KERN HEALTH SYSTEMS

REGULAR MEETING OF THE QI/UM COMMITTEE

Thursday, July 29th, 2021
At
7:00 A.M.

At
2900 Buck Owens Boulevard
4th Floor Kern River Room
Bakersfield, CA 93308
(Virtual Meeting)

The public is invited

For more information, call (661) 664-5000

Agenda

Quality Improvement (QI) / Utilization Management (UM) Committee
(VIRTUAL) MEETING

Kern Health Systems
4th Floor Kern River Room
2900 Buck Owens Boulevard
Bakersfield, California 93308

Virtual Meeting
Thursday, July 29th, 2021

7:00 A.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd, Bakersfield, CA 93308 during regular business hours, 8:00 a.m.–5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

COMMITTEE MEMBERS: Jennifer Ansolabehere, PHN; Satya Arya, MD; Danielle C Colayco, PharmD; MS; Allen Kennedy; Philipp Melendez, MD; Chan Park, MD; Maridette Schloe; MS, LSSBB; Martha Tasinga; MD, CMO

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN HEALTH SYSTEMS STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO COMMITTEE MEMBER OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE COMMITTEE MEMBERS CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

1) This portion of the meeting is reserved for persons to address the Committee Members on any matter not on this agenda but under the jurisdiction of the Committee Members. Committee Members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Committee Members at a later meeting. Also, the Committee Members may take action to direct the staff to place a matter of business on a future agenda.
SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

2) On their own initiative, Committee Members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])
3) Announcements
4) Closed Session
5) CMO Report

CA-6) QI/UM Committee Summary of Proceedings May 27th, 2021 – APPROVE

7) Physician's Advisory Committee (PAC) Summary of Proceedings 2nd Quarter 2021– RECEIVE AND FILE
   - April 2021
   - May 2021
   - June 2021

CA-8) Public Policy and Community Advisory Summary of Proceedings Quarter 2 & Quarter 3 will be presented at next meeting.

CA-9) Pharmacy & Therapeutics Committee Summary of Proceedings 2nd Quarter 2021- RECEIVE AND FILE
   - March 2021

10) New QI_UM Committee Member Appointment- APROVE
   - Michael Komin, MD, Family Practice, Komin Medical Group

Pharmacy Reports

CA-11) Pharmacy TAR Log Statistics 2nd Quarter 2021– RECEIVE AND FILE
   - Executive Summary

Quality Improvement Department Summary Reports

12A) Quality Improvement 2020 Program Evaluation – APPROVE
Quality Improvement 2021 Program Description – APPROVE
Quality Improvement 2021 Workplan - APPROVE

12B) Quality Improvement Department Summary Reports 2nd Quarter 2021– APPROVE
   - Executive Summary
   - COVID-19 Updates
   - Potential Inappropriate Care (PIC) Notifications
   - Facility Site Reviews (FSRs)
   - Quality Improvement Projects
   - MCAS Committee
   - Policy and Procedure

UM Department Reports

13) Combined UM Reporting 2nd Quarter 2021– APPROVE

- Executive Summary
- UM Program Evaluation 2020
- UM Program Description 2021
- Spring 2021 IRR Results

Kaiser Reports

CA-14) Kaiser Reports **(PROPRIETARY AND CONFIDENTIAL)**

- KFHC APL Grievance Report-2nd Quarter 2021– RECEIVE AND FILE
- KFHC Volumes Report 2nd Quarter 2021– RECEIVE AND FILE
- Kaiser Reports will be available upon Request

VSP Reports

15) VSP Reports

- VSP DER Effectiveness Report – APPROVE
- VSP- Medical Data Summary- APPROVE
- VSP Monthly Call Response Summary- APPROVE

Member Services

16) Grievance Operational Board Update – APPROVE

- Executive Summary
- 2nd Quarter 2021

17) Grievance Summary Reports – APPROVE

- Executive Summary
- 2nd Quarter 2021

Provider Relations

18) Re-credentialing Report 2nd Quarter 2021– APPROVE

CA-19) Board Approved New Contracts Report – RECEIVE AND FILE

CA-20) Board Approved Providers Report – RECEIVE AND FILE

CA-21) Provider Relations Network Review Report 2nd Quarter 2021– RECEIVE AND FILE

- Executive Summary

Disease Management

22) Disease Management 2nd Quarter 2021 Report – APPROVE

- Executive Summary

Policies and Procedures

23) 2.70- I Potential Inappropriate Care (PIC) Policy- APPROVE

24) 20.50-I Medi- Cal Quality and Performance-APPROVE

Health Education Report

CA-25) Health Education Activity Report 1st Quarter 2021-APPROVE

- Executive Summary

ADJOURN MEETING TO THURSDAY, NOVEMBER 11, 2021 @ 7:00 A.M.
THIS MEETING WILL BE IN PERSON, AT KHS BUILDING

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

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APPENDIX

1. QI_UM Committee Meeting Cover Sheet- Page 1
2. QI_UM Agenda July 29th, 2021- Pages 2-5
3. QI/UM Committee Summary of Proceedings – Pages 6-11
4. Physician's Advisory Committee (PAC) Summary of Proceedings- Pages 12-20
5. Public Policy and Community Advisory Summary of Proceedings-Pages 21
6. Pharmacy & Therapeutics Committee Summary of Proceedings- Pages 22-25
7. New QI_UM Committee Member Appointment App.- Pages 26-27
8. Pharmacy TAR Log Statistics Reports- Pages 28-29
9. Quality Improvement Department Summary Reports- Pages 30-119
10. Combined UM Report- Pages 120-214
11. Kaiser Reports- Page 215
12. VSP Reports- Pages-216-221
13. Member Services Reports – Pages 222-231
14. Provider Relations Reports- Pages 232-339
15. Disease Management Reports- Pages 340-344
16. QI/UM Policies and Procedures- Pages 345-362
17. Health Education- Pages 363-374

SUMMARY OF PROCEEDINGS

Quality Improvement (QI) / Utilization Management (UM) Committee (VIRTUAL) MEETING

Kern Health Systems
4th Floor Kern River Room
2900 Buck Owens Boulevard
Bakersfield, California 93308

Virtual Meeting
Thursday, May 27, 2021

7:00 A.M.

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Members Present: Satya Arya, MD; Danielle C Colayco, PharmD; Allen Kennedy; Philipp Melendez, MD; Maridette Schloe MS, LSSBB; John Miller, MD

Members Absent: Jennifer Ansolabehere, PHN; Chan Park, MD

Meeting was called to order at 7:03 A.M. by Dr. John Miller, M.D., Medical Director

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STAFF RECOMMENDATION SHOWN IN CAPS

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NO ONE HEARD.

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

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3) Announcements – **N/A**

4) Closed Session – **N/A**

5) CMO Report – **HELD UNTIL NEXT MEETING DUE TO CMO'S ABSENCE.**

CA-6) QI/UM Committee Summary of Proceedings February 25, 2021 – APPROVED
Melendez-Arya: All Ayes

7) Physician's Advisory Committee (PAC) Summary of Proceedings 1st Quarter 2021– RECEIVED AND FILED
Melendez-Arya: All Ayes
- February 2021
- March 2021

CA-8) Public Policy and Community Advisory Committee Summary of Proceedings 1st Quarter 2021 – RECEIVED AND FILED
Melendez-Arya: All Ayes

CA-9) Pharmacy and Therapeutics Committee Summary of Proceedings; Meetings held in 2020 – RECEIVED AND FILED
Melendez-Arya: All Ayes

- February 2020
- May 2020
- September 2020
- November 2020

Pharmacy Reports - Melendez-Arya: All Ayes
CA-10) Pharmacy TAR Log Statistics 1st Quarter 2021 – RECEIVED AND FILED

- Executive Summary

Quality Improvement Department Summary Reports
Melendez-Kennedy: All Ayes

11) Quality Improvement Department Summary Reports 1st Quarter 2021 – APPROVED
    - Executive Summary
    - COVID-19 Updates
    - Potential Inappropriate Care (PIC) Notifications
    - Facility Site Reviews (FSRs)
    - Quality Improvement Projects
    - MCAS Committee
    - Policy and Procedure and other program documents

Ms. Jane Daughenbaugh, Director of Quality Improvement, advised the committee that we are moving to a new format of providing an executive level summary for department reports instead of reviewing each report in detail during the meeting. This is intended to support more discussion and engagement from committee members. The committee was invited to provide Ms. Daughenbaugh any feedback on this new approach.

