As authorized by Health and Safety Code section 1382(d), Kaiser Foundation Health Plan (the "Plan") submits this response to be appended to the Department of Managed Health Care's (the "DMHC's") Follow-Up Report of the Routine Behavioral Health Survey issued to the Plan on February 13, 2015.

The Plan is committed to continuous improvement

The Plan respects the DMHC and its survey process. Furthermore, the Plan is committed to its history of full and frank discussion with the DMHC. This includes transparency in demonstrating to DMHC that appropriate actions have been and will continue to be taken to address the findings in the report. The Plan appreciates that throughout the Follow-Up Report, the DMHC acknowledges that the Plan has: made significant system changes; conducted additional training of staff and providers; strengthened its oversight mechanisms for access; performed numerous self-audits; and undertaken extensive corrective actions in response to self-identified issues. We are committed to providing high-quality behavioral health services and seeking ways to constantly improve. Over the past several years, the Plan's contracted medical groups have hired hundreds of Kaiser Permanente therapists in California and are working to hire more. From 2011 to early 2014, we have increased the number of therapists by 273 in the state, from 1,105 in 2011 to 1,378 in early 2014. This is a 25 percent increase. At the same time, the Plan's California membership from 2011 through October 2014 grew by about 8 percent. Additionally, the Plan has entered into contracts with external behavioral health providers, such as Value Options, to supplement internal capacity as sudden fluctuations in demand arise. The Plan has approached, and continues to approach, this survey as yet another opportunity to identify areas that may be improved.

In response to Deficiency #3, the Plan implemented a wide range of enhancements to its already robust program overseeing access based on rigorous data collection and review.

As noted by the DMHC in the Follow-Up Report, in 2012, the Plan added an additional measurement to its methodology of measuring and overseeing appointments. The Plan formed two new Access Committees in each of its regions that review timely access performance for all health care services. The Committees review access including behavioral health services, in great detail on a monthly basis, meeting with leadership from medical centers that have opportunities, and requiring substantive corrective action plans.

Rule 1300.70 recognizes that quality issues will periodically occur; therefore a health plan's quality assurance program exists to monitor and evaluate performance, identify opportunities for improvement and address issues that arise. The Plan's established quality assurance program demonstrates leadership engagement at all levels of the organization, plan-provider engagement and rigorous collection of data used to identify opportunities and take appropriate action. This includes detailed analysis of access opportunities presented by physician leaders that are trained in the relevant specialty. The Follow-Up Report notes that the Plan has diligently overseen detailed access reports on a monthly basis, meeting with local leaders whose medical centers have access opportunities and requiring extensive operational corrective actions. While access is

inherently dynamic and fluctuates daily, the Plan is dedicated to continually meet our members' needs.

The overall statistics[1] on initial appointment access show very strong performance in appointments booked within the specific time frames set forth in Rule 1300.67.2.2. Northern California's performance was at 91% and Southern California's performance was at 96%.

The DMHC's March 2013 Final Report provided the results of its review of initial appointment access. In the 2014 Survey the DMHC expanded its review to include follow-up appointments. Rule 1300.67.2.2 (c)(5)(H) provides that: *"[P]eriodic follow-up care, including … periodic office visits to monitor and treat … mental health conditions … may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his or her practice."* (Emphasis added).

Since follow-up appointments are to be based on the unique clinical presentations of each case and the clinical judgment of the treating provider working in concert with the patient on the individualized plan of care, the DMHC reviewed 297 randomly selected medical records from facilities with previously disclosed access challenges. In order to conduct its review of such a large number of medical records, the DMHC limited its examination of each medical record to a designated two-week period. On its own accord, the Plan has reviewed the entire record of treatment provided for these 297 members for a more complete understanding of each case. While the Plan confirmed and agreed with the DMHC that there is room for improvement in some of these cases, this more complete review revealed cases in which appropriate follow-up care was provided, such as in the situations listed below.

