

Kaiser Foundation Health Plan, Inc.'s
July 30, 2026 Quarterly Report
for Q2 2026

Executive Summary

On October 11, 2023, Kaiser Foundation Health Plan, Inc. ("the Plan" or "Kaiser Permanente") and the Department of Managed Health Care ("Department" or "DMHC") reached a Settlement Agreement regarding the Plan's provision of behavioral health care services. In accordance with this Settlement Agreement, the Plan developed, and has been implementing, a comprehensive, detailed strategy to transform the Plan's behavioral health delivery system to improve members' care experience and the Plan's operations, processes, and procedures to better assist members with accessing care. Program transformation includes, but is not limited to:

1. Enhancing the Plan's quality assurance program and its oversight of services provided by its contracted providers.
2. Streamlining and improving members' access to behavioral health care services and the Plan's network of providers, including external contracted providers.
3. Refining the Plan's grievance and appeals process to better support timely adjudication of complaints.
4. Ensuring the Plan's coverage of behavioral health services remains compliant with evolving behavioral health care laws and regulations, including state and federal parity laws.

The Plan's action plan is fully explained in its Corrective Action Work Plan (CAWP) posted to the Department's website.

Pursuant to Sections 104 and 105 of the Settlement Agreement, the Plan retained Berkeley Research Group and Matosantos Consulting, Inc.[1] to assist them in meeting the terms of the Settlement Agreement. Berkeley Research Group's support focused on data assessments. Initially, Matosantos Consulting, Inc. assisted the Plan in its development of the CAWP and is currently supporting the Plan's implementation of the CAWP. Boston Consulting Group (BCG) now provides independent perspectives and observations regarding Kaiser Permanente's efforts, progress towards goals identified in the CAWP, the Plan's structure for delivering change and outcomes, and offers actionable recommendations to drive change more effectively. As set forth in Sections 109 and 110 of the Settlement Agreement, the Plan and BCG will provide the Department with status updates and progress reports on CAWP implementation on a quarterly basis. This report constitutes the fifth quarterly status report submitted pursuant to Section 109 of the Settlement Agreement.

Summary of CAWP Progress and Milestones

Since signing the Settlement Agreement, the Plan has implemented a series of changes and enhancements to improve member access to behavioral health services and to support transformation of its program. Specifically, Kaiser Permanente has:

1. **Expanded Network:** Since the DMHC initiated its non-routine survey of the Plan's behavioral health services in 2022, Kaiser Permanente has substantially expanded its network, adding thousands of externally contracted providers and hiring hundreds of mental health therapists. Since 2022, Kaiser Permanente has added over 17,400 mental health providers across its entire network. The current priority is on continued refinement of the network, with focus on members' needs such as location, clinical specialty, and availability.
2. **Mechanisms for Oversight and Accountability:** The Plan's oversight now operates under Vice Presidents of Behavioral Health and Wellness to oversee the Plan's behavioral health operations in Northern and Southern California, a Deputy Chief Medical Officer for Mental Health and Wellness that supports quality, and teams of subject matter experts in clinical aspects of behavioral health, data and analytics, and program management. As a part of its quality assurance program, the Plan has conducted over 60,000 behavioral health treatment plan audits from Q1, 2025 – Q1, 2026 and increased the volume of audits for the external provider network by over 100%. In addition, the Plan is in the process of evaluating new Treatment Plan Audit metrics and strengthening corrective action plan processes surrounding these audit metrics. The Plan is leveraging direct access to claims and appointment data, new analytical resources, and findings from field presence and/or from expanded, comprehensive audits of member charts, to conduct more timely, rigorous, and effective oversight of its behavioral health services. The Plan has completed design of expanded field presence tools including; review of member calls to behavioral health call center, visits to Higher Level of Care facilities, and digital rounding. The Plan has made several enhancements to its committees by adding reports to its calendar to ensure statewide

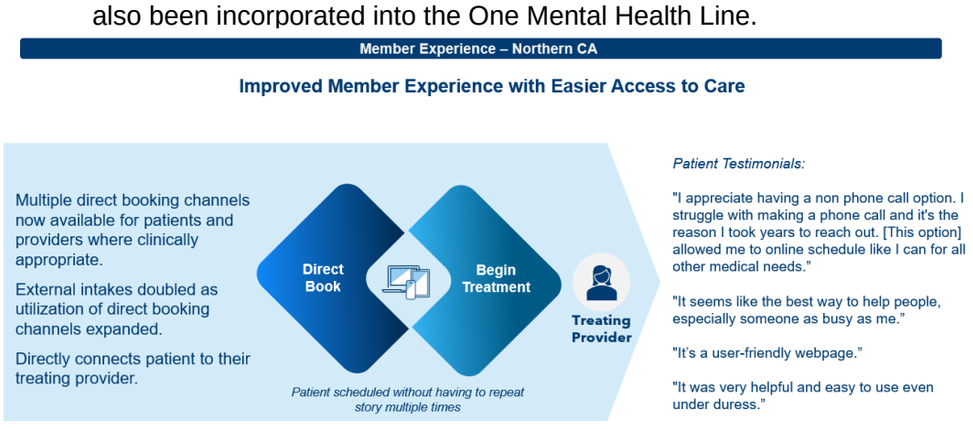
[1] Ana Matosantos has since joined Boston Consulting Group (BCG) with the same scope of work. Future references for this work will be to BCG.

alignment including those related to member communications, the statewide behavioral health escalation line, and NQTLs (non-quantitative treatment limitations). Kaiser Permanente has also finalized a standardized program evaluation tool and reporting calendar to evaluate quality standards for behavioral health programs and service offerings. The Plan has completed a holistic comprehensive review/report of Behavioral Health Services that includes review of behavioral health services programs, performance on quality and access metrics where applicable, and member satisfaction. In addition, the Corrective Action Plan (CAP) process has been enhanced to incorporate applicable Quality Audit metrics reported through BHQOC, strengthening oversight, accountability, and continuous quality improvement. Quality concerns and compliance issues are addressed through established processes, with unresolved matters escalated through defined governance channels to support timely review, corrective action, and sustained performance improvement.

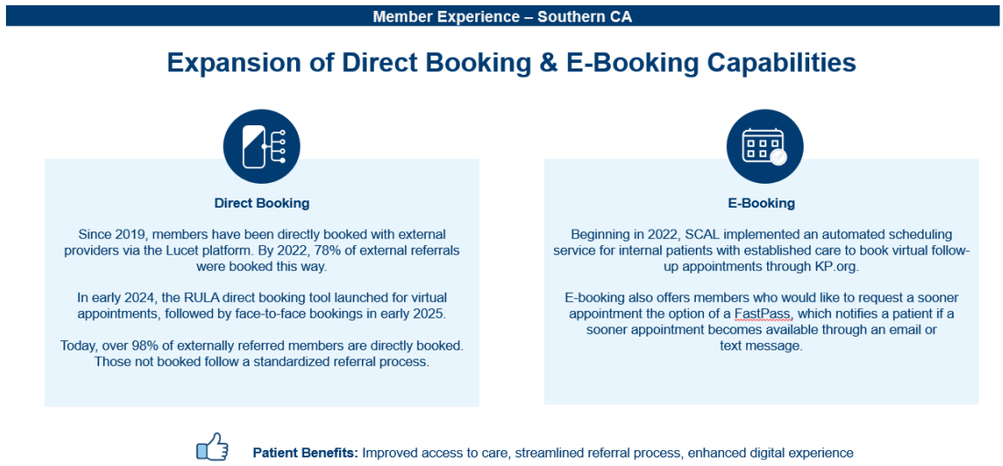
3. **Review of Member Journey:** The Plan conducted a comprehensive assessment of the members' journey-to-care to understand pain points and identify concrete opportunities for improvement. It engaged a global consulting firm to gather feedback from current and former Plan members, conduct analyses, and support development of system improvements. Surveys were sent to 380,000 current and former members. More than 6,000 survey responses were received and analyzed, millions of encounters and claims data were analyzed, and dozens of in-depth interviews were conducted. The consulting firm also conducted a competitor analysis to capture current market realities and competitor offerings. Valuable insights were gathered through interviews, anonymous survey data, and analysis of member complaints, grievances, and appeals. As a result, the Plan has taken action on these opportunities and has since implemented a routine practice of collecting ongoing feedback from member complaints, grievances, and appeals to maintain a real time understanding of service opportunities and member experiences.
4. **Improved Access to Services:** The Plan has implemented a series of changes to make it easier for members to access services. Those changes include:
    a. Redesigning and launching an improved front door to services in Northern California so that members experience fewer touch points and redundancies prior to starting treatment.