She reviewed the executive summary for the 1st quarter QI Department reports. Some key points discussed were:

- **The impacts of the pandemic on provider site and medical record reviews.**
- **The status of getting a QI RN certified as a master trainer, hopefully in August.**
- **An overview of the two current PIPs that are active.**
- **Description of the new MCAS Committee that was initiated in January of this year and the key, current focus of the committee.**
- **An overview and update on the Member Rewards and Engagement Program, including an update on the upcoming 2nd campaign scheduled to begin in June.**
- **An overview the MCAS SWOT analysis and action plan. Discussed that DHCS will provide input on current efforts with this project along with any additional direction based on KHS' MCAS results for MY2020.**

Kaiser Reports

CA-12) Kaiser Reports **(PROPRIETARY AND CONFIDENTIAL)**

- KFHC APL Grievance Report-1st Quarter 2021 – RECEIVED AND FILED
- KFHC Volumes Report 1st Quarter 2021 – RECEIVED AND FILED
- Kaiser Reports will be available upon Request

VSP Reports

13) VSP Reports - **Melendez-Allen: All Ayes**

- VSP DER Effectiveness Report – APPROVED
- VSP- Medical Data Summary- APPROVED
- VSP Monthly Call Response Summary- APPROVED

Member Services – **Melendez-Allen: All Ayes**

14) Grievance Operational Board Update – APPROVED

- Executive Summary
- 1st Quarter 2021

15) Grievance Summary Reports – APPROVED

- Executive Summary
- 1st Quarter 2021

Amy Carrillo, Member Services Manager, went over the Grievance reports with the committee. When compared to the previous three quarters, there were no significant trends identified as they relate to the Grievances during the 1st Quarter of 2021.

Provider Relations - **Melendez-Allen: All Ayes**

16) Re-credentialing Report 1st Quarter 2021 – APPROVED

CA-17) Board Approved New Contracts Report – RECEIVED AND FILED

CA-18) Board Approved Providers Report – RECEIVED AND FILED

CA-19) Provider Relations Network Review Report 1st Quarter 2021 – RECEIVED AND FILED

- Executive Summary

Melissa Lopez, Provider Relations Manager went over the following with the committee:

- **After Hours: KHS conducts a survey to assess compliance with after-hours urgent and emergent guidance for members.**
- **Appointment Availability: KHS randomly sampled 15 PCP, 15 Specialists, 5 Mental Health, 5 Ancillary, and 5 OB/GYN providers to ensure compliance with phone answering timeliness and appointment availability.**
- **Access Grievance Review**
- **Geographic Accessibility & DHCS Network Certification: KHS must request alternative access standards (AAS) from DHCS in zip codes where KHS is non-compliant with time or distance standards. All AAS requests from 2020 have been approved. KHS**

is in the process of receiving approval from DHCS for AAS 2021.

- **Network Adequacy and Provider Counts: DHCS conducts quarterly monitoring of: Provider to Member Ratio, Timely Access, Network Report of Providers, Mandatory Provider Types, Physician Supervisor to Non-Physician Medical Practitioner Ratios.**
- **Capacity Report: Annually, KHS conducts a Provider Capacity review which is comprised of 4 areas to ensure network capacity.**
- **Provider Satisfaction**

Disease Management - Melendez-Allen: All Ayes

20) Disease Management 1st Quarter 2021 Report – APPROVED
- Executive Summary

Policies and Procedures - Melendez-Arya: All Ayes

CA-21) QI/UM Policies and Procedures- APPROVED
- 3.22- P Referral and Authorization Process
- 3.31-P Emergency Services
- 3.43- P Hospice Services
- 10.01-I Clinical and Public Advisory Committee

Health Education Report

CA-22) **Health Education will report in next meeting for 1st Quarter**

UM-CM Department Reports – Melendez-Arya: All Ayes

23) Combined UM_CM Reporting 1st Quarter 2021– APPROVED
- Executive Summary

Shannon Miller, Director of Utilization Management, reviewed the executive summary for the 1st quarter Utilization Managment and Case Management Department reports. Some key points discussed were:

- **Pharmacy Carve-Out State Managed Benefit transition remains on hold pending notification from DHCS.**
- **Cal-AIM Multi-year implementation for Medi-Cal benefits and it's effects.**
- **COVID impact for Utilization Management**

Meeting adjourned by Dr. John Miller, M.D., Medical Director @ 7:51 A.M.
to Thursday, July 29, 2021 at 7:00 A.M.

AMERICANS WITH DISABILITIES ACT
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6. Pharmacy & Therapeutics Committee Summary of Proceedings- Pages 21-34
7. Pharmacy TAR Log Statistics Reports- Pages 35-36
8. Quality Improvement Department Summary Reports- Pages 37-57
9. Kaiser Reports- Page 58
10. VSP Reports- Pages-59-62
11. Member Services Reports - Pages 63-71
12. Provider Relations Reports- Pages 72-170
13. Disease Management Reports- Pages 171-175
14. QI/UM Policies and Procedures- Pages 176-230
15. Health Education- 231
16. Combined UM Report- Pages 232-259

SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE (VIRTUAL) MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Wednesday, April 7, 2021

7:00 A.M.

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COMMITTEE RECONVENED

Members Present: David Hair, M.D., Miguel Lascano, M.D.; Ashok Parmar, M.D.; Raju Patel, M.D., Martha Tasinga, M.D., C.M.O.

Members Absent: Hasmukh Amin, M.D.

Meeting called to order at 7:05 A.M. by Dr. Martha Tasinga, M.D., C.M.O.

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- **Dr. Patel asked for clarification regarding PCP reimbursement for seeing members who are not assigned. Jake Hall informed the committee that although KHS recommends members see their assigned PCP to improve coordination of care, if a PCP sees a member who is not assigned to their panel, claims will no longer deny payment and the claim will be paid.**

ADJOURNED TO CLOSED SESSION @ 7:17 A.M.

CLOSED SESSION

3) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 5-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RECREDENTIALING.**

- Update – Provider Responses to PIC Information Requests

Jane Daughenbaugh, Director of Quality Improvement, reported 4 of the 5 providers have submitted responses to the QI Committee. Provider PRV002137, has not yet responded. PNM will confirm with the PR Representative to ensure follow-up with the provider and request response.

- **Yolanda provided an updated provider PRV000383 follow-up requirement to submit all procedures for prior authorization as part of the UM Audit conducted on this provider last year. PRV000383 will be informed that**

he will no longer be required to submit procedures for prior authorization if procedure is within the scope of a Family Practitioner and is not currently listed on the Prior Authorization List. The committee continues to support only those procedures within a Family Practitioners scope be approved with appropriate medical necessity and those procedures exceeding a FP scope will be redirected to a network specialist.

- **PRV000403 Group - Anomalous Practice Trends - Shannon Miller provided update on previous meetings held between KHS UM Staff and PRV000403 Staff.**

COMMITTEE TO RECONVENED TO OPEN SESSION @ 7:52 A.M.

CA-4) Minutes for KHS Physician Advisory Committee meeting on March 3, 2021 – APPROVED
Hair-Parmar: All Ayes

5) Tertiary Facilities Delegated Credentialing Audit Summary for 2020 – APPROVED
Parmar-Lascano: All Ayes

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:56 A.M. TO WEDNESDAY, MAY 5, 2021 @ 7:00 A.M.

