

11. Additional Information

11.1 Affiliated Payors

In accordance with the terms of your Agreement with KP, the mutually agreed upon rates in the Agreement may be extended to Affiliated Payors as identified below:

Kaiser Foundation Health Plan, Inc. (Northern California, Southern California, Hawaii)

Kaiser Foundation Health Plan of Colorado

Kaiser Foundation Health Plan of Georgia, Inc.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Kaiser Foundation Health Plan of the Northwest

Kaiser Foundation Health Plan of Washington

Kaiser Foundation Health Plan of Washington Options, Inc.

Kaiser Foundation Hospitals

Kaiser Permanente Insurance Company

KP Cal, LLC

The Permanente Medical Group, Inc.

Southern California Permanente Medical Group

Colorado Permanente Medical Group, P.C.

Hawaii Permanente Medical Group, Inc.

Mid-Atlantic Permanente Medical Group, P.C.

Northwest Permanente, P.C.

Permanente Dental Associates

The Southeast Permanente Medical Group, Inc.

Washington Permanente Medical Group, P.C.

11.2 Subcontractors and Participating Practitioners

KP defines a “subcontractor” as an individual participating practitioner, participating practitioner group, or any other entity that provides or arranges for services to KP Members pursuant to a direct or indirect contract, agreement, or other arrangement with a Provider contracted with KP.

Subcontractor participating practitioners may be locum tenens, members of the Provider’s call group, and others who may provide temporary coverage excluding employees, owners and/or

partners of the contracting entity. For assistance in determining whether a participating practitioner is a subcontractor, please contact Provider Services.

All rights and responsibilities of the Provider extend to the subcontractor, individual participating practitioner, participating practitioner group and facilities providing services to Members. The Provider is responsible to distribute this Provider Manual and subsequent updates to all its subcontractors and participating practitioners, assuring that its subcontractors and participating practitioners and facilities adhere to all applicable provisions of this Provider Manual.

11.2.1 Regulatory Compliance

CMS, DHCS, DMHC, NCQA and other state and federal agencies and accrediting organizations conduct surveys of KP to measure compliance with legal, regulatory and accreditation requirements and standards. Regulatory requirements related to the use of subcontractors obligate KP to validate subcontracts are in place where applicable, and they meet all regulatory and contractual requirements. Upon request, Provider must provide KP a copy of its subcontract template along with executed signature pages for each subcontractor. When a subcontract is amended or altered, Provider should notify KP within 30 Calendar Days. Provider must furnish copies of executed subcontracts, and other documents related to subcontractors, upon the request of governmental, regulatory or accreditation agency personnel and/or when KP is preparing for internal and/or regulatory or accreditation agency audits.

Additionally, upon request, the Provider is responsible to furnish copies of its policies and procedures related to any economic profiling information that is used to evaluate participating practitioner or subcontractor performance. Further the Provider is responsible to provide a copy of the information, upon request, to the subcontractor or participating practitioner. Economic profiling is defined as an evaluation based in whole or in part on the economic costs or utilization of services associated with providing medical care.

11.2.2 Licensure, Certification and Credentialing

Subcontractors and participating practitioners are subject to the same credentialing and recredentialing requirements as the Provider. The Provider is responsible to ensure that all subcontractors and participating practitioners are properly licensed by the State of California or the state(s) in which services are provided, and that the licensure and/or certification is in good standing in accordance with all applicable local, state, and federal laws. Further, the Provider is responsible to ensure that its subcontractors and participating practitioners participate in KP's credentialing and recredentialing processes and that any site where Members may be seen is properly licensed. For additional information on credentialing requirements, please refer to Section 9.3 of this Provider Manual.

11.2.3 Billing and Payment

Services provided for KP Members should be billed by the Provider to include services provided by any of its subcontractors. KP will not pay subcontractor bills directly but will return them to the subcontractor for submitting to the Provider.

