

2018 Kaiser Foundation Health Plan of the Mid-Atlantic States Annual Network Adequacy Access Plan Submission in response to COMAR 31.10.44.01-.09 – June 27, 2018

Part 1 - Executive Summary 31.10.44.09

(1) Travel Distance Standards



31.10.44.09 Network Adequacy Access Plan Executive Summary Form

(1) (a) Travel Distance Standards

PROVIDERS

Commercial

Provider Group	Urban %	Suburban %	Rural %
Primary Care Physician	100	100	100
Pediatrics—Routine/Primary Care	100	100	100
Gynecology, Only	98.7	99.9	100
Gynecology, OB/GYN	100	100	100
Licensed Clinical Social Worker	100	100	100
Psychiatry	100	100	100
Psychology	100	100	100
Allergy & Immunology	100	100	100
Applied Behavioral Analyst	99.6	96.8	100
Cardiovascular Disease	100	98.1	100
Chiropractic	100	100	100
Dermatology	100	100	100
Endocrinology	99.9	100	100
ENT/Otolaryngology	100	100	100
Gastroenterology	100	100	100
General Surgery	100	100	100
Infectious Diseases*	99.9	100	100
Nephrology	100	100	100
Neurological Surgery*	100	100	100
Neurology	100	100	100
Oncology—Medical, Surgical	100	100	100
Oncology—Radiation/Radiation Oncology	100	100	100
Ophthalmology	100	100	100
Optometry*	100	100	100
Orthopedic Surgery*	99.9	100	100
Physiatry, Rehabilitative Medicine	100	100	100
Plastic Surgery	100	100	100
Podiatry	100	100	100
Pulmonology	100	100	100
Rheumatology	98.7	100	100
Urology	100	100	100
Vascular Surgery*	100	100	100

* All other licensed or certified providers under contract with a carrier not listed

- (b) Total number of certified registered nurse practitioners counted as a primary care provider: 0
- (c) Total percentage of primary providers who are certified registered nurse practitioners: 0
- (d) Total number of essential community providers in the carrier's network: N/A
- (e) Total percentage of essential community providers available in the health benefit plan's service area that are participating providers: N/A



31.10.44.09 Network Adequacy Access Plan Executive Summary Form

(1) (a) Travel Distance Standards

FACILITIES

Commercial

Facility Type	Urban %	Suburban %	Rural %
Acute Inpatient Hospitals	99.9	100	100
Critical Care Services - Intensive Care Units	99.9	100	100
Diagnostic Radiology	100	100	100
Inpatient Psychiatric Facility	99.4	100	100
Outpatient Dialysis	100	100	100
Outpatient Infusion/Chemotherapy	99.9	100	100
Skilled Nursing Facilities	100	100	100
Surgical Services (Outpatient or Ambulatory Surgical Center)	99.9	100	100
Other Behavioral Health/Substance Abuse Facilities *	99.6	100	100

* All other licensed or certified facilities under contract with a carrier not listed
 [Chemical Dependency Day Treatment, Inpatient Substance Abuse, Psychiatric Day Treatment, Outpatient Substance Abuse]

(2) Appointment Waiting Time Standards

(a) And (b) – Data reflects results for first quarter 2018

.05 Appointment Waiting Time Standards

(a) 95 percent pass threshold

Appointment Waiting Time Standard Results	
Urgent Care - Within 72 Hours	99.9%
Routine Primary Care - Within 15 Calendar Days	95.4%
Preventive Visit/Well Visit - Within 30 calendar Days	98.9%
Non-urgent Specialty Care - Within 30 Calendar Days	98.7%
Non-urgent Ancillary Services - Within 30 Calendar Days	99.9%
Non-urgent Behavioral Health/Substance Use Disorder Services - Within 10 Calendar Days	89.3%

(b) List the total percentage of telehealth appointments counted as part of the appointment waiting time standard results
3.7%

(3) Provider-to-Enrollee Ratio Standards - Kaiser Foundation Health Plan of the Mid-Atlantic States is a group model HMO, this requirement is not applicable.

