



January 13, 2023

Sharon King Donohue, General Counsel  
National Committee for Quality Assurance  
1103 13<sup>th</sup> Street, N.W., Suite 1000  
Washington, DC 20005

Via email: donohue@ncqa.org

RE: Kaiser Foundation Health Plan, Inc. of Hawai'i

Dear Ms. Donohue:

On behalf of the National Union of Healthcare Workers (NUHW), I am writing to express urgent concerns about Kaiser Foundation Health Plan, Inc. of Hawai'i's failure to comply with the terms of its NCQA Corrective Action Plan (CAP) regarding its behavioral health services.

Specifically, Kaiser has failed to meet the following requirements of its CAP due by the 4<sup>th</sup> Quarter of 2022 (See Exhibit A for Kaiser's CAP):

- Add 6 net new behavioral health therapists to its internal provider network for a total of 50.8 FTEs.
- Implement a new Intensive Outpatient Program (IOP) for children and adolescents.<sup>1</sup>

Since May 2022 through the present, Kaiser has failed to add **any** net new therapists to its internal network. Consequently, Kaiser's staffing levels fall far below those required by the CAP for the 4<sup>th</sup> Quarter of 2022. Today, Kaiser employs **20% fewer therapists** (40.8 FTEs) in its internal network than is required by its CAP (50.8 FTEs). And due to an ongoing labor dispute, the number of therapists currently working at Kaiser's behavioral health clinics (21 FTEs) is **59% lower than is required by its CAP**.

As a result of these failures, Kaiser members' access to behavioral health services has deteriorated significantly since May 2022. In its report to NCQA dated November 2022 (Exhibit B), Kaiser stated that it would not have sufficient therapists to meet its enrollees' projected needs for behavioral health services **until the end of 2023**: "In accordance with the timelines below, we project that we will be able to meet projected demand (approx. 859 visits per month) by end of 2023." These projections were contingent upon Kaiser successfully expanding its internal network of therapists, which Kaiser admits it may fail to accomplish: "Note there is a **high-risk** of not hiring to our target level [for internal therapists] due to multiple staffing and retention barriers" (emphasis in original). Kaiser repeats this message in the same page: "Note:

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<sup>1</sup> NCQA, "Corrective Action Summary Form for Kaiser Foundation Health Plan, Inc. – Hawaii," May 10, 2022, p. 3.

KPHI is at high-risk of not hiring/retaining targeted levels of internal providers due to multiple staffing barriers...”<sup>2</sup>

On December 20, 2022, Kaiser executive Christina House detailed the impacts of Kaiser’s chronic understaffing on its members’ care at a public meeting of the Board of Trustees of the Hawai’i Employer-Union Health Benefits Trust Fund (EUTF), which purchases health coverage for approximately 270,000 public-sector employees and is Hawai’i’s largest purchaser of health insurance coverage. During the meeting, Ms. House reported that Kaiser is providing **only half** of its initial non-urgent behavioral health appointments within 10 business days, the maximum wait time allowable under NCQA’s timely access standard for non-urgent appointments. Kaiser’s performance has scarcely improved since 2021 when, according to Ms. House, Kaiser provided 48% of such appointments within 10 business days. Although it is unclear how long patients are waiting for initial, non-urgent diagnostic assessments, Kaiser’s November 2022 report to NCQA refers to a “one-month backlog” of patient visits.

Kaiser’s severe and persistent failures raise serious concerns about patient care and safety. In May 2022, NCQA investigators determined that “Kaiser’s overall performance on BH access was problematic before the pandemic,” was at a “sub-par level during 2020 and dropped sharply in 2021,” and continued in 2022.<sup>3</sup> Kaiser has failed to correct its violations for at least three years, including during the past six months under NCQA’s CAP.

With respect to the severity of Kaiser’s violations, NCQA stated that “lack of access to BH for Kaiser members poses a potential safety risk and that Kaiser’s prior efforts to improve access to BH have largely been ineffective.”<sup>4</sup>

Given the serious patient safety risks and Kaiser’s ongoing failure to correct its violations, NUHW requests that NCQA take immediate action to hold Kaiser accountable by downgrading or revoking its accreditation status.

The following text and exhibits provide additional data and explanation regarding Kaiser’s violations of the CAP’s requirements due by the 4<sup>th</sup> Quarter of 2022.

**I. Internal Provider Network:** In its CAP, Kaiser committed to adding 6 net new internal outpatient therapists for a total of 50.8 FTE therapists by the 4<sup>th</sup> Quarter 2022.<sup>5</sup> **Kaiser failed to meet this requirement.**

The following chart is excerpted from Kaiser’s November 2022 report to NCQA.<sup>6</sup> NUHW added red annotations in order to update the chart with workforce figures for December 31, 2022. Kaiser supplied these workforce figures to NUHW per its collective-bargaining relationship.

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<sup>2</sup> Kaiser, “Kaiser Foundation Health Plan Hawaii Behavioral Health Services Improvement Plan,” November 2022, p. 5.