11.2.4 Encounter Data

KP is required to certify the accuracy, completeness and truthfulness of data that CMS and other state and federal governmental agencies and accrediting organizations request. Such data includes encounter data, payment data, and any other information provided to KP by its contractors and subcontractors. As such, KP may request such certification from the Provider in order to meet regulatory and accreditation requirements.

11.2.5 Identification of Subcontractors

Each Provider at the time of initial contracting, and periodically thereafter, is required to complete and submit to KP a completed PPIF (incorporated by reference in your Agreement). This form identifies all participating facilities and practitioners, including those practitioners that are employed by the Provider, facilities that are operated by the Provider and those which are subcontractors.

11.3 KP's Health Education Programs

KP is dedicated to providing quality care for its Members. A key step towards this goal is to make available and encourage the use of health education programs and to provide preventive health services and screenings which are based on the latest scientific information presented in medical specialty journals, sub-specialty organization guidelines, and the US Preventive Services Task Force Guide.

KP's health education programs support KP clinicians by providing expertise in evidence-based patient health communication, behavior change, and technology. Health Education supports physicians in motivating and informing patients at the point of care while enhancing KP's reputation for excellence in prevention, health promotion, and care of chronic conditions.

The local health education departments oversee the development and implementation of educational services for KP Members. All Members and Providers have access to the KP health education departments for information and patient education materials. Health education departments can also offer Providers assistance with the planning or delivery of health education programs.

For more information contact your local KP facility and ask to be connected to the health education department.

11.3.1 Health Education Program

KP health education programs generally include:

- Health Education Centers, located at or operated virtually by KP Medical Centers, provide free educational materials and support including direct services to patients to supplement or provide alternatives to doctor office visits. Members can also get answers to health questions from knowledgeable staff, help with registering on the Member website (<http://www.kp.org>) and downloading mobile apps exclusively for use by Members, watch training and self-care videos, sign up for classes and programs or purchase health products.
- Health education provides patients and clinicians easy access to understandable and actionable health information they need, when they need it, and in a form they can use. These resources include print materials, patient instructions, and a rich variety of online tools and information, which may also be used in classes and office visits.
- Health education classes and programs are available throughout Northern California and cover a wide variety of topics. Most classes are taught in groups, but for Members who prefer an individualized approach, one-to-one counseling is also available in person, by telephone, or by video visit. Each KP facility maintains its own schedule of classes, some which require a fee for enrollment. For more information, contact your local KP Health Education Center.
- Members can also find health information, preventive care recommendations, and access to interactive online tools on their physician's home page at <http://www.kp.org/mydoctor>
- The Appointment and Advice Call Center (Call Center) available to all Members, 24 hours a day, 7 days a week. The Call Center is staffed by registered nurses who have special training to help answer questions about certain health problems or concerns and to advise on an appropriate response to symptoms. The advice nurses are not an impediment to seeing a physician but serve as a complement to any appropriate physician or practitioner care.

11.3.2 Focused Health Education Efforts

As part of the Quality Management Program, KP conducts focused health education efforts to address clinical or preventive health quality improvement activities. Many of these programs are developed regionally and are intended to address the specific health care issues of Members and the general community. Practitioners are generally made aware of these programs to obtain their support or participation.

11.3.3 Preventive Health and Clinical Practice Guidelines (CPGs)

KPNC supports the development and use of evidence-based CPGs and Practice Resources to aid clinicians and Members in the selection of the best preventive health care and screening

options. The best options are those that have a strong basis in evidence regarding contribution to improved clinical outcomes, quality of care, cost effectiveness, and satisfaction with care and service. The Northern California guidelines portfolio includes CPGs for key preventive care services. These guidelines recommend the preferred course of action while recognizing the role of clinical judgment and informed decision making.

11.3.4 Telephonic Wellness Coaching Service

Wellness Coaching by phone is available at no charge for KP Members who want to get more active, manage weight, quit tobacco, eat healthier, sleep better or handle stress. Our Wellness Coaches are master's degree level Clinical Health Educators who are specially trained in Motivational Interviewing. They employ a collaborative approach designed to help Members overcome obstacles and tap into their own internal motivation for achieving behavior change. Coaches can also help match Members' needs, preferences, and readiness with the appropriate support resources.