Part 2 - The information and process required by Insurance Article § 15-112(c)(4) and methods used to comply with the monitoring requirement under § 15-112(c)(5)

(1) Description of the network - § 15-112(c)(4)(i)

Kaiser Permanente provides or arranges for the delivery of health care through its high-performing multispecialty medical group and a tightly connected system of full-service medical centers and hospitals, enabled by advanced medical technology and a robust EHR system. It is the integration of all these elements that enables effective, efficient delivery of care that produces high quality outcomes, achieves high levels of patient satisfaction, and optimizes use of providers' capacity. Kaiser Permanente's major multispecialty centers have numerous facets of primary and specialty care combined with high end imaging, laboratory and pharmacy services, providing both routine and urgent care 24 hours a day, 7 days a week. In such centers, specialists and primary care providers can easily confer and coordinate care, and members can see multiple providers, fill their prescriptions, and receive ancillary services in a single visit.

Within our integrated system, members can access primary care and specialty care through secure email, telephone visits, store-and-forward image review (e.g. dermatologist review of high resolution photo of skin condition), and real-time video visits—all connected through our EHR system so that the member is known to all clinicians providing care. Urgent care for conditions meeting certain injury or illness criteria is available through live video consultation with an emergency physician from the patient's location through their mobile phone or computer video camera. This enables a higher-quality triage decision and prevents unnecessary utilization of in-person appointments and use of emergency departments.

Kaiser Permanente's mobile health vehicle meets members where they are to close health care gaps they may have. Members can be screened in the mobile clinic, including tests for body mass index, blood pressure, glucose and cholesterol, and flu shots can be provided as well. The vehicle is staffed by registered nurses and phlebotomists under the supervision of a physician. The vehicle is a fully integrated, technology-enabled, quality-oriented system of care delivery, offering preventive services and meeting patient health care needs where they work and live. The vehicle is also available for events such as business groups, fairs and community benefit events to provide prevention screenings. Kaiser Permanente members that are screened in the vehicle receive follow-up contact by their primary care provider, and non-members are referred to their PCP or to emergency services in the case of critical results. Over the last two years 2,017 care gaps were managed through use of the vehicle. Specifics for each year are included in the table below.

	2016	2017
Total Events	217	248
Members served	2,734	3,010
Non-members served	4,625	3,997

(2) Process for monitoring and ensuring, on an ongoing basis, the sufficiency of the network to meet the health care needs of the enrollees - § 15-112(c)(4)(ii)

Schedules are monitored through a schedule planning framework that supports timely execution of uniform care scheduling practices across the region. This allows for a coordinated approach to planning appointment capacity and schedule management while optimizing the integration of clinic scheduling with surgery scheduling. Appointment supply meeting appointment demand is monitored on a daily,

weekly and monthly basis for all primary care appointment types at each Kaiser Permanente medical center.

Kaiser Permanente surveys our contracted primary care providers and OB/GYN providers on a quarterly basis via U.S. mail or telephone to confirm that they are meeting appointment accessibility standards. The results of the survey are reported to the Quality Department and Regional Area Access.

Kaiser Permanente annually surveys our contracted behavioral health care providers that have submitted 25 or more claims in the quarter immediately preceding the survey; and the providers within the top 5 most highly utilized specialties that have submitted 25 or more claims in the quarter immediately preceding the survey. The survey is conducted via U.S. mail, fax or telephone to confirm that they are meeting appointment accessibility standards. The results of the survey are reported to the Quality Department and Regional Area Access. Behavioral health provider results are also shared with Kaiser Permanente's Behavioral Health Unit. Inability to meet access standards may result in removal from the participating provider network.

(3) The factors used by the carrier to build its provider network, including the criteria used to select providers for participation in the network and, if applicable, place providers in network tiers - § 15-112(c)(4)(iii)

As an integrated group model HMO, the majority of the care provided to Kaiser Permanente members is provided through our primary exclusive relationship with the Mid-Atlantic Permanente Medical Group, P.C. We develop and maintain contractual relationships with additional providers for services that are not available within our group model. All providers are required to successfully complete the credentialing process.

(4) The carrier's efforts to address the needs of both adult and child enrollees including adults and children with - § 15-112(c)(4)(iv)

- a. **Limited English proficiency or illiteracy;**
- b. **Diverse cultural or ethnic backgrounds;**
- c. **Physical or mental disabilities; and**
- d. **Serious, chronic, or complex health conditions**

Research has demonstrated that when care and patient communication is provided in culturally and linguistically competent ways, the patient-provider relationship is improved, and health care quality and outcomes improve. Kaiser Permanente's efforts lead the way in providing equitable care regardless of race, ethnicity, linguistic preference, national origin, gender, socioeconomic status, disability status or sexual orientation/identity.

