

Kaiser Permanente Northwest Provider Manual 2018



Provider Rights and Responsibilities

This section of the manual will educate you and your staff on your rights and responsibilities as our contracted provider.

If you have a question or concern about the information in this manual, contact our Provider Relations Department at 503-813-3376.

Table of Contents

Section 6: Provider Rights and Responsibilities 3

- 6.1 Primary Care Providers' (PCP) Responsibilities..... 3
- 6.2 Specialty Care Providers' Responsibilities 6
- 6.3 Hospitals' and Facilities' Responsibilities 9
- 6.4 Events that Require Notification 10
 - 6.4.1 Closing and Opening Provider Panels 10
 - 6.4.2 Change of Information 10
 - 6.4.3 Adding a New Practitioner 10
 - 6.4.4 Provider Retirement or Termination..... 11
 - 6.4.5 Other Required Notices 11

Section 6: Provider Rights and Responsibilities

As a contracted provider for Kaiser Permanente, you must understand and comply with terms of your Agreement and this manual. If you have questions about your rights and responsibilities under the Agreement and the manual, call our Provider Relations Department at 503-813-3376.

While this manual is not intended to provide specific instructions on how to comply with these responsibilities, you're responsible for doing or ensuring the following.

6.1 Primary Care Providers' (PCP) Responsibilities

All PCPs who have contracted with Kaiser Permanente are held to the same standards of care.

Qualifications:

- Each PCP must be a family practitioner, internal medicine practitioner, pediatrician or general practitioner.
- PCPs must be certified by a board recognized by the American Board of Medical Specialties or the American Osteopathic Association. PCPs must be boarded in the specialty for which they are applying for credentialing. Any exceptions must be approved by the Credentialing Committee.
- PCPs must complete the Kaiser Permanente credentialing process, including completion of a credentialing application, and supply copies of all applicable supporting documentation.
- All physicians in the practice must be participating with Kaiser Permanente, or in the process of becoming active. If any physicians in the practice are not participating, the practice may be terminated from the network.
- Appropriate licensure and malpractice insurance must be current and remain current throughout the duration of the Agreement.
- Annually submit certificates of insurance to the credentialing department:

Kaiser Permanente
Credentialing Department
500 NE Multnomah St
Portland, OR 97232

Standard Scope of Services:

- PCP care within the scope of the PCP's license, using applicable standards of care
- PCP designation, by age, members to whom the physician will provide care (e.g., pediatrics up to age 18)
- A way to notify members if an allied health practitioner (e.g., PA, CNP) will provide care
- Office visits during regular visit hours to evaluate and manage common medical conditions (patient education functions can be delegated to trained staff under the PCP's supervision)
- Management of patient care in a hospital, skilled nursing facility, home, hospice, or acute rehabilitation unit

- Preventive care services, including well child, adolescent, and adult preventive medicine; nutrition; health counseling; and immunization
- Well-woman exams including breast exams and routine gynecological care with Pap and pelvic exams when the PCP is chosen by the female Member to render such services
- Therapeutic injections (including cost of medication)
- Allergy injections (including administration, excludes cost of serum)
- Standard testing and/or rhythm strip EKGs in adults
- Basic pulmonary function tests, including timed vital capacity and maximum capacity in adults, and peak flow studies in children
- Local treatment of first-degree and uncomplicated second-degree burns
- Minor surgical procedures (e.g., simple skin repair, incision and drainage, removal of foreign body, benign skin lesion removal or destruction, aspiration)
- Simple splinting and treatment of fractures
- Removal of foreign body or cerumen from external ear
- Rectal exams, anoscopy, and sigmoidoscopy
- Standard screening vision and hearing exams
- PPD skin tests
- Lab worked performed in the PCP's office that doesn't require CLIA certification (e.g., urinalysis by dipstick, blood sugar by dipstick, hemoglobin and/or hematocrit, stool occults blood)

Appointment Access/Office Hours:

- Provide, evaluate, triage, and arrange for member care 24 hours a day, 7 days a week, including evaluating the need for an arrangement of appropriate specialty referral or consultation
- On-call coverage, 24 hours a day, 7 days a week; member access to their PCP or his/her designee, who must be a Kaiser Permanente contracted, credentialed provider, by telephone after regular office hours.