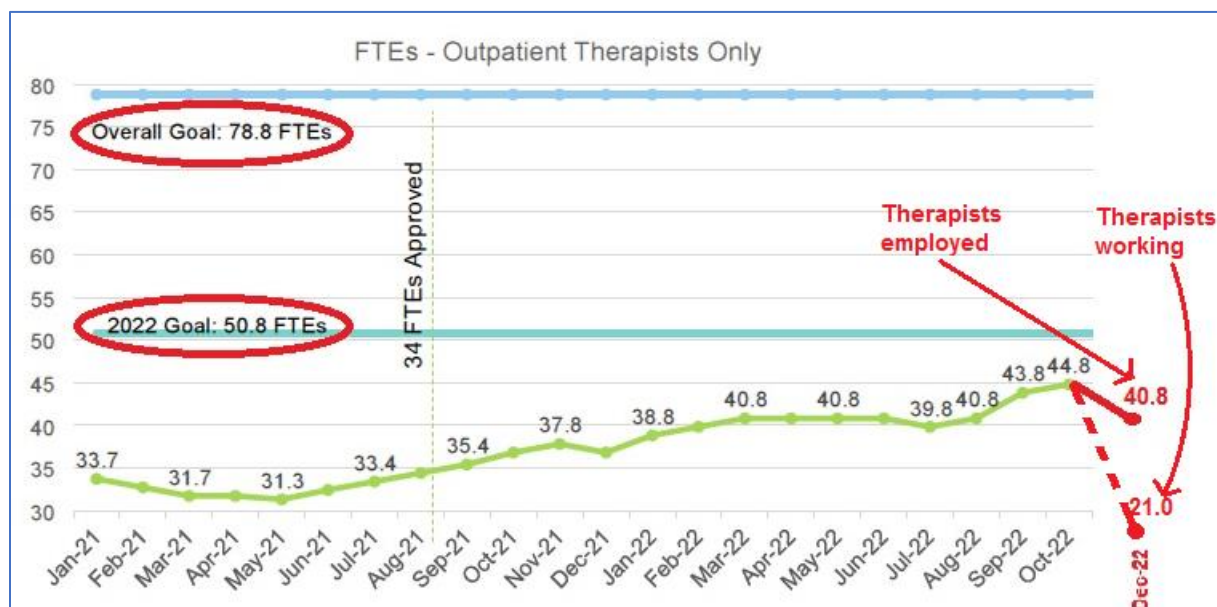
<sup>3</sup> NCQA, “Corrective Action Summary Form for Kaiser Foundation Health Plan, Inc. – Hawaii,” May 10, 2022, p. 2.

<sup>4</sup> NCQA, “Corrective Action Summary Form for Kaiser Foundation Health Plan, Inc. – Hawaii,” May 10, 2022, p. 2.

<sup>5</sup> See pp. 2-3 of Exhibit A under “Action Steps” in Kaiser’s “NCQA Corrective Action Summary Form.” Specifically, see the bullet points headed by the text: “Actionable and measurable plans and initiatives to address BH access are summarized below.”

<sup>6</sup> Kaiser, “Kaiser Foundation Health Plan Hawaii Behavioral Health Services Improvement Plan,” November 2022, p. 4.

These figures are supplemented by information regarding therapist resignations that took place following Kaiser's provision of workforce data to NUHW in early December 2022. See Appendix C for data and notes.



## II. IOP for Child and Adolescent Patients: NCQA's CAP requires Kaiser to meet the following goals by the 4<sup>th</sup> Quarter of 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...<sup>7</sup>

Intensive Outpatient Programs (IOP) are designed for patients with moderate to severe conditions, including suicidal ideation. Typically, patients in IOP have recently been discharged from or are at risk for admission to an acute psychiatric hospital, or have conditions that significantly impair their daily functioning and present risks to their health and wellbeing. IOPs provide multiple types of care and services (e.g., psychotherapeutic groups, individual psychotherapy, psychoeducation, and medication services) by licensed non-physician behavioral health therapists, psychiatrists, nurse practitioners, and psychiatric RNs.

Historically, Kaiser has not offered an IOP for child and adolescent patients. Instead, it has offered a program called "Laulima" that provides a lower level of care than an IOP.

In 2022, Kaiser began advertising an IOP for children and adolescents consisting of three, two-hour group sessions per week. (See Exhibit D.) Two of the three sessions are psychotherapeutic groups for patients. The third is a psychoeducational group for patients' parents /guardians. Each session lasts two hours and is provided by licensed non-physician

<sup>7</sup> NCQA, "Corrective Action Summary Form for Kaiser Foundation Health Plan, Inc. – Hawaii," May 10, 2022, p. 3.

behavioral health therapists. The sessions are intended to be offered every Tuesday, Wednesday, and Thursday.

Since Kaiser announced the start of a child/adolescent IOP in 2022, however, it has lacked sufficient staff to consistently provide the IOP's three group sessions each week. Consequently, Kaiser has cut the IOP's services in the following ways:

- **Canceling psychotherapeutic groups for patients.** Kaiser has canceled groups for patients on multiple days in the 4<sup>th</sup> Quarter of 2022 due to lack of staffing. For example, it canceled psychotherapeutic groups for IOP patients on Thursday Nov. 17 and Tuesday Nov. 22, 2022.
- **Assigning unlicensed staff to serve as the sole provider of psychotherapeutic groups to patients.** Specifically, Kaiser has assigned an unlicensed intern, Albert Mah, to serve as the sole provider of psychotherapeutic sessions on Thursday nights.
- **Canceling the two-hour, psychoeducational groups for parents and guardians.** During the 4<sup>th</sup> Quarter of 2022, Kaiser has canceled many of these groups.

Kaiser's unlicensed staffing of, and cuts to, its IOP not only contradict the advertised program description — which states that "Groups are held 3 times a week for 6 weeks. All classes & groups are led by licensed behavioral health providers"— but they also violate state law and national clinical standards. For example, HI Rev Stat § 431M-4 requires Kaiser to provide mental health and substance use outpatient services, which are defined by HI Rev Stat § 431M-1 to mean care by **licensed** mental health professionals. Likewise, CALOCUS, developed by the American Academy of Child and Adolescent Psychiatry, states: "Professionals providing services should be appropriately licensed and certified." Additionally, Kaiser's cancellation of IOP psychotherapy groups leaves patients with only one IOP treatment session per week, although CALOCUS states that IOPs operate on two or more days per week and that "Treatment may be needed several times per week."

**III. Request:** Given Kaiser's failure to comply with the terms of NCQA's CAP, NUHW requests that NCQA take immediate action to hold Kaiser accountable by downgrading or revoking its accreditation status. We request that NCQA take urgent action given the serious patient safety risks caused by Kaiser's failures as well as Kaiser's repeated failure over multiple years to correct its violations. We stand ready to assist in whatever way may be helpful.

