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Five Compliance Expectations

Expectation 1: You are expected to understand and use the *Principles of Responsibility* as a guideline for making compliant and ethical decisions in your daily work.

What is the *Principles of Responsibility*? The *Principles of Responsibility* is our formal code of conduct for all workforce members. The *Principles of Responsibility* outlines the minimum standards for your behavior at work. It applies to everyone — no matter where you work in Kaiser Permanente.

Does the *Principles of Responsibility* provide all of the information I need to know to be compliant? The *Principles of Responsibility* provides guidance, but you will need to be familiar with national, regional, and local policies to ensure you have all of the information you need to be compliant.

Where can I find these documents? Employees, physicians and vendors can access the National Compliance, Ethics & Integrity Office website at kp.org/compliance or your regional compliance site. Employees can also find national policies at http://kpnet.kp.org/kpnpa.

Expectation 2: You are expected to be able to identify potential fraud, waste, or abuse and take appropriate action.

What Is Fraud? Fraud occurs when someone misrepresents the truth to get a benefit or advantage. Examples: using another person's medical identity to receive treatment or submitting receipts for personal expenses for reimbursement.

What Is Abuse? Abuse is the wrongful or improper use of KP or government resources. This includes, but is not limited to, the misuse of position or authority that causes the loss or misuse of organization assets (funds, medical equipment, vehicles, computers, or copy machines.) Examples: using a company car for personal use or using the copy machine to make fliers for your child's school.

What Is Waste? Waste is the extravagant, careless, or needless expenditure of KP or government funds. Example: going to a local store to purchase office supplies instead of using Kaiser Permanente-approved vendors and discounts.

What are red flags? A red flag is a pattern, practice, or activity that indicates possible fraud. A common example is when a person checks in without photo identification. This may be a red flag for identity theft. The staff checking in the patient must then take appropriate steps to validate the patient's identity.

Are there fraud laws and regulations I should know about? Yes. The federal government has created regulations and guidelines for health care organizations to detect, prevent, and respond to fraud. An example is Medicare Part D, the prescription drug benefit program that contains guidance on controlling fraud, waste, and abuse when Medicare treatment and services are billed.

Other regulations include federal and state false claims acts. These acts make it a crime to present a false claim to the government for payment. If your role includes coding and documentation, accuracy is critical to avoid a false claim to the government. These acts also protect whistleblowers — people who report noncompliance or fraud, or who assist in investigations, from retaliation.

Expectation 3: You are expected to be able to identify and protect confidential information.

Why am I required to protect confidential information? Because we respect our patients' privacy rights and because federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA) and the American Recovery and Reinvestment Act of 2009 (ARRA), require individuals and organizations to protect confidential information. You are required to report when confidential information is misdirected, lost, or stolen.

What is confidential information? Confidential information includes Social Security numbers, business concepts, strategies and plans, clinical and financial data, intellectual property, reports and report formats, employee data, and protected health information (PHI). PHI is individually identifiable information about a member or patient's health care — past, present, or future — in written, electronic, or oral forms.

What happens when an employee looks at, or shares, confidential information without a job-related reason to do so? When a Kaiser Permanente employee looks at, or shares, confidential information without a job-related reason to do so, he or she breaks the law and violates Kaiser Permanente policy. Employees who violate policy will be subject to discipline, up to and including termination.

Expectation 4: You are expected to protect the trust of our members and patients and to support the Kaiser Permanente mission by reporting potential instances of noncompliance.

If I report a compliance concern, am I protected? Yes. All Kaiser Permanente physicians and employees who report compliance concerns in good faith are protected by federal and state whistleblower laws and Kaiser Permanente's non-retaliation policy.

Where can I go to discuss potential compliance issues? Your supervisor is the best person to talk to about compliance issues. You can also seek guidance from the national or regional compliance websites or your compliance officer.

Can I call the Kaiser Permanente Compliance Hotline for any issue? The Kaiser Permanente Compliance Hotline (1-888-774-9100) is for compliance-related issues and is available 24/7, 365 days a year. Workenvironment issues — such as coworker disputes, physical comfort issues, workload-distribution issues — would be better addressed by local management, the Human Resources Department, or your labor representative.

Expectation 5: You are expected to identify and comply with the laws, regulations, accreditation standards, and the Kaiser Permanente policies and procedures that apply to you and your job classification.

Why is compliance important? When we are compliant, we are better able to provide quality care because we provide consistent standards of practice. Also, we protect the health and safety of our members and employees, our resources, and our good name. Your supervisor is your best resource to provide information and answer questions you have about compliance.

What happens to Kaiser Permanente if we are out of compliance? As an organization, we must follow all laws and regulations. Being out of compliance can result in serious consequences for the organization. Negative headlines can result in the loss of members' trust, and resources that could have been directed to member care may be diverted to address compliance issues.

Are there consequences for me, if I am out of compliance? Yes, there are consequences for individuals who are out of compliance, including disciplinary action, up to and including termination; loss of licenses and accreditation; legal prosecution, fines, and penalties; and, possibly, jail time.