Covering Services:

- PCPs are responsible for securing covering physician services.
- The covering physician must be a contracted and credentialed with privileges at the same Kaiser Permanente contracted hospital as the PCP.
- Payment to non-participating covering PCPs must be arranged by PCP. PCP will ensure covering specialists do not bill members, except for applicable co-payments, co-insurance and deductibles for any covered services.

Referrals and Authorizations/Utilization Management:

- PCPs must comply with all referral and authorization requirements outlined the Utilization Management section of this manual and are responsible for obtaining appropriate authorization for services.
- PCPs must use Kaiser Permanente contracted vendors or provider may be liable for charges incurred at non-participating vendors (e.g., lab, radiology).

Claims Submission:

- Providers must submit claims electronically. For details, see the Billing and Payment section of this manual.

Office Requirements:

Offices must:

- Post a sign containing the names of all physicians practicing in the office.
- Be readily accessible to all patients (with handicapped accessibility), including but not limited to the entrance, parking, and bathroom facilities.
- Be clean and presentable and have a professional appearance.
- Provide clean, properly equipped patient toilet and hand-washing facilities.
- Have adequate waiting room space.
- Have an adequate number of clean, properly equipped exam rooms that provide privacy for the patient.
- Have a non-smoking policy.
- Have an assistant in the office during business hours.
- Require a medical assistant to attend specialized (e.g., gynecological) exams, unless the patient declines to allow the assistant to be present.
- Collect all applicable co-pays, deductibles, or coinsurance.
- Provide evidence that physicians have a copy of current licenses for all allied health practitioners (PAs, NPs, etc.) practicing in the office, including state professional license, FDA, and state controlled drug substance, where applicable.
- Keep on file and be able to produce any state-required practice protocols or supervising agreements for allied health practitioners practicing in the office.
- Pass a site evaluation, performed by a Provider Relations representative. Copies of the site evaluation are available in advance. We may also perform a site visit if we receive a complaint.

Medical Record Standards:

- PCPs must demonstrate at the time of application and throughout the term of the Agreement, that medical records are legible, reproducible, and otherwise meet

applicable laws and standards for confidentiality, medical record keeping practices and that clinical documentation demonstrates comprehensive care.

- Members' medical records should include reports from referred and/or referring providers, discharge summaries, records of emergency care received, and other information Kaiser Permanente might ask for.
- Each member encounter must be documented in writing and signed or initialed by the PCP or as required by law. Please include member's name, date of birth, and medical record number.
- PCPs must comply with the terms of your Agreement regarding medical records and follow Kaiser Permanente's medical record documentation standards.
- PCPs should review HEDIS information via KP Online-Affiliate to submit information needed to support HEDIS measures for the year.

6.2 Specialty Care Providers' Responsibilities

All specialty care providers who have contracted with Kaiser Permanente are held to the same standards of care as Kaiser Permanente providers.

Qualifications:

- Each specialist physician must be an MD or DO who dedicates a significant portion (usually greater than 50 percent of his or her professional services) to non-primary care delivery.
- Specialists must be certified by a board recognized by the American Board of Medical Specialties or the American Osteopathic Association. Specialists must be boarded in the specialty for which they are applying for participation. Exceptions must be approved by the Credentialing Committee.
- Specialists must complete the Kaiser Permanente credentialing process (as applicable), including completion of a credentialing application, and supply copies of all applicable supporting documentation.
- Appropriate licensure must be current and remain current throughout the duration of the Agreement.
- All physicians in the practice must be participating with Kaiser Permanente, or in the process of becoming active. If any physicians in the practice are not participating, the practice may be terminated from the network.
- Annually submit certificates of insurance to the credentialing department:

Kaiser Permanente
Credentialing Department
 500 NE Multnomah St
 Portland, OR 97232

Scope of Services:

- Specialists should provide care within the scope of their license and pursuant to applicable standards of care.

- Specialist is responsible for communicating findings and recommended treatment to the member's PCP in a timely manner.
- Offices should have a way to notify members if an allied health practitioner (e.g., PA, NP, CNM) will provide care.