Sincerely,



Fred Seavey

# EXHIBIT A

## **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>	

## NCQA Corrective Action Summary Form

	<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 address 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>
<b>Action Step(s)</b>	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

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



**NCQA Corrective Action Summary Form**

	<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>
<b>List of Documents provided to show correction</b>	<ul style="list-style-type: none"> <li>• BH Staffing Reports</li> <li>BH Access Reports</li> <li>NCQA CAP Status Report</li> </ul>
<b>Responsible Staff or Department</b>	<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>
<b>Resources/Systems Required</b>	<ul style="list-style-type: none"> <li>• BH Access Project Team</li> <li>• Analytics Team</li> </ul>
<b>Internal Metrics/ Tracking Plan/QA</b>	<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>

**NCQA Corrective Action Summary Form**

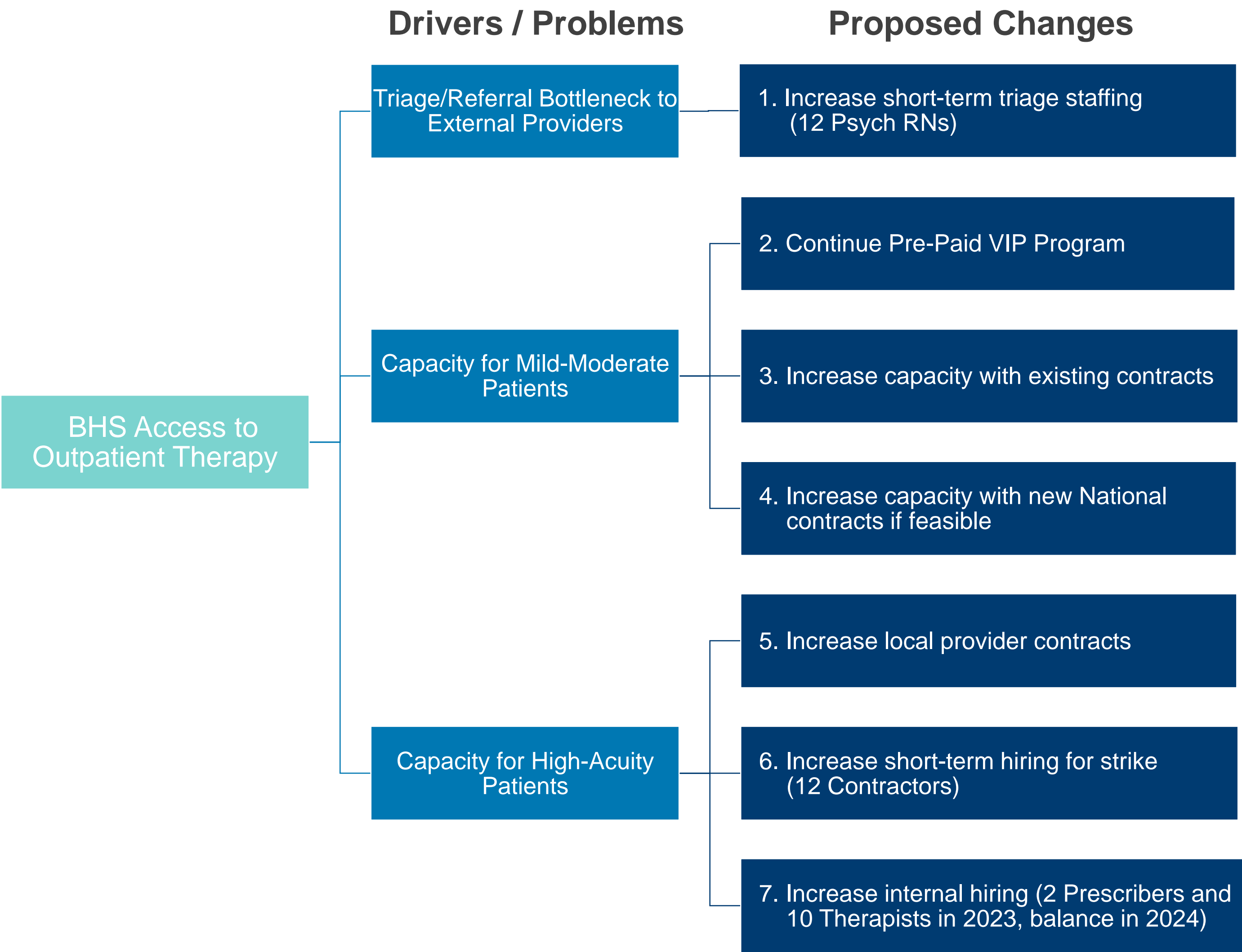
	<ul style="list-style-type: none"><li>- Initial Routine Office Visit within 10 business days</li><li>- Follow-up routine care seen within 30 days for prescribers; 20 days for non-prescribers</li><li>• Standing reporting to Executive Leadership Team</li><li>• Staffing levels</li></ul>
<b>Barriers to Implementation of corrective action</b>	<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>
<b>Timeline/dates of planned action</b>	<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:**

# EXHIBIT B

# Kaiser Foundation Health Plan Hawaii Behavioral Health Services Improvement Plan

The Behavioral Health Services (BHS) team is implementing a multi-year plan to expand internal capacity for outpatient psychotherapy to meet demand **by hiring 34 outpatient therapists by Q3 2024**. To supplement the recruitment plan, contracting with multiple vendors is underway to alleviate the immediate and long-term psychotherapy access issues. See subsequent slide for timeline.



# Timeline to Address BHS Therapy Access (2022 - 2024)

Changes	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
1. Increase staffing to support referrals during work stoppage (12 Psych RNs: 10 already hired, 3 being sourced)									
2a. Expansion of Prepaid Program -Complete Prepaid Program (Phase 3) for additional providers									
2b. Identify and contract with additional Prepaid / VIP providers to address high-acuity patients for 2023									
3. Increase capacity with existing contracts (e.g. AbleTo – From 100 to 200 visits)									
4a. Increase Capacity with New National Contracts if Feasible - Assess Feasibility/Capacity (e.g. Amwell, Orbit, Thrive Works)									
4b. Contract with any Feasible Additional National Vendor									
4c. Implement any Feasible Additional Vendor Technology and Processes									
5. Increase in Local Provider Contracts									
6. Increase internal hiring for work stoppage (12 Contractors)									
7. Increase internal hiring (2 Prescribers and 10 Therapists [2023])									

