



# HMO-POS Provider FAQs

## **Q** How does HMO-POS work for providers?

For all Gold Kidney HMO-POS plans, member copayments and coinsurance are the same for in-network and out-of-network providers. There is no added member cost or penalty for receiving care from a non-contracted or out-of-network provider.

- *Member Copayments and Coinsurance:* In-network and out-of-network providers may collect the member's copayment or coinsurance at the time of service.
- *In-Network / Contracted Providers:* In-network providers may provide care to members and submit claims to Gold Kidney Health Plan for payment.
- *Out-of-Network / Non-Contracted Providers:* Out of network providers may also provide care to Gold Kidney members and submit claims for payment. Gold Kidney will pay the out-of-network provider 100% of the applicable Medicare allowable fee, in accordance with Medicare rules for payment — less applicable copays or coinsurance.

## **Q** Is a referral or prior authorization required before I see a member?

Referrals or pre-authorizations are not required for office visits or in-office procedures. A provider may schedule the visit and provide services in the office without obtaining a referral or prior authorization.

Prior authorization is **always required** for inpatient or outpatient surgeries and services. If reimbursement will exceed \$500, prior authorization is required for the following services:

- Chemotherapy and radiation therapy
- Durable medical equipment (DME) and prosthetics

A complete list of services that require prior authorization is posted on the [www.goldkidney.com](http://www.goldkidney.com) website. If a service is not on the prior authorization list, it does not require prior authorization.



If you still have questions, give us a call:  
**1 (844) 294-6535**

### **HOURS OF OPERATION**

**Oct 1 - March 31:**  
8 a.m. - 8 p.m., local time,  
7 days a week  
(except holidays)

**April 1 - Sept 30:**  
8 a.m. - 8 p.m., local time,  
Monday - Friday  
(except holidays)

Gold Kidney Health Plan, Inc., is an HMO-POS and HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.

Gold Kidney Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, or sex (including pregnancy, sexual orientation, and gender identity).

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

**Q How do I know I will be paid by Gold Kidney?**

Providers must verify benefits and eligibility at the time of service to confirm that the patient is an active member for a Gold Kidney plan. This can be confirmed by calling the Gold Kidney Member Services team at **(844) 294-6535 (TTY: 711)**.

Providers should submit claims to Gold Kidney via the Availity clearinghouse using Payer ID: A6865. Gold Kidney pays 95% of claims within 30 days. Payment is made via EFT/ACH banking using Zelis™ Payments. EOPS and payment details can be viewed on the Zelis site.

**Q What will my reimbursement rate be if I am not contracted with Gold Kidney?**

For care rendered to members of Gold Kidney, out-of-network providers are paid the same reimbursement rates they would be paid for care rendered to Medicare Fee-for-Service patients. Payment is made in accordance with the Medicare fee schedules and payment guidelines.

Although not required, a member-specific Single Case Agreement with reimbursement rates may be completed upon request.

Please contact our Provider Contracting team by email if you would like to request a Single Case Agreement prior to providing care to a particular member:  
**providercontracting@goldkidney.com**

**Q What if I see a member and determine they need to go to the emergency room or hospital?**

Emergency or urgent care never requires prior authorization. Please direct the member to the closest facility capable of providing the care they need, or contact 911.

**Q What if I need to admit the member or need a prior authorization?**

If the care to be provided involves surgery, inpatient care, or is for a service on the Gold Kidney prior authorization list, the provider must complete the Gold Kidney Prior Authorization Form and fax it to **(866) 515-7869**.

The Prior Authorization Form can be found on our website, here:  
**[www.goldkidney.com/provider-resources-forms/](http://www.goldkidney.com/provider-resources-forms/)**

**Q What if I provide care and have a claim- or payment-related issue?**

If you need assistance with claims, please contact the Claims Concierge team at **claims@goldkidney.com**.

They can verify whether your claim has been received and can confirm payment status. They can also answer any questions you may have about payment from Zelis or how to access your explanation of payment.