1. INTRODUCTION

Kaiser Foundation Health Plan (KFHP) of Colorado
Carrier Network ID Number: CON002
Full Carrier Name: Kaiser Permanente Southern Colorado

Kaiser Foundation Health Plan of Colorado (also known as “Kaiser Permanente”) is a health maintenance organization (HMO) and is a subsidiary of Kaiser Foundation Health Plan, Inc., the largest nonprofit HMO in the United States. In Southern Colorado, Kaiser Permanente provides comprehensive health care services to its members through Colorado Permanente Medical Group (CPMG) physicians and a network of physicians and other providers that contract directly with CPMG.

Kaiser Permanente’s Southern Colorado provider network is comprised of primary and specialty care physicians. These physicians operate from their own offices, and hours of operation vary by office.

Kaiser Permanente owns and operates 3 medical offices in the Southern Colorado area. Briargate Medical Offices, 4105 Briargate Parkway, Suite 125, in Colorado Springs, offers primary and pediatric care, dermatology, hearing, nutrition, laboratory, medical imaging, optometry, pharmacy, and supportive care services. Parkside Medical Offices, 215 Parkside Drive, in Colorado Springs, offers primary and pediatric care, cardiology, endocrinology, medical imaging, radiology, supportive care, and pharmacy services. The Pueblo North Medical Offices, 3670 Parker Blvd., Suite 200, in Pueblo, offers primary care, hearing, sleep medicine, supportive care, laboratory, medical imaging, and pharmacy services. Southern Colorado members are able to access care from CPMG providers, community network providers, or both.

Members may also see any CPMG physician at any Kaiser Permanente medical office in our Denver/Boulder, Northern Colorado, and Mountain Colorado service areas.

Members who see providers at Kaiser Permanente medical offices are able to access these services through the Appointment and Advice Contact Center. Members can call 1-800-218-1059 (TTY 711) for an appointment, 24 hours a day, 7 days a week. Members can call that same number for medical advice. Most of the time, members are seen the same day or at least within 14 days from the time that they call. Appointments at Kaiser Permanente medical offices and advice are also available through Kaiser Permanente’s website, kp.org.

Members are encouraged to call the Appointment and Advice Contact Center after normal business hours for medical advice. Kaiser Permanente has multiple contracted urgent or
emergency care locations in the Southern Colorado service area. Members can also find a list of urgent and emergency care locations at kp.org.

Kaiser Permanente maintains one electronic record for each member seen at a Kaiser Permanente office. The medical record is available to all physicians in Kaiser Permanente medical offices and portions of this record are also available to registered members through secure access at kp.org.

Southern Colorado Service Area
Kaiser Permanente operations began in the Southern Colorado area in 1997. Kaiser Permanente’s Southern Colorado service area includes: i.) portions of Crowley, Custer, Douglas, El Paso, Elbert, Fremont, Huerfano, Las Animas, Lincoln, Otero, Park, Pueblo, and Teller counties for members enrolled in non-Medicare health plans; and ii.) all of El Paso, Fremont, Pueblo, and Teller counties for members enrolled in Medicare health plans.

2. NETWORK ADEQUACY AND CORRECTIVE ACTION PROCESS

A. Summary: Kaiser Permanente has established standards for both physician-to-member ratios and geographic accessibility. These standards are established and monitored according to medical specialty. Kaiser Permanente quarterly undertakes “geographic mapping” to assure that both the number of physicians and their geographic availability are within established standards. Network adequacy access for Kaiser Permanente’s membership is determined by their driving distance to the nearest, primary care, specialty care, and facility provider. Geographic membership trends and internal and external market analysis allow Kaiser Permanente to adjust the number of physicians and locations in order to accommodate the needs of its members.

- **Primary Care Provider (PCP):**
  Kaiser Permanente will utilize heat maps to visually represent where our members reside and which providers they are bonded to in proximity to our provider locations. Kaiser Permanente will address those primary care provider categories not meeting the access standards through relocating our current providers, hiring new providers as needed, and/or contracting with additional network providers. Kaiser Permanente has also instituted a real-time, video-based telemedicine service for our members. Where appropriate, telemedicine will be available to provide additional access to care services for our members. For accessibility purposes Kaiser Permanente achieves a provider to enrollee ratio of 1:1000 for its membership in the Southern Colorado service area.

- **Specialists:** In Southern Colorado, Kaiser Permanente contracts with an extensive network to provide medical specialty care services to its membership. The mix of this contracted and integrated delivery model network ensures that all members in this service area are within the driving distance standard of certain specialty care services.

- **Obstetricians, Gynecologists, OB/GYN:** Kaiser Permanente utilizes its contracted network
Corrective Action Planning for OB/GYN: A lack of OB/GYN providers in the Fountain area of the Southern Colorado network has been identified. Currently, there are no additional OB/GYN providers in the area that are willing to contract with Kaiser Permanente. Kaiser Permanente will continue to monitor the area and will attempt to contract with any new OB/GYN providers that may come to the area. In the meantime, Kaiser Permanente has made its membership aware of the remote care services offered for OB/GYN care including the use of telemedicine services.

- **Pediatricians:** Kaiser Permanente offers pediatrics services through its two medical office locations in Colorado Springs and North Pueblo as well as an extensive contracted network that offers Pediatric services. Kaiser Permanente also ensures that its Primary Care Provider population has capacity to treat Pediatric membership. Kaiser Permanente achieves a 1:1000 provider to enrollee ratio ensuring accessibility for its Pediatric membership as well as ensuring that Pediatric membership (aged <19) are within certain geographic distance standards.

