

**KAISER FOUNDATION HEALTH PLAN, INC.**

**Northern California Region**

**Northern California Behavioral Health Clinician Strike  
Response to Department's 8.5.22 Letter**

**Exhibit MSC-01**

**CONFIDENTIAL AMENDMENT SUBMISSION**

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Kaiser Foundation Health Plan, Inc. (the "Plan") is submitting this confidential Amendment to the Department of Managed Health Care (the "Department") to respond to the Department's August 5, 2022 letter issued by Ms. Jenny Phillips, Deputy Director for the Office of Plan Licensing. Due to the sensitivity of this filing, the Plan is submitting its responses under this Exhibit MSC-01.

The Department's August 5<sup>th</sup> questions are in *bold italic* typeface. The Plan's responses follow in plain typeface.

- 1. Explain how, during the pendency of the strike, the Plan will ensure all enrollees have access to all covered services in compliance with timely and geographic access requirements set forth in the Act. (Sections 1367 & 1367.03; Rules 1300.67.2 & 1300.67.2.2(c)(7).)***

Care will be provided in several ways, including by our mental health clinicians who choose to continue providing care for our enrollees. In addition, we will leverage our psychiatrists, clinical managers, contingency professionals, and utilization of our network of high-quality external providers in the community – all supported by our integrated teams of physicians and clinicians. This will include, but not be limited to, utilizing additional non-KP replacement staff during the work stoppage:

- 64 licensed mental health clinicians currently working in KP mental health departments
- 50-100 additional licensed mental health clinicians being sourced to work during the work stoppage

Urgent and emergency care will continue to be prioritized.

- 2. Please explain whether enrollees with scheduled mental health visits during the pendency of the strike will have the choice to maintain their existing appointment dates and times with an alternative in-network or an out-of-network provider. If so, please explain how the Plan intends to communicate that option to affected enrollees so that enrollees may exercise that choice. (Sections 1367(d) & (e), 1367.03; Rule 1300.67.2.2.)***

Some nonurgent appointments may need to be rescheduled for another day or with another provider – either in-network, or with an out-of-network provider. Any enrollee whose appointment may be affected will be contacted directly prior to the date of the appointment to ensure they receive the care they need. Engagement will include continued utilization of several pathways:

- Prioritizing urgent and emergency care new appointments
- Offering therapeutic and group appointments facilitated by managers, directors, and clinicians at local facilities
- Utilizing vendor referrals as needed

Call centers and clinics will be provided with talking points to help answer member inquiries. Additionally, other member outreach will be considered as needed and is part of the contingency plan under development.

Urgent and emergency care will continue to be prioritized.

**3. *If enrollees will not have the ability to maintain their existing appointments during the pendency of the strike, please further explain:***

Non-urgent appointments may need to be rescheduled for another day or with another physician – either in-network, or with an out-of-network provider. Any enrollee whose appointment may be affected will be contacted directly prior to the date of the appointment to ensure they receive the care they need. Urgent and emergency care will continue to be prioritized.

**a. *How the plan will ensure that the enrollee will be provided with an initial or follow-up mental health appointment within the time-elapsed standards set forth in Section 1367.03;***

Should an enrollee's appointment be affected, they will be contacted directly to arrangement for a follow-up appointment. The Plan is committed to ensuring enrollees have access to initial and follow up mental health appointments within standard and as medically necessary. This may require appointments to be rescheduled with another provider – either in-network, or with an out-of-network provider.

**b. *How the Plan will inform enrollees with existing appointments of the availability of alternative appointment times and alternative providers (Section 1367.03; Rule 1300.67.2.2);***

Any enrollee whose appointment may be affected will be contacted prior to the date of the appointment to ensure they receive the care they need. Urgent and emergency care will continue to be prioritized.

**c. *What assistance the Plan will provide to affected enrollees in rescheduling existing appointments, should the enrollee choose to meet with an alternative provider during the pendency of the strike and whether rescheduled appointments will be noted in the enrollee's medical records (Section 1367.03; Rule 1300.67.2.2);***

Any enrollee whose appointment may be affected will be contacted directly prior to the date of the appointment to ensure they receive the care they need and to assist in rescheduling their upcoming appointment should such rescheduling be necessary. This may require appointments to be rescheduled with another provider – either in-network, or with an out-of-network provider. Rescheduling will be coordinated directly with the enrollee. Urgent and emergency care will continue to be prioritized.

To assist with coordination of care, patient contact and history of booked and rescheduled appointments will be documented in the enrollee’s medical records.

***d. Whether the strike will impact an enrollee’s ability to obtain prescription medications (Sections 1342.71(c), 1367(d) & (e)); and***

We do not anticipate any interruption in the Plan’s pharmacy services for any of our enrollees. Pharmacies will remain open during the strike. Likewise, enrollees can also secure prescription medications via mail order should they decide to do so.

***e. Whether enrollees receiving telehealth visits will be able to continue to obtain services via telehealth or whether the modality of the service will be impacted during the pendency of the strike. (Sections 1367(d) & (e), 1374.13.)***

Some nonurgent appointments may need to be rescheduled for another day or with another clinician – either in-network, or with an out-of-network provider. Any enrollee whose appointment may be affected will be contacted directly prior to the date of the appointment to ensure they receive the care they need. We will make every effort to provide visits via telehealth for patients who require/prefer this mode of engagement.