Accessibility/Office Hours

- Specialists must perform office visits during regular visit hours to evaluate and manage medical conditions. Patient education functions may be conducted by appropriately trained staff under the Kaiser Permanente contracted provider's supervision.
- Specialists must have on-call coverage, 24 hours a day, 7 days a week. Members are entitled to access their specialty physician or his/her designee, who must be a Kaiser Permanente contracted and approved credentialed provider, by phone after regular office hours. Specialist must have a reliable answering service or machine with beeping or paging system.
- Each specialist or their covering physician must respond to a member within 30 minutes after notification of an urgent call.
- Specialist must be available at least an average of eight hours a week for scheduling office appointments, as applicable.
- If a specialist's office has more than one physical location contracted with Kaiser Permanente, then the specialist must have, at minimum, eight hours of regularly scheduled office hours for patient treatment at each location.
- Each specialist must maintain the following standards for appointment access:
 - Emergency care: patient must be seen immediately or referred to ER, as appropriate
 - Urgent complaint: same day care, or within 24 hours of member's request
 - Regular or routine care: within 14 days of member's request
 - Preventive routine care: within four (4) weeks of member's request

Covering Services:

- Specialists are responsible for securing covering specialist services with providers that are contracted with Kaiser Permanente.
- For inpatient services, the covering physician must be a contracted provider who has privileges at the same Kaiser Permanente contracted facility as the specialist.
- Approval of coverage by a non-contracted specialist physician is subject to Kaiser Permanente's sole discretion, and such approval must be in writing. Approved covering specialists must abide by the responsibilities included in this manual.
- Payment to non-participating covering specialists must be arranged by the specialist. Specialist will ensure covering specialists do not bill members, except for applicable co-payments, coinsurance, and deductibles for any covered services.

Hospital Privileges/Admissions:

- When applicable to relevant specialty, and based on the contractual obligation with Kaiser Permanente, specialists must maintain hospital privileges with a contracted hospital six months before applying with Kaiser Permanente, unless the specialist has more recently entered into clinical practice or completed their residency or fellowship training program. Hospital privileges must remain current and in good standing for the duration of the contractual relationship with Kaiser Permanente.
- If specialist provides specialty services at a contracted facility, they must also meet any additional criteria applicable as set forth in the participation responsibilities for facilities (see section 6.3 below) for the duration of the contract.

Referrals and Authorizations/Utilization Management:

- Specialists must comply with all referral and authorization requirements outlined in the Utilization Management section of this provider manual and must get authorization for services.
- Specialists must use Kaiser Permanente contracted vendors or the provider may be liable for charges incurred at non-participating vendors (e.g., lab, radiology vendors). Certain radiology procedures must have an authorization if not performed in a Kaiser Permanente medical office.
- Specialists are responsible for getting authorizations and verifying that the needed authorization(s) are valid before seeing the member.

Claims Submission

- Providers must submit claims electronically. For details, see the “Billing and Payment” chapter of this provider manual.

Office Requirements:

Offices must:

- Have a sign containing names of all the physicians practicing at the office.
- Be readily accessible to all patients (with handicapped accessibility), including but not limited to the entrance, parking, and bathroom facilities.
- Be clean and presentable and have a professional appearance.
- Provide clean, properly equipped hand-washing and toilet facilities for members.
- Have adequate waiting room space.
- Have an adequate number of clean, properly equipped exam rooms that provide privacy for the patient.
- Have a non-smoking policy.
- Have an assistant on the premises during scheduled office hours.
- Require a medical assistant to attend specialized (e.g., gynecological) exams unless the patient declines to allow the assistant to be present.
- Collect all applicable co-pays, deductibles, or coinsurance.

- Provide evidence that physicians have a copy of current licenses for all allied health practitioners (PAs, NPs, etc.) practicing in the office, including state professional license, FDA, and state controlled drug substance, where applicable.
- Keep on file and be able to produce any state-required practice protocols or supervising agreements for allied health practitioners practicing in the office.
- Pass a site evaluation, performed by a Provider Relations representative, when applicable. Copies of the site evaluation are available in advance. We might also perform a site visit if we receive a complaint.

