan, Inc.
Customer Service Center
711 Kapiolani Blvd.
Honolulu, HI 96813

Phone numbers
808-432-5955 (Oahu)
1-800-966-5955 (Neighbor Islands)
1-877-447-5990 (toll free) TTY
hearing/speech impaired

ABOUT QUALITY CARE

Each year, Kaiser Permanente drafts a quality summary report that identifies the goals, objectives, and activities we use to improve care and service to members and our community. For a free copy of this report, please call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). You may also view the report on our website at **kp.org**

PRIVACY INFORMATION

Your privacy is important to us. Our physicians and employees are required to keep your protected health information (PHI) confidential whether it is oral, written, or electronically transmitted. We have policies, procedures, and other safeguards in place to help protect your PHI from improper use and disclosure in all settings, as required by state and federal laws.

We will release your PHI when you give us written authorization to do so, when the law requires us to disclose information, or under certain circumstances when the law permits us to use or disclose information without your permission. For example, in the course of providing treatment, our health care professionals may use and disclose your PHI in order to provide and coordinate your care, without obtaining your authorization.

Your PHI may also be used without your authorization to determine who is responsible to pay for medical care and for other health care operations purposes such as quality assessment and

improvement, customer service, and compliance programs. If you are enrolled in Kaiser Permanente through your employer or employee organization, we may be allowed under the law to disclose certain PHI to them, such as information regarding health plan eligibility or payment, or regarding a workers' compensation claim. Sometimes, we contract with others (business associates) to perform services for us and in those cases, our business associates must agree to safeguard any PHI they receive.

Our privacy policies and procedures include information about your right to see, correct or update, and receive copies of your PHI. You may also ask us for a list of our disclosures of your PHI, which we are required to track under the law.

For a more complete explanation of our privacy policies, please request a copy of our Notice of Privacy Practices, which is on our website **kp.org** and in our medical offices, by calling our Customer Service Center. If you have questions or concerns about our privacy practices, please contact our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

NEW MEDICAL TECHNOLOGIES RECEIVE THOROUGH REVIEW

Doctors depend on research and advances in science to give their patients a better and sometimes longer life. Our Interregional New Technologies Committee, made up of physicians and scientists from across Kaiser Permanente nationwide, studies medical advances to ensure they are tested, safe, and helpful. By continually reviewing medical advances and our benefit coverage, we strive to provide advanced, effective, and efficient medical care. If you would like to know more about the review process for medical technologies in relation to benefit coverage, please call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

ADVANCE HEALTH CARE DIRECTIVE

At Kaiser Permanente Hawaii, we support your right to make decisions regarding your health care, and we want to know how to manage your health care when you can no longer tell us. In fact, we encourage you to make these important decisions now, when you're healthy. With an Advance Health Care Directive, you can take charge of your health care and help ensure that your wishes will be respected.

By putting your wishes in writing, you can be sure that your family and health care team will know your preferences if you become unable to make decisions for yourself. By clarifying your wishes when you're able to think clearly about them, you free your family from having to make difficult decisions for you. Your completed document(s) will be available 24 hours a day from Kaiser Permanente.

If you want more information or to request a forms packet, please contact our Customer Service Center at **808-432-5955** (Oahu), **1-800-966-5955** (Neighbor Islands) or **1-877-447-5990** (TTY hearing/speech impaired).

KAISER PERMANENTE®

ELIGIBILITY, ENROLLMENT, AND TERMINATION OF YOUR MEMBERSHIP

Detailed information on enrollment, eligibility, and membership termination topics listed below are included in your *Service Agreement*. You may obtain a copy of your *Service Agreement* by calling the Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

- Who may enroll
- Timely enrollment
- Effective date for newborns
- Effective date for newborns/children who are subject to a petition to adopt
- Who is eligible for this plan
- Loss of eligibility
- Termination of your membership
- Termination for discontinuance of a particular plan
- Special enrollment

MEDICARE ELIGIBILITY

Medicare is the federal health insurance program for people 65 or older, some people under 65 with certain disabilities, and people of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant).

When you reach 65 or become eligible for Medicare, a change in your premium may occur. You may continue your Kaiser Permanente membership in addition to Original Medicare or you may be eligible for enrollment in Kaiser Permanente Senior Advantage (HMO), our Medicare Advantage plan. Prospective Senior Advantage plan enrollees must reside in the Senior Advantage Hawaii service area of Oahu, Maui, and Hawaii (except for ZIP codes 96718, 96772, and 96777).

To obtain information about your eligibility under Original Medicare, visit **medicare.gov** or call: **1-800-MEDICARE (1-800-633-4227)**.

For more information about whether or not you qualify to enroll in Senior Advantage, call Senior Advantage Plan Customer Service Center at **1-800-805-2739,** 8 a.m.-8 p.m. daily.

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