***4. If in-network mental health care services are not available within the Plan’s approved geographic and timely access standards, please explain the Plan’s process for arranging for services from an out-of-network provider, including the following:***

***a. How the enrollee is informed of the ability to seek covered mental health services from an out-of-network provider (Sections 1374.72(d) & 1367.03(a)(7); Rule 1300.67.2.2(c)(7));***

If an enrollee’s mental health services will be affected, they will be contacted directly prior to the date of the appointment to ensure they receive the care they need. Where in-network services are not available within the Plan’s approved geographic and timely access standards, the Plan will arrange for services from an out-of-network provider and will convey these options through the Plan contact described above. Call centers and clinics will be provided with talking points to help answer member inquiries. Additionally, other member outreach will be considered as needed and is part of the contingency plan under development. Urgent and emergency care will continue to be prioritized.

***b. What steps an enrollee must take to obtain an appointment with an out-of-network provider (Sections 1367(d), 1367.01, 1367.03(a)(7) & 1374.72(d); Rule 1300.67.2.2(c)(7));***

If an enrollee's mental health services will be affected, they will be contacted directly prior to the date of the appointment to ensure they receive the care they need. Where in-network services are not available within the Plan's approved geographic and timely access standards, the Plan will arrange for services from an out-of-network provider and will convey these options through the Plan contact described above. The enrollee need not take any steps to secure an appointment. If it's necessary to reschedule their mental health or any other type of appointment, we plan to contact the enrollee directly. Any enrollees who are affected will be personally contacted by a Kaiser Permanente staff member. Call centers and clinics will be provided with talking points to help answer member inquiries, including any questions about upcoming appointments. Urgent and emergency care will continue to be prioritized.

***c. How existing Kaiser providers, including primary care providers and psychiatrists, are informed of the availability of out-of-network mental health providers to treat Kaiser enrollees and what steps Kaiser providers must take to arrange referrals to out-of-network mental health providers (Sections 1367(d), 1367.01, 1367.03(a)(7) & 1374.72(d); Rule 1300.67.2.2(c)(7)); and***

Enrollees requiring mental health care can directly access and/or contact mental health providers including therapists, psychologists, and psychiatrists as noted in answers above. Primary care providers can also refer enrollees to the mental health department as usual. These appointments may be with a manager, director, or other Plan clinician who has crossed the picket line or is working remotely, or with one of the additional crisis continent workers we are working quickly to put in place. These include:

- 64 licensed mental health clinicians currently working in KP mental health departments
- 50-100 additional licensed mental health clinicians being sourced to work during the work stoppage

***d. What steps the Plan is taking to ensure that enrollees who obtain care from out-of-network providers shall pay no more than the same cost sharing that the enrollee would pay for the same covered services received from an in-network provider. (Sections 1367.03(a)(7), 1374.72(d); Rule 1300.67.2.2(c)(7)).***

In accordance with SB 855, the member will only be responsible for the cost share they would have paid at an in-plan appointment.

**5. To the extent an enrollee must see an alternative in-network or out-of-network mental health provider during the pendency of the strike, please explain what steps the Plan will take to ensure continuity of care and care coordination, including:**

For all the questions below, we are working on the best method to ensure continuity of care given the variety of in and out of plan providers required to cover a strike. More information to come.

- a. Facilitating the exchange of treatment notes between the alternative mental health provider and regular treating mental health provider (Section 1367(d); Rule 1300.67.1);**
- b. Ensuring the alternative mental health provider has access to the enrollee's medical charts (Section 1367(d); Rule 1300.67.1); and**
- c. Promoting communication between the enrollee's existing treating providers, including primary care physicians and psychiatrists, and the alternative mental health provider. (Section 1367(d); Rule 1300.67.1)**

**6. Explain how the Plan will ensure it has adequate mental health professionals in its emergency rooms and hospitals to provide mental health crisis intervention services during the pendency of the strike. (Section 1374.72(a) & (b); Rule 1300.51, Item H, 1300.67(b) & (g).)**

The Plan is working quickly to put into place a comprehensive plan to ensure continuity of care for our mental health patients. 24/7 coverage in our emergency rooms and hospitals will be provided by our mental health clinicians who decide to continue providing care for our enrollees, psychiatrists, and clinical managers who are all licensed clinical social workers, marriage family therapists or psychologists.

**7. Explain how the Plan will provide post-stabilization mental health services for enrollees who experience a mental health emergency during the pendency of the strike. (Sections 1317.4, 1317.4a, 1371.4)**

Emergency care, urgent care, and post-stabilization care following a mental health emergency will continue to be prioritized.

Kaiser will continue to provide 24/7 consultation and mental health assessment support to the Kaiser emergency rooms throughout the period of the labor action provided by KP Psychiatrists and Clinical Managers. In addition, both of Kaiser Psychiatric Hospitals will continue to provide inpatient psychiatric services throughout the work stoppage. We also provide our ambulatory intensive outpatient programs (IOP) throughout the labor action in KP outpatient departments of mental health.

Our external facility providers including psychiatric hospitals, partial hospitals (PHP), and residential programs (RTC) will continue to provide access to mental health and substance use services as usual throughout the work action.

**8. Please explain whether the Plan will make any changes to its Member Services during the pendency of the strike, including whether the Plan will have extended hours and personnel to address member questions. (Section 1367(d) & (e); Rule 1300.67.2.2(c)(8).)**

Member Services Call Centers will be well informed and equipped with FAQs to enable them to answer enrollee questions about the strike including how to secure mental health services during the work stoppage. No other changes to Member Services are anticipated at this time.

**9. Please furnish a copy of any talking points provided to the Plan's Member Services so the Department can share this with the Department's Help Center to assist in resolving issues.**

As is customary, the Plan will provide the Department with a copy of the FAQs developed for our Member Services offices, including any updates. These are currently being developed.