AMERICANS WITH DISABILITIES ACT
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SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE (VIRTUAL) MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Wednesday, May 5, 2021
7:00 A.M.

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COMMITTEE RECONVENED

Members Present: Hasmukh Amin, M.D.; David Hair, M.D., Miguel Lascano, M.D.; Ashok Parmar, M.D.; Raju Patel, M.D., Martha Tasinga, M.D., C.M.O.

Members Absent: None

Meeting called to order at 7:04 A.M. by Dr. Martha Tasinga, M.D., C.M.O.

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   - **NO ONE HEARD.**

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

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   - **Amy Daniel, Executive Health Services Coordinator, announced the 700 forms for 2021 are now overdue. She asked the committee members who have not yet turned them in, to get them in as soon as possible.**

ADJOURNED TO CLOSED SESSION @ 7:08 A.M.

CLOSED SESSION

3) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 6-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RECREDENTIALING.**

Ongoing Monitoring/Alerts/Media Notifications:

- **Yolanda provided an update on the state licensing reported actions on active KHS Network Providers. Responses from all but one provider were received. All providers identified will be placed on the monthly monitoring report to monitor compliance with probationary terms, as well as await final decisions on pending accusations for those who have not yet had a hearing with the state board.**

Update – Provider Responses to PIC Information Requests

- **Jane reported the last of the outstanding provider responses has been received. A written response, regarding a Quality of Care issue for PRV002137, was received from Adventist Health Bakersfield advising that this**

case will be referred to the hospital's medical staff Quality Assurance Committee for review. The response was reviewed by a KHS Medical Director determining Adventist Health's action is appropriate and case closure was recommended.

COMMITTEE TO RECONVENED TO OPEN SESSION @ 7:24 A.M.

CA-4) Minutes for KHS Physician Advisory Committee meeting on April 7, 2021 – APPROVED
Parmar-Amin: All Ayes

5) VSP Reports – APPROVED
Patel-Amin: All Ayes

- Call Response Summary Report
- Medical Data Collection Summary Report
- Diabetic Exam Reminder Effectiveness Report

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:30 A.M. TO WEDNESDAY, JUNE 2, 2021 @ 7:00 A.M.

AMERICANS WITH DISABILITIES ACT
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SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE (VIRTUAL) MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Wednesday, June 2, 2021
7:00 A.M.

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COMMITTEE RECONVENED

Members Present: Hasmukh Amin, M.D.; Miguel Lascano, M.D.; Ashok Parmar, M.D.; Raju Patel, M.D., Martha Tasinga, M.D., C.M.O.

Members Absent: David Hair, M.D.

Meeting called to order at 7:05 A.M. by Dr. Martha Tasinga, M.D., C.M.O.

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STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

1) This portion of the meeting is reserved for persons to address the Committee on any matter not on this agenda but under the jurisdiction of the Committee. Committee members may respond briefly to statements made or questions posed. They may ask a question for clarification; make a referral to staff for factual information or request staff to report back to the Committee at a later meeting. Also, the Committee may take action to direct the staff to place a matter of business on a future agenda.
SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!
   - **NO ONE HEARD.**

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

2) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])

   - **Jane Daughenbaugh introduced Kailey Collier, QI Manager RN. The members welcomed Kailey to her new position at KHS.**

ADJOURNED TO CLOSED SESSION @ 7:07 A.M.

CLOSED SESSION

3) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 5-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RECREDENTIALING.**

Motion: Amin / 2nd: Patel

Ongoing Monitoring/Alerts/Media Notifications:

Yolanda reported a provider response was received related to recent accusation. Provider identified will be placed on the monthly monitoring report to monitor until the medical board renders a final decision since provider has not yet had a hearing with the state board.

PRV050566 - Yolanda updated the PAC that this provider has submitted motion to vacate revocation of license; however, the decision to revoke license is still posted on MBC Website. Yolanda informed Group's Office Manager, KHS will need in writing from MBC their decision to reinstate provider's license.

COMMITTEE TO RECONVENED TO OPEN SESSION @ 7:21 A.M.

CA-4) Minutes for KHS Physician Advisory Committee meeting on May 5, 2021 – APPROVED
Amin-Parmar: All Ayes

5) Review KHS Policies:
Parmar-Patel: All Ayes

Policy 2.70-I Potential Inappropriate Care (PIC) Issues – APPROVED
Policy 3.22-P Referral and Authorizations – APPROVED
Policy 3.31-P Emergency Services – APPROVED
Policy 3.43-P Hospice Services – APPROVED

- **Jane presented the red-lined changes to Policy #2.70-I Potential Inappropriate Care (PIC) Issues. The changes included clarifying the policy timeframes, incorporated data entry of the PIC referral form into the Medical Management System to simplify the process; and added new Appendix C Corrective Action Plan Form as a means of assisting physicians on action needing to be implemented.**

6) Review MCG Health LLC Guideline Content Update 25th Edition Content and Summary of Changes – APPROVED
Amin-Patel: All Ayes

7) Review VSP Medical Data Collection Summary Report – APPROVED
Review VSP Diabetic Exam Reminder Effectiveness Report – APPROVED
Amin-Patel: All Ayes

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:44 A.M. TO WEDNESDAY, AUGUST 4, 2021 @ 7:00 A.M.

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the KHS Finance Committee may request assistance at the Kern Health Systems office, 9700 Stockdale Highway, Bakersfield, California or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

KERN HEALTH SYSTEMS

Public Policy and Community Advisory Summary of Proceedings Quarter 2 & Quarter 3 will be presented at next meeting.

661-664-5000
661-664-5151
kernhealthsystems.com
2900 Buck Owens Boulevard, Bakersfield, CA 93308-6316

SUMMARY OF PROCEEDINGS

PHARMACY & THERAPEUTICS (P&T) COMMITTEE (VIRTUAL MEETING)

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Virtual Meeting
Wednesday, March 24, 2021

6:30 P.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Blvd., Bakersfield, 93308 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

COMMITTEE MEMBERS PRESENT: Alison Bell, Pharm. D; Kimberly Hoffmann, Pharm. D; Jeremiah (Jay) Joson, Pharm. D; Sam Ratnayake, M.D.; Vasanthi Srinivas, M.D.; Martha Tasinga, M.D., C.M.O.; Bruce Wearda, R.Ph., Director of Pharmacy

COMMITTEE MEMBERS ABSENT: Dilbaugh Gehlawat, M.D.; Sarabjeet Singh, M.D.; Joseph Tran, Pharm. D

Meeting called to order at 6:43 P.M. by Dr. Martha Tasinga, M.D.

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN HEALTH SYSTEMS STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO COMMITTEE MEMBER OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE COMMITTEE MEMBERS CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

1) This portion of the meeting is reserved for persons to address the Committee Members on any matter not on this agenda but under the jurisdiction of the Committee Members. Committee Members may respond briefly to statements made or questions posed. They may ask a question for clarification; make a referral to staff for factual information or request staff to report back to the Committee Members at a later meeting. Also, the Committee Members may take action to direct the staff to place a matter of business on a future agenda.
SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

2) On their own initiative, Committee Members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a]) **N/A**

CA-3) Minutes for KHS Pharmacy &Therapeutics Committee meeting(s) on November 18, 2020 – APPROVED
Srinivas-Hoffmann:All Ayes (All Consent Agenda items CA-3 to CA-5)

CA-4) Report of Plan Utilization Metrics – RECEIVED AND FILED

CA-5) Education Articles – RECEIVED AND FILED

6) Executive Order N-01-19: Medi-Cal Rx Update – DISCUSSION

- **KHS shared with the committee the latest status of the Executive Order. DHCS has indefinitely postponed Medi-Cal Rx to investigate the potential conflict of interest, the recent acquisition of Magellan by Centene. Further details are expected to be given by the State in May 2021.**

7) Review Formulary OB/GYN – APPROVED

Various Obstetrical and Gynecological therapies were reviewed and discussed. Local specialists (OB/GYN) provided input and best practice standards. They reviewed the KFHC formulary, and were satisfied with it's content and had no recommendations for modifications.