- **Behavioral Health Providers:** In the Southern Colorado network, membership has extensive access to the Beacon Health Options network of behavioral health providers for routine behavioral health care services. Beacon Health Options strives to meet a 1:1000 provider to enrollee ratio for the Kaiser Permanente membership in the Southern Colorado network.

- **Pharmacy Providers**
  For its Southern Colorado network Kaiser Permanente currently meets the standards for those members living with the geographic boundaries of the Southern Colorado service area. Kaiser Permanente will continue to evaluate the pharmacy needs of its membership and the current available pharmacy network. Kaiser Permanente's mail order pharmacy is available to provide additional access to care services for our members.

- **Acute Care Hospital Services:** Kaiser Permanente ensures that all members living within the boundaries of its geographic service area are within the driving distance requirement of acute care hospitals.

- **Emergency:** Emergency Care services can be accessed through the contracted hospital locations in the Southern Colorado network as well as several in-network freestanding emergency care centers.

- **Urgent Care Facilities:** Kaiser Permanente has contracted with an extensive urgent care network in the Colorado Springs, Pueblo, and other urban areas in the Southern Colorado area to provide urgent care access within 24 hours for its membership.
• **Behavioral Health Facilities:** In the Southern Colorado network, membership has access to several inpatient behavioral health facilities in the region as well as emergent behavioral health services through several contracted inpatient hospital locations.

• **Providers Who May Be Available Through the Use of Telehealth**
  All CPMG physicians in primary care and all specialties who provide scheduled outpatient care have been trained and equipped to provide care by video. Kaiser Permanente CO has documented how the use of telemedicine or telehealth or other technology may be used to meet member care needs.

• **Other Provider and Facility Types**
  Kaiser Permanente works to maintain adequate networks for all of its provider and facility types. The Southern Colorado service area currently provides a sufficient number of provider and facilities as well as sufficient geographic access (driving distance from member’s home address).

Beacon Health Options is actively working on the following improvement efforts for access:
- Recruitment of additional providers
- Reassessing fee scales to improve recruitment
- Collaboration with Community Mental Health Clinics
- Enhancing referral database to increase likelihood providers are taking new patients
- Tele-psychiatry resources
- SoCo Members also have access to the D/B internal KPCO network

**B. Monitoring the Sufficiency of Network**

Kaiser Permanente CO utilizes a documented process for measuring the sufficiency of our network to meet the healthcare needs of our enrollees. We use member-to-practitioner ratios and geographic access measurements. In addition, Kaiser Permanente of Colorado conducts ongoing network adequacy monitoring and meetings with those leadership teams accountable (e.g. Provider Contracting, Clinical Operations, etc…) for its network composition to ensure that current and potential membership population will have adequate access to certain provider and facility types outlined in Attachment A.

Our contracts with providers require providers to notify us of any adds/changes/deletions to their provider profile as they occur. We also identify the expectations we have for reasonable accessibility and we have a communication process with the providers to insure that any changes in availability or composition of their practices are documented. Kaiser Permanente performs a quarterly outreach to its entire provider network to the accuracy of their provider group profile that is on record in the provider database that feeds to the online directory, kp.org. Our enrollees have online or telephonic tools to communicate any concerns they may experience in obtaining necessary health care services. At any time in any specialty where appropriate access is questioned, we will research the concern and remediate if appropriate to address the concern.

**C. Factors Used to Build the Provider Network**
Kaiser Permanente considers the following factors/criteria as it builds and maintains provider networks:

- Size and demographics of the population to be served;
- The inventory of provider types required to serve the population and using practitioner to member ratios and geographic access standards metrics to insure adequacy;
- Application of rigorous credentialing criteria encompassing but not limited to educational training, licensing, professional experience, board certification, and professional references.

Network features CPMG physicians delivering primary care and specialty care. Kaiser Permanente contracts with community providers to supplement our Kaiser Permanente footprint to varying degrees depending on service area needs. In the Southern Colorado service area, there are two Kaiser Medical Office locations in Colorado Springs and one location in Pueblo that provider primary and specialty care services. This region is also supplemented with a high volume of contracted providers to also provider primary care, specialty care, and facility care services to meet geographic accessibility requirements for its membership.

Kaiser Permanente uses the same quality, member experience, or cost-related measures to select practitioners and facilities in Marketplace Silver-tier plans as it does for all other Kaiser Foundation Health Plan (KFHP) products and lines of business. Members enrolled in KFHP Marketplace plans have access to all professional, institutional and ancillary health care providers who participate in KFHP plans' contracted provider network, in accordance with the terms of the members' KFHP plan of coverage. All Kaiser Permanente Medical Group physicians and network physicians are subject to the same quality review processes and certifications.

D. Quality Assurance

Kaiser Permanente Colorado (KPCO) is the state’s largest nonprofit integrated health care delivery system, operated by Kaiser Foundation Health Plan (KFHP) of Colorado and the Colorado Permanente Medical Group (CPMG). Together, the two entities have provided comprehensive health services to Kaiser Permanente members in Colorado for 47 years and employ more than 7,000 staff and physicians, representing several medical specialties and major subspecialties. Kaiser Permanente provides care for more than 665,219 members in Denver, Boulder, Southern Colorado, Northern Colorado, and Mountain Colorado.