In our centers we provide at no cost-

1. Auxiliary aids and services to people with disabilities to communicate effectively with us such as: qualified sign language interpreters; written information in other formats such as large print, audio and accessible electronic formats.
2. Language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

In 2017, the National Committee for Quality Assurance (NCQA) awarded Kaiser Permanente of the Mid-Atlantic States (KPMAS) the Multicultural Health Care Distinction. The Multicultural Health Care program evaluates how well an organization complies with the standards for the following areas: Collection of race/ethnicity and language data; Provision of language assistance; Cultural responsiveness; and Quality improvement of culturally and linguistically appropriate services, and Reduction of health care disparities.

To help meet its member needs, Kaiser Permanente has initiated programs that track and analyze comprehensive data on member health status by race, ethnicity and language to identify disparities. Achieving this distinction is yet another way of recognizing our organization among industry leaders working diligently to reduce health care disparities.

In 2012, Kaiser Foundation Health Plan of the Mid-Atlantic States started a Community Ambassador Program. The Community Ambassador Program is a unique and innovative approach to improving the health of the region's communities by deploying Kaiser Permanente nurse practitioners with training in primary care into area safety net clinics on a full-time basis with a focus on the exchange of expertise, improving health, serving vulnerable populations, and sharing successful practices. At 2017 year-end, there were 9 safety net clinics remaining in the program and 17 community ambassadors. Of the 17 community ambassadors, 7 employees are deployed in Maryland. The Community Ambassador program has enabled partner clinics to expand access to care and continuously improve quality metrics including prenatal centering classes that improve birth weight and decreased risk of preterm delivery.

To deliver on our vision of eliminating disparities in health and health care, Kaiser Permanente's integrated delivery system has developed and uses a number of data-driven resources. We have been working to identify our members (on a voluntary basis) based on demographic characteristics such as their race/ethnicity and preferred language, which allows us to review, stratify and benchmark health outcomes for different groups and target resources appropriately. Our Center for Healthcare Analytics produces a quarterly Equitable Care Health Outcomes (ECHO) report that stratifies HEDIS effectiveness of care measures by race/ethnicity so that we can see differences in, for instance, blood pressure control between self-identified White and African American members or colorectal cancer screening between Hispanic/Latino and White members. We also maintain a dashboard to measure performance on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care – the CLAS Standards – focused on the communication and language assistance standards (CLAS Standards 5, 6, 7 and 8).

The ongoing collection and analysis of these and other data elements allows us to increase focus and resources for certain conditions, populations and locations, and provide more culturally and linguistically appropriate care. For example, the data may show that for an increasing percentage of members visiting a particular Kaiser Permanente medical center, Spanish is their language of preference or preferred language. This information informs efforts regarding hiring bilingual clinical and administrative staff with Spanish proficiency, which aids in effectively communicating care information to members, resulting in improved patient satisfaction, better compliance and improved health outcomes at the member and population level.

A relatively new program in our Mid-Atlantic region is the Complex Care Case Management (CCCM) program, through which members with complex needs or multiple chronic comorbidities who opt in are followed through all care settings by the same physician. Their physician monitors and manages all their care, regardless of care setting, to ensure optimal coordination for this vulnerable population and improve their health and their care utilization patterns.

The mission and focus of the CCCM program is to assist members who have an intense need for case management, coordination of care or who experience extensive use of services. It serves the most vulnerable members with the goal of helping them make progress, stabilize their health status and return to their medical home within Kaiser Permanente.

Core elements of the case management programs include the following:

- Foster relationships between practitioner/care team and patients;
- Promotion and coordination of consistent care across the delivery system;
- Decrease re-hospitalizations and increase appropriate utilization of service; and
- Ensure equitable and compliant care across disease management programs.

The goals for enrolled members within the CCCM program include the following:

- Increase access for high-risk members to care, services, and Kaiser Permanente resources.
- Proactively identify members who have experienced a critical event or new diagnosis with an expected need for intense coordination of care.
- Proactively identify members with chronic conditions and who have multiple and complex needs.
- Coordinate services for members with complex conditions and facilitate access to needed resources.
- Ensure quality of care outcomes with evidence based guidelines and algorithms.
- Ensure customer oriented delivery of services based on analysis of member satisfaction survey results and review of membership inquiries and/or complaints.
- Measure the effectiveness of case management activities and make changes as appropriate.
- Provide caregiver support when possible in the management of members with complex conditions.
- Coordinate with the primary care provider and all providers across the health care team to maintain an integrated care plan and holistic approach to the member's care.