- **Hydroxyprogesterone is being reviewed by the Advisory Committee for the FDA, for market availability. Recent studies indicated efficacy was not as pronounced as date originally submitted to the FDA indicated. Until either the FDA or DHCS removes or restricts it from the market, KHS will continue to approve within its authorized criteria.**

- **Vaginal estrogen – Committee reviewed utilization data from 2020. In April 2020, vaginal estradiol became the only formulary version, Premarin vaginal cream was left as non-preferred, requiring prior auth for coverage. The committee recommended removing Premarin vaginal cream from the KFHC formulary.**

- **Prenatal vitamins with DHA – Dr. Srinivas asked if prenatal vitamins with DHA were covered, as she has a number of members inform her that it wasn't processing at the pharmacies. It had been added to the formulary recently. KHS felt that it was covered and would process, but would run reports to investigate, and report back to the committee at the next meeting.**

8) Review Formulary Pulmonology – APPROVED

Various Pulmonology therapies were reviewed and discussed. Local specialists (Pulmonologists) provided input and best practice standards. They reviewed the KFHC formulary, were satisfied with its content, and offered some possible modifications, such as removing Zafirlukast. The Pulmonologists agreed that in the management of Asthma that step therapy was appropriate as implemented.

- **A committee member asked about low numbers of Levalbuterol. KHS relayed that there were relatively few requests for the Levalbuterol, the providers are writing prescriptions for Albuterol, and Medi-Cal had removed it from their CDL.**
- **The committee recommended to remove Zafirlukast. No new starts are allowed, but members currently on therapy would be allowed to continue.**

ADJOURN TO CLOSED SESSION

CLOSED SESSION

Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) –

COMMITTEE TO RECONVENE TO OPEN SESSION

MEETING ADJOURNED AT 7:39 P.M. BY DR. MARTHA TASINGA, M.D., C.M.O. TO WEDNESDAY, JUNE 30, 2021 @ 6:30 P.M.

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

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KERN HEALTH SYSTEMS

Application for Quality Improvement/Utilization Management Committee Membership

[X] I am interested in serving on the Kern Family Health Care's Quality Improvement/Utilization Management Committee (QI/UM)

Name Michael Komin MD
Address 1150 E Lerdo Hwy #C
City Shafter CA Zip 93263
Phone (661) 746-5890 Fax (661) 746-5896

[X] ***Primary Care Physician***
[] Home Health Representative
[] Mid-Level Practitioner
[] Subscriber/Enrollee
[] Specialty Physician
[] Public Health Officer
[] Ancillary Representative
[] Hospital Representative

Why do you want to serve on the QI/UM Committee of Kern Family Health Care?

KFHC QI/UM Committee has overall responsibility for the quality improvement process. The goal and purpose is to act as the central committee used by the organization to monitor all Q.I. activities involved in the improvement process.

Thank you for your interest in joining KFHC's QI/UM Committee

Please return this application to:
Kern Health Systems
Attn: Jane Daughenbaugh, R.N.
Director of Quality Improvement
2900 Buck Owens Boulevard
Bakersfield, California 93308
OR
Fax: 661-473-7643

KOMiN
MEDICAL GROUP

July 26, 2021

To Whom It May Concern,

My name is Michael Komin, and I have been serving Kern County as a Primary Care physician in the rural Shafter community for the past 20 years. I have a deep passion for my patients and their families. My personal goal as a physician is to treat all my patients beyond the standard of care. At Komin Medical Group, my team works hard to provide our patients with unique opportunities reach healthy goals because I believe that great things can be achieved when we work together.

I have been invited by Diane Neiblas to participate as a member of the QI/UM committee of Kern Family. The purpose of this letter is to request approval of my service as a member of the committee. I look forward to working with Kern Health Systems to continue to bring quality and beneficial services to its members.

Sincerely,

Michael Komin MD

1150 East Lerdo Highway, Suite C • Shafter, California • 93263
Phone: (661) 630 – 5890 • Fax: (661) 630 – 5896
Primary Care • Corporate Wellness • Mental Health • Chiropractic • Diabetic Clinic • Weight Loss Clinic

QI Executive Summary -- Pharmacy Report – Prior Authorizations

Background

KHS as part of a Medicaid Managed Care system is regulated by two governing bodies, the Department of Managed Health Care (DMHC) and the State of California's Medicaid division of the Health Department, Department of Health Care Services (DHCS) better known as Medi-Cal. They have regulations that specify turnaround times for processing along with other elements of how the prior authorization (Treatment Authorization Request (TAR)) is handled. Some of these elements include a licensed individual reviewing, if denied, the criteria used, a Notice of Action (NOA) letter sent to the member, among others. The following report depicts how the plan is doing in respect to these required actions. KHS conducts a monthly audit of 5% of the TARs received for the month reviewed. The following report shows how many of the sample met the required actions in accordance to the requirements.

Action

For Informational Purposes Only

No items of concern identified.

Quarter/Year of Audit	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021
Month Audited	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Total TAR's for the month	3011	2991	3511	3457	3243	3360						
Turn Around Time Compliant	100%	100%	100%	100%	100%	100%						
Notice of Action Compliant	100%	100%	100%	100%	100%	100%						
APPROVED TAR'S												
Timeliness - Reviewed & Returned in 1 busines day	95/95	83/83	92/92	101/101	102/102	86/86						
Date Stamped	95/95	83/83	92/92	101/101	102/102	86/86						
Fax copy attached	95/95	83/83	92/92	101/101	102/102	86/86						
Decision marked	95/95	83/83	92/92	101/101	102/102	86/86						
DENIED TAR'S												
Timeliness - Reviewed & Returned in 1 business day	40/40	45/45	63/63	54/54	43/43	56/56						
Initally Denied - Signed by Medical Dir and/or Pharm	40/40	45/45	63/63	54/54	43/43	56/56						
Letter sent within time frame	40/40	45/45	63/63	54/54	43/43	56/56						
Date Stamped	40/40	45/45	63/63	54/54	43/43	56/56						
Fax copy attached	40/40	45/45	63/63	54/54	43/43	56/56						
Decision marked	40/40	45/45	63/63	54/54	43/43	56/56						
Correct form letter, per current policies used	40/40	45/45	63/63	54/54	43/43	56/56						
NOA Commentary Met	40/40	45/45	63/63	54/54	43/43	56/56						
MODIFIED TAR'S												
Timeliness - Reviewed & Returned in 1 business day	0	0	0	0	0	0						
Date Stamped	0	0	0	0	0	0						
Fax copy attached	0	0	0	0	0	0						
Decision marked	0	0	0	0	0	0						
Correct form letter, per current policies used	0	0	0	0	0	0						
NOA Commentary Met	0	0	0	0	0	0						
DUPLICATE TAR'S												
Timeliness - Reviewd & Returned in 1 business day	3/3	11/11	9/9	4/4	7/7	10/10						
Date Stamped	3/3	11/11	9/9	4/4	7/7	10/10						
Fax copy attached	3/3	11/11	9/9	4/4	7/7	10/10						

Kern Health Systems
Quality Improvement Department
Executive Summary
2nd Quarter 2021

This report provides a summary of key activities and issues related to the Quality Improvement (QI) Department during the 2nd Quarter of 2021. The full set of reports follows the executive summary.

I. COVID-19 Updates

The pandemic has continued throughout the 2nd quarter of 2021 with stay at home and social distancing orders still in place. New concerns are emerging nationwide regarding the Delta variant of the COVID virus. This variant is highly transmissible with unvaccinated individuals being at highest risk. Individuals who have been fully vaccinated have been identified as testing positive for the virus and can spread it to others.

We continue to complete as many virtual site reviews as possible since we anticipate reviews completed virtually in their entirety will be accepted in lieu of the in-person reviews. DHCS has advised us they will accept all virtual medical record reviews completed.