The Kaiser Foundation Health Plan and Hospitals National Boards of Directors (the Boards) have ultimate accountability and responsibility for the quality of care and service provided to all Kaiser Permanente members in the eight regions. The Boards established the Quality and Health Improvement Committee (QHIC), which, in conjunction with the Kaiser Permanente National Quality Committee (KPNQC), oversees the quality and safety of care and service provided to Kaiser Permanente members. The QHIC and the KPNQC hold the Colorado Regional President of the KFHP of Colorado and the President and Executive Medical Director of the CPMG responsible for the day-to-day quality of care, service, safety and cost-effectiveness provided to members in the Colorado region of Kaiser Permanente.
The Regional SQRMC is charged with developing, implementing and overseeing Quality, Resource Stewardship, Service Improvement activity and Patient Safety in the Colorado region, which includes the following responsibilities: policy decisions, analyzing and evaluating quality improvement activities, instituting needed actions, and ensuring follow up. The Regional SQRMC monitors outcomes of care to ensure consistent high quality, affordable, accessible health care to all our members. The Regional SQRMC is a standing committee that meets monthly and is co-chaired (on a rotating basis) by the VP, Value and Resource Stewardship (CPMG), the VP & Chief Quality Officer (CPMG), and the VP of Quality and Innovation (HP).

The KPCO Integrated Patient Care Quality (IPCQ) Program Description outlines the quality assurance standards, which identifies, evaluates and remedies problems relating to quality of care, continuity, service (including access), resource management, patient safety, risk management and behavioral health. The structure and effectiveness of the IPCQ Program, which include the IPCQ Program Description, Work Plan and Program Evaluation are evaluated and approved at least annually by the Regional Service Quality and Resource Management Committee (SQRMC) to ensure the program is deemed adequate.

**E&F. Corrective Action Plans for Deficiencies Identified in Network Adequacy Monitoring**

If, as a result, of Kaiser Permanente’s ongoing network adequacy monitoring a deficiency or gap in network adequacy is found for members in a service area the organization will work with the clinical operations teams and the Colorado Permanente Medical Group leadership teams to determine whether the deficiency can be filled with the integrated delivery model by providing additional staffing at a Kaiser Medical Office location. If the addition of a provider through the integrated delivery model of Kaiser Permanente is not feasible, leadership from the Provider Contracting teams will be notified to identify if the gap can be closed thought a network provider. The network provider that is identified to close the network adequacy gap will be expected to meet a set of standards to provide capacity to its membership as would be expected in the integrated delivery model. The credentialing period and insurance of sufficient healthcare delivery to its member population is process that can take from three to six months.

If no such provider exists that can fill the gap, Kaiser Permanente will employ remote health methodology including but not limited to the use of telehealth medicine and mail order pharmacy to provide sufficient medical care needs to its membership population. Such deficiencies will be reported to the DOI in the annual binder filing if no remedy can be employed to close the network adequacy gap.

**G. Obtaining Covered Benefits from Non-Participating Provider if Network is Not Sufficient**

Refer to “Procedures for Referrals” section of this Access Plan.

Kaiser Permanente provides services to our members using Colorado Permanente Medical Group (CPMG) physicians and network providers. If there are services that are not available within CPMG or the network, Kaiser Permanente will provide authorizations to qualified external
providers for the service that is not available. Kaiser Permanente will utilize local providers when possible, or out-of-state specialists, if necessary.

**H. Process for Monitoring Access to Physician Specialist Services**

Kaiser Permanente has processes for monitoring access to physician specialist services in emergency room care, anesthesiology, radiology, hospitalist care and pathology/laboratory services at our contracted hospitals.

Refer further to process outlined in “Monitoring the Sufficiency of Network” section.

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### 3. NETWORK ACCESS PLAN PROCEDURES FOR REFERRALS

**A. Comprehensive Listing of Providers and Facilities**

Kaiser Permanente’s Provider Directory is available on kp.org and from Member Services and includes all of our contracted providers and facilities.

**B. Procedures for Referrals**

Members may directly arrange care within Kaiser Permanente to a CPMG or network specialist in the OB/GYN, eye care and behavioral health departments, including Chemical Dependency Treatment Services. A referral from a primary care physician is not required for these specialty departments. Members may also self-refer to most specialty care providers for a routine consultation visit without the need for a referral from their PCP. Specialty self-referral is in addition to, not a replacement for, referrals from primary care physicians to specialty care providers.
Referral Options

In-plan Specialty Referrals: CPMG physicians determine when specialty care is necessary. Pre-authorization from the Health Plan is not required for a referral to a CPMG specialist. Decisions about specialty referrals often occur through PCP/Specialist consultation. The referral process includes the following:

- The primary care physician enters the referral to the specialty department in the electronic medical record.
- The member contacts the specialist’s department directly to make an appointment.
- Only one referral is needed even if multiple visits are required.
- If an appropriate specialist is located at the primary care physician’s medical office, the member will be referred to that individual. However, members may choose to see any CPMG specialist who is appropriately qualified to provide the referral services.

Referral options cannot be restricted to less than all providers in the network that are qualified to provide covered specialty services.

Timely Referrals for Access to Specialty Care
Kaiser Permanente processes all referrals according to applicable State/Federal and NCQA timeline requirements. Kaiser Permanente’s “Timeliness of UM Decision Making Policy and Procedure” addresses the process for referral timeliness requirements.

Utilization management decisions and notifications to covered person (members/participants/beneficiaries) and practitioner/providers are made as expeditiously as the covered person’s health condition requires and in a timely manner that accommodates the clinical urgency of the situation, regulatory requirements, and/or NCQA standards. Generally, the standard with the strictest requirement is utilized in the UM process. A request may be initiated (orally or written) by the Covered person, by a provider acting on behalf of the covered person or covered person’s authorized representative. All oral requests will be documented and maintained in writing.

Expedited Referral Process
Kaiser Permanente has a process for expediting the referral process. Kaiser Permanente’s “Timeliness of UM Decision Making Policy and Procedure” addresses the process for urgent referrals.

Utilization management decisions and notifications to covered person (members/participants/beneficiaries) and practitioner/providers are made as expeditiously as the covered person’s health condition requires and in a timely manner that accommodates the clinical urgency of the situation, regulatory requirements, and/or NCQA standards. Generally, the standard with the strictest requirement is utilized in the UM process. A request may be initiated (orally or written) by the Covered person, by a provider acting on behalf of the covered person.
person or covered person’s authorized representative. All oral requests will be documented and maintained in writing.