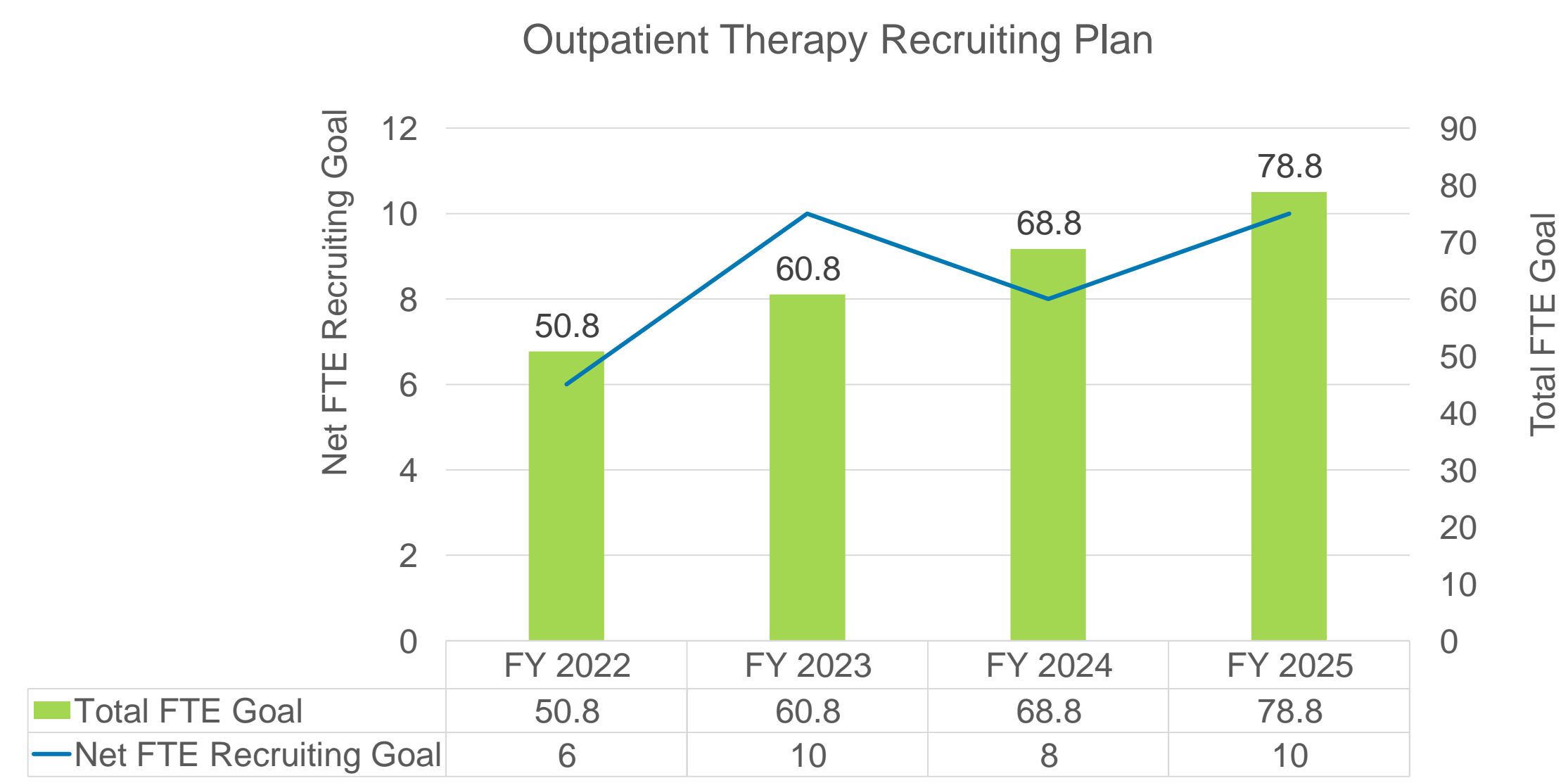
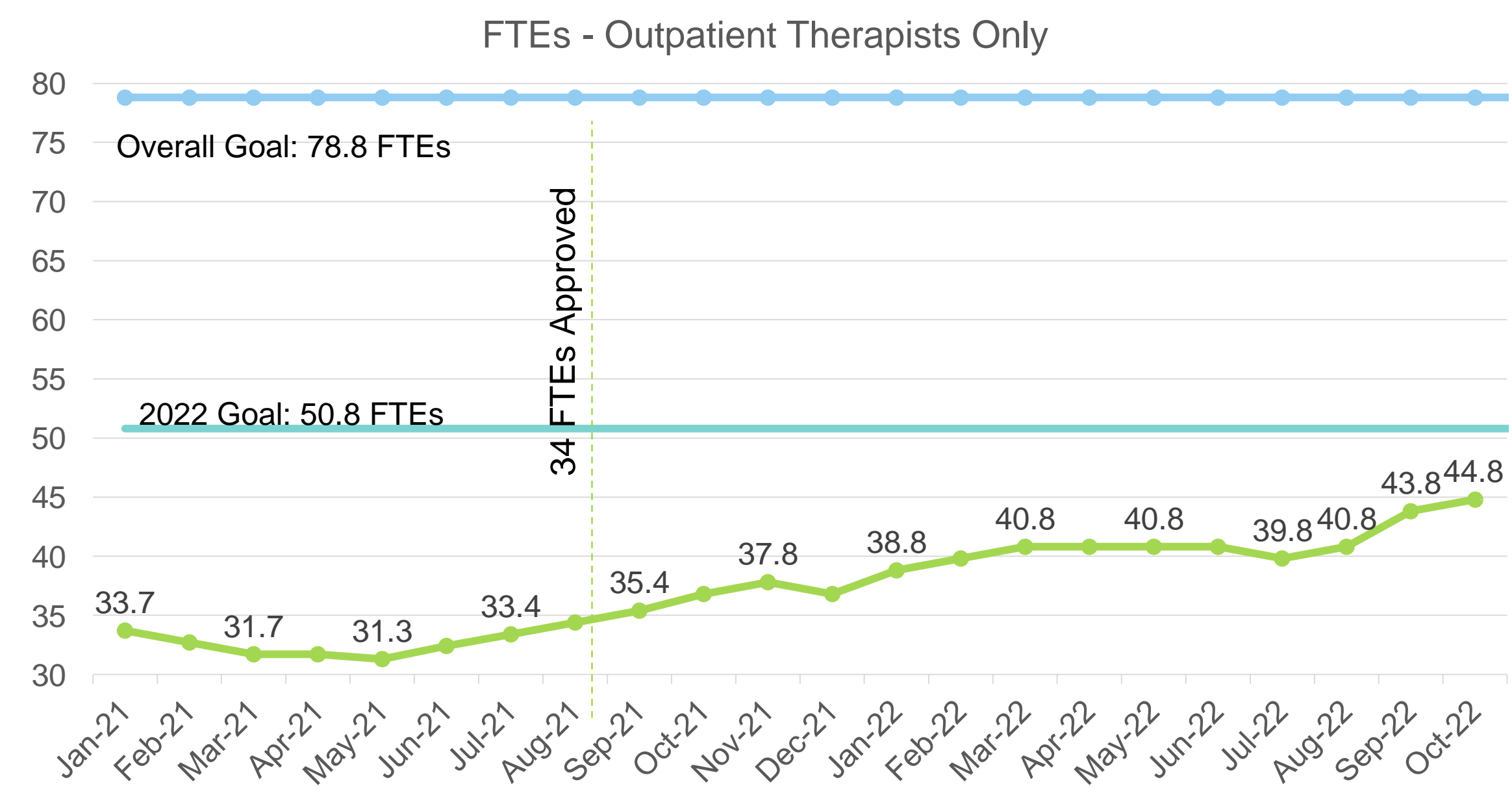
# Behavioral Health | Corrective Action Plan Status