    b. Improving the member experience with easier access to care in Northern California through capacity for self-guided e-booking of initial appointments and a single phone number for members to access services. Member-facing single phone number 1-888-WE-R-KP4U was made available on KP.org as of January 2026. Addiction Medicine and Recovery Services therapy appointments have also been incorporated into the One Mental Health Line.



c. Improving the member experience with easier access to care in Southern California through direct booking of virtual and face-to-face visits (with our in-network providers). Today, over 98% of members referred in-network in Southern California are directly booked. In NCAL, more than half of referrals to the external provider network are booked directly. An additional improvement in Southern California is the capacity for e-booking for follow-up appointments. E-booking offers members the opportunity to schedule their follow-up appointments via KP.org. It also allows the member to receive notification if a sooner appointment becomes available.



d. Updated KP.org landing page to include a visible, easy to find link to the mental health services page. The mental health services page includes appointment scheduling, Headspace 24/7 emotional support, emotional wellness and self-care apps, online classes, and mental health assessments. Further updates to the Mental Health and Wellness landing page on KP.org and KP app are slated to go-live in Q3 2026.
e. Kaiser Permanente has completed the design and launched implementation of a multiple appointment feasibility study. Feasibility study duration will be through Q2, 2026 with ongoing monitoring and analysis of impacts and member satisfaction reported out in Q3, 2026.

5. **Grievances and Appeals:** Behavioral Health and Wellness teams review complaints and grievances daily to identify patterns and facilitate timely, appropriate resolution to support an enhanced member experience and to gain an understanding of the member journey. Identification of root causes and overall trends allow for targeted interventions and focus on removing any potential barriers. Provider materials have been created that include: guidance regarding regulatory requirements, avoiding coverage discussions with members, how members can access the member grievances process, and a frequently asked questions resource that outlines provider responsibilities when responding to Member Services related inquiries and directs appropriate escalation when needed. Additionally, The Plan has developed a Complaints and Grievances centralized dashboard which monitors all BH complaints and grievances enabling ongoing review of grievance activity, trends and escalation patterns.
6. **Building Pipeline of Mental Health Clinicians:** Kaiser Permanente is committed to addressing statewide shortages of behavioral health providers by actively supporting several workforce development initiatives, including the Kaiser Permanente Mental Health Scholars Academy. Kaiser Permanente has expanded the number of students enrolled in the MHSA. Through this program, Kaiser Permanente is training additional therapists which helps its employees get master's and doctorate degrees so they can transition to careers in mental health with nearly 244 graduates and 276 currently enrolled.
7. **Retrospective Reimbursement:** The Plan implemented a process for members to request reimbursement for qualifying out-of-pocket costs associated with out-of-network mental health/substance use disorder care. The first batch of notices was sent on 7/31/2025 to members who received out of network care from 1/1/2021 through 12/31/2023. This group of members received a first reminder on 8/30/2025, and a second reminder on 9/29/2025. A second batch was sent on 1/31/2026 to members who received out-of-network care from 1/1/2024 through 9/30/2024. This group of members received a first reminder on 3/2/2026, and a second reminder on 4/1/2026. Kaiser is reviewing the submitted claims and began making payments at the end of 2025. As of July 5, 2026, Kaiser paid approximately $2.3 million to members through this process.
8. **Strike Preparedness:** Kaiser Permanente prepared for and managed a 29-week strike of non-physician mental health professionals in Southern California. Member experience remained a top priority during that work stoppage, during which members were offered

timely appointments, were given clear KP contact information, and were followed up with regularly. Northern California's Strike Preparedness plan is in alignment with Southern California best practices and was adopted during its one-day strike in March 2026.

Below is additional detail on the Plan's implementation of the CAWP and progress to date, as well as planned actions, implementation timelines and measurements of those planned actions. The Plan will update its progress in these planned actions and highlight key accomplishments on a quarterly basis as required under the Settlement Agreement.

Corrective Action Area #1: Oversight

This corrective action area includes actions the Plan is taking to strengthen and expand its behavioral health oversight and improve its quality assurance program. Specifically, the Plan is making the following investments and changes:

1. **Stronger Committees:** Expand the scope and function of Regional Behavioral Health Quality Oversight Committees to oversee a broader range of behavioral health performance metrics, program effectiveness, and corrective actions. Expand the information and data visible to the regional Access Committees, the Member Concerns Committees, and the Credentialing Committees. Conduct critical analysis of charters, policies and procedures, membership, reporting, metrics, and escalation processes to validate committees have the necessary inputs, tools, and membership to conduct thorough reviews of behavioral health activities and to issue and monitor corrective actions when required. The Quality and Health Improvement Committee of the Plan's Board of Directors will review the gap analysis and adopt any recommended changes.
2. **Regional Behavioral Health Teams**: Establish, maintain, and appropriately resource new regional behavioral health teams to engage in continuous performance review and enhanced oversight. The teams will be led by Vice Presidents of Behavioral Health and Wellness, independent from the Medical Groups, who are accountable for all areas of behavioral health, including access, member experience, and parity. Utilize an Associate Chief Medical Officer of Mental Health & Wellness, independent from the Medical Groups, to serve as a clinical quality advisor to the VPs of Behavioral Health & Wellness.
3. **Expanded Data Analytics:** Enhance data sharing between Health Plan and Medical Groups. Expand reporting from externally contracted providers including metrics on initial and follow-up access, complaints and grievances, and quality of care. Standardize reporting of timely data regarding the provider network. Regularly review data to assess key areas of performance and quality to highlight opportunities to improve care delivery and close any gaps in the delivery system at the different points in the member's journey. Implement a single monitoring tool to measure current access availability and to forecast future access needs.
4. **Field Presence:** Expand field presence through (1) focused quality visits, and (2) assessment of internal and external virtual care platforms. Focused visits may include chart audits, monitoring of access and booking practices, and reviews of policies and procedures. Conduct comprehensive quality visits when issues or non-compliance are identified through data analysis, chart reviews, complaints and grievances or other oversight activities.
5. **Audits (Increased Quality efforts):** Expand the scope, number of chart audits in the audit program to include: (1) adding an additional metric to treatment plan audits to confirm a member is being offered the course of treatment recommended by the member's treating provider; (2) increasing the volume and frequency of audits in the external provider network to better align with external referral volumes; (3) auditing out-of-network referrals to track trends and member care needs and evaluate opportunities to expand in-network offerings to meet members' evolving clinical needs; (4) expanding current risk assessment audit to encompass initial and follow-up non-physician appointments booked outside of timely access requirements and (5) expanding current risk assessment audit to track that suicide risk assessments are appropriately documented**.**
6. **Focused and Continuous Improvement:** Expand monitoring of the external provider network to include: time to initiation of visit, connection rates, and continuity of care processes.
7. **Greater accountability:** Improve corrective action processes so effective action is taken where noncompliance and opportunities for improvement are identified. In corrective action plans, require identification and documentation of root causes and that interventions be documented, implemented, and monitored. Establish progressive escalation process to support effective and prompt action to prevent and remedy issues**.** Identify areas for improvement of corrective action processes and make changes to effectively monitor implementation of CAP's and quickly adjust to close any remediation gaps. Make any necessary changes to policies, procedures or processes to address gaps or needed improvements with the network. Review, and as needed, update contracts with external network providers to incorporate additional quality oversight requirements and to include sufficient specificity regarding consistent corrective action management processes. Specify pathways and levers the Plan will use the following circumstances: (a) if corrective action plans and the targeted strategies are not remedying deficiencies identified in a timely manner; (b) if there are serious issues adversely impacting member care; (c) to directly intervene to confirm members' needs are met and so the Plan is fulfilling its obligations under the Settlement Agreement and the law.