**Approved Referrals Cannot be Retrospectively Denied**
Referrals approved cannot be retrospectively denied, except for fraud, abuse and changes in eligibility.

**Approved Referrals Cannot be Changed After Preauthorization**
Referrals cannot be changed after preauthorization.

**Disclosure of Variable Deductible, Coinsurance and/or Copayments**
Kaiser Permanente does not offer variable deductibles, coinsurance and/or copayments to encourage the selection of certain providers.

**C. Process for Allowing Members to Access Services Outside the Network When Necessary - Out-of-plan Referrals**

Kaiser Permanente contracts with community providers, called affiliated providers, to provide services not available from CPMG. CPMG physicians provide an electronic authorization request to KFHP when referring members to affiliate providers. Referrals outside of CPMG generally occur when a specialist of appropriate expertise is not available within CPMG.

Kaiser Permanente’s Central Referral Center staff, registered nurses, or other licensed staff facilitate the review of the physician’s request for an out-of-plan referral, verifying that the member is currently enrolled and is covered for the referred service.

Only a Kaiser Permanente Utilization Management (UM) Physician Reviewer can deny a service for medical necessity (not clinically indicated. Other denials may be based on benefits. These are determined and processed by Central Referral Center staff, registered nurses, or other licensed staff.

**4. NETWORK ACCESS PLAN DISCLOSURES AND NOTICES**

**A. Method for Informing Covered Persons**

Kaiser Permanente annually provides members with a Membership Agreement or Evidence of Coverage (EOC) summarizing the benefits and services available to each member. Coverage varies depending on the particular plan in which the member is enrolled. Members may view a copy of their Membership Agreement or EOC as a registered member at [kp.org](http://kp.org). Members may obtain a printed copy of the Membership Agreement or Evidence of Coverage by calling Member Services, 303-338-3800 or toll-free 1-800-632-9700, weekdays, from 8 a.m. to 5 p.m. Deaf or hard of hearing people who use TTY may call 711.
B. Required Disclosures

The Membership Agreement / EOC includes information on the following:

- **Grievance Procedures**
  Information on Kaiser Permanente’s appeals and complaints procedures and filing claims that is in conformance with the Division rules.

- **Availability of Specialty Medical Services**
  Information about the availability of specialty services, including behavioral health, physical therapy, occupational therapy and rehabilitative services.

- **Procedures for Providing and Approving Emergency and Medical Care**

- **Process for Choosing and Changing Network Providers**

- **Covered Persons with Limited English Proficiency and Illiteracy**
  **Access to Services for Foreign Language Speakers**
  1. Member Services will provide a telephone interpreter to assist Members who speak limited or no English.
  2. Plan Physicians have telephone access to interpreters in over 150 languages.
  3. Plan Physicians can also request an onsite interpreter for an appointment, procedure or Service.
  4. Any interpreter assistance we arrange or provide will be at no Charge to the Member.

Also refer to “Diversity and Inclusion Center of Expertise Program” section below for further details of Kaiser Permanente’s processes for addressing the needs of covered persons with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds, and with physical or mental disabilities; and the process to identify the potential need of special populations.

ReadSpeaker (text-to-speech) converts online text to speech and highlights text as it is being read. ReadSpeaker is available on kp.org. TTY numbers are also published in all member materials.

**Assessing Health Care Needs and Evaluating Member Satisfaction**

Kp.org website includes information on the following:

- Kaiser Permanente in partnership with Johnson & Johnson Health and Wellness Solutions offers a health risk assessment branded as the Total Health Assessment (THA) and 8 Healthy Lifestyle Programs (HLPs) to all members registered on kp.org. The THA and HLPs are evidence-based behavior change programs. The programs engage participants in understanding their health status and support behavior change. The total health assessment (THA) is Kaiser Permanente’s health risk appraisal tool. Kaiser Permanente members complete a detailed online questionnaire to assess
demographics, health goals, interests, motivations, and barriers to healthy living. To access the THA, members visit Kaiser Permanente’s website at kp.org/healthylifestyles. Based on the responses, participants receive a customized action plan, follow-up newsletters designed specifically for their needs, as well as an evaluation regarding behavior change, confidence, and other areas related to health outcomes.

The following are some features of the THA program:
- Members complete an online questionnaire that asks members about their health risks and medical history. The questionnaire includes questions about diet, driving habits (seatbelt use), exercise habits, and other habits and behaviors that affect health.
- Based on answers to the questionnaire, members receive a personalized report that summarizes their health risks along with information to help with behavior change. The report is also provided to the member’s PCP.
- The responses are strictly confidential and cannot be released without the member’s specific authorization. Members’ answers will not affect their health benefits from Kaiser Permanente in any way.

The THA is designed to educate and motivate members to improve their health and helps members and their physicians target specific programs that help meet the individual’s health needs.

Kaiser Permanente’s website also offers members access to interactive online health tools and calculators to help members manage their weight, lower stress, quit smoking and become more fit. In addition, kp.org enables members to look up information on drugs or medical conditions, request or reorder health ID cards, check the facility or medical staff directory and view, print and/or download the Member Resource Guide, a reference guide to Kaiser Permanente services.

In addition to the THA, Kaiser Permanente has developed a state-of-the-art health maintenance appointment, based on recommendations from the U.S. Preventive Services Task Force, the American Heart Association, the American Cancer Society, the American College of Obstetrics and Gynecology and the American Medical Association. Kaiser Permanente health maintenance appointments are:
- Age-specific.
- Emphasize member’s individual health history and personal habits.
- Include tests and procedures for those at risk for developing a disease due to personal habits or family history.