(5) For a carrier that provides a majority of covered professional services through physicians employed by a single contracted medical group and through health care providers employed by the carrier, the carrier's efforts to address the needs of low-income medically underserved individuals. § 15-112(c)(4)(v)

Among other challenges, low-income individuals may struggle to find a provider who accepts Medicaid or may have difficulty reaching care locations due to reliance on public transportation. Kaiser Permanente strategically places our care facilities on major public transit lines, and we co-locate clinical, pharmacy and ancillary services so that members may handle multiple care needs in a single visit. In addition, Kaiser Permanente providers see patients from all sources of coverage (e.g. large group commercial, Medicare, Medicaid), and members with different sources of coverage have access to the same provider network. These characteristics of our integrated system help ensure equitable access to high quality care for all our members.

Community Health Initiatives

At Kaiser Permanente we also focus on the health of the communities we serve. During 2017 Kaiser Permanente's community benefit team led several extraordinary initiatives to achieve equity in access to various social and environmental determinants of health including quality education, jobs and job readiness, affordable healthy food, safe and attractive outdoor spaces, and social/emotional supports and services across the service areas. Through the community benefit team Kaiser Permanente has contributed funding, guidance, and advocacy support to multiple initiatives and collaboratives, resulting in stronger and more sustainable communities, schools and community-based organizations, and individuals and

families who are better equipped to manage and improve their health. Some examples of community-based initiatives and programs in 2017 include:

- In 2017, Kaiser Permanente's Youth Leadership Program engaged 22 students from 7 high schools in Baltimore City. Our Young Leaders focused on civic engagement, communication skills, and community organizing by speaking with their Baltimore City delegates in Annapolis, working with Dew More Baltimore to use poetry to express their evolving identities and goals for their future, and creating an event to inspire and motivate youth through poetry and art titled In My Shoes. Eight of our young leaders graduated from high school in 2017 and all eight are currently enrolled in college.
- In partnership with Prince George's County Public Schools and Prince George's County Health Department, two (2) Kaiser Permanente medical centers (Prince George's Plaza and Largo) provided free vaccinations to 376 students to ensure there was no interruption in their attendance at school.
- Kaiser Permanente's Patient Transportation Access Program (PTAP) operates in support of the non-medical social need of transportation to address this determinant of health access. PTAP supports low-income vulnerable members via Case Management and partners with local transportation companies to reduce unnecessary ER and inpatient visits by increasing access to Clinical Decision Units (CDUs) and other important medical appointments to address and maintain health outcomes. In 2017, the program provided close to 4,000 trips.
- Future Baltimore is a flagship partnership with Bon Secours Community Works (BSCW) that will address long-standing socio-economic and health needs of the residents of 21223 in three of West Baltimore's most vulnerable neighborhoods: Boyd-Booth, Franklin Square, and Fayette Street. In 2017, a total investment of \$2.1M was made to support the place-based initiative, evaluation technical assistance and social and emotional well-being programs in six neighborhood schools.
- Phase II of the barbershop and beauty salon community-based health and wellness program, Good Health & Great Hair, launched in September 2017 and is running through the end of August 2018. In 2017, the program reached (417) unique patients and provided health and wellness screenings such as flu shots, blood pressure, HIV, and cancer. The program also connected patrons of the barbershops and beauty salons to social service providers such as Pratt Mobile Job Center, Maryland CASH Campaign, Healthcare Access Maryland and GymGo as well as on-boarded (7) community health workers to promote screenings amongst barbershop and beauty salon customers and community.

Safety Net Partnerships.

Through the end of Q4 2017, Kaiser Permanente's Community Ambassador Program, in its 9th year, (including a 3-year pilot) increased access to care by providing over 54,600 encounters (including 17,404 telephone encounters), expanded capacity of select safety providers and improved quality of care on evidence-based measures through a long-term collaboration. At year end Eighteen (18) Community Ambassadors (12.7 FTEs) comprised of nurse practitioners (NPs), midwives and physician assistants (PAs) were strategically placed in nine (9) safety net clinics (Federally Qualified Health Clinic/FQHCs, hospital safety net clinics, private public partnership clinics and free clinics) located across the region's service areas in Washington, D.C. and Suburban Maryland, Northern Virginia and Baltimore, MD.