Wellness coaching typically takes place through a series of up to 6 telephone sessions. Members can find out more about Wellness Coaching and book an appointment at: <http://www.kp.org/mydoctor/wellnesscoaching>. Members can also call toll free, **(866) 251-4514**, to schedule an appointment with a KP Wellness Coach. Spanish speaking coaches are available.

11.4 KP's Language Assistance Program

All Providers need to cooperate and comply with KP's Language Assistance Program by assisting any limited English proficient (LEP) Member with access to KP's Language Assistance Program services.

Providers must ensure that Members receive effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs, practices, and preferred language. Providers should offer language assistance to Members who appear to need it even if they do not ask for it or if their language preference was not indicated on the referral form. Should a LEP Member refuse to access KP's language interpreter services, the Provider must document that refusal in the Member's medical record.

If a companion/caregiver involved in care decisions for a Member requires language assistance to communicate with the Member or Provider regarding those care decisions, then all such encounters warrant the offer of free language assistance services to the companion/caregiver. The use of interpreter services in such encounters must be documented in the patient's chart. In addition, a note should be included that language assistance services were provided to the Member's companion or caregiver.

The offer of qualified interpreter services to Members and/or their companion/caregiver shall not be limited to in-person encounters only, but also applies to telehealth visits.

Questions regarding the following information on language assistance can be discussed with KP's Language Assistance Program by emailing

NCAL-Language-Assistance-Program@kp.org

11.4.1 Using Qualified Bilingual Staff

Our expectation is that you will provide interpreter services in-person using your own qualified bilingual staff if you have them.

Your qualified bilingual staff should meet the regulatory standards set out in KP's minimum quality standards for interpreters:

- Documented and demonstrated proficiency in both English and the other language
- Fundamental knowledge in both languages of health care terminology and concepts
- Education and training in interpreting ethics, conduct and confidentiality

11.4.2 When Qualified Bilingual Staff Is Not Available

If you do not have qualified bilingual staff at the time services are needed, KP has made the following arrangements available to Providers when providing services to Members. KP will directly reimburse the companies below for interpreter services provided to Members. Neither Members nor Providers will be billed by these companies for interpreter services.

11.4.2.1 Telephonic Interpretation

Language Line is a company with the capability to provide telephonic interpreter services in more than 150 different languages. Phone interpreter services are available 24 hours per day, 7 days per week through the Language Line by calling: **(888) 898-1301**. This phone number is dedicated to the interpreter needs of Members. While no lead time is needed to engage an interpreter through this service, Providers must have the following data elements available before placing the call:

- The KP Client ID number. This number will be provided to you, in writing, together with your authorization
- KP referral or authorization number
- Member's MRN

If you require access to language assistance for a KP Member but were not provided a KP Client ID number with your authorization, please contact the referrals staff which issued the authorization for a KP Client ID number. Language Line customer service can be reached at **(800) 752-6096** Option #2 (6:00AM–6:00 PM PST M–F). After hours and weekends, access Option #1 and request a Supervisor. In addition, Language Line offers an online support tool

called "Voice of the Customer" (VOC) to enter an issue (<http://www.languageline.com/client-services/provide-feedback>). You will receive an instant receipt acknowledgement and a follow-up response within 48 hours.

11.4.2.2 In-Person Interpreter: American Sign Language Support

Kaiser Permanente contracts with multiple companies to provide in-person interpreter services for Members requiring American Sign Language (ASL). In-person interpreter services require a minimum of 24 hours lead time for scheduling and are available 24 hours per day, 7 days a week. In-person interpreters are available according to the following schedule: Mon-Fri, 8:00am-5:00pm.