Medical Record Standards:

- Specialists must demonstrate at the time of application and throughout the term of the Agreement, that medical records are legible, reproducible, and otherwise meet Kaiser Permanente's standards for confidentiality, medical record-keeping practices, and that clinical documentation demonstrates comprehensive care.
- Members' medical records should include reports from referred and/or referring providers, discharge summaries, records of emergency care received, and other information Kaiser Permanente might ask for.
- Each member encounter must be documented in writing and signed or initialed by the specialist or as required by law. Include the member's name, date of birth, and medical record number.
- Specialists must comply with the terms of your Agreement regarding medical records and follow Kaiser Permanente's medical record documentation standards. See Quality & Patient Safety Policy V-1, *Medical Records Documentation Standards: Compliance and Intervention*.
- Specialists should review HEDIS information via KP Online-Affiliate, in order to submit information needed to support HEDIS measures for the year.
- Specialists must submit consultation reports to Kaiser Permanente within 30 days.

6.3 Hospitals' and Facilities' Responsibilities

All hospital and ancillary facilities that have contracted with Kaiser Permanente are held to the same standards of care as Kaiser Permanente facilities.

- Hospitals and facilities must provide hospital or ancillary services, per the Agreement with Kaiser Permanente.
- Hospitals and facilities must cooperate and comply with Kaiser Permanente Utilization Management and Quality & Patient Safety programs.
- Hospitals and facilities must get authorization for services.
- Hospitals and facilities must collect all applicable co-pays, deductibles, or coinsurance.
- Hospitals and facilities must determine primary and secondary carriers for members to coordinate benefits for members.
- Hospitals must submit claims electronically.

- Hospitals and facilities must maintain appropriate licensure, insurance, and accreditation as appropriate and specified in the Agreement terms, and per NCQA, CMS, state, and federal guidelines.
- Hospitals must ensure that hospital-based physicians (e.g., emergency medicine, radiologists, pathologists) are credentialed.
- Hospitals must submit discharge summaries to Kaiser Permanente. Please continue to use the specific fax number your facility was given.

6.4 Events that Require Notification

6.4.1 Closing and Opening Provider Panels

If you intend to close your practice to new patients, you must give Kaiser Permanente written notice 30 days before the effective date, mailing it to this address:

Kaiser Permanente
500 NE Multnomah St
Portland, OR 97232

6.4.2 Change of Information

If your office or facility changes any pertinent information such as tax identification number, phone or fax number, billing address, or practice address, please mail or fax a written notice, including the effective date of the change. For changes in federal tax ID numbers, include a W-9 form with the correct information. Mail them here:

Provider Contracting
Kaiser Permanente
500 NE Multnomah St
Portland, OR 97232

Or fax them to 503-813-2017.

Due to HIPAA regulations, keep your user information current for access to KP Online-Affiliate. User IDs and passwords are unique. New staff members must get their own individual user IDs and passwords, and we must be informed when change in staff occurs so we can appropriately terminate user IDs and passwords.

6.4.3 Adding a New Practitioner

If your office adds a physician or other professional practitioner to the practice, notify Kaiser Permanente at:

Provider Contracting
Kaiser Permanente
500 NE Multnomah St
Portland, OR 97232

A network associate will make sure you receive the proper documents and guide you and your new physician through Kaiser Permanente's credentialing process. Please note that practitioners cannot see Kaiser Permanente members or bill for services until successfully completing the credentialing process.

6.4.4 Provider Retirement or Termination

If your office has a practitioner who's retiring or leaving the practice, please mail written notice, including the retirement or departure's effective date, as soon as possible or at minimum thirty (30) days before the date the practitioner is leaving to:

Provider Contracting
Kaiser Permanente
500 NE Multnomah St
Portland, OR 97232

6.4.5 Other Required Notices

You must notify Kaiser Permanente of other events, including changes in your insurance and ownership, adverse actions involving your practitioners' licenses, changes regarding participation in Medicare, Medicaid, and other occurrences that may affect the provision of services under your Agreement. Article 8 of your Agreement describes the required notices and how they should be provided.