The ALLPHASE initiative, a keystone of Kaiser Permanente's cardiovascular disease (CVD) risk reduction program, in its 4th year, reached more than 9,100 patients across 8 health center organizations in 2017. There were 38 clinic sites within these 8 organizations who participated in ALLPHASE. Of

those patients reached in Q4 2017, 54.0% are on the protocol, 57.5% of those patients are in-control blood pressure and 40.6% have in-control A1C.

2017 Investments and Statistics

- Invested \$159.5 million dollars in community benefit through December – 4.3% revenue
- \$4.9 million dollars and 152 contributions overall in grants, sponsorships, donations from operating and donor advised funds
- Served 9,493 members in Charitable Health Care and Coverage Programs through December (excludes Medicaid)
- Served 80,545 Medicaid members through December
- \$117.0 million invested in Charitable Health Programs alone through December (including Medicaid)
- 643 Kaiser Permanente employees participated in 184 unique events logging approximately 8,745 hours of community service during the year

(6) Carrier's methods for assessing the health care needs of enrollees and enrollee satisfaction with the health care provided to them - § 15-112(c)(4)(vi)

Kaiser Permanente uses several tools to assess the healthcare needs of our enrollees at the time of enrollment and over the course of care, for example-

- The Total Health Assessment – a self-administered assessment that can be shared with the member's primary care provider and gives the member a plan of action for improving their health
- Primary Healthcare Questionnaire-9 (PHQ-9) – A self-administered questionnaire to screen, diagnose, monitor and measure the severity of depression

Kaiser Permanente tracks member satisfaction with the health care provided to them in a number of ways. Member satisfaction is tracked quarterly and annually by medical center, local market and by region.

Examples of surveys and tools used to track member satisfaction include -

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) - This annual survey asks consumers and patients to evaluate their health care experiences
- Ambulatory Patient Satisfaction Survey - This is a quarterly Kaiser Permanente member patient satisfaction survey
- Ambulatory Surgical Center Patient Satisfaction Survey - This is a quarterly Kaiser Permanente member patient satisfaction survey specific to services received at our ambulatory surgery centers
- Member complaints by line of business and care experience including access to care

(7) Each carrier shall monitor on an ongoing basis the clinical capacity of its participating providers to provide covered services to its enrollees - § 15-112(c)(5)

Schedules are monitored through a schedule planning framework that supports timely execution of uniform care scheduling practices across the region. This allows for a coordinated approach to planning appointment capacity and schedule management while optimizing the integration of clinic scheduling with surgery scheduling. Appointment supply meeting appointment demand is monitored on a daily, weekly and monthly basis for all primary care appointment types at each Kaiser Permanente Medical Center.

~~Kaiser Permanente annually surveys our contracted behavioral health care providers that have submitted 25 or more claims in the quarter immediately preceding the survey; and the providers within the top 5 most highly utilized specialties that have submitted 25 or more claims in the quarter immediately preceding the survey. The survey is conducted via U.S. mail, fax or telephone to confirm that they are meeting appointment accessibility standards. The results of the survey are reported to the Quality Department and Regional Area Access. Behavioral health provider results are also shared with Kaiser Permanente's Behavioral Health Unit. Inability to meet access standards may result in removal from the participating provider network.~~

Part 3 – Documentation justifying to the Commissioner how the access plan meets each network sufficiency standard set forth in regulations .04-.06 of the chapter

31.10.44.04 B (1) –

In determining the percentage of enrollees for whom we meet the travel distance standard, we used the enrollee's street address of record for the calculation.