II. Potential Inappropriate Care (PIC) Notifications

We received a total of 205 notifications for the 2nd Quarter of 2021 which is a 15% increase in notifications compared to previous quarter. No trends in terms of volume of notifications have been identified. The Quality Improvement (QI) Department has made several modifications to the medical management system used to document PICs to support trending at a population level. We anticipate providing trending by risk level and diagnosis initially.

III. Facility Site Reviews (FSR) and Medical Record Review (MRR) Description

Due to the pandemic and social distancing orders, the QI Department has been conducting facility site and medical record reviews virtually. We are not completing interim reviews due to the pandemic. DHCS has advised the MCPs that returning to in-person should resume as soon as possible, but no later than the end of this year. At the end of July, DHCS has requested all MCPs to submit an account of backlogged site reviews along with the plan to resolve the backlog.

KHS' QI Department's plan for addressing the backlog of reviews that will be submitted includes:

- Working with DHCS to get one of our QI RNs certified as a Master Trainer. The Master Trainer certification review for our nurse has been scheduled for mid-August. Partnership Health Plan has arranged for KHS to use one of their FQHC providers in Sacramento for the certification review. This will increase DHCS' ability to complete this review since it is in their geographic area.
- Once we have a Master Trainer in place. 2 additional nurses can be trained to become DHCS-certified site reviewers (CSR). It typically takes 6-9 months for a nurse to achieve certification.
- We are pulling our Managed Care Accountability Set (MCAS) lead nurse who is a CSR to temporarily assist with completing the backlog of site reviews.

In Q1 of this year, there were 2 Initial and 2 periodic facility site reviews completed. 1 initial and 2 periodic medical record reviews were done. 3 facility site review and 2 medical record review Corrective Action Plans (CAP) were issued, and 3 previous CAPs were closed. While the percentage of site reviews that failed initially increased this quarter, the number of reviews in total is too small to consider this change significant. We will monitor this for any trends that may evolve.

IV. Quality Improvement Projects

We have 2 Performance Improvement Projects underway. DHCS requires all plans to have at least 2 projects underway. The 2 in process now are:

1. Health Care Disparity in WCV (Well Care Visits ages 3-21) focusing on annual well care visits. Kern Pediatrics has agreed to partner on us with this project. The overarching goal is to increase compliance with the preventive health service by 10% points. The 3rd module for this PIP will be submitted to DHCS/HSAG in the next quarter. That module focuses on laying out how the interventions will be monitored and evaluated for effectiveness.
2. Child/Adolescent Health Asthma Medication Ratio (AMR) focusing on increasing the level of compliance for members 5-21 years of age by approximately 15%. This measure focuses on proper use of asthma controller medication versus overutilization of rescue medications. The 2nd module that identifies the interventions was submitted to and accepted by DHCS/HSAG. The 3rd module was submitted at the end of June and focuses on how the interventions will be monitored and evaluated for effectiveness.

V. MCAS Committee

A new committee was formed during the first quarter of this year called the MCAS Committee. The purpose of the Committee is to provide direction and oversight of KHS' level of compliance with the MCAS measures. Focus is on the following 3 activities currently:

- Member Engagement and Rewards Program
- Strengths, Weaknesses, Opportunities, Threats (SWOT) Strategic Action Plan
    - This is an analysis and plan for KHS to manage compliance with the MCAS measures
- YTD MCAS Measures Compliance
- Developing the strategy for the 2022 Pay-for-Performance Program for providers. This program has a strong focus on improving compliance with MCAS measures

1. *MCAS Member Engagement and Rewards Program*

The second campaign launched on 06/16/2021. Measures included were:

- Initial Health Assessments,
- Prenatal and Postpartum care, and
- Well-Child Visits for infants, children, and adolescents.

5,367 households opted in for robocalls. Robocalls were completed by the end of June. Approximately 23,000 mailers that will be sent to members that opted out of robocalls in July.

2. *MCAS SWOT Action Plan*

Through May of 2021, KHS QI Department has met with DHCS to discuss the status of the SWOT project. DHCS expressed significant satisfaction with the progress KHS has made with this project. They expressed an appreciation for support from KHS' leadership and cross-departmental involvement. They have temporarily paused the collaborative meetings. However, we are continuing with the project and anticipate DHCS will resume working with us again after their review of our final MCAS MY2020 results. All aspects of the project are moving forward without issue.

Kern Health Systems
Quality Improvement Program Evaluation
Reporting Period: January 1, 2020 – December 31, 2020

1. QI ACTIVITIES

According to the California Department of Health Care Services (DHCS) All Plan Letter (APL) 19-017 (effective 12/26/2019), Quality and Performance Improvement Requirements, all Medi-Cal managed care health plans are contractually required to report annual performance measurements results selected by DHCS, participate in a consumer satisfaction survey when indicated by DHCS and conduct ongoing quality performance improvement projects (PIPs).

MANAGED CARE ACCOUNTABILITY SET (MCAS):

The 2020 edition of the Healthcare Effectiveness Data and Information Set (HEDIS) Technical Specifications is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of health care and services. HEDIS was developed and is maintained by the National Committee for Quality Assurance (NCQA), a private, not-for-profit organization dedicated to improving health care quality, since 1990.

All Medi-Cal managed care health plans must submit annual outcome measurement scores for the required Managed Care Accountability Set (MCAS) performance measures. MCAS measures are selected by DHCS and typically include a combination of HEDIS and Medicaid's Adult and Child Health Care Quality Measures.

The previous calendar year is the standard measurement year for MCAS data. Therefore, the MCAS Report Year (RY) 2020 results shown in this report reflect Measurement Year (MY) 2019 data. MCAS RY 2020 results can be found in Appendix A. DHCS has adopted a performance improvement tool known as the Plan Do Study Act (PDSA) to test change through rapid-cycle improvement when a Managed Care Plan (MCP) performs below the Minimum Performance Level (MPL) of the 50th percentile. The MPL is set by DHCS and the percentile benchmarks are provided by NCQA in their annual Quality Compass Report. The number of required PDSAs is determined by DHCS based on the MCP's overall performance in that MY. MCPs that fail to meet MPLs are subject to sanctions and may also be subject to Corrective Action Plans (CAPs).

In March of 2020, the world entered a pandemic for the COVID-19 virus. At that time, stay at home orders were initiated and staff from KHS were set up to work from home. Visits by KHS staff to provider offices were stopped for the protection of KHS staff, providers, and members. One of the results of this action was that we were not able to collect the number of medical records that would have normally been retrieved as part of the process for measuring compliance outcomes of MCAS for MY2019/RY2020. Most MCPs throughout California incurred this same impact. This led to significantly lower than normal rates for the MCAS measures that would likely would have seen in the absence of the pandemic.

KHS was compliant with 3 out of 18 MCAS Measures (see Appendix A):

- IMA-2: Immunizations for Adolescents (met MPL)
- PPC-Pre: Timeliness of Prenatal Care (met MPL)
- PPC-Post: Timeliness of Postpartum Care (met MPL)
- KHS was not compliant with the remaining 15 measures we are held to meet the MPL:
- AWC: Adolescent Well-Care Visits
- ABA: Adult Body Mass Index Assessment
- CCS: Cervical Cancer Screening
- CIS-10: Childhood Immunization Status
- CDC-HT: Comprehensive Diabetes Care HbA1c Testing
- CDC-H9: HbA1c Poor Control (>9.0%)
- CBP: Controlling High Blood Pressure <140/90 mm Hg
- WCC-BMI: Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents: Body Mass Index Assessment for Children/Adolescents
- W15: Well-Child Visits in the First 15 months of Life – Six or More Well Child Visits
- W34: Well-Child Visits in the 3rd 4th 5th & 6th Years of Life

Factors impacting compliance with MCAS measures included:

- Change of the MPL benchmark from the 25th percentile to the 50th percentile for MY2019
- Reduced volume of medical records retrieved due to the COVID-19 pandemic

DHCS is not imposing sanctions or corrective action plans for MY2019 MCAS results. However, DHCS presented KHS an opportunity to conduct a Strengths-Weaknesses-Opportunities-Threats project over the next 2 years with a goal of establishing an organization-wide infrastructure for managing compliance with the MCAS measures. DHCS offered to serve in a consulting role with KHS and we did choose to move forward with this project.

