

<b>Commercial Carrier Process to Request a Referral to a Specialist or NonPhysician Specialist</b> (Accurate as of December 19, 2022. Please check the MIA website for up-to-date information.)	
<b>COMPANY: Kaiser Permanente</b> <b>Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</b>	
<b>Consumer Contact Information</b>	
Website	<a href="http://www.kp.org">www.kp.org</a>
Phone Number	(800) 777-7902
<b>Requesting a Referral</b>	
Steps to request a non-panel (non-participating) provider specialist	1. To request a referral, please contact your provider. 2. If your Provider decides that you need covered services from a Specialist, your Provider will request a referral for you. 3. If you did not receive a referral during your visit and you would like to request one, please call Member Services at (800) 777-7902 to start the process. You will receive a decision on your requested referral whether the referral is approved or denied. 4. Your Provider or attending specialist may refer you to a non-plan provider. We will approve services from non-plan providers only if we do not have a plan provider with the professional training and expertise to treat or provide health care services for your condition or disease or if we cannot provide reasonable access to a plan provider with the professional training and expertise to treat or provide health care services for your condition or disease without unreasonable delay or travel. You must have an approved referral to the non-plan provider for us to cover the services and/or supplies. If we approve the referral to the non-plan provider, you pay only what you would have paid if a plan provider provided the services/supplies.
Review full referral request procedures	<a href="https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/doctors-locations/how-to-request-referrals">https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/doctors-locations/how-to-request-referrals</a>
<b>Carrier's timeline to grant or deny request</b>	<b>Referral decisions will be made within the following timeframes:</b> <b>Urgent requests:</b> Decisions will be made and communicated to the requesting provider within 24 hours of the request. If the referral is not approved a letter will be sent to you within 24 hours of the decision. <b>Non-urgent requests:</b> Decisions will be made within two (2) working days after we receive all the needed information. The decision will be communicated to the requesting provider within one (1) working day. If your referral is approved, we will give you instructions on how to make your appointment(s). If your referral is not approved, we will send you a denial letter with instructions for filing an urgent or non-urgent appeal.
<b>Grievance process to appeal denial of a request</b>	
How to file a grievance	<b>Requesting Review of Our Decision</b> You, the Member, Member's Representative or a health care provider acting on behalf of the Member, have the right to appeal our decision by sending your request for review in writing to: Kaiser Permanente Attention: Appeals Department Nine Piedmont Center 3495 Piedmont Road, NE Atlanta, GA 30305-1736 Fax: 404-949-5001 In your request, please include 1) your name, medical record number, claim number; 2) your medical condition or symptom; 3) the specific treatment, service or supply that you are requesting; and, 4) the specific reason(s) for your request that we review our initial decision We must receive your request within 180 days of your receipt of our denial letter.

<p>Number of days for final grievance decisions</p>	<p><b>Post-service appeal acknowledgment</b> - We will acknowledge receipt of your post-service appeal within five (5) working days of our receipt of your written post-service appeal.</p> <p><b>Pre-service appeal decision timeframe</b> - If your appeal is for a health care service that has not been provided, we will send you and your authorized representative a letter within 30 working days of the date that you filed your appeal to let you know if your appeal is approved or denied.</p> <p><b>Post-service appeal decision timeframe</b> - If your appeal is asking for payment for health care services already provided we will send you and your authorized representative a letter within the earliest of 45 working days or 60 calendar days of the date that you filed your appeal to let you know if your request is approved or denied.</p> <p><b>For both pre-service and post-service appeals</b>, if we need more time to make a decision, we will send you and your authorized representative a letter seeking your written approval for an extension of no more than thirty (30) working days. If you or your authorized representative do not agree to the extension, then we will make the appeals decision within the original timeframe. Any agreement to extend the period for a grievance decision will be documented in writing.</p>
<p>Number of days/hours for emergency grievance decisions</p>	<p>Decisions on urgent appeals will be communicated to you or your authorized representative by telephone within 24 hours. An authorized representative is an individual authorized by you to act on your behalf or who may, under or under state or other applicable law, act on your behalf. We will also send you a letter within one calendar day of our decision.</p>
<p>Review full grievance process</p>	<p><b>How to file for a non-urgent appeal:</b>  You or your authorized representative may file an appeal by sending a written request, including all supporting documentation that relates to the appeal to:  Kaiser Permanente  Attention: Appeals Department  Nine Piedmont Center  3495 Piedmont Road, NE  Atlanta, GA 30305-1736  Fax: 404-949-5001</p> <p>Your appeal must be filed in writing within 180 calendar days of your receipt of our denial letter. If your appeal is filed after 180 calendar days, we will send a letter denying your appeal because it was not filed timely.</p> <p>If we need additional information to complete our review of your appeal we will notify you or your authorized representative within five working days after your appeal is filed. If assistance is needed and requested, we will assist you or your authorized representative in getting the necessary additional information.</p> <p><b>How to file an urgent appeal:</b>  Urgent appeals are available for medically urgent situations. In these cases, call Member Services at 800-777-7902 (TTY 711) (toll free). Monday through Friday, 7:30 a.m. to 9 p.m.</p> <p>After working hours, call an advice nurse:  Within the Washington, DC metro area, 703-359-7878 (TTY 711)  Outside the Washington, DC, metro area, toll free at 800-777-7904 (TTY 711)</p> <p>Within 24 hours of our receipt of your appeal, we will contact you if we need additional information to make a decision. If we request additional information, you will have only 48 hours to submit the requested information.</p> <p><a href="https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/doctors-locations/how-to-request-referrals">https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/doctors-locations/how-to-request-referrals</a></p>