8. **Appointment Access Compliance (including urgent appointments):** Develop and implement a robust measurement mechanism to oversee its behavioral health access compliance for follow-up appointments. Identify first-offered appointments and follow-up appointments to confirm timely access standards are met. Differentiate between and document (1) appointments where members were offered a timely appointment within the timely access standards but chose an appointment outside the timely access standards; (2) those instances where a timely appointment was not available and a provider did not document a non-detriment statement; and (3) those instances where a timely appointment was not available or not offered to the member, but the provider did note a non-detriment statement. Develop and implement a single monitoring methodology for initial appointments that is compliant with timely access standards and used statewide for reporting when appointments are first offered, consistent with California Senate Bill 221 ("SB 221").
9. **Suicide Risk Assessment:** Confirm and implement appropriate processes, policies and systems to effectively and efficiently evaluate screening and assessment for suicide risk. Expand efforts to support consistent, appropriate and quality care, including the evaluation of audit parameters, expanding the use of chart audits and the imposition of corrective action plans to verify that members are receiving clinically appropriate suicide risk screenings.
10. **Utilization Management:** Review policies and procedures concerning UM/UR to confirm Senate Bill 855 ("SB 855") parity laws and regulations are up to date and approved by the appropriate regional committee. Conduct ongoing mandated training based upon updated policies and procedures regarding SB 855 and inter-rater reliability ("IRR") to impacted staff. Present SB855 training and IRR compliance to the regional Behavioral Health Quality Oversight Committee. Utilize learnings and best practices from statewide BH decision-making committee to drive consistency in UM/UR decisions in connection with all covered health care services and benefits for the diagnosis, prevention, and treatment of mental health and substance use disorders in children, adolescents, and adults, including through IRR testing of individual decisionmakers. Present learnings and best practices will be presented to the regional Behavioral Health Quality Oversight Committee on a quarterly basis.

Corrective Action	Measurement	Progress	Anticipated Initiation and Completion Date
Stronger Committees (CAWP 1(A) p.9)	• Completed analyses of committee charters, policies, procedures, membership, reporting metrics and escalation processes. • Report with recommended changes so committees have the input, tools and membership to perform specified oversight functions, including changes to improve corrective action plans and to monitor implementation. • Documented review of the gap analysis and adoption of recommended changes by the Quality and Health Improvement Committee (QHIC) of the Board of Directors. • Expanded scope of Behavioral Health Quality Oversight Committee (BHQOC), including review of program effectiveness.	• The Plan has completed the final review of BHQOC's existing reports, metrics, and membership. National quality reviewed committee membership and is now a part of the BHQOC. The following reports have been added, refined, or are in the process of being added in BHQOC for statewide alignment. In Northern California, member communications, behavioral health inpatient survey, and the statewide behavioral health escalation line have been added to the 2026 BHQOC calendar as well as increasing the reporting frequency on HEDIS measures, patient safety and risk management, PACC, and treatment plan audits. In Southern California, additional reports to BHQOC in 2026 will include SB855 compliance, new audit metrics and corrective action plan additions. NQTL (non-quantitative treatment limitations) reporting was successfully added to the	Initiated: Q2 2025 Completion: Q3 2026

Corrective Action	Measurement	Progress	Anticipated Initiation and Completion Date
		Northern California and Southern California BHQOC calendars and completed in 2025. NQTL comparative analyses evaluate service operations using a 6-step analysis across six benefit classifications (inpatient and outpatient for both in-network and out-of-network services, emergency services, and pharmacy), comparing Mental Health offerings to Medical/Surgical. Service operations that were evaluated include Prior Authorization, Referrals, Provider Credentialing, Formulary Design, among others. The purpose of conducting these analyses is to determine parity across Medical/Surgical and Mental Health/Substance Use Disorder services. All reports are reviewed by the BHQOC chairs and presenters are requested to return to provide a follow-up on performance measures below threshold with detailed improvement initiatives.	
Regional Behavioral Health Teams (CAWP 1(B) p.10)	• Establishment of behavioral health teams • Hiring of Regional Vice Presidents and statewide Vice President.	• The Plan hired Regional behavioral health Vice Presidents and the Statewide Physician Vice President. • The Plan built teams of subject matter experts with expertise in clinical aspects of behavioral health, data and analytics, and program management staff. • The Plan stood up team infrastructure to support ongoing monitoring and review of behavioral health performance across the state. The Plan has added additional data and analytics staff Statewide. Data teams are focused on refining and building effective tools for continuous monitoring of behavioral health access, quality, safety and experience.	Initiated: Q1 2024 Completed: Q4 2024
Expanded Data Analytics	Documented examples of:	• The Plan has completed an inventory of existing metrics and performance standards.	Initiated: Q3 2024

Corrective Action	Measurement	Progress	Anticipated Initiation and Completion Date
(CAWP 1(C) p.10)	• Inventory for existing metrics and performance standards. • Analysis of current metrics and performance standards against needed metrics and standards. • Recommended changes and improvements. • Documentation for corrective actions and escalations, and consistent review of data identified in CAAs 2, 3 and 4.	• The Plan has completed a data needs assessment and made recommendations for changes and improvement. • The Plan has improved tools and resources for expanded monitoring including visit data, appointment cancelations (in preparation for work stoppage), and virtual vs in-person appointments.	Completed: Q3 2026 and ongoing
Field Presence (CAWP 1(C) p.11)	• Expand the number of quality visits being conducted. • Demonstrate evidence of comprehensive quality visits when issues or non-compliance are identified through data analysis, chart reviews, complaints and grievances or other oversight activities.	• The Plan has completed and will continue to perform ad-hoc site visits to in-network higher-level of care behavioral health facilities. • As part of the Southern California strike, the Plan completed re-entry call shadowing. • Continuous Improvement: o The Plan has completed design of expanded field presence tools including; review of member calls to behavioral health call center and digital rounding.	Initiated: Q3 2024 Completed: Q4 2025
Audits (Increased Quality Efforts) (CAWP 1(C) p.12)	• Expand volume of chart audits.	• The Plan has increased the volume of audits for the external provider network by at least 100%. • Continuous Improvement: o Findings from external provider audits continue to increase visibility into the quality of documentation and highlight specific opportunities for improvement. When opportunities for improvement are identified, targeted feedback and enhanced trainings to providers ensure high quality care across the network.	Initiated: Q4 2024 Completed: Q3 2025 and ongoing

Corrective Action	Measurement	Progress	Anticipated Initiation and Completion Date
Audits (Increased Quality Efforts) (CAWP 1(C) p.12)	• The Plan has expanded treatment plan audits to include additional metrics. • Analyses of audit results to confirm applicable standards are being met. • Assessment of opportunities and gaps to determine whether corrective action plans need to be issued. • Documentation of ongoing monitoring for performance improvement and actions to be completed if corrective action plans are issued.	• The Plan has expanded treatment plan audits to include additional metrics. • The Plan is analyzing and reporting audit results on, at least, a monthly basis. • Continuous improvement: o Northern and Southern CA have completed a side-by-side comparison of audit programs to align on metrics and expansion of CAP's. o The Plan is conducting ongoing digital rounding audits to ensure compliance with KP policy and to confirm accuracy of Behavioral Health specific information located on the KP.org website (SCAL). o New audit metrics are shared with key committees and behavioral health leaders to strengthen oversight, monitoring and timely identification risk.	Initiated: Q4 2024 Completed: Q3 2025 and ongoing
Focused and Continuous Improvement (CAWP 1(D) p.12)	• Inventory of existing access to data, policies, and procedures. • Analysis of current access data against needed data. • Recommended changes and documented improvements implemented. • Documentation of analysis and reviews of available data and its alignment to what is needed for effective oversight.	• The Plan has conducted a data needs assessment and has mapped those needs to the commitments in the CAWP. • The Plan has substantially expanded its direct access to data across the provider network including data reflecting provider recommendations, treatment progress, and overall member experience. • The Plan has expanded its ability to conduct real-time analysis of services and visit information. • Kaiser Permanente is regularly monitoring appointment availability against member demand for behavioral health services, using data reports from medical groups, and the Plan. • The Plan completed an inventory of current Behavioral Health policies and procedures and identified areas that required updates to reflect and	Initiated: Q2 2024 Completion: Q3 2026