**Data Collection and Analysis**
Collection of demographic data is mandated by state and federal policy and occurs at multiple areas throughout the organization. At Kaiser Permanente–owned facilities, information about members’ race, ethnicity and language preference (RELP) is collected during a medical appointment using a member survey tool. Nursing staff are trained to administer the member survey during the rooming process and to enter the information directly into Health Connect, Kaiser Permanente’s electronic medical record.
Clinical data is collected to report HEDIS measures to the NCQA. The data is analyzed quarterly at the national level, based on selected HEDIS measures to identify trends in disparities and opportunities for improvement.

The Clinic Profile data sheet was developed by the Equity Care Collaborative in order to show demographic information, ECHO (Equitable Care Health Outcomes) information and Diversity & Inclusion data for each medical office building with the purpose of closing health disparities.

The CLAS (Culturally, Linguistically, Appropriate Services) assessment is done by the Workforce Diversity Specialist and reported regionally with the purpose of tracking and monitoring progress over time, as well as identifying opportunities for improvement and targeted interventions of all 15 standards in CLAS.

Member Satisfaction

Kaiser Permanente uses several methods to inquire of members how satisfied they are with the services received. On an ongoing basis, information is gathered from satisfaction surveys, including the Member Experience Tracking Evaluation and Opinion Research Survey (METEOR), Patient Satisfaction Survey, the Consumer Assessment of Health Plans Survey (CAHPS), Art of Medicine, and the review and evaluation of complaints and appeals. While METEOR is a phone survey of members, the Patient Satisfaction Survey is a large phone survey of patients following a specific medical office visit. The Art of Medicine survey is a mail survey of members following a specific visit and focuses on member’s satisfaction with their individual physician’s manner, attitude and quality. Physicians take these evaluations very seriously. If the rating is poor, the physician is counseled and goals are set for improvement.

**Consumer Assessment of Healthcare Providers and Systems (CAHPS)**
CAHPS is required by NCQA (National Committee for Quality Assurance), and is used for accreditation purposes as well as ranking participating health plans nationally. Results are intended to help guide consumers and purchasers in their selection of a health plan; and also to provide internal feedback around service/process improvements (e.g., members report experiences within the past 12 months). The CAHPS Survey is a random survey of members regardless of visit experience and is fielded in the spring each year with reports distributed by the end of the summer.

**Member Experience Tracking Evaluation and Opinion Research (METEOR)**
The METEOR survey is a combination of the CAHPS survey with supplemental (METEOR) questions. Results are intended to provide additional insight and larger sample for tracking various CAHPS metrics. Interviews are conducted among a random sample of members fielded in the fall with reports distributed by the end of the year.

**Diversity and Inclusion Center of Expertise Program**

**Overview**
KAISER PERMANENTE is committed to the Diversity and Inclusion Strategy and acknowledges that it is a key business strategy essential to maintaining high-quality, best service,
affordable health care and making Kaiser Permanente the best place to work. The program is
guided by the National Diversity and Inclusion Department, which serves as a national policy
advisor to leadership and a sponsor of strategic initiatives to advance the Diversity and Inclusion
Strategy and meet regulatory requirements.

**Purpose and Goals**
The mission of the Kaiser Permanente CO Office of Diversity, Equity, and Inclusion is to
develop a climate focused on the elimination of health disparities of members and their
communities by integrating diversity and inclusion into all aspects of the organization by
ensuring a diverse and culturally competent workforce. As part of this mission, the Kaiser
Permanente CO Office of Diversity, Equity, and Inclusion assesses cultural and linguistic needs
and preferences of the member population and compares these against the current workforce and
regional demographics.

Consistent with its mission, the Kaiser Permanente CO Office of Diversity, Equity, and Inclusion
oversees a comprehensive diversity strategic plan, developed and endorsed by the National
Diversity and Inclusion Council, focusing on integrating diversity and inclusion into all aspects
of the organization. The Office will focus on the following objectives to achieve the above
mission:

- Provide best care and service for all populations to eliminate disparities and create equity
  in our communities.
- Optimize diversity at every level and create inclusive environments.
- Provide the most compelling value for our diverse populations and communities.
- Build equity through businesses and jobs and promote diverse and thriving communities.
- Ensure compliance in E&I&D related laws and regulations.
- Identify our member linguistic needs and cultural identity using member self-
  identification and compliance data.
- Enhance the diversity, cultural competence, skills and performance of our workforce
- Support membership growth through ensuring we have a diverse workforce aligned with
  specific populations that are emerging segments of society.

The following sections describe the components of the Kaiser Permanente CO Office of
Diversity, Equity, and Inclusion, the functions and accountabilities and the various monitors for
evaluating the program in the Colorado region.
**Structure and Approach**

Kaiser Permanente CO is a complex organization that requires a coordination of diversity roles, relationships and resources to ensure efficiency, cost-effectiveness and comprehensiveness. In addition, our organization creates and maintains adequate access to our practitioners and facilitates linking our members with practitioners who can meet the member’s diverse cultural, racial, ethnic and linguistic preferences in the Kaiser Permanente CO service areas.

The Director of the Kaiser Permanente CO Office of Diversity, Equity, and Inclusion provides oversight and direction to the Diversity and Inclusion Strategy. The Director of the Kaiser Permanente CO Office of Diversity, Equity, and Inclusion reports to the Vice President of Human Resource for Health Plan and CPMG and is responsible for directing and managing all of the components of the program and ensuring integration into all aspects of the organization. Guidance is provided through a regional executive sponsor team consisting of KFHP Regional President, President and Executive Medical Director, and Executives from KFHP/ CPMG and Labor Management Partnership representation.

