

## Corrective Action Summary Form

**Organization Name:** Kaiser Foundation Health Plan, Inc. – Hawaii

**Accred Code:** 124H-22

**Final Report Date:** 5/10/2022

**NCQA Standards Year:** HP2021

### **Corrective Action Plan required for:**

- Must-pass element(s) scored below minimum required threshold
- One-time exception/credit for non-compliant element(s) (only CAP Plan required)
- Must-pass element(s) scored below minimum required threshold and One-time exception/credit for non-compliant element(s)
- Other

NCQA has provided the element(s) with summary of identified deficiencies that require corrective action in the first two fields of each *Findings* box below. The organization is asked to complete the additional information requested for how it plans to address and correct the identified deficiencies. The completed form is due to NCQA within 30 days of the organization receiving its final survey report and status. NCQA will review and provide notice if corrective action plans are approved.

Just the organization's corrective action plans (this form) are due within the 30-day deadline. Evidence demonstrating implementation of any required must-pass corrective actions will be evaluated during the CAP Survey in 6 months. As a reminder, CAP Surveys require element-level re-evaluation of the must-pass elements identified below, regardless of factor components missed previously. While the information below provides detail on previously failed components for each must-pass element, it is the organization's responsibility to ensure it is compliant against the entire element requirement (all factors and requirements noted within element explanation) at time of the CAP Survey.

<b>Finding #1</b>	<input type="checkbox"/> Must-pass element <input type="checkbox"/> One-time exception <input checked="" type="checkbox"/> Other
<b>CAP Standard/Element</b>	NET 2B: Access to Behavioral Healthcare
<b>Description of the Issue</b>	In conjunction with the organization most recent renewal survey, NCQA completed an in-depth investigation into BH access issues raised by the National Union of Healthcare Workers (NUHW). Allegations in the complaint included: <ul style="list-style-type: none"><li>• Kaiser enrollees sometimes wait at least 40 to 50 days, as opposed to NCQA's standard of 10 days, to obtain routine BH office visits, with children and adolescent patients waiting 78 days at one clinic site.</li></ul>

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	<ul style="list-style-type: none"> <li>• Although Kaiser lists 188 clinicians on its external panel of licensed non-physician behavioral health clinicians, only 28 percent of these clinicians are accepting Kaiser enrollees for care and these external clinicians have very limited appointment available.</li> <li>• Kaiser requires enrollees to phone Kaiser’s Integrated Behavioral Health Call Center to request care for BH issues; however, the call center is staffed with only five full-time clinicians, resulting in long wait times and high call abandonment rates.</li> </ul> <p>On January 21, 2022, NCQA met with Kaiser Hawaii staff to discuss the NUHW complaint and requested a written response to the allegations brought forward by NUHW. Based on Kaiser’s written response and BH access documents provided during the renewal survey, the NCQA Review Oversight Committee (ROC) met on April 27, 2022, and concluded:</p> <ul style="list-style-type: none"> <li>• While BH health access is a challenge in Hawaii in general, lack of access to BH for Kaiser members poses a potential patient safety risk and that Kaiser’s prior efforts to improve access to BH have largely been ineffective.</li> <li>• Kaiser’s overall performance on BH access was problematic before the pandemic.</li> <li>• Performance held steady at this sub-par level during 2020 and dropped sharply in 2021.</li> <li>• Kaiser did take some steps to address its BH access challenges, including opening access to some external BH vendors and ramping up its recruiting efforts but these efforts do not appear to have significantly improved access to BH.</li> <li>• Efforts to develop and fund a more comprehensive strategy to address Kaiser’s long standing BH access issues, including the use of telehealth and digital tools, did not begin until well into 2021 and full implementation has not occurred.</li> </ul> <p>Based on these findings, the NCQA ROC is asking Kaiser to implement a meaningful and actionable corrective action plan to address BH access as follows:</p> <ul style="list-style-type: none"> <li>• Kaiser is to submit a corrective action plan (completion of this form) to address its BH access issues for ROC approval.</li> <li>• At a minimum, corrective actions should include:             <ul style="list-style-type: none"> <li>- Identifying actionable and measurable plans to improve BH access.</li> <li>- The actions to improve access to BH should be specific to the barriers identified should be designed to lead to measurable/meaningful improvement.</li> </ul> </li> <li>• Review of BH access reports and improvement efforts will be included in the scope of the CAP Survey in 6 months to monitor progress.</li> <li>• Additionally, Kaiser is asked to submit quarterly BH access reports for a period of at least 12 months to monitor BH Access improvement progress.</li> </ul>
<p><b>Action Step(s)</b></p>	<p>Kaiser has recognized the continued challenge of behavioral health access in discussions with NCQA and has had the opportunity to provide key components of the quality improvement and Business Plan which includes a multi-year strategy to add internal resources while also expanding the external network as critical priorities. Overall goal is to</p>

improve performance in initial and follow-up measures with a two-percentage point increase by December 31, 2022 with a two-percentage point increase per quarter thereafter.