Corrective Action	Measurement	Progress	Anticipated Initiation and Completion Date
		comply with existing parity laws and new regulatory requirements.	
Greater Accountability (CAWP 1(D) p.13)	• Documented changes based on review of existing Corrective Action Plan (CAP) processes, gaps, recommendations and improvements. • Documented progressive escalation process and identified potential interventions to remedy issues identified. • Member concerns raised to executive leadership are handed off to regional Behavioral Health (BH) teams and resolved in real-time. • Number of CAPs issued, duration of CAPs, time to implement the CAP, and any recurrence of problems previously addressed in a CAP. • Documentation of subsequent reviews to determine if issues previously addressed in a CAP have recurred. • Documented review of performance data, complaints and grievances, survey data and other information to evaluate whether previously identified challenges have recurred or whether CAPs have resulted in sustainable changes. • Documented review of performance data, complaints and grievances, survey data and other information to evaluate whether issues that were previously escalated have recurred.	• The Plan has strengthened progressive escalation processes to support more effective and prompt action when issues arise. The Plan tracks escalations submitted to regional teams to ensure they are addressed appropriately. • The Plan reviews member complaints and grievances related to behavioral health daily. As a result of daily review, issues related to clinical risk are escalated and resolved appropriately. • Member concerns raised to executive leadership are handed off to regional Behavioral Health (BH) teams and resolved in real-time. • The Plan has developed a Complaints and Grievances centralized dashboard which monitors all BH complaints and grievances enabling ongoing review of grievance activity, trends and escalation patterns. • During the strike in Southern California, Kaiser Permanente established a specialized process for all escalations including formal expectations of resolution and turnaround times. This process included categorization, overall expectations on timeliness of response and resolution based on that categorization, pattern identification, and a verification from BH teams that resolution was timely and addressed in every instance. Further, agreement was established that should these escalations not be addressed in a timely manner, they would be progressively escalated further starting with the Behavioral Health & Wellness Executive Director and Vice President. The Plan focused on understanding	Initiated: Q2 2024 Completed: Q1 2026

Corrective Action	Measurement	Progress	Anticipated Initiation and Completion Date
		trends around escalations and established processes to identify and address any gaps and to speed up resolution. If trends around escalations were identified throughout the strike, communication processes were activated so all teams were aware of any indication of systemic issues to assist in gap identification and quick resolution. • The corrective action plan process has been expanded to include applicable Quality audit metrics presented in BHQOC, to strengthen accountability and ongoing performance improvement. • When concerns arise, quality teams address issues or areas of non-compliance; matters not resolved at the operational level are escalated through established pathways for further review and remediation.	
Appointment Access Compliance (including Urgent Appointments) (CAWP 1(E) and 1(F) p.14)	• Documentation of current mechanisms and gap analysis. • Report with recommendations. • Documentation of implemented changes. • Report and conclusions from systemic evaluation of access to urgent services. • Documentation of updated data requirements, monitoring processes and evidence of regular review of performance and documentation. • See increased documentation and access metrics referenced below (CAA 2 and 3). • Documentation of changes to scope and volume of audits.	• A robust measurement mechanism has been established statewide to oversee behavioral health access compliance for timely access to follow up appointments. Specifically, the Plan has instituted data capture mechanisms and requirements for all intake and follow up provider notes. Clinicians are required to document their clinical recommendations, which might include return to individual therapy or other recommendations. If the clinician selects Individual Therapy as the recommended follow up, the clinician is required to confirm whether it is clinically recommended that a member return within 10-days or whether there is no detriment to the member to return beyond 10 days. The results of the 10-day recommendation and whether a member was, indeed, scheduled within 10 days get reported out in the appropriate committee.	Initiated: Q1 2024 Completion: Q3 2026

Corrective Action	Measurement	Progress	Anticipated Initiation and Completion Date
		• The Plan conducts monthly audits to review the data identified above and to assess if proper documentation procedures are followed in both intake and follow-up encounters and to confirm members are booked for a follow-up appointment within the timeframe recommended by the treating provider.	
Suicide Risk Assessment (CAWP 1(G) p.15)	• Inventory of existing policies and procedures related to Behavioral Health Suicide Screening and Risk Assessment. • Documentation of any improvements needed in P&P. • Evidence of implementation of recommended changes. • Evidence of chart audits for risk assessment and suicide screening documentation.	• The Plan completed an inventory of all existing policies and procedures related to Behavioral Health. • The Plan has expanded the current audit program to include risk assessment and suicide screening documentation for initial and follow-up visits.	Initiated: Q1 2025 Completed: Q2 2026
Utilization Management (CAWP 1(H) p.15)	• Inventory of existing policies. • Review of policies and procedures and documented gaps, if any. • Documentation of implemented changes. • The Plan completed implementation of a chart audit expansion to include confirmation that members received recommended treatment plans. • Documentation of process to evaluate application of UM decision making criteria. • Documentation of testing of protocols for IRR testing of physicians and licensed staff involved in decision making. • Evidence of implementation of testing protocols and any necessary actions to further strengthen training. Identify any elements of the Knox-Keene Act that must be in policies	• The Plan completed an inventory of existing policies. • The Plan has validated that SB 855 nonprofit clinical criteria and trainings are available to its providers (i.e. LOCUS, CALOCUS, ASAM, etc.). • The Plan completed ongoing documentation of volume of training sessions conducted and number of staff trained. • The Plan expanded chart audits to include confirmation that members received recommended treatment plans. • The Plan has expanded reporting to BHQOC with learnings and best practices from statewide decision-making committee from twice annually to quarterly. • The Plan has completed documentation of the process to evaluate application of UM decision making criteria and IRR testing protocols .	Initiated: Q3 2025 Completed: Q2 2026

Corrective Action	Measurement	Progress	Anticipated Initiation and Completion Date
	and procedures, the schedule for changes and evidence of changes when they have been implemented. • Quarterly report to BHQOC with learnings and best practices from statewide decision-making committee. • Evidence of chart audits to confirm members receive recommended treatment plan.		

Corrective Action Area #2: Access

This corrective action area includes actions the Plan is taking to improve member access to behavioral health appointments and to confirm behavioral health services are available consistent with good professional practice and timely access standards. Specifically, the Plan is making the following changes and investments:

1. **Improved Provider Network:** Expand external contracted provider network and increase internal staffing. Refine and manage provider network to maintain continued access for members. Launch, refine and update at least on a monthly basis, a comprehensive, detailed supply and demand dashboard to inform strategic network management, contracting, and staffing decisions. Confirm clinicians have sufficient return access availability.
2. **Timely Access Enhancements:** Strengthen and standardize policies regarding timely access. Strengthen and standardize policy re: individualized BH needs and determinations. Arrange out of network if timely access cannot be met.
3. **Improvements to Autism Spectrum Disorder Treatment Access:** Conduct inventory of policies and procedures for autism services. Document any improvements needed in P&P review. Document implementation of recommended changes to P&P.
4. **Collaborative Care Treatment Models:** Created the ADAPT (Achieving Depression and Anxiety Patient-Centered Treatment) program based on the evidence-based model Collaborative Care to provide virtual, evidence-based treatment to effectively treat patients with mild to moderate depression and/or types of anxiety to remission.
5. **Increased Monitoring of Access:** Monitor, at least monthly, each medical center's compliance with the 10-day regulatory timely access requirements for behavioral health appointments. Monitor on a monthly basis documentation of non-detriment for initial access and SB221 standards. Conduct analysis of compliance with timely access requirements and non-detriment requirements across the externally contracted network that is comparable to the monitoring of performance of each medical center as described above. Regularly measure whether Initial and Follow Up appts are provided in compliance with timely access requirements.
6. **Improved documentation and Oversight:** Strengthen documentation requirements related to initial requests for appointment. Strengthen chart reviews & escalation process.
7. **Make it Easier for Members to Access Care:** Conduct end-to-end review of the member journey. Implement single phone number for booking appointments. Expand direct booking and e-booking.
8. **Continued Enhancements of Access to Care:** Conduct feasibility study on booking multiple successive appointments. Evaluate existing appointment booking programs. Make enhancements to KP.org.

