



# Provider Manual

- Kaiser Permanente Member Rights and Responsibilities



## Member Rights and Responsibilities

This section of the Manual was created to help guide you and your staff in understanding the rights and responsibilities of the Kaiser Permanente Members. If, at any time, you have a question or concern about the information in this Manual, you can reach our Provider Relations Department by calling 510-268-5448.

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## Section 7: Member Rights and Responsibilities

### 7.1 Member Rights and Responsibilities

Kaiser Permanente is a partner in our Members health care. We want to make sure that our Members receive the information they need to make decisions about their health care. Kaiser Permanente also wants to make sure that our Members' rights to privacy and to considerate and respectful care are honored.

Kaiser Permanente Members have certain clearly defined rights and responsibilities. An adult Member can exercise these rights himself/herself. If a Member is a minor or if a Member becomes incapable of making decisions about his/her own health care, these rights will be exercised by the person having legal responsibility for decisions concerning his/her medical care.

#### **A Member has the right to...**

1. **Participate in his/her health care and receive the medical information he/she needs to make health care decisions.** A Member is entitled to an interpreter if he/she needs one. Providers will make this information as clear and understandable as possible. This includes information about:
  - The services provided by Kaiser Permanente, including behavioral health services
  - The name and professional status of the individuals who provide the Member with service or treatment.
  - The diagnosis of a medical condition, its recommended treatment, and alternative treatments and new technologies, regardless of cost or coverage exclusions or limitations.
  - The risks and benefits of recommended treatments.
  - The right to accept or refuse a recommended treatment. Emergencies or other circumstance occasionally may limit a Member's participation in a treatment decision. In general, however, a Member will not receive any medical treatment before he/she or a legal representative gives consent.
  - Preventive care guidelines
  - Copies of medical records unless restricted by law.
  - Ethical issues
  - Complaint and grievance procedures
  
2. **Express his/her wish concerning future care.** A Member has the right to choose a person to make medical decisions for himself/herself if he/she is unable to do so. His/her choice regarding future care may be expressed in such documents as a durable power of attorney for health care or a living will. A Member should inform



his/her family and doctor of his/her wishes, and give them any copies of documents that describe his/her choices regarding future care.

3. **Receive information about the outcomes of care** they have received, including unanticipated outcomes. When appropriate, family members or others that have been designated by the Member, will receive such information.
4. **Receive information about Kaiser Permanente** as an organization, its practitioners, providers, services, and the people who provide health care to its Members. Members are entitled to know the name and professional status of the individuals who provide their service or treatment.
5. **Receive care with dignity, consideration and respect.** Kaiser Permanente respects our Members personal preferences and values.
6. **Have impartial access to medically indicated treatment** that is a covered benefit, regardless of the Member's race, religion, sex, sexual orientation, national origin, cultural background, disability, or financial status. A Member has the right to access emergency health care services for conditions of sufficient severity that a prudent layperson could expect the absence of immediate medical attention to result in serious jeopardy to his/her health, or serious impairment or dysfunctional or bodily functions.
7. **Be assured of privacy and confidentiality.** All Kaiser Permanente employees and physicians, as well as Providers with whom Kaiser Permanente contracts, are required to keep the Member's protected health information (PHI) confidential. PHI is information that includes the Member's name, social security number, or other information that reveals the identity of the Member. Kaiser Permanente maintains strict policies regarding the confidentiality of the Member's PHI, including, for example, policies related to access to PHI, protection of PHI, and the use and disclosure of PHI. Except as permitted or required by law, the Member's PHI is not released without his/her consent. Kaiser Permanente may collect, use and disclose a Member's PHI for treatment, payment and health care operations purposes or for other purposes as permitted by law (such as for use in quality review and measurement and research). In addition, Kaiser Permanente is sometimes required by law to disclose information (such as to governmental agencies or in judicial actions).
8. **Have a safe, secure, clean and accessible environment.**
9. **Participate in physician selection.** A Member has the right to select and change his/her primary care physician, or primary care provider (e.g. nurse practitioner or physician assistant) within the Kaiser Permanente plan, subject to physician availability. A Member has the right to a second opinion by a Kaiser Permanente physician or plan physician. A Member has the right to consult with a non-Kaiser Permanente physician at his/her own expense.
10. **Receive and use Member satisfaction resources.** We welcome a Member's questions and comments about Kaiser Permanente, our services, the health professional providing care, and his/her rights and responsibilities. A Member has the right to make complaints without concern that his/her care will be affected. A Member has the right to know about grievances and internal and external appeal procedures. In addition, a Member has the right to file grievances or appeals both in writing and in person and receive a written response. A Member has the right to

resources such as patient assistance, Member service, and dispute-resolution process.