The Kaiser Permanente CO Office of Diversity, Equity, and Inclusion Director works in partnership with CPMG, KFHP Leadership and Labor regarding workforce diversity and clinical aspects of the program to ensure delivery of culturally competent care, and the quality and service departments to determine health care gaps or HEDIS and ECHO measures to identify disparities.

Collection of race, ethnicity and language preference data is performed in the clinical setting by Nursing Services. Quality, and services departments determine gaps and develop action plans. Operations implements regulations, directives and action plans in the clinical setting. The Kaiser Permanente CO Office of Diversity, Equity, and Inclusion conducts a wide range of services, training materials and courses to aid physicians and staff to understand our membership and deliver culturally competent care to our patients.

**Roles and Responsibilities**

*Kaiser Foundation Health Plan (KFHP)*

The Director of the Kaiser Permanente CO Office of Diversity, Equity, and Inclusion provides oversight and leadership for the Diversity and Inclusion Strategy and partners with Health Plan and CPMG executive leadership in ensuring the implementation of the national diversity agenda and execution of regional goals and objectives. The Kaiser Permanente CO Office of Diversity, Equity, and Inclusion provides leadership for the Equity Care Collaborative which is a partnership between Health Plan and CPMG.

The Senior Diversity Learning Consultant provides leadership, expertise and coaching for the diversity and inclusion education program, which is designed to build cultural competence skills, enhance responsiveness to diverse cultures and improve health care equity. This role works in conjunction with care executives and their respective teams to increase cultural awareness, sensitivity and equity for our diverse workforce and member population. The Senior Diversity Learning Consultant works with the National Program Office Educational function to ensure consistency of program design and delivery within then Colorado region.
The Learning Consultant provides coaching and expertise in the education strategy for the CPMG. The Learning consultant leverages EI&D educational content targeted primarily to the physician population.

The Cultural and Linguistic Competency Manager works closely with the Recruiting Team and Hiring Managers to educate and meet their AA goals. The Cultural and Linguistic Competency Manager acts as the point person for any OFCCP Reviews or Audits. He/she manages the Language Resource Center. He/she leads the Culturally and Linguistically Appropriate Services (CLAS) Strategy for the region, educating and informing about CLAS, accepting, tracking, investigating and resolving CLAS Complaints. The Cultural and Linguistic Competency Manager leads the regional Linguistic Strategy for the region. Educating and promoting language assessment for bilingual staff, tracking bilingual staff and the needs of the region. Manages the Qualified Bilingual Services (QBS) Training program and prepares reports for leadership. The Cultural and Linguistic Competency Manager develops and maintains the diversity recognition program to recognize individuals and groups in the region that advance the Equity, Inclusion, and Diversity Strategy.

The Diversity Relations and Community Outreach Specialist promotes the advancement of diversity through community service, advocacy efforts and educational programs. The Specialist works with academic institutions, organizations and community leaders to create and strengthen community partnerships to serve the health and well-being of diverse populations; and works to optimize community investments.

Completion of higher education and the acceptance to professional and/or graduate school within healthcare professions are common ambitions for many students in the state of Colorado. The enrollment rates of underrepresented populations in higher education are low and their graduation rates are even lower (APA, 2014). KPCO Academic Relations programs are designed to provide mentorship, academic and community support, internships, and networking opportunities to help increase the number of traditionally underrepresented individuals within the health care professions. The ingredient that sets our programming apart from many programs aiming to increase diversity in higher education is that that our programs not only includes ethnic minorities, but also incorporates first generation, individuals with a disability, Lesbian, Gay Transgender, Intersex (LGBTI), and veteran populations.

The Diversity Program Specialist supports the regions Business Resource Groups. He/she guides the groups in relation to leadership structure, annual budget, community relationships, and aligning with organizational goals. The Diversity Program Specialist drives engagement and membership increase for KPCO employees within the BRGs. He/she act as program manager, overseeing the administration and delivery of our core BRG Community outreach efforts along with building external relationships with individuals and organizations, and enhancing our EI&D brand presence across all KPCO market areas. The Diversity Program Specialist collaborates with the communications partners on KFHP and CPMG teams, ensuring awareness of EI&D and BRG initiatives throughout the region. The Diversity Program Specialist designs, manages, and leads an “Inclusive Community” strategy within functional and cross functional departments, working towards increasing the People Pulse Survey Inclusion Theme.
Labor management representatives from local 7 and local 105 responsible for providing direction and guidance for their respective organizations and line of sight from the member and employee perspective.

**Diversity Committees Structure**

*National Diversity Council*

The council is attended by national and regional diversity leadership and is responsible for implementation oversight of the National Diversity Agenda (objectives). It also serves as policy advisor to the CEO of KFHP/KFH, the Executive Director of the Permanente Federation and Kaiser Permanente Program Group (KPPG). It develops the Strategic Plan for Diversity and Inclusion used in implementation of the National Diversity Agenda (objectives) and provides strategic direction for diversity through development of national policy and initiative proposals. In addition, the National Diversity Council (1) serves as diversity policy advisors for the Program; (2) consults and advises the Program Office and regional leadership on the strategic direction of diversity in the Program; (3) assists regions to assure progress toward achieving key diversity objectives; (4) serves as consultants and advisors to regional executive leadership and Regional Diversity Councils in implementation of the National Diversity Agenda; (5) advances integration of diversity into the organization's core business infrastructure; (6) leads development and implementation of the Strategic Plan for Diversity; and (7) expands the diversity infrastructure as appropriate to effectively implement key national diversity initiatives.