Corrective Actions	Measurement	Progress	Anticipated Completion Date
Improved Provider Network (CAWP 2(A) p.16)	• Available supply of initial and follow-up appointments across the Plan's entire network. Such measurements must at least include detailed information on appointment supply, the percentage of appointments meeting regulatory access standards, capacity of the current network, and staffing.	• Since 2022, Kaiser Permanente has increased the number of individual non-physician mental health providers by approximately 17,400. The current priority is on continued refinement of the network, with focus on members' needs such as location, clinical specialty, and availability.	Initiated: Q1 2022 Completed: Q3 2024 and ongoing

Corrective Actions	Measurement	Progress	Anticipated Completion Date
	• Percentage of members meeting timely access regulatory standards for initial and follow-up appointments or documentation of non-detriment.	• The Plan regularly surveys its members to understand member satisfaction. These surveys are conducted at least annually. • Continuous improvement: o Regularly reviewing its provider network, available capacity, member demand, appointments booked outside of regulatory standards, appointments booked within access standards for initial, follow-up, and urgent appointments. o Kaiser Permanente has been consistently meeting or exceeding Knox-Keene Act access requirements. Specifically, between December 2024 and December 2025, it met or exceeded requirements for access to initial and follow-up care, urgent care, and non-urgent care.	
Timely Access Enhancements (CAWP 2(A) p.17)	• Analysis of policies and procedures, identification of gaps, and documentation and implementation of the recommended changes. • Evidence of standardized implementation of policies and procedures through chart reviews, audits and data analysis. • Evidence of procedures for members to access out of network care if timely access cannot be met.	• The Plan has reviewed policies and processes to increase uniformity across The Permanente Medical Group, Inc. (TPMG), Southern California Permanente Medical Group (SCPMG) and external contracted providers. • The Plan has completed an inventory and review of all policies and procedures. • The Plan has completed an identification of gaps and recommended updates to all policies and procedures. • The Plan has completed process of issuing of 5-day letters which include authorization to secure out of network care for members if timely access cannot be met. • The Plan continues to expand oversight efforts related to timely access requirements by closely monitoring appointments within access and conducting treatment plan chart audits.	Initiated: Q2 2025 Completed: Q4 2025

Corrective Actions	Measurement	Progress	Anticipated Completion Date
Autism Spectrum Disorder (CAWP 2(A) p.18)	• Inventory of policies and procedures related to ASD services. • Documentation of any gaps in processes identified. • Documentation of improvements implemented, if any were deemed necessary. • Evidence of a complete process maps of member journeys into ASD care.	• The Plan has completed an inventory and review of all BH policies and procedures. • The Plan has completed a process map of member journeys for ASD care. • The Plan has made the Council of Autism Service Providers (CASP) training guidelines a required training across service providers per SB855 guidelines and has implemented an oversight mechanism to ensure trainings are being completed.	Initiation: Q1 2025 Completed: Q1 2026
Collaborative Care Treatment Models (CAWP 2(A) p.18)	• Documented creation of evidence-based program offerings. • Documented process for reviewing clinical offerings and program to meet member needs.	• Kaiser Permanente implemented the evidence-based ADAPT (Achieving Depression and Anxiety Patient Centered Treatment) program. • Continuous improvement: o Kaiser Permanente has developed a standardized program evaluation tool. Results from program evaluations will be presented to BHQOC in September 2026.	Initiated: Q2 2020 Completed: Q4 2024 and ongoing
Increased Monitoring of Access (CAWP 2(B) p.18)	• Access performance in the following areas: (1) initial behavioral health (BH) Non-MD Non-urgent appointments, (2) BH Non-MD urgent appointments, (3) internal follow-up BH Non-MD appointments, and (4) external follow-up BH Non-MD appointments comparing actual performance against regulatory requirements. • Monitor access performance regularly, at least on a monthly basis, to verify that initial and follow-up appointment access complies with timely access requirements. • Evidence of surveys to members to understand their experience accessing timely, appropriate, needed care, their	• The Plan is regularly reviewing its provider network, available capacity, member demand, appointments booked outside of regulatory standards, appointments booked within access standards for initial, follow-up, and urgent appointments. • Continuous improvement: o Kaiser Permanente has been consistently meeting or exceeding Knox-Keene Act access requirements. Specifically, between December 2024 and December 2025, it met or exceeded requirements for access to initial and follow-up care, urgent care, and non-urgent care. o The Plan has expanded quality audits to include appointments booked outside of timely access for follow-up care.	Initiated: Q1 2024 Completed: Q3 2025 and ongoing

Corrective Actions	Measurement	Progress	Anticipated Completion Date
	satisfaction and any reported needs for improvement, at least on an annual basis. • Documentation of trends in member grievances and complaints at least on a monthly basis.	o The Plan regularly surveys its members to understand member satisfaction. These surveys are conducted at least annually. o Developed and implemented process for escalation when risk is identified during audit for members booked outside of 10-day standard for follow up. Findings are escalated to appropriate leadership. o The Plan continues to review behavioral health complaints and grievances daily and completes documentation of trends monthly to gain insight on access needs (See additional detail in CAA #1).	
Improved Documentation and Oversight **(CAWP 2(B) p.18-19)**	• Monitoring of access performance data and network capacity. • Evidence of reviews and analysis of trends in member grievances and complaints at least on a monthly basis. • Documentation of expanded chart reviews, field visits and other reviews. • See additional detail in CAA 1 and 8 regarding summary reports, review of medical group performance and actions to support.	• The Plan has increased the volume of audits for the external contracted provider network by at least 100% since 2023. • Findings from external provider audits increase visibility into the quality of documentation and highlight specific opportunities for improvement. • The Plan continues to review behavioral health complaints and grievances daily and completes documentation of trends monthly to gain insight on access needs (See additional detail in CAA #1).	Initiated: Q2 2025 Completed: Q1 2026
Make it Easier for Members to Access Care **(CAWP 2(C) p.19)**	• Documentation of assessments related to reviews of member satisfaction. • Evidence of continued implementation of single phone number, e-booking, and direct booking improvements. • Documentation of review of direct booking volumes.	• The Plan has completed end-to-end review of the member journey. • The Plan has expanded e-booking functions for follow-up visits. For example, the Plan has an automated scheduling service that allows for direct virtual booking of future appointments while also providing an option for members to join an automated, sooner appointment list. This option is convenient, easy, and reduces potential wait times.	Initiated: Q1 2022 Completion: Q3 2026

Corrective Actions	Measurement	Progress	Anticipated Completion Date

		• Kaiser Permanente has centralized its call centers for Behavioral Health in both Northern California and Southern California and has single member facing phone numbers for accessing behavioral health services.
		• Kaiser Permanente has expanded direct booking capabilities with external providers.
		• In SCAL, over 98% of patients referred to externally contracted providers are directly booked. In NCAL, approximately 60% are booked directly.
		• Kaiser Permanente continues to improve access monitoring by expanding EPN oversight metrics.
		  o Developed new external network oversight report monitoring connection rates to external provider network.
		  o Continuing to monitor external network supply and demand information, including monthly external referral volumes, capacity, number of contracts, and number of active providers.	

Continued Enhancements of Access to Care (CAWP 2(C) and 2(D) p.19 & 20)	• Assessment of scheduling multiple follow-up appointments in advance. • Evidence of review of existing appointment booking programs. • Enhancements to KP.org.	• Kaiser Permanente has launched implementation of a multiple appointment feasibility study. Feasibility study duration will be through Q2, 2026 with ongoing monitoring and analysis of impacts and member satisfaction reported out in Q3, 2026. • Review and expansion of appointment booking programs, including enhancements to direct booking and automated scheduling options. • The Plan has updated the KP.org landing page to include a visible, easy to find link to the mental health services page. The mental health services page includes appointment scheduling, Headspace 24/7 emotional support, crisis hotline (SCAL), emotional wellness and	Initiated: Q3 2025 Completed: Q2 2026 and ongoing

Corrective Actions	Measurement	Progress	Anticipated Completion Date
		self-care apps, online classes (SCAL), mental health assessments, and appointment status. • Kaiser Permanente has expanded digital resources on KP.org for common mental health conditions.	

