

SECTION 7

PROVIDER RIGHTS AND RESPONSIBILITIES

7.0 Providers are responsible for the following:

- Provide health care services without discriminating on the basis of health status or any other unlawful category
- Uphold all applicable responsibilities outlined in the Kaiser Permanente Member Rights & Responsibilities Statement in this Provider Manual
- Maintain open communication with a member to discuss treatment needs and recommended alternatives, without regard to any covered benefit limitations or Kaiser Permanente Provider policies and procedures. Kaiser Permanente encourages open provider-member communication regarding appropriate treatment alternatives and does not restrict providers from discussing all medically necessary or appropriate care with members
- Provide all services in a culturally competent manner
- Provide for timely transfer of member medical records when care is to be transitioned to a new provider, or if the Agreement terminates
- Participate in Kaiser Permanente Utilization Management and Quality Improvement Programs. Kaiser Permanente Quality Improvement and Utilization Management Programs are designed to identify opportunities for improving health care provided to members
- The Durable Medical Equipment (DME) supplier shall obtain a criminal background check on the applicant as required by law and regulation or organization policy. Criminal background checks are documented. For hospices that elect to use The Joint Commission deemed status option: In the absence of state requirements, criminal background checks are obtained within three months of the date of employment for the states that the individual has lived in or worked in during the past three years.

NOTE: These programs may interact with various functions, including, but not limited to, the complaint or grievance process, disease management, preventive health, or clinical studies. Kaiser Permanente will communicate information about the programs and extent of provider participation through special mailings, and updates to this Provider Manual.

- Collect applicable co-payments, deductibles, and coinsurance from members as required by the Agreement
- Comply with this Provider Manual and the terms of the Agreement

- Verify eligibility of members prior to providing covered services
- Cooperate with and participate in the member complaint and grievance process, as necessary
- Secure authorization or referral from a Kaiser Permanente physician prior to providing any non-emergency services
- Encourage all practitioners and provider staff to include members as part of the member safety team by requesting members to speak up when they have questions or concerns about the safety of their care
- Discuss adverse outcomes related to errors with the member and/or family
- Ensure members' continuity of care including coordination with systems and personnel throughout the care delivery system
- Foster an environment which encourages all practitioners and provider staff to report errors and near misses
- Pursue improvements in member safety including incorporating member safety initiatives into daily activities
- Ensure compliance with member safety accreditation standards legislation, and regulations

Providers also have the following rights:

- Receive payment in accord with applicable laws and applicable provisions of the Agreement
- File a provider dispute
- Participate in the dispute resolution processes established by Kaiser Permanente in accord with the Agreement and applicable law
- Rely on eligibility information provided by Kaiser Permanente about any particular member

7.1 VISITATION POLICY

Kaiser Permanente has strict guidelines relating to providers visiting Kaiser Permanente facilities. They are:

- Providers must notify the local Kaiser Permanente DME Manager with all requests to visit a Kaiser Permanente facility. This includes requests for training or product evaluations
- All providers must have a scheduled appointment with a specific individual

- Unscheduled (cold calls) visits are not permitted
- Some Kaiser Permanente facilities may require evidence of medical/health vaccination clearance
- All visitors must be compliant with Federal HIPAA regulations related to protecting and keeping confidential Protected Health Information (PHI)

7.2 BUSINESS CONTINUITY

Business Continuity can be described as a multi-disciplinary approach used to review and validate a contingency plan for how an organization will recover either partially or completely business critical functions within a disaster or extended disruption in service.

Business continuity also includes how an organization prepares for future incidents that could jeopardize the organization's core mission and/or its long-term health. Incidents could possibly include the following examples:

- Local – Building fires
- Regional – Earthquakes, floods, area fires
- National – Pandemic illnesses

Kaiser Permanente has a robust business continuity plan for our integrated delivery system of care. Kaiser Permanente also depends upon our contracted providers as an extension of the delivery system during these events and we encourage proactive communication and close coordination of services.

Providers, please contact National Buy to Pay, Sourcing at **BuytoPay-HomeIndependentCare@kp.org** to communicate and coordinate services for impacted Kaiser Permanente membership.