The DMHC was critical of the Plan in one case involving an immigrant teenager for both the timing of the initial behavioral health appointment and for follow-up appointments. The Follow-Up Report stated that the member was required to wait 24 days for an initial appointment. Based upon its review, the Plan notes that, as a result of the teenage member's drastic weight loss efforts that occurred with the help of the member's father, a Plan provider referred the member for a behavioral health appointment – even though the father resisted the referral. The initial behavioral health appointment was actually scheduled to occur within 6 days following the referral; however the member did not keep the appointment. The Plan provider was then able to persuade the father and the member to schedule another initial appointment that was kept. The DMHC was also critical that the Plan did not offer interpreter services and did not make sufficient efforts to encourage more frequent follow-visits. The Plan's review shows a provider offered to speak in the teenager's native language and the father specifically declined and stated that they were comfortable speaking English. The Plan's records also show that there was a follow-up appointment within 14 days of the initial appointment and that the member inconsistently responded to subsequent outreach efforts by Plan providers.

The DMHC also cited a case where a member was seen in an emergency department due to experiencing significant auditory hallucinations and agitation following an overuse of her ADHD medication. The DMHC cites an email communication to the Plan's behavioral health

[1] Page 19 of the Follow-Up Report.

department from an emergency department physician stating "Your pt. was seen in the ER today, needs urgent f/u." The DMHC is critical that the member was then seen in the office four days later. However, a review of the records shows that the member had three medical encounters with behavioral health providers within five days. She was seen and evaluated in the emergency department by a psychologist, who also consulted with an on-call Plan psychiatrist. The following day, pursuant to care plan developed while she was in the emergency department, the member was contacted by a Plan psychiatric nurse who conducted a telephone evaluation and confirmed that the member's overuse of her medication was not an attempt to harm herself. Once it was established that the member was stable and safe, she was then seen three days later by a Plan therapist.

Where the DMHC determined that lack of documentation made it unable to ascertain if professionally recognized standards of practice were met in scheduling a follow-up visit, the DMHC elected to apply the regulatory standard for initial appointment timeframes to follow-up visits. Even under this different application of the regulatory standard, the overall statistics[2] for follow-up visit access show performance of 82% timely access in Northern California and performance of 93% timely access in Southern California during the designated time periods between September 2012 and September 2013. Consistent with the Plan's commitment to continuously improve, the Plan recognizes that there are opportunities to exceed the basic requirements and to provide superior services to its members.

In response to Deficiency #4, the Plan has removed inaccurate member facing materials and has implemented internal processes to review and approve new materials.

The Plan appreciates the DMHC Follow-Up Report accurately noting that the Plan promptly began internal auditing and implemented a process of reviewing and approving new material, in order to prevent inaccurate member materials. In fact, in the Follow Up Report, the DMHC notes that in its own review the DMHC did not identify inaccurate member facing materials.

However, in reviewing the 297 medical records, the DMHC noted three inaccurate or misconstrued provider-to-patient communications. While the Plan does not excuse inaccurate statements in any manner, the Plan notes that in 1 of the 3 cited examples the purpose of the therapist's statement appears to have been made in the best interest of this particular member. The therapist made the statement that appointments are scheduled on a "first come first served basis," over the phone while successfully persuading the father to accept an appointment offered within 9 days of the phone call, after the father cancelled a previously scheduled appointment. Although the cited communications were neither health plan materials nor materials developed by its contracted medical groups, the Plan agrees with the DMHC findings and shares its commitment to taking all possible steps to ensure that accurate information is conveyed to members. The Plan has already addressed the situation with the three individual providers. In addition, the Plan is sending a written reminder to each of its behavioral health providers of the importance of accurate communication regarding coverage.

The Plan is proud of its performance and is committed to continuing this work.

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[2] Page 19 of the Follow-Up Report.

As the Follow-Up Report demonstrates, the Plan has made significant enhancements in the areas noted in the March 2013 Final Report. Our concrete access monitoring and our access improvement through traditional and innovative means have been recognized by the DMHC throughout the findings. The Plan is dedicated to continuous learning and continuous improvement. We are proud of our performance and the manner that we have addressed the findings of the March 2013 Final Report.