Corrective Action Area #3 Network and Referrals

This corrective action area includes actions the Plan is taking to improve member access to its network and to make it easier for members to access out-of-network providers when it cannot offer timely care in network. Specifically, the Plan is making the following changes and investments:

1. **Increase Providers and Improve Pipeline:** Substantially increase network of behavioral health providers to increase capacity and confirm diverse expertise to treat Plan members. Refine and as needed, expand provider network to adhere to timely access to diverse specialty offerings. Expand the pipeline of qualified, experienced, and diverse mental health professionals in California through efforts like the Kaiser Permanente Mental Health Scholars Academy (MHSA).
2. **Improve Access to External Network:** Improve processes to review, monitor, and oversee referrals to external contracted and out-of-network behavioral health providers. Evaluate referral processes, updating member and provider-facing communications, and take steps to streamline workflows to meet timely access standards and other regulatory requirements. Confirm that decisions around whether to refer a member to an external provider are not based solely on determinations around acuity. Monitor, at least on a monthly basis, referrals to the external network through auditing, data analysis, and chart reviews. Monitor external contracted referrals, as well as healthcare documentation and leverage data to confirm members are offered appointments within timely access standards, including SB 221 and SB 855 requirements. Monitor external contracted and out-of-network referrals to identify opportunities to improve network to better meet members' dynamic clinical needs.
3. **Access to Out of Network Providers:** Improve the process for initiating and managing letters of agreement with out-of-network providers/facilities. Track monthly volumes of Letters of Agreement (LOA), including to which providers/facilities, and the reason for referral. Monitor out-of-network referrals, as well as healthcare documentation and leverage data to confirm members are offered appointments within timely access standards, including SB 221 and SB 855 requirements.
4. **Monitoring of Network:** Expand existing efforts to assess demand for in-person and virtual behavioral health services against its network capacity at least on a quarterly basis. The Plan will independently review supply and demand data, identify trends, and create reports regarding the Plan's behavioral health provider network. The Plan will review data, analytics, and reports and regularly take action to address identified opportunities with its provider network, to meet members' access needs.
5. **Improve Processes Relating to External Network:** Monitor and update external provider network roster to identify active contracted individual providers, groups, and facilities, including credentialing status. Streamline external provider credentialing, recredentialing and contracting processes. Evaluate current provider contracting and credentialing processes and procedures to identify barriers and opportunities for optimization. Improve processes to strengthen oversight, support high-quality care, and increase accountability. Assess whether contract terms need to be updated to facilitate additional data transparency and oversight, including relating to access and quality. Consider strategies to better incorporate external behavioral health provider network into Kaiser Permanente's integrated system of care to better manage the patient's overall health. Explore a value-based system with the external provider network.

Corrective Action	Measurement	Progress	Anticipated Completion Date
Increase Providers and Improve Pipeline (CAWP 3(A) p.21-22)	• Measurements listed under Access-CAA 2 (above) are also applicable in Network and Referrals (CAA 3) regarding improved provider network, increased monitoring of access, and access to care. • Monthly tracking of volume of providers.	• As noted above, Kaiser Permanente has substantially increased its network capacity, including by increasing the number of external contracted providers. • Kaiser Permanente has expanded the number of students enrolled in the mental health scholars program with nearly 276 total graduated from inception and 273 currently enrolled.	Initiated: Q1 2024 Completion: Q3 2026

Corrective Action	Measurement	Progress	Anticipated Completion Date
	• Current volume of providers including year-over-year enrollment.		
Improve Access to External Network (CAWP 3(A) p.22)	• Document evaluations of referral processes, recommendations, and actions on recommendations.	• As noted in CAA #1 and CAA #2, the Plan is continuously reviewing its network's performance and compliance with access requirements. It reviews available supply, for initial appointments, follow-up appointments, and urgent appointments. It also reviews appointments booked outside of regulatory standards. • As noted above, the Plan has been consistently meeting Knox-Keene Act access requirements. Specifically, between December 2024 and December 2025, it met or exceeded requirements for access to initial and follow-up care, urgent care, and non-urgent care. • The Plan leverages its direct access to data, expanded audits, and reviews of grievances and complaints as part of its continuous reviews.	Initiated: Q3 2024 Completion: Q3 2026
Access to Out of Network Providers (CAWP 3(A) p.23)	• Documented methodology, procedures, and evidence of implementation of monthly tracking of letter of agreements (LOAs), reviews conducted and summary of findings.	• Kaiser Permanente has implemented processes to help support members transitioning to non-network provider care when appropriate.	Initiated: Q3 2024 Completion: Q3 2026
Monitoring of Network (CAWP 3(A) p.23)	• Document methodology, protocols, and evidence of implementation of independent plan review of supply and demand data, trends, and findings. • Document analyses include a wide range of inputs including complaints and grievance data, findings from chart reviews and audits, access reports, and member satisfaction surveys. • Document Plan actions in response to its findings.	• The Plan has completed and will continue to complete regular independent reviews of appointment supply against demand to assess compliance with timely access standards, and network adequacy. • The Plan has completed documented analyses of complaints and grievance data, findings from chart reviews and audits, and access reports. • The Plan has developed new external oversight reports including monitoring connection rates to the external provider network.	Initiated: Q1 2024 Completion: Q3 2026

Corrective Action	Measurement	Progress	Anticipated Completion Date
		• Kaiser Permanente is continuing to assess demand for in-person and virtual services against network capacity of internal and contracted providers. • Regular review with external network vendors on access performance. • All new external providers receive initial orientation training and ongoing refresher trainings if needed.	
Improve Processes Relating to External Network (CAWP 3(A) p.24)	• Documentation of regular updates to provider network roster. • Review of credentialing and contracting processes and documentation of findings and recommended changes, if any. • Assessment of contract terms recommended changes, if any, and documentation of changes implemented.	• Kaiser Permanente has completed maintenance of the provider directory; updates are conducted on an ongoing basis. • Conducted a thorough review of existing contract language related to quality oversight, corrective action processes, and data transparency and reporting and reaffirmed that it contained all necessary elements to be compliant with regulatory features and the highest quality of care. • Completed a thorough review of contracting and credentialing processes to identify barriers and opportunities for improvement resulting in improved accuracy of the provider network roster.	Initiated: Q2 2025 Completion: Q3 2026
Claims Reimbursement Process (CAWP 3(B) p.24)	• Documentation of a process for evaluating enrollee out-of-network mental health/substance use disorder claims for reimbursement.	• The Plan developed workflows for appropriate member notice and reimbursement of qualifying mental health/substance use disorder claims in accordance with SB855 regulatory requirements. A process was implemented to ensure health plan tracking and escalation where needed. The first batch of notices was sent on 7/31/2025 to members who received out of network care from 1/1/2021 through 12/31/2023. This group of members received a first reminder on 3/2/2026, and a second reminder on 4/1/2026. Kaiser is reviewing the submitted claims, and Kaiser began making payments at the end of	Initiated: Q3, 2025 Completed: Ongoing

Corrective Action	Measurement	Progress	Anticipated Completion Date
		2025. As of July 5, 2026, Kaiser paid approximately $2.3 million to members through this process.	

Corrective Action Area #4 Grievance and Appeals

This corrective action area includes actions the Plan is taking to improve the grievance and appeals process. Specifically, the Plan is making the following changes and investments:

1. **Process Improvements:** Create Behavioral Health Complaints, Grievances, and Appeals (CGA) process map including an escalation pathway for timely appointments. Develop and implement a process to identify and fast track resolution of any grievances related to access challenges faced by members. Flag any member grievances that suggest access challenges, such as timely access to appointments, scheduling concerns, the cadence of follow-up care, and transitions between levels of care, for handling by specially trained grievance coordinators and escalation to appropriate clinical department staff to assist member needs. Institute a consistent procedure to verify that all members who file a grievance regarding timely access are reviewed by a clinician for risk assessment and steps are taken to meet each member's behavioral health needs.
2. **Education, Training and Evaluation:** Establish and implement specialized training and escalation processes for Behavioral Health. Launch a statewide committee focused on evaluating behavioral health grievances. The Plan is creating educational materials and toolkits on how members can get questions answered, and how to access and navigate the member grievance process. The Plan is developing a robust set of materials geared toward provider education which will provide information to the Plan's network of providers regarding regulatory requirements.

Corrective Actions	Measurement	Progress	Anticipated Completion Date
Complaints, Grievances, and Appeals Process Improvements (CAWP 4(A) p.25)	• Documented process map for member complaint, grievance, and appeals. • Documented areas of improvement to expedite member timely access and risk concerns. • Documentation of volume for complaints and grievances related to timely access. • Documentation of improvements to workflows to fast-track resolution and member experience. • Documentation of health plan audit of risk escalation to clinical teams. • Documentation of audit of new workflows to expedite member complaints and grievances related to timely access.	• The Plan completed review of the Statewide complaint and grievance process map and identified enhancements to improve issue escalation and ensure consistent behavioral health practices statewide. • The Plan integrated escalation protocols to ensure uniformity in response procedures. • The Plan initiated a warm handoff system with behavioral health departments for direct access to BH clinics for improved timely access assistance and clinical risk management. • The Plan developed a Complaints and Grievances centralized dashboard. The implementation of the dashboard enables enhanced monitoring and analysis of grievance trends allowing a data-driven approach to support targeted intervention and strategic decision-making. The centralized dashboard provides review by medical center location, department, age group, complaint category, recurrent issues and verbatim comments,	Initiated: Q1 2024 Completed: Q1 2026