The Kaiser Permanente contracted American Sign Language companies are:

Company	Customer Service/Scheduling	Cancellation Policy
Interpreting and Consulting Services, Inc.	1-707-747-8200 1-888-617-0016 (After hours emergency)	Cancellations must be made 42 hours in advance of appointment
Partners in Communication LLC	1-800-975-8150 Please use extension 805 after hours and on weekends. partners@partnersincommunicationllc.com	Cancellations must be made 48 hours in advance of appointment. Note, time lapsed during weekends does not count towards 48 hours of advance notice.

Providers may arrange in-person interpreter services for multiple dates of service with one call, but must have the following data elements available before placing the call to schedule:

- KP referral or authorization number
- Member’s KP referring facility
- Member’s KP referring provider or MD
- Member’s MRN
- Date(s) of Member’s appointment(s)
- Time and duration of each appointment
- Specific address and location of appointment(s)
- Any access or security measures the interpreter will need to know and plan for to gain entry to the place of service

11.4.3 Documentation

Providers need to note the following in the Member's Medical Record:

- that language assistance was offered to an LEP Member and/or their companion/caregiver
- if the language assistance was refused by the Member
- what type of service was utilized (telephonic, in-person interpreter services or bilingual staff), for those Members who accept language assistance

Providers must capture information necessary for KP to assess compliance and cooperate with KP by providing access to that information upon request.

11.4.4 Family Members as Interpreters

The KP Language Assistance Program discourages using family members as interpreters. Members must first be offered language assistance and informed of the benefits of using professional language assistance. If after that offer, the Member refuses and prefers to use a family member, that refusal must be documented in the Member's medical record.

- Family members and friends typically may not understand the subtle nuances of language and culture that may influence the interaction and may not question the use of medical terminology that they and the patient do not understand.
- Minor children should not be used as interpreters, except in extraordinary situations such as medical emergencies where any delay could result in harm to a patient, and only until a qualified interpreter is available.

11.4.5 How to Offer Free Language Assistance

Asking Members if they would like to use an interpreter may be uncomfortable for both Providers and Members. Members may feel that their language skills are being questioned, or they may fear that use of an interpreter will delay care or incur extra cost. The following is scripting that may be used by your office staff to offer free language assistance:

- “We want to make sure you have the best possible communication with your Provider so that you receive the highest quality of care. I am going to arrange for <insert language assistance of choice> to help us. Don't worry, language assistance services are free of charge.”
- “In case you'd like to use an interpreter, I'd be happy to call one. Don't worry, language assistance services are free of charge.”

- “I can understand why you’d feel more comfortable with your husband interpreting for you today, however, interpreters are trained in medical terminology and can provide you and your Provider with quality interpretation and confidentiality. May I call an interpreter to help us? Don’t worry, language assistance services are free of charge.”

11.4.6 How to Work Effectively with an Interpreter

Knowing how to effectively work with an interpreter contributes to effective communication, which promotes a better health outcome and increases Member satisfaction. The following recommendations will contribute to a successful discussion:

- Ask one question at a time
- Keep statements short, pausing to allow for interpretation
- Don’t say anything you don’t want the Member to hear
- Speak in a normal voice, clearly, and neither too fast nor too slow
- Avoid slang and technical terms that may not be understood by the Member
- Be prepared to repeat yourself and rephrase statements if your message is not understood
- Observe the Member’s body language for signs of misunderstanding
- Check to see if the message is understood by having the Member repeat important instructions/directions
- Avoid asking the interpreter for opinions or comments. The interpreter’s job is to convey the meaning of the source of language
- Members and providers that speak directly to each other during the medical encounter will strengthen the Member-provider relationship. To do this:
 - Position yourself to look directly at the Member and not the interpreter
 - Address yourself to the Member, not to the person providing language assistance
 - Do not say “tell him” or “tell her”
- With respect to Deaf or Hard of Hearing Members:
 - Do not ask the interpreter if the deaf Member understands
 - Allow the interpreter time to finish signing a question before expecting a Deaf or Hard of Hearing Member to be able to respond
 - If the communication process breaks down, address the situation with the Deaf or Hard of Hearing Member first. You may need to explore using a different interpreter or communication.