A copy of the SWOT Analysis and initial SWOT Action Plan (SAP) can be found in Appendix B. The analysis and SAP were initiated in the 4th quarter of 2020 and will continue through 2022.

CONSUMER STATISFACTION SURVEYS:

Per MMCD APL 19-017, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys for both adults and children is administered every two years by the External Quality Review Organization (EQRO) contracted by DHCS for each MCP. The survey was administered in 2019 and results were provided in 2020 by DHCS. DHCS provided the sample of member information for contracted health plans to the EQRO. The CAHPS survey summary results are as follows:

KHS did not meet its 2019 CAHPS benchmark goals in the areas of:

- Getting Needed Care
  - Getting care, tests, or treatments necessary
  - Obtained appointment with specialist as soon as needed
- Getting Care Quickly
  - Obtaining needed care right away
  - Obtained appointment for care as soon as needed
- Health Promotion and Education
- Access to Tobacco Cessation Medication and Strategies to Quit

KHS' trending of access to care grievance data revealed potential challenges that members may face when accessing a specialist. Nearly half of the "Difficulty Accessing a Specialist" grievance outcomes were determined in favor of the member.

Although 83% of KHS' provider network understands how to access interpreting services for KHS members, the remaining 17% needs reminders of this member benefit. An opportunity was identified for KHS Health Education, Cultural & Linguistics Department to

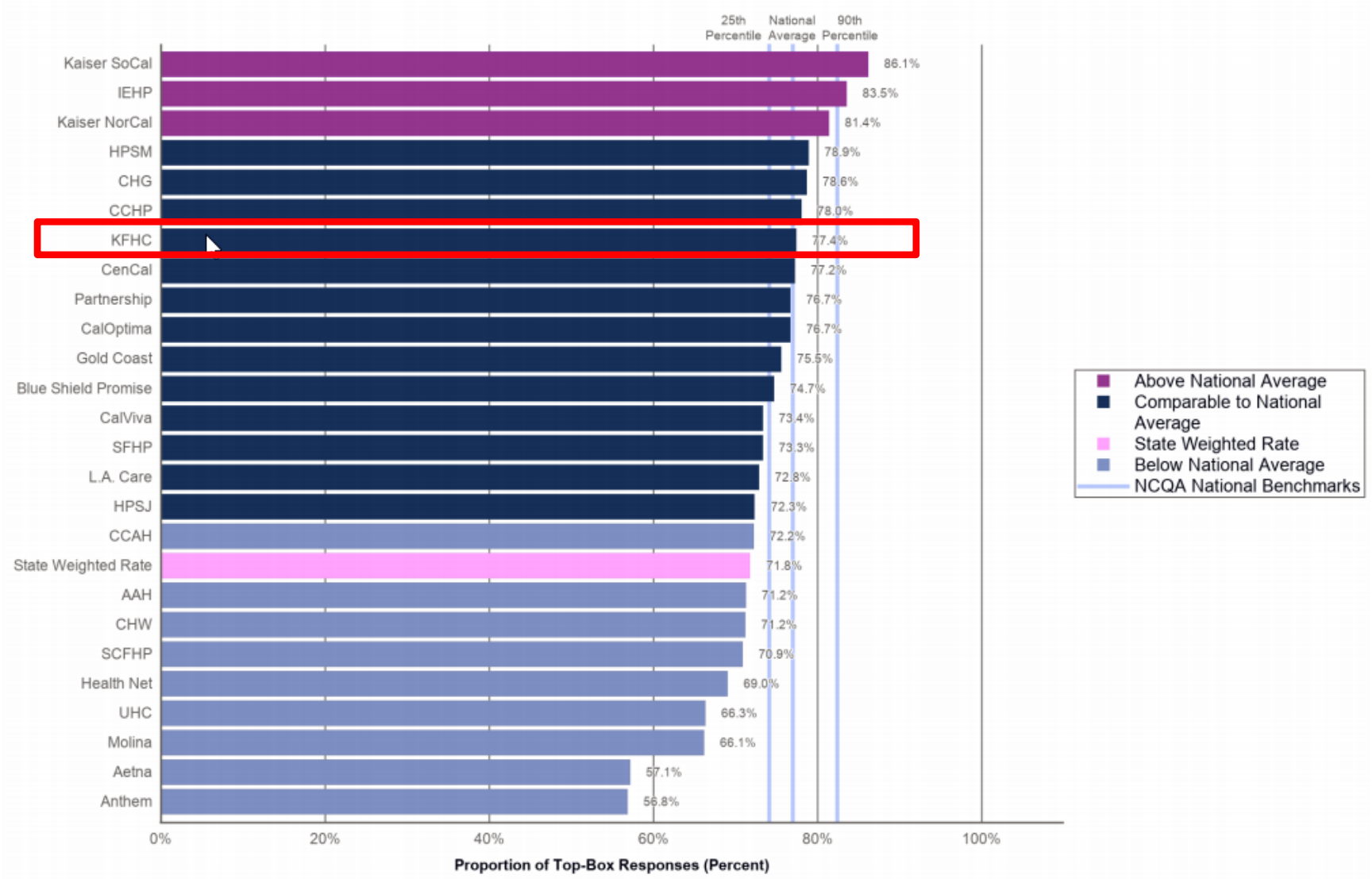
continue to partner with the Provider Network Management (PNM) and QI Departments to help coordinate in-services and refresher trainings for providers who are identified as non-compliant through the quarterly interpreter access survey; have had a cultural and linguistic grievance filed against the office site; or, have been identified as an office site that would benefit from additional training.