Corrective Actions	Measurement	Progress	Anticipated Completion Date
		improving organization visibility into departments or service areas experiencing elevated complaint volumes. • Kaiser Permanente developed job aids and workflows to identify and escalate requests from members who want sooner appointments. • The Plan completed an initial operational assessment and evaluation of the Escalation Line to determine its effectiveness, usage patterns, and resolution rates. Behavioral Health Escalation Line is monitored at least quarterly to support ongoing oversight and the timely identification of access-related issues requiring follow-up.	
Complaints, Grievances, and Appeals Education, Training and Evaluation (CAWP 4(B, C, and E) p.26-27)	• Development of training for grievance coordinator staff specific to behavioral health timely access regulations, risk factors and appropriate escalation. • Development of educational materials and toolkits on how members can navigate the member grievance process. • Development of training materials for network providers on regulatory requirements and grievance processes.	• The Plan developed materials to increase awareness of the grievance and appeals process among network providers and members. • Provider materials include: guidance regarding regulatory requirements, avoiding coverage discussions with members, how members can access the member grievances process, and a frequently asked questions resource that outlines provider responsibilities when responding to Member Services related inquiries and directs appropriate escalation when needed • The Plan completed a review of member-facing complaint and grievance information, including KP.org, and has proposed updates to improve member education related to these resources. • The mental health and wellness landing page on KP.org and the KP app have been updated to include: o Clearly highlight available member services contact pathways, improving access to member support.	Initiated: Q1 2024 Completed: Q1 2026

Corrective Actions	Measurement	Progress	Anticipated Completion Date
		o The Behavioral Health Escalation Line has been further defined to better support members experiencing appointment access concerns and is now positioned within Member Concerns section. • The Plan conducted additional training for member services and grievance operations staff to validate understanding of and compliance with timely access laws and regulations. • Grievance coordinators directly communicate with Kaiser Permanente's local clinics and help review medical records, with the primary goal of coming to a resolution and solving members' concerns. • The Plan provided grievance coordinators with FAQs on SB855 for out-of-network referrals. • The Plan validated and updated training materials and job aids to include the identification of timely access and risk. • The Plan established a decision-making committee in 2022, which continues to conduct weekly reviews.	

Corrective Action Area #5 Future Strike Contingency

This corrective action area includes actions the Plan is taking to develop a comprehensive contingency plan to be implemented in the event of labor work stoppages. Specifically, the Plan is making the following contingency plans:

1. **Strike Contingency Planning:** Promptly communicate the potential impact of strike through a multi-pronged communication campaign. Review and update member communications process. Confirm member notification regarding work stoppage via digital and verbal means, including instructions to members on how to escalate concerns. Update Member Services scripting & FAQ. Closely monitor member concerns and resolve member issues in real-time. Develop and implement a regional incident management structure. Establish capacity for monitoring of strike-related concerns via documentation processes. Provide work stoppage guidance to staff. Focus on offering timely access & document all efforts to contact members.

Corrective Action	Measurement	Progress	Anticipated Completion Date
Strike Contingency Planning (CAWP 5 (A-D) p.28-32)	• Documentation of Health Plan call shadowing to confirm adequate communication and re engagement of members. • Completion of scripting and FAQ information. • Documentation of Health Plan daily review of CGAs to track coordination with the Medical Groups to resolve member issues timely. • Documented uniform reporting structure to oversee access, member issues, and escalations during the work stoppage. • Documentation of procedures to track member concerns throughout the work stoppage with attention to patterns and opportunities. • Evidence of Health Plan review of documentation in medical records to track training and work stoppage guidance was followed. • Evidence of Health Plan review of impacted member medical records to track appropriate outreach and offer of timely appointments.	• For Southern California, these actions were implemented and measured throughout the 2024-2025 work stoppage and are complete. The Plan confirmed there were sufficient providers (contingent workers and via our external network capacity) to offer members timely access. • In Southern California, the work stoppage ended on May 8, 2025, and the Plan has transitioned members back to their therapists as appropriate. • In Northern California, these actions were adopted and implemented during the one-day strike on March 18th, 2026. The Plan has transitioned members back to their therapists as appropriate. • Should any future work stoppages occur, these same actions and measurements can be used to validate oversight of communications, appointment cancellations and rescheduling, and resolution of member concerns.	Initiated: Q2 2024 Completed: Q2 2025

Corrective Action Area # 6 Mental Health Parity

This corrective action area includes actions the Plan is taking to support compliance with behavioral health parity laws. Specifically, the Plan is making the following changes and investments:

1. **Appropriate Service Offerings:** Monitor the appropriateness of service offerings based on the individual needs of the Plan's members. Evaluate service offerings at the individual member level to confirm alignment with member unique needs. Monitor care decisions by providers through chart review of member treatment plans. Conduct regular reviews of out-of-network referrals to build-out the Plan's network to better meet evolving member needs. Confirm there are no restrictions on medically necessary referrals, including referrals to out-of-network providers when in-network timely access is not available.
2. **Improve NQTL Process and Oversight:** Strengthen the Non-quantitative treatment program (NQTL) comparative analysis process to enhance rigor and consistency across dedicated regional teams of multidisciplinary stakeholders. Standardize escalation process for parity findings related to NQTL comparative analyses, chart audits, and all other sources. Increase Committees' focus on compliance with parity laws and regulations.
3. **Policies and Procedures:** Conduct a comprehensive evaluation, and where needed, update policies and procedures to confirm they comply with parity laws and regulations.
4. **Member Education:** Review member-facing information and communications to confirm there is parity in how the Plan explains behavioral health services in comparison to medical services.
5. **Provider Education:** Offer, at no cost, training to its providers on the nonprofit clinical criteria that support treatment planning. Expand efforts to improve provider awareness of parity laws and regulations by developing toolkits and education materials to validate providers are well-informed of mental health parity.

Corrective Actions	Measurement	Progress	Anticipated Completion Date
Appropriate Service Offerings (CAWP 6(B) p.33)	• Evidence of chart audit results to evaluate whether members were offered recommended treatment plan, at least monthly at regional BHQOC's. • Report of out-of-network referrals to determine potential gaps in service array reviewed at least monthly. • Assessment of scheduling multiple follow-up appointments in advance.	• The Plan expanded the scope of the treatment plan audit to capture whether members were offered the treatment plan recommendation by their clinician. • Kaiser Permanente completed the design for implementation of a multiple appointment feasibility study and began pilots in both Northern and Southern California Regions. Duration of feasibility study will be through Q2, 2026 with ongoing monitoring and analysis reported in Q3, 2026. Feedback from participating providers and patients were solicited as part of the study design.	Initiated: Q2 2025 Completed: Q1 2026
Improve NQTL Process and Oversight	• Documentation of NQTL teams that are aligned statewide in function and reporting structure.	• The Plan has assessed current governance structure for the Non-Quantitative Treatment	Initiated: Q1 2024

Corrective Actions	Measurement	Progress	Anticipated Completion Date
(CAWP 6(C) p.34-35)	• Documentation that NQTL teams have standardized review, reporting, and escalation processes. • Documentation that NQTL findings, trends and insights are reported to the appropriate committees regularly and that Corrective Action Plans are issued when appropriate.	Limits Program to identify additional layers for review and approval. • The Plan incorporated NQTL into the regional behavioral health quality oversight committees. • The Plan has standardized review, reporting and escalation processes for NQTL teams. • The Plan ensures NQTL teams are present and report findings, trends and insights to BQHOCs bi-annually.	Completion: Q3 2026
Parity Policies and Procedures (CAWP 6(D) p.35)	• Inventory of policy and procedure and documentation of any changes made to P&Ps to reflect and comply with existing parity laws and regulations.	• The Plan completed an inventory of all existing policies and procedures related to Behavioral Health and identified areas requiring updates to reflect and comply with existing parity laws and regulations.	Initiated: Q4 2025 Completed: Q4 2025
Parity Member Education (CAWP 6(D) p.35)	• Documentation that member communications were reviewed and updated to reflect parity laws, regulations, and procedures for regular reviews of communications.	• The Plan compiled an inventory of member communications in 2025. • The Plan completed a comprehensive review of communications related to Behavioral Health. • Member communications have been reviewed and updated to reflect parity laws, regulations, and procedures.	Initiated: Q4 2025 Completed: Q1 2026
Parity Provider Education (CAWP 6(D) p.35)	• Evidence that SB855 nonprofit clinical criteria is provided to external provider networks at no cost. • Documentation that toolkits and education materials were created and shared with external provider networks about mental health parity laws and regulations.	• The Plan has confirmed that SB 855 nonprofit clinical criteria and training courses are available to its providers (i.e. LOCUS, CALOCUS, CASP, and ASAM). • Regulatory information pertaining to access standards has been integrated into new, enhanced training materials and shared with in-network providers. • Continuous Improvement:	Initiated: Q3 2025 Completed: Q2 2026 and ongoing

Corrective Actions	Measurement	Progress	Anticipated Completion Date
		o The Plan will continue to provide educational training materials and outreach to in-network providers as needed.	