## Member Services

Member satisfaction is a core value at Kaiser Permanente, as well as a necessity for a successful organization. The right to voice dissatisfaction about any aspect of Kaiser Permanente or its contracted Providers' services is one that is protected by both federal and state laws.

Member Services department can verify:

- Member eligibility and enrollment
- Clarification of Member benefits and coverage
- Information about Member benefits while traveling out of the area
- Information about services available at Kaiser Permanente medical facilities.
- Maps, driving directions, and other Kaiser Permanente literature
- Status or payment information related to a claims submission
- Information about or assistance with filing a grievance, appeal or complaint
- Assistance in solving a problem
- Information about Providers and assistance with selecting or changing a primary care physician (PCP)
- Request of replacement Member identification card(s)
- Requests by a Member to change the Member's address or phone number

Kaiser Permanente Member Service Representative can be reached Monday to Friday between 8am to 5pm, see the Key Contacts Section of this Manual.

## Kaiser Permanente Members are responsible for...

1. **Knowing the extent and limitations of his/her health care benefits.** An explanation of these is contained in the Member's Evidence of Coverage or Membership Agreement.
2. **Notifying Kaiser Permanente if he/she is hospitalized in a non-Kaiser Permanente or non-contracted hospital.** A Member is responsible for notifying Kaiser Permanente within 24 hours (or as soon as reasonably possible) to allow Kaiser Permanente to monitor his/her care. A Member can contact Kaiser Permanente by calling the toll-free number on his/her Kaiser Permanente ID card.
3. **Identifying himself/herself with his/her Member ID card.** A Member is responsible for his/her Membership ID card, for using it only as appropriate, and for ensuring that other people do not use his/her ID card. If a Member lets someone else use his/her card, Kaiser Permanente may keep his/her card and terminate his/her membership.
4. **Keeping scheduled appointments or cancel, in a timely manner,** any appointment he/she is unable to keep. A Member is responsible for promptly canceling any appointment that he/she does not need or cannot keep.

5. **Providing accurate and complete information regarding his/her present illness** and past medical history. A Member is responsible for providing accurate information about his/her present and past medical condition, as he/she understands it. A Member should report unexpected changes in his/her condition to his/her health care provider.
6. **Providing accurate and complete information regarding his/her current address**, his/her eligibility status, the eligibility status of his/her dependents and coverage or payments for health services available to himself/herself from other sources.
7. **Following the plan and instruction for care** he/she has agreed to with his/her Provider. A Member should inform his/her doctor or other health care provider if he/she does not clearly understand his/her treatment plan and what is expected of him/her. If the Member believes he/she cannot follow through with his/her treatment, he/she is responsible for telling his/her health care provider.
8. **Recognizing the effect of his/her lifestyle on his/her health.** A Member's health depends not only on care provided by Kaiser Permanente but also on the decisions a Member makes in his/her daily life, such as choosing to smoke or choosing to ignore medical advice.
9. **Being considerate of others.** A Member is responsible for treating physician, health care professionals, and his/her fellow Kaiser Permanente Members with courtesy and consideration. A Member is also responsible for showing respect for the property of others and of Kaiser Permanente
10. **Fulfilling financial obligations.** A Member is responsible for paying on time any money owed to Kaiser Permanente or Provider (e.g. Cost Share).

Providers and their staff are expected to review and abide by the Members Rights and Responsibilities statements. If you have any questions regarding its content, please contact the Provider Relations Department at the phone number listed in the Key Contacts Section of this Manual.

## 7.2 Informed Consent

Kaiser Permanente expects our contracted providers to comply with the law regarding informed consent including obtaining documentation indicating a Member's informed consent to a surgical or diagnostic procedure performed in their office or any other procedure or treatment which has been determined to carry a risk which would make informed consent advisable. You are responsible for maintaining such documentation within the patient's medical record.