Critical Action	Description	Status/Timing
1) Contract w/ Able To	Able To is a NCQA accredited national network specializing in providing structured evidence-based cognitive behavioral therapy program. Currently working with KP markets. National Vendor.	<b>Complete</b> <ul style="list-style-type: none"> <li>Launched and started referring patients October 2022.</li> <li>Capacity for approximately 150 referrals per month, with the capability to expand</li> </ul>
2) Contract w/ NOCD	NOCD is a NCQA accredited national network for patients diagnosed with obsessive-compulsive disorder, specializing in exposure and response prevention. Currently working with KP markets.	<b>Complete</b> <ul style="list-style-type: none"> <li>Launched and started referring patients October 2022.</li> <li>Capacity for approximately 30-40 referrals per month</li> </ul>
3) Contract w/ Amwell	Amwell is a national virtual behavioral health provider network.	<b>In Progress</b> <ul style="list-style-type: none"> <li>Q1 2023 target contract date</li> <li>Proceeding with Amwell contracting, credentialing, and IT agreements for implementation.</li> </ul>
4) Expand Therapy Contract with Ginger	Work with Ginger (existing national contract) to increase capacity by 15%	<b>Complete</b> <ul style="list-style-type: none"> <li>Launched and started referring patients May 2022.</li> <li>Capacity for approximately 80 referrals per month</li> </ul>
5) Other: Contract with National Vendors with capacity	Hazel Health, Open Mind, Teladoc, Multiplan, Thrive Works and Orbit	<b>In Progress</b> <ul style="list-style-type: none"> <li>Hazel Health: Implemented – referrals started October 2022 for school-aged children</li> <li>Teledoc, Thrive Works and Orbit: Initiated meeting with all three potential vendors – potential fit for further discussions.</li> <li>Multiplan: Team decided not to proceed with Multiplan due to poor fit.</li> <li>Open Mind: Team decided not to proceed with Open Mind due to poor fit.</li> </ul>
6) VIP Program for Preferred Providers	<ul style="list-style-type: none"> <li>“Phase 1” – Implement program with preferred providers including incentivized rates, quality reporting, and dedicated capacity to KP members</li> <li>“Phase 2” - Add current high-capacity contracted providers to VIP program. Complete automation to potentially include no authorizations required</li> </ul>	<b>In Progress</b> <ul style="list-style-type: none"> <li>Phase 1 (Q4 2022): <ul style="list-style-type: none"> <li>VIP pilot with Coffee Group extended to December 2022.</li> <li>Working on claims automation and Provider Specialist position.</li> <li>Will expand to other VIP groups and providers if successful.</li> </ul> </li> </ul>
7) Expand Local Provider Network	Assess, contract, and credential Hawaii providers with capacity for new visits— 30 to 50 identified	<b>In Progress</b> <ul style="list-style-type: none"> <li>On-going vetting, contracting, and credentialing in progress.</li> <li>Contracted Star Credentialing to complete 50 providers in 30 days, 100 within 60 days.</li> </ul>
8) Pre-Paid Arrangements with Providers	Develop a pre-pay arrangement with 27 local providers for up to 113 new patient referrals, and over 1000 appointments until 12/31/2022	<b>In Progress</b> <ul style="list-style-type: none"> <li>Implemented contract with 27 local providers and started referring patients in October 2022.</li> <li>Anticipate including an additional 14 providers to a prepayment program Q4 2022.</li> </ul>
9) State/Regulator Advocacy	Request to Department of Commerce and Consumer Affairs (DCCA) to expedite Licensing Process for BH Licensed Providers and Issuance of Emergency Proclamation for temporary waiver for out-of-state providers	<b>In Progress</b> <ul style="list-style-type: none"> <li>The Healthcare Association of Hawaii (HAH) has submitted a formal request to the DCCA and the Attorney General for an emergency rule allowing for statewide LCSW's and psychologists who have unencumbered license in another state or territory so that they can practice anywhere applicable in Hawaii for at least 90 days.</li> <li>New government election on November 8, 2022. Anticipate policy changes may not be considered until after the new year.</li> </ul>



# Behavioral Health | Internal Staffing Report

Critical Action	Description	Status/Timing
1) KP Internal Hiring	The multi-year plan requested additional 34 internal outpatient therapists to expand internal access and reduce future referrals to contracted agencies:	<ul style="list-style-type: none"><li>Current FTE Actuals: 44.8 FTE. Increased from 35.4 in Sept. 2021</li><li>12 FTEs onboarded from Sept 2021 to October 22. 2 FTEs offered positions to start Q4 2022</li><li>2 FTEs to start in Q4</li><li><b>Risk/Issue:</b> Risk of not hiring/retaining staff to achieve targeted levels of internal providers due to multiple staffing barriers. Anticipate further attrition</li></ul>
2) Augment No Show Rate / Cancellations	Standardize workflow for managing and rescheduling cancellations and no-show rates	Implementing plan to obtain temp position to manage cancellations, and streamline scheduling template and cancellations to maximize appointment utilization