*Multicultural Business Resource Groups*

The Multicultural Business Resource Groups collaborate with the Kaiser Permanente CO Office of Diversity, Equity, and Inclusion:

- Partner with Community Benefit/Relations regarding outreach designed to increase and retain membership.
- Engage in activities that reduce health care disparities and inequities.
- Align with recruiting to increase diverse representation within the organization.
- Serve as an internal diverse pipeline for succession planning and career development within the organization.

**Program Content**

The Kaiser Permanente CO Office of Diversity, Equity, and Inclusion adopted the following initiatives to deliver and implement the Diversity and Inclusion Strategy:

- Develop culturally competent leaders and providers: Prepare our providers and staff to provide culturally appropriate medical care and services to improve the health and satisfaction of our increasingly diverse membership.
- Recruit, hire and promote diversity: Enhance the diversity of our workforce to reflect the communities we serve and address the needs of all our members.
- Identify, grow and leverage diverse leaders: Retain, engage, promote and leverage diverse leaders to ensure that the organization benefits from their diverse perspectives, knowledge and experiences.
- Membership growth and retention: Grow our membership through effective market
segmentation approaches targeting the specific populations that are the fastest growing segments of our society.

- **Academic Relations**: Engage with academic institutions and community organizations to create measures (internships, financial assistance) to help diversify Colorado’s workforce of health care providers.

- **Compliance**: Fulfill applicable diversity requirements and guidelines, including mandatory and voluntary governmental regulations and/or accrediting body standards.

- **Community Benefit**: Improve the health of and enhance our ties to the diverse communities we serve.

- **Supplier diversity**: Include small businesses and those owned by minorities, women and veterans in the company’s overall supplier and contractor base.

These initiatives are integrated into every area of the organization, including health care delivery, and are communicated to members and employees through different venues, such as newsletters, website and the employee portal.

Multicultural Business Resource Groups consist of racial, ethnic, disability, veteran, sexual orientation and gender identity, and multi-generational affinity groups, which are a rich source of cultural expertise and primary links to community segments. Multicultural Business Resource Groups play a critical role in providing cultural knowledge to inform the development of product and business initiatives as well as essential community advocacy and feedback to the program. The groups also provide leadership development opportunities to diverse emerging talent. Among their specific areas of focus are workforce diversity, organizational effectiveness, care delivery and marketplace and community relations.

The Language Resource Center (LRC) is a department under the Appointment and Advice Clinical Contact center, it was established to better serve members with limited proficiency in English. The LRC has a staff of dedicated employees focused on breaking down the barriers that often get in the way of providing exceptional care experiences for all members. The LRC has five Spanish interpreters, who provide services for those members who may need assistance with requesting an appointment, registering a complaint or appeal, seeking information about their benefits, seeking medical advice from their primary care physician and/or nursing staff, requesting information about pharmacy, when calling the AACC or at the Skyline and Franklin campus. The LRC staff is familiar with the organization’s system and is competent in medical interpretation. In addition, Kaiser Permanente CO contracts with external agencies, such as Pacific Interpreters, Mile High Multilingual Services and others, to provide interpretation services for almost 200 languages, 24 hours a day, 7 days a week.

Kaiser Permanente CO provides notification to physicians, staff and members about the availability of these services, training programs and materials. Members are informed of the availability of language services through the newsletter “Partners in Health,” the Member Resource Guide and through the member website. In addition, the medical staff directory located on the member website also contains information about languages spoken by the physicians and their staff. Physicians and staff receive notification about services, training and materials through the bi-weekly newsletter, “Newsbreak,” as well as through the employee portal.
Workforce diversity is another important aspect of the Kaiser Permanente CO Office of Diversity, Equity, and Inclusion. Kaiser Permanente CO understands that the population of Colorado is diverse and has differing needs and expectations surrounding health care and customer service, based on individual background and culture. Kaiser Permanente CO aggressively recruits to assure that our workforce meets the cultural, ethnic and linguistic needs of our members. This is a joint effort between the Recruitment Staff and Kaiser Permanente CO Office of Diversity, Equity, and Inclusion to reach out to diverse populations by actively networking, advertising, attending and participating in various culturally diverse career fairs and events.

Program Monitoring
All goals and activities related to the Kaiser Permanente CO Office of Diversity, Equity, and Inclusion are included on the annual Service, Quality and Resource Stewardship Work Plan. The effectiveness of the program plan and objectives is reviewed annually and reported through the annual Service, Quality and Resource Stewardship Program Evaluation. The Kaiser Permanente CO Office of Diversity, Equity, and Inclusion reports status of diversity goals as part of the Human Resources’ presentation to the Regional SQRMC. The Work Plan and Program Evaluation are also presented to Regional SQRMC at least annually for review and approval.

Annual Review
The structure and effectiveness of the Kaiser Permanente CO Office of Diversity, Equity, and Inclusion are evaluated, at least annually, by the HP VP and CPMG HR VP, Executive Sponsors, and National Diversity and Inclusion Office and approved by the Regional SQRMC. The Diversity and Inclusion Strategy is reviewed at least every two years and revised as needed.

5. PLAN FOR COORDINATION AND CONTINUITY OF CARE

A& B. Coordination and Continuity of Care for Specialty and Ancillary Services

Kaiser Permanente has documented processes for ensuring the coordination and continuity of care for covered persons in our Transition of Care, Member Notification and Continued Access Process Policy.

Care managers evaluate patient health status and collaborate with the PCPs/specialists to develop a plan of care management for the members. All care managers promote patient self-care, evaluate and support caregivers’ informational needs, and educate members/care givers on ancillary services, including social services and other community resources.
C. Process for Ensuring Appropriate Discharge Planning

Members are informed about care alternatives during hospitalization as part of the hospital discharge planning process.