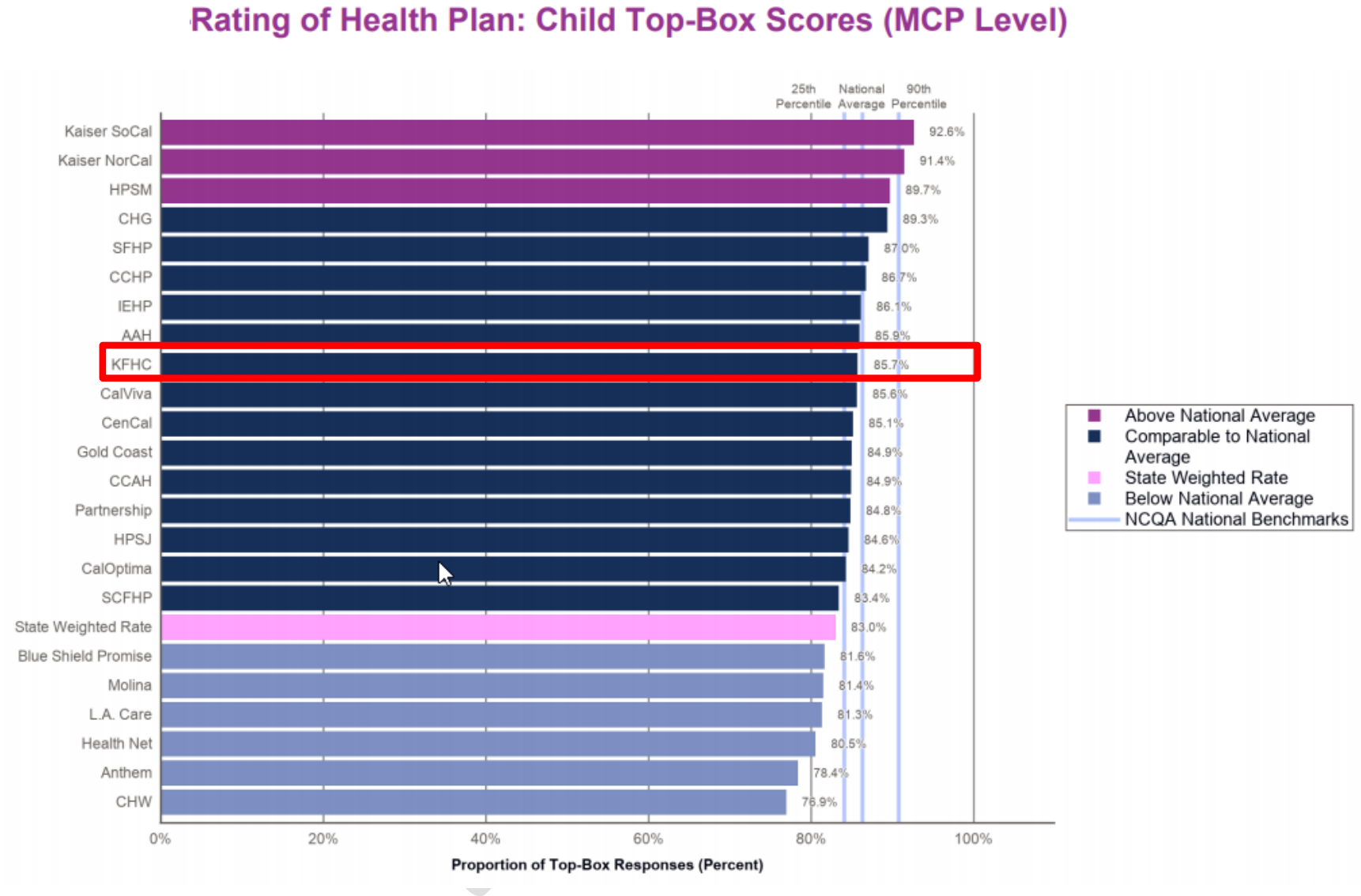
DHCS publishes a report of the State's CAHPS Survey Results that include a comparison of CA Health Plans.

Below is a comparison of Kern Family Health Care (KFHC) to other MCPs in California for an overall rating as a health plan. For this measure, KFHC was comparable to the National Average for both adult and child populations. More detailed measure comparisons can be found in the full report located on the DHCS Medi-Cal Managed Care Quality Improvement Reports webpage at:

Mgd Care Qual Perf CAHPS

Rating of Health Plan: Adult Top-Box Scores (MCP Level)




Rating of Health Plan: Child Top-Box Scores (MCP Level)
25th Percentile
National Average
90th Percentile
Kaiser SoCal 92.6%
Kaiser NorCal 91.4%
HPSM 89.7%
CHG 89.3%
SFHP 87.0%
CCHP 86.7%
IEHP 86.1%
AAH 85.9%
KFHC 85.7%
CalViva 85.6%
CenCal 85.1%
Gold Coast 84.9%
CCAH 84.9%
Partnership 84.8%
HPSJ 84.6%
CalOptima 84.2%
SCFHP 83.4%
State Weighted Rate 83.0%
Blue Shield Promise 81.6%
Molina 81.4%
L.A. Care 81.3%
Health Net 80.5%
Anthem 78.4%
CHW 76.9%
0%
20%
40%
60%
80%
100%
Proportion of Top-Box Responses (Percent)
Above National Average
Comparable to National Average
State Weighted Rate
Below National Average
NCQA National Benchmarks

PROCESS IMPROVEMENT PROJECTS (PIPs):

Performance Improvement Projects (PIPs) are a key federal protocol used by DHCS for the External Quality Review (EQR) of MCPs. DHCS has identified two categories for the two PIPs MCPs are required to conduct. The first is Child and Adolescent Health and the second is Health Equity. Each PIP occurs over approximately 18 months. MCPs must design PIPs to systematically improve these areas. The PIPs are designed to enhance quality and outcomes of health care for Medi-Cal members.

KHS's PIPs that started in 2019 were

1. Health Equity PIP: Improving Asthma Medication Ratio Compliance in Children 5-11 & 12-18 years of age, and
2. Health Disparity PIP: Improving the health and well-being of low-income children, ages 3 – 6 years, through Well Child Visits.

Each PIP utilizes a rapid cycle improvement model. The core component of the model includes testing changes on a small-scale using Plan-Do-Study-Act (PDSA) cycles and applying rapid-cycle learning and evaluation that informs the project theory and practice during the improvement project.

Both PIPs identified above were on track up until July of 2020. At that time, DHCS halted the two PIPs due to EQRO contract activities. In the fall of 2020, DHCS initiated a new cycle of PIPs and allowed MCPs to use the same topics they had underway prior to July of 2020 or select new topics. KHS opted to retain the two topics listed above and modify it to incorporate impacts of the pandemic. Both topics were accepted by DHCS and Module 1, 2 and 3 will be underway in 2021.

2. FACILITY SITE REVIEWS AND COLLABORATION

Kern Health Systems (KHS) QI nurses who are DHCS-certified site reviewers perform a facility site review on all contracted primary care providers (PCP). This includes Internal Medicine, General and Family Practice, OB/GYN and Pediatricians serving in PCP capacity in free-standing offices, IPAs or Clinics.

Personnel performing the site review are trained by a DHCS certified Master Trainer nurse on the required criteria for site compliance. All contracting plans within a county have equal responsibility for the coordination and consolidation of provider site reviews. Site review responsibilities are shared equally by all plans within the county. KHS has a Memorandum of Understanding (MOU) with Health Net, and both plans share site review information.

The purpose of conducting site reviews is to ensure that all contracted PCP sites used by managed care plans for delivery of services to plan members have sufficient capacity to: 1) provide appropriate primary health care services; 2) carry out processes that support continuity and coordination of care; 3) maintain patient safety standards and practices; and 4) operate in compliance with all applicable federal, state, and local laws and regulations.

Due to the COVID-19 pandemic, DHCS allowed a delay by MCPs from conducting on-site, site and medical record reviews until 6 months after the covid-19 public health emergency (PHE) has ended. This direction was provided in APL 20-11, Governor's Executive Order N-55-20 In Response to Covid-19. DHCS has advised that they will accept full site and medical record reviews done virtually. A new All Plan Letter, 20-006, Site Reviews: Facility Site Review and Medical Record, was scheduled to take effect July 1, 2020. This was also delayed until 6 months after the PHE has ended. KHS conducted these reviews virtually.

In the fall of 2020, our certified Master Trainer left KHS. Another QI Department RN is in the process of obtaining her Master Trainer certification. However, due to the inability to perform reviews in person, this could not be completed. We continue to communicate with DHCS on any alternative options available.

3. MONITORING AND FOCUS REVIEWS

All PCP sites are monitored between each regularly scheduled full scope site review survey. Methods for conducting this review may include site visits but may also include methodologies other than site visits. Monitoring sites between audits includes the use of both internal systems and external sources of information. Evaluation of the nine critical elements is monitored on all sites between full scope site surveys. The nine critical elements are as follows:

1. Exit doors and aisles are unobstructed and egress (escape) accessible.
2. Airway management equipment, appropriate to practice and populations served are present on site.
3. Only qualified/trained personnel retrieve, prepare or administer medications.
4. Office practice procedures are utilized on-site that provide timely physician review and follow-up of referrals, consultation reports and diagnostic test results.
5. Only lawfully authorized persons dispense drugs to patients.
6. Personal protective equipment (PPE) is readily available for staff use.
7. Needle stick safety precautions are practiced on-site.

8. Blood, other potentially infectious materials (specimens) and regulated wastes (sharps/biohazardous non-sharps) are placed in appropriate leak-proof, labeled containers, for collection, processing, storage, transport or shipping; and
9. Spore testing of autoclave/steam sterilizer is completed (at least monthly), unless otherwise stated in the manufacturers guidelines, with documented results.