## Staffing Barriers:

- Lack of available candidates with Hawaii State license to fill internal vacancies
- Base salary pending ratification of union contract
- Managing attrition – Therapists moving out-of-state
- Significant processing lag time to obtain Hawaii State license for out-of-state providers relocating to Hawaii

# BHS Therapy Access During Work Stoppage

	New Initial Visits / Month (Internal + External)	Internal Visits / Month	External Initial Visits / Month	# Contracts
Before Strike	430	164	266	217
During Strike	242	100	142	290

*In accordance with the timelines below, we project that we will be able to meet projected demand (approx. 859 visits per month) by end of 2023.*

Action	Initial Visits per Month	Description*	Estimated Timeline
Current Supply (During Strike)	242	During the strike, we are averaging 242 visits per month. Before the strike we had an average of 430 new initial visits per month.	Current
+ Hire Additional Pysch RNs for triaging	+213	We are increasing our triage staffing by 12 Psych RNs to increase our ability to quickly refer patients to external providers. We anticipate completing this hiring process by February 2023. Increased referral throughput will result in an anticipated 213 additional visits per month available for members.	February 2023
+ Full Utilization of AbleTo and NOCD	+100	KPHI will need to fully utilize the capacity from our existing National providers (e.g. AbleTo and NOCD), as we are only referring a portion of their overall availability. Additionally, we plan to further expand this capacity to accept an additional 100 initial visits per month.	March 2023
+ Internal Outpatient Therapists Hired (10 Net New)	+120	On-going recruiting efforts to recruit 10 net new outpatient therapists throughout 2023. Note there is a <u>high-risk</u> of not hiring to our target level due to multiple staffing and retention barriers.	End of 2023
Projected Supply	675		
+ Other Activities to Meet Demand (Prepaid Program, Additional Contracts, etc.)	+184 Needed	To meet projected demand, we will need to create capacity for an additional 184 initial visits per month. We will need to expand the existing prepaid program, implement contracts with other feasible National vendors with capacity, and continue our expansion of local affiliated providers with capacity.	Q3 2023
Projected Demand (2023)	859		

**\*Assumptions:**

- 6 net new internal providers in 2022; 10 in 2023
  - Note: KPHI is at high-risk of not hiring/retaining targeted levels of internal providers due to multiple staffing barriers—team is working to mitigate risk
- 12 Psych RNs for Triaging hired by February 2023, full utilization of AbleTo and NOCD and ability to expand AbleTo’s capacity by 100 additional visits by March 2023, expansion of prepaid program, and implementation of additional national contracts with capacity
- 3 new visits per internal provider per week
- Demand: FY 2020 internal and external visits + 8% increase for one-month backlog + 5% increase in membership since 2020. 3% increase year-over-year



# Behavioral Health | Actions to Address Work Stoppage

## Prioritization of Cancelled Appointments

- Chart review conducted by BH Management Team to identify high risk patients
- Appointments kept for all patients identified as high risk
- High risk patients scheduled with a provider who is out on strike are scheduled with another provider or evaluated for referral to a contracted Kaiser BH provider
- BH staff conducts outreach to non-high-risk patients to reschedule cancelled appointment(s) with available internal providers or refer to contracted Kaiser BH providers
- All cancelled appointments are audited for risk and addressed as clinically appropriate

## Quality Audit of Behavioral Health Appointment Cancellations & Outreach Workflow

- Daily reports generated of all cancelled appointments for non-prescribing BH providers on strike
- Auditors review medical records for Depression Screening scores (PHQ9 score of 2 on question #9 and the Columbia Suicide Severity Rating Score [CSSRS] of 3 or above).
- Trained auditors review charts for documentation of potential risks from previous BH appointment or BH documentation within the last 30 days
  - Homicidal Ideation (HI)
  - Suicidal Ideation (SI)
  - Psychosis (i.e., paranoia, delusions, or hallucinations)
  - Psych ED visit
  - Psych inpatient admission, partial psych hospitalization, or referral to an Intensive Outpatient Program
- Risk is identified on chart review list above, a 2nd Level review is conducted by a BH Licensed provider to confirm risk
  - No risk identified but patient had multiple appointment cancellations or the 2<sup>nd</sup> Level BH reviewer determines there is a need for follow-up or check-in to prevent risk, flag for 3<sup>rd</sup> Level review is assigned
- Risk is confirmed by 2nd Level BH review, a 3rd level review is conducted by a KPHI BH Licensed Provider
- 3rd Level BH provider conducts outreach to the patient
  - Assign patient to an available therapist or psychiatrist and schedule an appointment
  - Refer to a contracted Kaiser BH provider

# EXHIBIT C

This exhibit presents the data and methodology used by NUHW to calculate the number of outpatient licensed behavioral health therapists who were practicing in Kaiser's internal provider network as of December 31, 2022.

In early December 2022, Kaiser provided NUHW with an Excel file containing workforce data for Kaiser's internal network of behavioral health therapists. Kaiser regularly provides NUHW with such data due to NUHW's role as the collective-bargaining agent for the behavioral health therapists. At the end of this exhibit, please find an excerpt from Kaiser's workforce data, including the name, classification, and FTE status of each therapist employed by Kaiser.

Subsequent to Kaiser's provision of the Excel file to NUHW, three behavioral therapists departed their jobs at Kaiser. Their names, FTE status, and departure dates are contained in the following table. No new therapists joined Kaiser's internal provider network prior to December 31, 2022.

## Departures and New Hires of Therapists in December 2022 Following Kaiser's Provision of Workforce Data to NUHW

Name	Classification	FTE Status	Departure or New Hire?	Date of Departure from Kaiser
David Hawkey	Psychologist	1.0	Departure	12-16-22
Dawn McClure	Psychologist	1.0	Departure	12-9-22
Christina Louie	Psychologist	1.0	Departure	12-16-22
<b>Total Departures</b>		3.0		
<b>Total Additions</b>		0		

The following table computes workforce figures as of December 31, 2022.

