



Kaiser Permanente Affiliated Colorado Provider Manual

- Compliance



Section 9: Compliance

INTRODUCTION

Following compliance standards is not just something we “have” to do, it’s a commitment we make to our Members because we want them to have the very best care possible. This section of the Provider Manual will guide you and your staff in understanding Kaiser Permanente’s compliance policies and procedures.

If at any time you have a question or concern about the information outlined in this section of the Provider Manual, you can reach the Compliance Department by emailing at

CO-ComplianceDepartment@kp.org

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SECTION 9: COMPLIANCE

Kaiser Permanente Colorado (KPCO) complies and demonstrates high ethical standards with all applicable laws, regulations, and Kaiser Permanente (KP) policies. Because Contracted Providers are an integral part of our business, it is important that we communicate and obtain your support for these standards. The Provider Contract Agreement (“Agreement”) details specific laws and contractual provisions with which you are expected to comply.

This section of the Provider Manual highlights important compliance-related provisions contained in the Agreement. KP maintains minimum standards that Contracted Providers are expected to uphold when providing services to KP and its Members/patients. Contracted Providers are expected to ensure that its employees who treat or otherwise have contact with KP Members/patients are aware of, and adhere to, the expectations laid out in the Agreement and this section.

KPCO does not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her licensure or certification under applicable State law, solely based on that license or certification. Nor does KPCO discriminate against particular providers that serve high-risk populations or specialize in conditions requiring costly treatment.

9.1 COMPLIANCE WITH THE LAW

Contracted Providers are expected to comply with applicable State and Federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Title VI of the Civil Rights Act of 1964, and the Americans with Disabilities Act (ADA). Contracted Providers are also expected to take appropriate disciplinary action against their employees who have violated the law or their own internal policies.

9.1.1 Medicaid and CHP+ Providers

Federal regulations established by the Centers for Medicare & Medicaid Services (CMS) require enhanced screening for all medical and non-medical providers who render services under a state plan or waiver. These regulations are designed to increase compliance and quality of care and to reduce fraud. The enhanced screening requirements extend to providers that render services through Managed Care Organizations (MCOs), including Child Health Plan Plus (CHP+) and the Regional Accountable Entities (RAEs). It is

necessary to screen the validity and currency of all provider licenses. Providers complete the screening requirements during enrollment under rule 10 CCR 2505-10 8.125.

Kaiser Permanente must verify whether a provider, supplier or facility is actively enrolled in Health First Colorado on the date(s) of service and is eligible to receive payment for CHP+ members prior to paying any CHP+ claim for covered services. Kaiser Permanente will deny a CHP+ claim submitted for processing if an NPI listed on the claim is not actively enrolled with Health First Colorado on the date(s) of service.

Providers are encouraged to check the status of all provider NPIs listed on a claim to confirm active enrollment as billing, servicing, ordering, prescribing, referring or attending providers as of the date(s) of service. A request for a retroactive enrollment effective date may be necessary if the NPI was not actively enrolled with Health First Colorado on the service date(s). Organization Health Care Providers are required to obtain and use a unique National Provider Identifier (NPI) for each service location and provider type enrolled. Note that Child Health Plan Plus (CHP+) and Health First Colorado providers must revalidate in Health First Colorado at least every five (5) years to continue as a provider. Providers are encouraged to check revalidation dates in addition to enrollment to avoid lapses.

To submit an application to enroll, revalidate or correct the NPI with Health First Colorado. Learn more about enrolling by visiting the Provider Enrollment website at <https://hcpf.colorado.gov/provider-enrollment>. Contact the Health First Colorado Provider Services Call Center at 1-844-235-2387, Monday – Friday 7:00 a.m. - 5:00 p.m. MT with questions about enrollment and revalidation.

9.1.2 Moral Objection to Provide a Covered Service for CHP+

Providers have a right to **not** provide certain Covered Services if they morally disagree with the services. If you have a moral objection, please have the Member call Member Services at **303-338-3800** to help find another provider for the needed services.