31.10.44.04 B (5) –

31.10.44.04 B (5) Network Adequacy Access Plan
PROVIDERS
Commercial

Provider Group	Urban %	Suburban %	Rural %
Primary Care Physician	100	100	100
Pediatrics— Routine/Primary Care	100	100	100
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Dermatology	100	100	100
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Gastroenterology	100	100	100
General Surgery	100	100	100
Infectious Diseases*	99.9	100	100
Nephrology	100	100	100
Neurological Surgery*	100	100	100
Neurology	100	100	100
Oncology— Medical, Surgical	100	100	100
Oncology— Radiation/Radiation Oncology	100	100	100
Ophthalmology	100	100	100
Optometry*	100	100	100
Orthopedic Surgery*	99.9	100	100
Physiatry, Rehabilitative Medicine	100	100	100
Plastic Surgery	100	100	100
Podiatry	100	100	100
Pulmonology	100	100	100
Rheumatology	98.7	100	100
Urology	100	100	100
Vascular Surgery*	100	100	100

* All Other licensed or certified providers under contract with a carrier not listed

(b) Total number of certified registered nurse practitioners counted as a primary care provider: 0

- (c) Total percentage of primary providers who are certified registered nurse practitioners: 0
- (d) Total number of essential community providers in the carrier's network: N/A
- (e) Total percentage of essential community providers available in the health benefit plan's service area that are participating providers: N/A



31.10.44.04 B (5) Network Adequacy Access Plan

FACILITIES

Commercial

Facility Type	Urban %	Suburban %	Rural %
Acute Inpatient Hospitals	99.9	100	100
Critical Care Services - Intensive Care Units	99.9	100	100
Diagnostic Radiology	100	100	100
Inpatient Psychiatric Facility	99.4	100	100
Outpatient Dialysis	100	100	100
Outpatient Infusion/Chemotherapy	99.9	100	100
Skilled Nursing Facilities	100	100	100
Surgical Services (Outpatient or Ambulatory Surgical Center)	99.9	100	100
Other Behavioral Health/Substance Abuse Facilities *	99.6	100	100

* All other licensed or certified facilities under contract with a carrier not listed

[Chemical Dependency Day Treatment, Inpatient Substance Abuse, Psychiatric Day Treatment, Outpatient Substance Abuse]

31.10.44.04 C (1) –

This section is not applicable, Kaiser Permanente is a group model HMO

31.10.44.04 C (2) –

Kaiser Permanente's 2018 first quarter HEDIS results for the two required measures are –

- (a) Initiation and Engagement of Alcohol and Other Drug Use or Dependence (AOD) Treatment: Initiation Phase – 52.3% (NCQA's 50th percentile target is 40.72%)

Denominator: The eligible population

Numerator: Initiation of AOD Treatment: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis.

- (b) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - 86.5%

Denominator: The eligible population

Numerator: A PHQ-9 score in the member's record during the same assessment period when an IESD occurred.

This is a new HEDIS measure in which NCQA has yet to set a 50th percentile target.

31.10.44.04 C (3) –

To satisfy this requirement, Kaiser Permanente is providing our alternative standard justification to the essential community provider requirement, which was submitted to and accepted by the Maryland Health Benefit Exchange for certification as a qualified health plan.

31.10.44.05 C –

The appointment waiting time results are calculated using the time frame from the date the appointment was booked to the date the member was seen. The data reflects results for first quarter 2018.

.05 Appointment Waiting Time Standards

(a) 95 percent pass threshold

Appointment Waiting Time Standard Results	
Urgent Care - Within 72 Hours	99.9%
Routine Primary Care - Within 15 Calendar Days	95.4%
Preventive Visit/Well Visit - Within 30 calendar Days	98.9%
Non-urgent Specialty Care - Within 30 Calendar Days	98.7%
Non-urgent Ancillary Services - Within 30 Calendar Days	99.9%
Non-urgent Behavioral Health/Substance Use Disorder Services - Within 10 Calendar Days	89.3%

(b) List the total percentage of telehealth appointments counted as part of the appointment waiting time standard results
3.7%

Kaiser Permanente's Behavioral Health Delivery system is committed to providing rapid access to behavioral health care for our patients. We encourage our patients to seek care as soon as possible, either same day or next day. Appointment supply for non-urgent behavioral health and substance use disorder services is adequate and available for members willing to schedule within the 10 day period required by the regulations.

Patient preference and their personal choice to seek non-urgent care at their convenience impacts our non-urgent behavioral health and substance use disorder services appointment wait time results. This is especially true with child and adolescent populations wherein parents tend to prefer bring patients at a time that is convenient based on the child's school schedule. Nonetheless we continue to encourage our members to seek care earlier rather than later, since early intervention improves care and outcomes.

31.10.44.06 –

This section is not applicable to group model HMOs