## Kaiser's Internal Network of Outpatient Licensed Non-MD Behavioral Health Therapists

	Therapists as of early Dec. 2022 per Kaiser's Data	Subsequent Departures of Therapists in Dec. 2022	Total Therapists as of 12-31-22
<b>Head Count of Employed Therapists</b>	48	-3	45
<b>FTEs of Employed Therapists</b>	43.8	-3	40.8

Sources: Kaiser, NUHW Bargaining Unit Demographic Files from December 2022; Data from clinicians on resignations that took effect subsequent to Kaiser's production of its December 2022 NUHW Bargaining Unit Demographic File.

Finally, NUHW also annotated Kaiser's workforce chart on p. 3 of this letter by inserting an FTE figure (21.0 FTEs) indicating the number of internal behavioral health therapists who were **working** as of December 31, 2022. By way of background, on August 29, 2022 Kaiser's behavioral health therapists commenced a strike of unlimited duration to protest Kaiser's unfair

labor practices. The strike has continued uninterrupted since then. As of December 31, 2022, only 21 of Kaiser's 45 therapists were working in Kaiser's clinics due to the strike. Striking therapists continue to be employed by Kaiser. Although the therapists are not working, Kaiser included striking therapists in the FTE figures it reported to NCQA in November 2022 regarding the adequacy of its provider network. Consequently, Kaiser's FTE figures sharply overstate the number of therapists in Kaiser's internal network who are able to treat patients.

**Working vs. Employed Behavioral Health Therapists in Kaiser's Internal Provider Network as of December 31, 2022**

	<b>Employed Therapists</b>	<b>Working Therapists</b>
<b>FTEs</b>	46.8	21.0


NUHW Bargaining Unit List – December 2022										
person_first_name	person_last_name	job_code	job_name	full_part_time_code	normal_hours_count	full_time_employee_code	legal_entity_code	business_unit_name	Location Name	department_name
Carol	Agar	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Maui Lani Medical Offices	1652 - Maui Lani Medical Offices - Mental Health/Psychiatry-O/P - 1208
Andrew	Alvarado	80886	LIC CLNC SOC WRK	FULL_TIME	40	1	KHP	Hawaii	Waipio Medical Offices	1652 - Ala Moana - Mental Health/Psychiatry-O/P - 1208
Jennifer	Begonia	82878	Licensed Mental Health Prof'l	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1133 - Ala Moana - Chemical Dependency-Reg Clin - 1208
Melissa	Belanger	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1671 - Ala Moana - Mental Health/Psych-Integ Svcs - 1208
Lisa	Bishop	80886	LIC CLNC SOC WRK	FULL_TIME	40	1	KHP	Hawaii	Hilo Medical Offices	1652 - Hilo Medical Offices - Mental Health/Psychiatry-O/P - 1208
Wendy	Biss	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Kona Medical Offices I	1652 - Kona Medical Offices - Mental Health/Psychiatry-O/P - 1208
Cassandra	Caceres-Licos	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Maui Lani Medical Offices	1671 - Ala Moana - Mental Health/Psych-Integ Svcs - 1208
Marissa	Cheung	80886	LIC CLNC SOC WRK	FULL_TIME	40	1	KHP	Hawaii	Waipio Medical Offices	1665 - Ala Moana - Mental Health/Psych-Child - 1208
Jessica	Dicenzo	82900	LCSW-Crisis & Triage Mgmt	FULL_TIME	40	1	KHP	Hawaii	Maui Lani Medical Offices	1653 - Ala Moana - Mental Hlth/Psychiatry-RegClin - 1208
Marlena	Farm	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Maui Lani Medical Offices	1665 - Ala Moana - Mental Health/Psych-Child - 1208
Kimberley	Gallant	82900	LCSW-Crisis & Triage Mgmt	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1653 - Ala Moana - Mental Hlth/Psychiatry-RegClin - 1208
Richard	Garcia Jr	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Maui Lani Medical Offices	1665 - Ala Moana - Mental Health/Psych-Child - 1208
David	Hawkey	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Maui Lani Medical Offices	1652 - Maui Lani Medical Offices - Mental Health/Psychiatry-O/P - 1208
Bethany	Hicks	82900	LCSW-Crisis & Triage Mgmt	FULL_TIME	40	1	KHP	Hawaii	Maui Lani Medical Offices	1653 - Ala Moana - Mental Hlth/Psychiatry-RegClin - 1208
Robert Edward	Hsia	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1665 - Ala Moana - Mental Health/Psych-Child - 1208
Miki	Karukaya	80886	LIC CLNC SOC WRK	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1652 - Ala Moana - Mental Health/Psychiatry-O/P - 1208
Rachel	Kaya	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Maui Lani Medical Offices	1652 - Maui Lani Medical Offices - Mental Health/Psychiatry-O/P - 1208
Kenneth	Kim	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Honolulu Medical Offices	1671 - Ala Moana - Mental Health/Psych-Integ Svcs - 1208
Julia	Kirkland	81470	SUB ABUSE COUNSELOR	FULL_TIME	40	1	KHP	Hawaii	Wailuku Mental Health (sub leased)	1133 - Ala Moana - Chemical Dependency-Reg Clin - 1208
Andrea	Kumura	80886	LIC CLNC SOC WRK	FULL_TIME	40	1	KHP	Hawaii	Waipio Medical Offices	1665 - Ala Moana - Mental Health/Psych-Child - 1208
Fang	Liu	82783	Case Mgr RN	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	4924 - Ala Moana - Med Ofc-Clinc Adm-Primry Care - 1208
Timothy	Liu	82963	SHR-Lic Mental Health Prof'l	PART_TIME	1	0.025	KHP	Hawaii	Ala Moana	4924 - Ala Moana - Med Ofc-Clinc Adm-Primry Care - 1208
Marisa	Lloyd	81973	SHR-LIC CLNC SOC WRK	PART_TIME	1	0.025	KHP	Hawaii	Ala Moana	1665 - Ala Moana - Mental Health/Psych-Child - 1208
Robert	Locklear	82878	Licensed Mental Health Prof'l	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1133 - Ala Moana - Chemical Dependency-Reg Clin - 1208
Christina	Louie	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1652 - Ala Moana - Mental Health/Psychiatry-O/P - 1208
Justin	Maeda	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Waipio Medical Offices	1665 - Ala Moana - Mental Health/Psych-Child - 1208

