



HMO-POS Sales FAQs

During the enrollment process, the member and sales agent will review the member's current providers to determine if they participate in the Gold Kidney network. If a provider is not in the Gold Kidney directory of providers, the sales agent can request that the network contracting team contact the provider to offer a contract for participation.

Additionally, if the member is in an active treatment plan with the provider, Gold Kidney will pay for the continued care of the member. The provider/doctor should bill Gold Kidney for the member's care.

Gold Kidney Health Plan can also assist in confirming that the provider is willing to continue the member's care. Upon request, the Member Advocate team will contact the provider to request continuation of care based on the information provided by the member.

Q Does the out-of-network benefit only apply to providers?

The HMO-POS benefit applies to all care providers. In addition to physicians, this would include behavioral health providers, labs and diagnostic imaging centers, and all other ancillary providers and facilities.

The out-of-network benefit does not apply to supplemental benefits that are provided through contracted vendors such as Silver&Fit, Papa, PERS, or others.

Q Why would a doctor not accept the plan out-of-network?

A provider may choose not to accept an out-of-network plan for a variety of reasons. Their reasons may be administrative, financial, or capacity-based. A provider might:

- Be unfamiliar with a plan's benefits and requirements
- Have limited staff capacity to work with a new insurer
- Choose to work with only a few insurance plans for administrative ease
- Have a full panel and decide to not accept new patients
- Only provide care to patients covered by their participating insurers
- Not accept Medicare Advantage plans



**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 Can we check if a doctor will accept the plan on an point-of-service out-of-network basis before a member joins?

Yes. In the prospecting phase, the sales team can ask if a provider will accept the member on an out-of-network basis under the member's POS benefit.

If the provider would prefer to participate in network, the provider may speak to a Gold Kidney representative about completing an agreement. The Network Management team will then work with the provider to bring them in network.

Request provider participation agreements by contacting our Provider Contracting team:

Email: providercontracting@goldkidney.com
Phone: (888) 875-0080 (TTY 711)

Q What is the process for a member to be seen by an out-of-network provider?

If the provider is already providing care for the patient, Gold Kidney can ask if the provider is willing to continue to see the member. Gold Kidney will verify the member's benefits and explain all the details of the Gold Kidney plan.

Out-of-network providers may see the patient for consultations and follow-ups without obtaining an authorization. The same copay or coinsurance will apply whether the services are rendered by an in-network or out-of-network provider. The out-of-network provider bills Gold Kidney and is paid 100% of Medicare for the services provided.

A prior authorization is required if the patient is going to have surgery or be admitted to a facility for care. Gold Kidney has a list of services that require prior authorization on its website.

Q What is the difference between what Gold Kidney pays for a provider in-network versus out-of-network?

Gold Kidney pays 100% of the Medicare fee schedule to out-of-network providers. In-network primary care providers are able to participate in the Gold Kidney Quality Initiatives which enable the provider to earn additional compensation.

Q How long does it take to confirm if a provider will accept the plan on an out-of-network basis?

It depends on the provider. If a provider is willing to accept the member and bill Gold Kidney for services without an agreement, plan acceptance can be confirmed through a simple phone call.

If the provider prefers a contract, Gold Kidney's network team can send out a single case agreement or full participation agreement to the provider. Providers who would like to join the network are required to sign and return the network participation agreement and must be approved through Gold Kidney credentialing. The contracting and credentialing process can take up to 90 days or longer depending on how quickly the provider returns the signed contract and credentialing information.

Q What is the difference for the provider on out-of-network HMO-POS versus a Single Case Agreement with a straight HMO?

A straight HMO may offer limited or no out-of-network benefits. Therefore, an out-of-network provider may be required to complete a Single Case Agreement (SCA), a limited one-time agreement enabling the out-of-network provider to render services to a member. The SCA confirms the payment rate and lists the services for the member. The SCA is signed by Gold Kidney and the provider.

An out-of-network provider seeing a member with a POS benefit does not need an SCA or agreement. The provider may simply provide care to the member on an out-of-network basis and submit a claim to Gold Kidney. Gold Kidney pays the provider 100% of Medicare for the care rendered to the member.

All provider claims whether for contracted, SCA, or out-of-network providers are paid by Gold Kidney in 30 days or interest is added to the payment. Gold Kidney pays providers timely which supports continued productive provider relationships and member access to care.