Kaiser Permanente monitors all discharges by partnering with hospital staff to risk score all members with LACE score (LACE score is a validated tool supported by literature which predicts likelihood or readmission and is scored across these four elements: Length of stay, Acuity, Comorbidities, ED visits in last 6 months). For members assessed as high risk for readmission (9-15) and discharged to home a Post-Acute Care Transition (PACT) Advanced Practice Nurse (APN) schedules an in-home visit to assess condition, ensure PCP follow-up, and refer to ongoing care coordination where applicable. At risk members receive care from a Care Management Team, CMT (RN, Clinical Pharmacist) post discharge.

Transition bundle includes: post discharge phone call, medication reconciliation, symptom/disease management education, ensure that member has appropriate follow-up appointment based on individual care plan, and appropriate DME is in place (oxygen, specialized bed etc). The care from the CMT is provided to patients bonded to a CPMG provider.

D. Process for Covered Persons to Change Primary Care Professionals

Information about Kaiser Permanente’s process for enabling covered persons to change primary care professionals is detailed in the Membership Agreement or EOC, and as copied below:

1. Choosing Your Primary Care Provider
   You may select a PCP from family medicine, pediatrics, or internal medicine within your home Service Area. You may also receive a second medical opinion from a Plan Physician upon request. Please refer to the “Second Opinions” section below.

Second Opinions
Upon request and subject to payment of any applicable Copayments or Coinsurance, you may get a second opinion from a Plan Physician about any proposed covered Services.

You must choose a PCP when you enroll. If you do not select a PCP upon enrollment, we will assign you one near your home.

Medical Group contracts with a panel of Affiliated Physicians, specialists, and other health care professionals to provide medical Services in the Southern, Northern, and Mountain Colorado Service Areas. You may choose your PCP from our panel of Southern, Northern, and Mountain Colorado providers.

You can find these physicians, along with a list of affiliated specialists and ancillary providers, in the Kaiser Permanente Provider Directory for your home Service Area. You can review a list of Southern, Northern, and Mountain Colorado Plan Providers by visiting our website. Go to kp.org/locations. You can also get a copy of the directory by calling Member Services. To choose a PCP, call Personal Physician Selection Services. This team will help you choose a primary care provider, accepting new patients, based on
your health care needs.

If you are seeking routine or specialty care in Denver/Boulder, you must have a referral from your local PCP with an Authorization from Health Plan. If you do not have an Authorization, you will be billed for the full amount of the office visit Charges. If you are visiting in the Denver/Boulder Service Area and need urgent or emergency care, you can visit a Denver/Boulder Plan Facility without a referral. For a referral from a specialist, see the “Access to Other Providers” section. For care in Denver/Boulder Plan Medical Offices, see “Cross Market Access,” below.

2. Changing Your Primary Care Provider
   Please call Personal Physician Selection Services to change your PCP. Notify us of your new PCP choice by the 15th day of the month. Your selection will be effective on the first day of the following month.

E. Process for Providing Continuity of Care In the Event of a Contract Termination

In the event that Kaiser Permanente discontinues service in any region, arrangements will be made, in compliance with state and federal requirements, to transfer operations to another organization with no disruption in services. Members will be advised of this action well in advance. Kaiser Permanente makes a good faith effort to provide timely written notification to health plan members affected by the termination of a practitioner or practice site. Members who are affected by changes in the practice of a PCP, specialty care practitioner or practice site resulting from resignation, retirement, increased administrative responsibilities or transfer to another medical facility/office, are mailed a written letter within 15 or 30 days of the practitioner’s formal notification to the Health Plan/Medical Group of termination of employment/practice. In addition, Kaiser Permanente has established a process with its terminating primary care providers to ensure that this formal notification will be sent to all bonded members.

Under certain conditions, Kaiser Permanente members may be given the option to continue seeing the terminating practitioner if the terminating practitioner agrees to all “Continued Access” criteria and determines that the member qualifies for continued care. Members are informed of this continued access option in a written notification.

F. Hold Harmless Contract Provisions

Kaiser Permanente has the following “hold harmless” provision in our provider contracts, prohibiting contracted providers from balance-billing enrollees in the event of the issuer’s insolvency or other inability to continue operations in compliance with Section 10-16-705(3), C.R.S.

**Member Hold Harmless.** Except as expressly provided in Section 3.4 (Billing Members), Provider (and any Subcontractors) shall look solely to the responsible Payor for compensation for Covered Services rendered to Members, and Provider agrees that in no event (Including
non-payment by Payor, insolvency of Payor or breach of this Agreement) shall Provider (or Subcontractor) bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against any Member, person acting on the Member’s behalf, Official, State or any Medicaid plans, for Covered Services provided under this Agreement. Without limiting the foregoing, Provider shall not seek payment from Members for amounts denied by Payor because (i) billed charges were not customary or reasonable, (ii) the Services were not medically necessary, (iii) the Services were not Authorized, or (iv) Provider failed to submit claims within the appropriate time frame or in accordance with the Provider Manual.

**Regulatory Appendix: Hold Harmless.** [3 CCR 702-4, Amended Regulation 4-7-1] Provider agrees that the provisions of Section 3.3 of the Agreement, Member Hold Harmless, shall survive the termination of this Agreement for Authorized Services rendered prior to the termination of this Agreement, regardless of the cause giving rise to termination and shall be construed to be for the benefit of the Members. This provision is not intended to apply to services provided after this Agreement has been terminated. Provider further agrees that this provision supersedes any oral or written contrary agreement now or existing hereafter entered into between the Provider and the Member or persons acting on his/her behalf insofar as such contrary agreement relates to liability for payment of Services provided under the terms and conditions of this Agreement. Any modification, addition, or deletion to this provision shall become effective on a date no earlier than thirty (30) days after the Commissioner of Insurance has received written notification of proposed changes.