

# Sample script for informing patients of discrepancy and their rights

## Inform the patient of the next appointment availability.

- If you do **NOT** believe a patient is likely to experience any adverse impact if they wait until the next available appointment and/or series of appointments, then do not proceed with this process.
- If availability **IS** beyond the prescribed timeframe for the patient's condition, proceed with this flow chart.

[The **highlighted fields** are to be customized for each patient.]

### For an initial, secondary, or transfer assessment

"Based on what you have described to me in this assessment, and consistent with generally accepted standards of care, my professional prescription is for you to be seen for [individual/family/group] psychotherapy [twice weekly/weekly/every two weeks/etc.] for the next [three/six/twelve months]. Unfortunately, I am unable to schedule you for these services given [my/the department's] current appointment availability. The soonest I can schedule you for a [secondary assessment/return appointment] is in [xx weeks], and I am unable to guarantee you consistently scheduled appointments thereafter." [xx weeks] for a [secondary assessment/return appointment]."

### For a return appointment

"Based on your current treatment needs, and consistent with generally accepted standards of care, my professional prescription is for you to be seen for [individual/family/group] psychotherapy [twice weekly/weekly/every two weeks/etc.] for the next [three/six/twelve months]. Unfortunately, I am unable to schedule you for these services given my current appointment availability. The soonest I can schedule you for a return appointment is in [xx weeks], and I am unable to guarantee you consistently scheduled appointments thereafter."

"Based on your condition, it is possible that not being seen earlier than [xx weeks] and/or at regularly scheduled [once or twice a week] intervals may adversely impact you. I am going to document my prescription for prompt, regularly scheduled care in your chart, which you can access at KP.org.

Because you require immediate and sustained treatment that I am unable to schedule, I am going to inform my manager that I am unable to schedule your treatment at the required time and frequency and request that they identify appropriate solutions. One option is that you may be able to obtain the prescribed care from a non-Kaiser provider. This would not cost you more than what you currently pay per visit. It would require me to escalate your case to my manager and for a complaint to be filed with Member Services."

[Highly recommended but optional, refer to Member Services]

**In URGENT circumstances, where following the standard complaint process could seriously jeopardize a patient's life, health, ability to regain maximum function, and/or cause severe pain, file an EXPEDITED complaint to Member Services on their behalf:**

"Because of the urgency with which you need to be seen for a next appointment, I would like to act as your authorized representative and submit an expedited grievance to Member Services on your behalf. This will require Kaiser to review the treatment that has been prescribed and respond to you in writing within 72 hours."

[The basic steps for clinicians to complete an expedited claim are outlined at [nuhw.org/kp-documentation/](http://nuhw.org/kp-documentation/)]

"You also have the right to file your own expedited complaint with the Member Services Expedited Review department. This will further document the situation and a case manager will have had to respond within 48 hours."

[Refer patients to find instructions and resources at [nuhw.org/dmhc-complaint/](http://nuhw.org/dmhc-complaint/)]

REFER TO DMHC - CONTINUED ON BACK

**In non-urgent cases, when patients *could* experience any detrimental or adverse impacts from the delay in timely care but are able to endure the standard complaint process without serious jeopardy to life, health, ability to regain maximum function, and/or experiencing severe pain in the interim, *refer them to independently file a complaint*:**

"You have the right to file a complaint with Member Services. This will require Kaiser to review the treatment that has been prescribed and respond to you in writing within 30 days. You will need to go through this internal complaint process before contacting DMHC."

[Patients can find tips and resources at [nuhw.org/dmhc-complaint/](http://nuhw.org/dmhc-complaint/)]

SKIP TO LAST BOX ON BACK AND DO NOT REFER IMMEDIATELY TO DMHC.

## Sample script for informing patients of discrepancy and their rights (continued)

### If patient is NOT on Medicare, you may wish to refer to DMHC:

"You may also wish to file an immediate, simultaneous complaint directly with the Department of Managed Healthcare, a consumer protection agency that regulates Kaiser in California. Would you like me to provide you with information on contacting the DMHC? The initial complaint process would take you about 5 minutes, and the DMHC would then be required to promptly reach out to Kaiser to address your concerns. Filing a complaint could increase the likelihood that you will receive your prescribed course of treatment sooner."

[Direct them to find an outline of the basic steps at [nuhw.org/dmhc-complaint/](http://nuhw.org/dmhc-complaint/)]

### If patient IS on Medicare, do not refer to DMHC:

"You may wish to call the Health Insurance Counseling & Advocacy Program (HICAP), which is run through the California Department on Aging, or the Medicare Rights Center National Helpline. You also have the right to submit a Member Services complaint."

[Outline basic steps and/or direct them to [nuhw.org/dmhc-complaint/](http://nuhw.org/dmhc-complaint/)]

"It is Kaiser's responsibility and obligation to ensure that therapists have enough availability to see our patients in a timely manner.

In addition to giving you this information, I am still going to schedule you for the appointments that are available on **[dates]**."

### If referring the patient to an in-network external provider:

If your clinic allows referrals to an external provider who is already in Kaiser's "network", such as Beacon, AbleTo, KP Direct, or hundreds of individual sub-contracted providers, and you deem this more appropriate for the patient than an in-clinic appointment, you can utilize as much of this flowchart, template language, and other steps as is appropriate for each patient.

It may be unclear when referring to an external provider if the patient can receive treatment at the prescribed and appropriate dose, frequency, and duration. Therefore, you may wish to inform the patient of your prescription and of their right to file complaints with Member Services and/or DMHC if they cannot find a provider in the network or obtain care at the prescribed frequency, as appropriate to their level of urgency.