9.2 PRINCIPALS OF RESPONSIBILITY AND COMPLIANCE HOTLINE

9.2.1 Principals of Responsibility and Compliance Hotline

The Kaiser Permanente [PRINCIPLES OF RESPONSIBILITY](#) is the Code of Ethical Conduct for KP physicians, employees, and contractors working for KP. For a copy of the POR, please click on the hyperlink above.

If you witness any suspected wrongdoing or compliance violations by KP personnel, you must report it.

9.2.2 KP Compliance Hotline

The KP Compliance Hotline is a convenient and anonymous way for Contracted Providers to report fraud, waste, or abuse, safety concerns, or other compliance violations, without fear of retaliation. The Compliance Hotline is available 24 hours a day, 365 days a year at **1-888-774-9100**. Appropriate action is taken to investigate all allegations of noncompliance.

9.2.3 Provider Code of Conduct

KP has created the Provider Code of Conduct to communicate the minimum standards by which all Contracted Providers are expected to conduct themselves when providing goods and services to their Members. Please share this document with your employees.

9.3. PRIVACY AND SECURITY

Federal and state laws require KP and Contracted Providers to maintain the privacy and security of KP Member/patient data. Contracted Providers must ensure that their employees abide by HIPAA Privacy and Security Rules requirement including KP policies and state law(s) that provide more stringent data protection. If your business relationship with KP contemplates access to or disclosure of protected health information you may be required to sign a business associate agreement or non-disclosure agreement with us.

9.4. BUSINESS RECORD RETENTION

KP requires Contracted Providers to retain and make available records related to business with KP in accordance with applicable law and the Contracted Provider Agreement.

9.5. CONFLICTS OF INTEREST

Conflicts of interest between Contracted Providers and KP personnel, or the appearance thereof, should be avoided. KP recognizes that there are circumstances in which Members of the same family or household work for both KP and our Contracted Providers. When an actual, potential, or perceived conflict of interest occurs, that conflict must be disclosed by the Contracted Provider. The disclosure must be made at the earliest opportunity, in writing, to KP's Compliance Department at: CO-ComplianceDepartment@kp.org.

9.6. FRAUD, WASTE, AND ABUSE

KP will investigate allegations of fraud, waste, and abuse by Contracted Providers that are related to goods and services provided to KP or its Members/patients and will take corrective action including, but not limited to, civil or criminal action where appropriate. The Federal False Claims Act and similar state laws make it a crime to present a false claim to the government for payment. These laws also protect “whistleblowers” — people who report noncompliance or fraud, or who assist in investigations — from retaliation. KP

policy prohibits retaliation of any kind against individuals exercising their rights under the Federal False Claims Act or similar state laws.

9.7. GIFTS AND BUSINESS COURTESIES

KP discourages Contracted Providers from providing gifts, meals, entertainment, or other business courtesies to KP physicians, employees, or Contracted Providers working in KP facilities.

Per the Conflicts of Interest: Vendor Relationships policy, NATL.EC.016, the following items are never acceptable:

- Free tickets to attend a sporting or other type of entertainment event.
- Gifts, meals, or entertainment that are given on a regular basis.
- Cash or cash-equivalents, such as checks, gift certificates/cards, stocks, or coupons.
- Gifts from government representatives.

Some KP organizations have adopted stricter limits on acceptance of gifts and business courtesies. For example, KP Personnel working in the Northern California Region are not permitted to accept gifts or entertainment of any kind or value.

9.8. VISITATION POLICY

When visiting KP facilities, you are expected to comply with the applicable visitation policy. “Visitor” badges provided by the KP facility must always be worn during the visit.

9.9. INELIGIBLE PROVIDERS

KP will not do business with any Contracted Provider if it or any of its physicians, partners, officers, directors, or employees involved in providing goods or services to KP or its Members/patients, is, or becomes, excluded by, debarred from, or ineligible to participate in any Federal health care program or is convicted of a criminal offense in relation to the provision of health care. KP expects each Contracted Provider to assume full responsibility for taking all necessary steps to assure that its employees involved in providing goods and services to KP or its Members/patients have not been and are not currently excluded from participation in any Federal program.

9.10. RESOURCES

For more information on KP policies, contact your contract manager or visit KP’s Contracted Provider Compliance Web site at: <https://kp.org/compliance>