Corrective Action Area #7 Member Communications

This corrective action area includes actions the Plan is taking to improve member communication. Specifically, the Plan is making the following changes and investments:

1. **Comprehensive Review of Plan Communications:** Review of direct member communications, advertising, and policies and procedures. Design comprehensive communication strategy regarding changes to the BH program. Provide members with information regarding expanded resources. Develop a process to evaluate communications to members. Evaluate training materials for staff & providers.

Corrective Actions	Measurement	Progress	Anticipated Completion Date
Comprehensive Review of Plan Communications (CAWP 7 (A-C) p.36-37)	• Inventory of all member-facing communication campaigns. • Evidence of a communication campaign to increase member understanding of the range of BH services and of new assets to support access to care. • Evidence of reviews of CGAs and member satisfaction surveys. • Evidence of process map for approval of member-facing communications to track key behavioral health stakeholders review and approve materials for accuracy and completeness. • Inventory of all updated training material in regard to behavioral health services. • Documentation that direct member communications, advertising, and P&Ps were reviewed and procedures to regularly review them going forward.	• The Plan continues to review communications directed to members, including, but not limited to, advertising to members and the general public, and other member facing materials to validate accuracy and completeness of information provided. This review takes into consideration current communication documents and vehicles that need to be updated to reflect the changes being made to the Plan's behavioral health program and processes that will impact members. Communications include information regarding any changes to accessing care, the ability of members to obtain individual and group behavioral health therapy, the ability of members to obtain referrals to external contracted providers and out-of-network providers as required under SB 855, as well as alternatives to behavioral health therapy such as classes and smartphone applications. • The Plan has completed a targeted review of national member-facing communications. The Plan has compiled the 2025 inventory of member facing communications across channels and completed a gap analysis to identify opportunities for providing members	Initiated: Q1 2025 Completion: Q3 2026

Corrective Actions	Measurement	Progress	Anticipated Completion Date
		with direct and consistent messaging on how to access behavioral health care. • The Plan conducted initial review of behavioral health marketing and communications processes, identifying opportunities to establish a CA workgroup to ensure consistency and standardization. • The Plan has proposed updates to KP.org and the KP app to enhance behavioral health communications. • Further updates to the Mental Health and Wellness landing page on KP.org and KP app are slated to go-live in Q3 2026. • The Plan has completed an assessment of behavioral health communications and identified opportunities to streamline and optimize member communications (e.g., reduce duplication). • Communication initiatives are in development to promote consistency and accuracy across member facing behavioral health content. • Currently developing new, member-facing content to support behavioral health care, access, alternatives to therapy, and new member onboarding. o In February 2026 the National Marketing team launched a new annual renewal patient campaign. As part of the campaign, Mental Health was included as a featured service/benefit topic to help members better understand and navigate their plan benefits.	

Corrective Action Area #8 Continuous and Detailed Review

This corrective action area includes actions the Plan is taking to evaluate programs, processes, policies and procedures, Medical Group performance, and access to urgent behavioral health services. Specifically, the Plan is making the following changes and investments:

1. **Comprehensive Evaluation of Behavioral Health:** Develop and implement comprehensive, continuous reviews of behavioral health and implement corrective actions, as needed. Reviews will occur at least annually and will be updated for progress at least quarterly. BH teams will evaluate results from actions included in the Corrective Action Work Plan to evaluate whether changes are working as intended and improving the member experience. Reviews will incorporate findings and insights obtained from all oversight actions outlined in the CAWP, including analyses of complaint and grievance data, access and network data, reviews of treatment plans to ascertain whether they are based on members' individualized needs, and a comprehensive assessment of the member experience. BH teams will document risks and develop and implement actions to mitigate risks identified or to course correct if the Plan is off track in achieving its goals. BH teams will leverage ongoing reviews to assess whether the Medical Groups are overseeing and delivering care to members consistent with both Kaiser Permanente's mission and applicable laws and regulations. BH teams' reviews will focus on the Medical Groups' role in care delivery, network management, contracting, and other key activities. Teams will document findings, opportunities, and areas of improvement regarding Medical Group performance as a direct care provider as well as its management of the externally contracted network. Any opportunities or gaps will be addressed in accordance with the Plan's review, assessment, and escalation pathways. The regional teams will develop a comprehensive plan for the following year that identifies specific goals, opportunities for improvement, and outlines refinements and actions to continue evolving Kaiser Permanente's behavioral health programs. The Plan leadership and committees will evaluate performance to identify opportunities for improvement, progress toward goals to track that the Plan is taking necessary steps to achieve the transformation of behavioral health. The Plan will take all necessary actions to promptly address problems as they emerge and achieve implementation of improvement plans.
2. **Systemic Review of Clinical Offerings:** Develop and implement regular, systemic evaluation of clinical offerings to evaluate BH programs and service offerings. Standards will be used to determine the effectiveness of service offerings, and the extent to which they are meeting member needs. BHQOCs will identify opportunities or gaps in programs or service offerings. Kaiser Permanente will work to address opportunities and gaps identified.
3. **Systemic Evaluation of Access to Urgent and Emergent Care:** Develop and implement regular, systemic and comprehensive evaluation of enrollee access to urgent behavioral health services, including the availability of providers to meet urgent and emergent care needs. Review and evaluate available information to assess whether timely, quality care is being provided. Assess the Plan's audit and review capabilities for providers to confirm that appointment access and timeliness of urgent appointments, as well as verify that workflows are documented and monitored for ongoing regulatory compliance. This work will include continually assessing the ways in which members seek urgent Behavioral Health care, streamlining and encouraging care coordination, assessing and addressing supply of inpatient beds, and evaluating the SCAL BHCL and NCAL after-hours line.

Corrective Actions	Measurement	Progress	Anticipated Completion Date
Comprehensive Evaluation of Behavioral Health (CAWP 8(A) p.38-39)	• Documentation and design of quarterly summary reports. • Evidence for implementation of quarterly summary reports and annual reports.	• The Plan has completed the first comprehensive review/report of Behavioral Health services (e.g. performance summary report). • First performance summary report has been completed for 2025 review period:	Initiated: Q2 2025 Completed: Q1 2026

Corrective Actions	Measurement	Progress	Anticipated Completion Date
	• Identification of findings and summary of corrective actions implemented.	• The Plan has conducted ad-hoc site visits to higher-level of care behavioral health facilities and to behavioral health sites of care. • The Plan has expanded the volume and scope of quality chart audits. The findings from the quality chart audits increase visibility into the member experience and highlight specific opportunities for improvement. When opportunities for improvement are identified, targeted feedback is provided to ensure high-quality care.	
Systemic Review of Clinical Offerings (CAWP 8(B) p.40)	• Documentation of program evaluation standards. • Design of program evaluation tool. • Document and finalize a schedule to conduct program evaluation reviews. • Evidence of implementation of reviews conducted and of actions to address any gaps or opportunities identified. • Documented findings of regular, comprehensive evaluations, and actions implemented to address gaps and opportunities.	• Kaiser Permanente has finalized a standardized Program Evaluation Tool. • Kaiser Permanente has identified the programs which will be evaluated and scheduled for the evaluation. • Program evaluation tool has been finalized, and the BHQOC annual reporting calendar has been updated to incorporate report out on all identified programs.	Initiated: Q2 2025 Completed: Q1 2026
Systemic Evaluation of Access to Urgent and Emergent Care (CAWP 8(C) p.41)	• Documentation of process for accessing urgent BH services. • Inventory of current supply of urgent appointments provided against demand to validate adequate access. • Evaluation of SCAL BH crisis line and NCAL after-hours call center.	• Kaiser Permanente has completed a review of urgent care appointment availability. The review has resulted in the expansion of crisis appointment availability. The continued review will validate that the plan is prospectively prepared to meet members' needs. • The Plan has completed a process map for all the ways in which members access urgent BH services.	Initiated: Q2 2025 Completion: Q3 2026