Appropriate measures should be taken to accommodate the needs of those individuals whom, for whatever reason, may not be able to independently read, facilitate questions, or complete the signature of the consent form.

### 7.3 Advance Directives

An Advance Directive is a written instruction recognized under state and federal law, such as a living will or Durable Power of Attorney for Healthcare.

Kaiser Permanente requires that all contracted Providers comply with the federal Patient Self-Determination Act of 1990 which mandates that a patient must have the opportunity to participate in determining the course of his/her medical care, even when the patient is unable to speak for him or herself. The federal law applies to emancipated minors, but does not apply to all other minors.

To ensure compliance with governing law, the existence of any Advance Directive must be documented in a prominent place in the medical record. The Provider shall provide written information regarding Advance Directives to all Members admitted to the hospital, and provide staff and patient education regarding Advance Directives.

If a Kaiser Permanente Member wishes to execute or modify an Advance Directive, the attending physician should be notified so that the physician has an opportunity to discuss the decision with the Member. The attending physician will write a progress note in the Members medical record to reflect the adoption of, or change to, an Advance Directive.

Kaiser Permanente Members are provided with information regarding Advance Directives in the Evidence of Coverage. Members may also contact the Member Services Department for an informational brochure and appropriate forms. Member Services phone numbers can be found in the Key Contacts Section of this Manual.

### 7.4 Member Complaint and Grievance Process

All Kaiser Permanente Members are assured a fair and equitable process for addressing their complaints and grievances against Providers, provider staff and Kaiser Permanente employees. This review process is designed to evaluate contributing factors and arrive at a solution that will strive to be mutually satisfactory to the Member and Kaiser Permanente.

A Kaiser Permanente Member complaint may relate to quality of care, access to services, Provider or staff attitude, operational policies and procedures, benefits, eligibility, or related issues. Valid Kaiser Permanente Member complaints and grievances against a Provider are included in the Provider's quality file at Kaiser Permanente, and reviewed as part of the recertification process. Complaints and grievances are tracked and trended on an ongoing basis, to identify potential problems with a Provider or with our own policies and procedures.



If a Kaiser Permanente Member is not satisfied with the medical services or care they received, we encourage the Member to resolve the issue directly with the Provider. If the issue cannot be resolved in this manner the Member may file a complaint in the following ways:

- Send a written complaint to the Kaiser Permanente Member Services Department; or
- Request to meet with a Member Services representative at the Health Plan Administrative Offices; or
- Call the Kaiser Permanente Member Services Department

If the Provider presents a complaint on behalf of the Member, and the issue is felt to be of an emergent nature, the Provider or the Member may contact the Member Services Department to request assistance in facilitating an expedited review.

Receipt of the complaint or grievance will be acknowledged within the required time-frame applicable to the Kaiser Permanente Member's health plan region. The Member Services Department will resolve the issue within the required time frame applicable to the Member's health plan region.

The Member Services addresses and phone numbers can be found in the Key Contacts Section of this Manual.

## 7.4.1 Member Appeals

All Kaiser Permanente Members have the right to appeal any initial adverse determinations received in writing through Kaiser Permanente's Appeals Unit. Members may appeal for many reasons, including, but not limited to the following:

- Denial of claims payment for emergency or urgently needed services.
- Denial of payment of services or supplies furnished by a provider that the Member believes should be furnished, arranged or reimbursed by Kaiser Permanente.

Members are made aware of their right to appeal through various Kaiser Permanente Member communications. The Member appeals process is outlined in the Member's Evidence of Coverage, which is mailed to the Member on an annual basis. If the Health Plan denies a service based on medical necessity and / or lack of benefits, the Member is notified of the appeals process in the written denial notice. In the event that the denial is related to services already rendered, as in the case of a denial of claims payment for emergency or urgently needed services, the Member is notified of the appeals process on the back of the Explanation of Benefits.

If a Member requests a service or supply that a Provider refuses to provide, or arrange to provide, and that the Member believes should be furnished or arranged, we ask that

the Provider notify Kaiser Permanente's Referrals Department so that a letter of adverse determination with appeal rights can be issued to the Member. Members must be informed of their rights to an appeal through the Health Plan in writing. The Member should be directed to contact the Kaiser Permanente Member Services Department with any questions.