Actionable and measurable plans and initiatives to address BH access are summarized below:

- Continued execution of long-term resource strategy as part of BH Business Plan
  - Internal Access Strategy
    - Multi-year recruitment strategy to add 34 net new internal outpatient therapist positions over a 3-year period (10 - 2023; 8 - 2024; 10 - 2025) in addition to the 6 new positions posted 11/2021 to directly impact outpatient access. Target completion date for hiring of 6 additional therapists 4th Quarter 2022.
    - Addition of 4 new positions posted 11/2021 to staff new Intensive Outpatient Program (IOP) for child and adolescents and adults. Currently in process for recruiting for 2021 positions. Target implementation date for Child and Adolescent IOP 4th Quarter 2022; Adult IOP 4th Quarter 2023.
    - Continue ongoing recruitment initiatives and strategies
      - Advertisement of sign-on bonus
      - Meet and Greet Virtual Events
      - National Posting on external sites (Indeed.com; GlassDoor; LinkedIn)
      - Professional Advertising and Scouting services
      - Email Marketing/Promotion blasts
      - Relocation reimbursements
      - Employee referral program
      - Career Job Fairs
    - To retain current workforce, KPHI is in active engagement in good faith efforts in the collective bargaining process with NUHW which includes competitive compensation and benefit packages based on the most current market analysis.
- External Network Strategy
  - Supplement above long-term internal recruitment strategy with expansion of external network to address immediate psychotherapy access issues. Complete assessment to increase access through external contracted providers by 3<sup>rd</sup> Quarter 2022.
    - Discussions initiated 1<sup>st</sup> Quarter 2022 with multiple National Behavioral Health Providers, finalize 3<sup>rd</sup> quarter 2022
      - Multiplan (Lease Network)
      - Amwell
      - Ginger (Local Contract)
      - Able To
      - NOCD
      - Hazel Health
      - Open Mind Health
    - Continued focus on increasing appointment capacity with existing contracts
      - Initiate VIP Program with preferred providers

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	<ul style="list-style-type: none"> <li>• Honolulu Psychology Collective – LOA by August 2022             <ul style="list-style-type: none"> <li>- Incentivized rates</li> <li>- Quality reporting</li> <li>- Dedicated capacity to KP members</li> <li>- Monitoring of capacity</li> </ul> </li> <li>○ Expansion of network of community Behavioral Health Providers with capacity – continue ongoing efforts to outreach and contract with community providers</li> <li>• In addition to the above strategies to directly impact and improve access, Kaiser will continue to work on supporting strategies to manage behavioral health care needs             <ul style="list-style-type: none"> <li>- Implementation of evidenced-based Collaborative Care Depression Model to expand services for depression management within primary care – Target Completion date 4th Quarter 2022</li> <li>- Training and education of residents and medical students in Psychiatry – Ongoing</li> <li>- Engagement and advocacy to regulators, elected officials, health plans, hospital systems, and providers to address health care access challenges on State-wide level impacting Hawaii residents, including lengthy process of licensing providers from other states that limits options and capacity.</li> </ul> </li> <li>• Explore opportunities to address unused appointments due to no-shows by 3<sup>rd</sup> Quarter 2022.</li> <li>• Assessment of BH Access reports as part of CAP resurvey with separate quarterly submissions to the ASC for 12 months between August 2022 through May 2023</li> </ul> <p>In addition to addressing the required components of the CAP, Kaiser would like to request consideration to schedule periodic check-in processes throughout the CAP period to review Kaiser’s progress with the CAP. This would allow for an opportunity for NCQA to provide real-time guidance to Kaiser on progress and/or challenges. If NCQA is agreeable to include check-ins as part of the CAP, Kaiser will contact the ASC to formally coordinate.</p>
<p><b>List of Documents provided to show correction</b></p>	<ul style="list-style-type: none"> <li>• BH Staffing Reports</li> <li>• BH Access Reports</li> <li>• NCQA CAP Status Report</li> </ul>
<p><b>Responsible Staff or Department</b></p>	<ul style="list-style-type: none"> <li>• Behavioral Health Manager</li> <li>• Vice President Ambulatory Care and Clinical Services</li> <li>• Assistant Administrator for Quality</li> <li>• Health Plan Quality Director</li> </ul>
<p><b>Resources/Systems Required</b></p>	<ul style="list-style-type: none"> <li>• BH Access Project Team</li> <li>• Analytics Team</li> </ul>
<p><b>Internal Metrics/Tracking Plan/QA</b></p>	<ul style="list-style-type: none"> <li>• BH Access standards             <ul style="list-style-type: none"> <li>- Urgent Care Appointment seen within 48 hours</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>- Initial Routine Office Visit within 10 business days</li> <li>- Follow-up routine care seen within 30 days for prescribers; 20 days for non-prescribers</li> <li>• Standing reporting to Executive Leadership Team</li> <li>• Staffing levels</li> </ul>
<p><b>Barriers to Implementation of corrective action</b></p>	<ul style="list-style-type: none"> <li>• Lack of available candidates with Hawaii state license to fill internal vacancies</li> <li>• Managing attritions, including therapists moving out-of-state, while recruiting for net new positions</li> <li>• Lack of capacity from prospective and existing external contract providers</li> <li>• Significant processing lag time to obtain Hawaii state license for out-of-state providers relocating to Hawaii</li> </ul>
<p><b>Timeline/dates of planned action</b></p>	<p>See CAP timelines above</p> <ul style="list-style-type: none"> <li>• Submission of documentation (CAP Status Report; BH Access Reports, Staffing Reports) November 2022</li> <li>• CAP Resurvey December 2022</li> <li>• Kaiser-NCQA Check-in sessions (pending - to be scheduled)</li> </ul>

**NCQA Recommendation to Approve/Deny Corrective Action Plan:**