Daniel	McAlinden	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Maui Lani Medical Offices	1652 - Maui Lani Medical Offices - Mental Health/Psychiatry-O/P - 1208
Dawn	McClure	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1652 - Ala Moana - Mental Health/Psychiatry-O/P - 1208
Daniel	Meier	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1652 - Ala Moana - Mental Health/Psychiatry-O/P - 1208
Colleen	Nobles	80886	LIC CLNC SOC WRK	FULL_TIME	40	1	KHP	Hawaii	Waipio Medical Offices	1652 - Ala Moana - Mental Health/Psychiatry-O/P - 1208
Curte	Oda	80886	LIC CLNC SOC WRK	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1652 - Ala Moana - Mental Health/Psychiatry-O/P - 1208
Rikki	Patrizio	82783	Case Mgr RN	FULL_TIME	40	1	KHP	Hawaii	Maui Lani Medical Offices	4924 - Ala Moana - Med Ofc-Clns Adm-Primry Care - 1208
John	Pyles	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1665 - Ala Moana - Mental Health/Psych-Child - 1208
Michelle	Ribeiro	82900	LCSW-Crisis & Triage Mgmt	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1653 - Ala Moana - Mental Hlth/Psychiatry-RegClin - 1208
Marie	Ring	82324	SHR-Psychologist	PART_TIME	1	0.025	KHP	Hawaii	Ala Moana	1652 - Ala Moana - Mental Health/Psychiatry-O/P - 1208
Kathleen	Rubio	82900	LCSW-Crisis & Triage Mgmt	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1653 - Ala Moana - Mental Hlth/Psychiatry-RegClin - 1208
Steve	Saoit	81470	SUB ABUSE COUNSELOR	FULL_TIME	40	1	KHP	Hawaii	Waipio Medical Offices	1133 - Ala Moana - Chemical Dependency-Reg Clin - 1208
Allyson	Savage	80886	LIC CLNC SOC WRK	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1665 - Ala Moana - Mental Health/Psych-Child - 1208
Maile	Scarpino	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1652 - Ala Moana - Mental Health/Psychiatry-O/P - 1208
Alfred	Sison	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1671 - Ala Moana - Mental Health/Psych-Integ Svcs - 1208
Summer	Solt	80886	LIC CLNC SOC WRK	PART_TIME	27	0.675000012	KHP	Hawaii	Maui Lani Medical Offices	1665 - Ala Moana - Mental Health/Psych-Child - 1208
Tami	Swonigan	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1671 - Ala Moana - Mental Health/Psych-Integ Svcs - 1208
Samantha	Tavares	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1665 - Ala Moana - Mental Health/Psych-Child - 1208
Adele	Tomoyasu-Oumi	81973	SHR-LIC CLNC SOC WRK	PART_TIME	1	0.025	KHP	Hawaii	Ala Moana	1665 - Ala Moana - Mental Health/Psych-Child - 1208
Jay	Valdez	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Waipio Medical Offices	1652 - Waipio Medical Offices - Mental Health/Psychiatry-O/P - 1208
Celia	Valenzuela	82783	Case Mgr RN	FULL_TIME	40	1	KHP	Hawaii	Waipio Medical Offices	4924 - Ala Moana - Med Ofc-Clns Adm-Primry Care - 1208
Darah	Wallsten	80598	PSYCHOLOGIST	FULL_TIME	40	1	KHP	Hawaii	Hilo Medical Offices	1652 - Hilo Medical Offices - Mental Health/Psychiatry-O/P - 1208
Theresa	Yamashiro	82739	Case Mgr BHS	FULL_TIME	40	1	KHP	Hawaii	Ala Moana	1653 - Ala Moana - Mental Hlth/Psychiatry-RegClin - 1208
					<b>FTE Count:</b>	43.8				



# EXHIBIT D

INTEGRATED BEHAVIORAL HEALTH DEPARTMENT



## Youth Intensive Outpatient Program at Kaiser Permanente

**What is the Youth Intensive Outpatient Program (YIOP)?**  
At Kaiser Permanente, we value working together and feel that it is a key part in providing clinical treatment to reach shared goals. Adolescents, families, and clinical providers work together to improve:

- adolescent emotional health
- adolescent behavioral health
- family connections

The **YIOP** is an evidence-based intensive outpatient program. We strive to:

- make time to listen
- teach crisis management skills
- develop an individualized family treatment plan

Adolescents are assessed at each visit for symptom management and safety. If needed, a psychiatry consultation and follow up care are provided to help an adolescent manage their symptoms.

**Goals**  
Young people and their families work together to improve crisis management skills. This can help:

- promote safety
- manage stress
- strengthen communication
- challenge depressed and anxious thinking
- raise awareness about how to help

**What to expect?**  
This program is for high school students, ages 14 to 18, and their parents or caregivers.

Groups are held 3 times a week for 6 weeks. All classes & groups are led by licensed behavioral health providers.

Adolescents are offered support in:

- moving from outpatient treatment to an intensive outpatient group program
- moving from inpatient treatment to the home
- moving from inpatient treatment to intensive outpatient care

**By referral only. Pre-registration required.**

**Fee:** As covered by your benefit.


**Location:** Online via Microsoft Teams

**Group Schedule**  
**Teen Group:**  
Tuesdays from 3:00 to 5:30 PM  
Individual check in's will be from 3:00 to 4:00 PM

**Parent(s)/Caregiver(s) Group:**  
Wednesdays from 12:00 to 1:00 PM  
1:00 to 1:30 PM - Additional question time

**Multi-Family Group (MFG):**  
Thursdays from 3:00 to 5:30 PM  
Individual check in's will be from 3:00 to 4:00 PM

**To register:** Call 808-432-7600.



[kp.org/mindbody](https://kp.org/mindbody)  
KPHI JAN2022 rev 01/07/22