The focused review is a "targeted" audit of one or more specific site or medical record review survey areas and is not substituted for the full scope survey. Focused reviews are used to monitor providers between full scope site review surveys, to investigate problems identified through monitoring activities, or to follow up on corrective actions. The nine critical elements are always reviewed. Additional areas of monitoring may include but are not limited to:

• Diabetes Care Monitoring	• KRC Monitoring
• Asthma Care Monitoring	• Referral Process Monitoring
• Prenatal Care Monitoring	• SBIRT/Alcohol Misuse Screening and Counseling (AMSC) services Alcohol Misuse Screening and Counseling (AMSC) services
• Initial Health Assessment (IHA)	• Tobacco use
• IHEBA aka Staying Healthy Assessment	• Other preventive care services
• California Children's Service (CCS)	

KHS' QI Department uses a system for management and documentation of Site and Medical Record Reviews. This system is being used by many other MCPs.

QI PROGRAM OVERVIEW

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
Oversight of all delegated QI functions for the following services: • Kaiser	Met	8/31/2020	QI and UM evaluations, programs and work plans for Kaiser and VSP will be presented to the Physician Advisory Committee and QI-UM Committee by the end of August 2020.	Not completed due to the pandemic. Delegation

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
• VSP				oversight has been managed through report and document submissions from vendors. Next review for Kaiser will cover the time frame that would have been covered in last year's review, April 1, 2019 – 3/31/2021
QI Policies and Procedures	Not Met	Ongoing	1. QI Policies and Procedures are updated every 3 years as well as reviewed periodically to comply with any new regulatory requirements. 2. Each policy and procedure are reviewed against the DHCS contract and regulatory requirements and revised as needed to ensure compliance. 3. Policy 2.01-P General Exam Guidelines, was updated.	Partial Completion for 2020 Site review policy and procedures

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
			4. 2.70-I, Potential Inappropriate Care Issues, was updated. 5. 2.22-P, Facility Site Review, was updated. 6. 2.26-I, Hospital Re-admissions – Identification of 7. Potential Inappropriate Care Issues, was updated. 8. 2.21-P, Management of Biohazards Waste, was updated. 9. 2.20-P, Infection Control Program, was updated. 10. 2.17-P, Access – Treatment of a Minor, was updated. 11. Revisions to current QI policies and procedures have been taken to the QI/UM committee.	will be updated after COVID pandemic PHE is over.
Audits				
Site review (SR) timeliness audit	Met	12/31/2020	Site Review Timeliness – A spreadsheet of reviews due and reviews completed was obtained through our SR system. Most reviews were not timely due to the stay at home orders for the pandemic. This prevented us from going onsite to complete the reviews. A virtual process for completing reviews was developed during the summer. KHS has been working with providers to complete as many as possible virtually based on the resource capacity of providers. Below is a table summarizing the reviews that were due in 2020 and the number completed. The number completed within timeliness standards and those that were not completed. Priority was given to the full site and medical record reviews. For that reason, interim reviews did not occur.	Partially Complete for 2020

<table>
<tr><th>Goal</th><th>Metrics</th><th>Target Completion</th><th>Action Steps and Monitoring</th><th>Results</th></tr>
<tr><td></td><td></td><td></td><td>
<table>
<tr><th>Type of Review</th><th>Total Number of Reviews Due</th><th>Number of Reviews Completed</th><th>Number of Reviews Completed & Met Timeliness Stds</th><th>Number of Reviews Not Completed</th></tr>
<tr><td>Initial full site reviews</td><td>9</td><td>9</td><td>9</td><td>0</td></tr>
<tr><td>Initial medical record reviews</td><td>3</td><td>3</td><td>3</td><td>0</td></tr>
<tr><td>Periodic full site reviews</td><td>26</td><td>11</td><td>2</td><td>15</td></tr>
<tr><td>Periodic medical record reviews</td><td>23</td><td>9</td><td>2</td><td>14</td></tr>
<tr><td>Interim reviews</td><td>40</td><td>0</td><td>0</td><td>40</td></tr>
<tr><td>Total – All reviews</td><td>101</td><td>32</td><td>16</td><td>69</td></tr>
</table>
</td><td></td></tr>
<tr><td>Staying Healthy Assessment</td><td>Met</td><td>12/1/2020</td><td>407 positive Staying Healthy Assessments (SHAs) were identified through and MCAS chart review. These were forwarded to Health Education for follow up member outreach and education.</td><td>Complete for 2020</td></tr>
<tr><td>30-day readmission</td><td>Met</td><td>Ongoing</td><td>• The QI department continues to look for opportunities for improvement in members who are readmitted within 30 days of discharge. There were 200 re-admissions evaluated for quality of care (QOC) concerns in 2020. 50 cases were selected each quarter and the standard investigation and provider follow up was completed to focus on any QOC issues related to the member’s re-admission.</td><td>Complete for 2020</td></tr>
<tr><td>Notifications (Death, General)</td><td>Met</td><td>Ongoing</td><td>The QI department reviewed all death notification referrals from the UM Department. The UM nurses only refer those notifications in which there is a suspected or potential quality of care concern. In 2020, there were a total of 33 referrals</td><td>Complete for 2020</td></tr>
</table>

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
			submitted. Each of these was investigated using the standard process and provider follow up to focus on any QOC issues related to the member's death.	
Grievances	Met	Ongoing	The QI department continues to look for opportunities for improvement through the Grievance process. All grievances classified as a potential inappropriate care concern are referred to the QI Department. These referrals are investigated according to our Potential Inappropriate Care policy and procedure (2.70-I) and all cases with an actual or potential quality of care concern are reviewed by a KHS medical director to complete their review, render a final determination of the risk level and identify follow up actions needed. Quality of care issues may result in tracking and trending or a corrective action plan. This information is shared with the Chief Medical Officer during the re-credentialing process. The Physician Advisory Committee is utilized for consultation and advisement as needed. The bulk of PIC referrals are from member Grievances. In 2020, QI received 1,033 PIC referrals from the Grievance team which represents 17.22% of all Grievances received.	Complete for 2020
Resources				
• Director of Quality Improvement	Not Met	12/31/2020	A Director of QI is currently in place.	Completed for 2020
• QI Clinical Manager	Met	12/31/2020	This position was approved for hire in 2020. A nurse was recruited at the end of 2020 to start in her position in January of 2021.	Complete for 2020
• QI Operations Supervisor	Met	12/31/2020	This position was created and includes duties of the previous Operations Analyst role. Primary duties focus on to oversee the	Completed for 2020

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
			department's day-to-day, non-clinical operations. They are responsible for providing an advanced role in the analysis of health care information as it relates to MCAS and other activities within the QI department such as Performance Improvement Projects (PIPs). They support regulatory or accreditation audits and quality improvement initiatives for Performance Improvement Projects (PIPs). The Supervisor oversees compliance with the Facility Site Reviews (FSRs) and other external quality reviews.	
• QI RN II	Met	12/31/2020	We had 2 QI RN II positions last year. However, both nurses left the organization in the 4th quarter. The positions were posted to replace them with either a QI RN I or QI RN II. We have two QI RN I nurses who are on track for promotion next year. It should be noted that one of the nurses who left was the only certified site review Master Trainer (MT). One of the other QI RNs was in training to complete her MT certification.	Partially Complete for 2020
• QI RN I	Met	12/31/2020	All QI RN I positions were filled with a total of 8 nurses.	Complete for 2020
• QI Coordinator	Met	12/31/2020	Position filled with no changes in 2020. This position's primary focus is on the Managed Care Accountability Set (MCAS) annual audit and ongoing activities to support provider compliance.	Complete for 2019
• QI Assistant	Met	12/31/2020	Position filled with no changes in 2020. This position assists with MCAS Medical Record retrieval and for supporting Member Incentive initiatives sponsored by QI.	Complete for 2020
• Operational Analyst	Met	12/31/2020	Position filled with no changes in 2020. This analyst is responsible for providing an advanced role in the analysis of health care information as it relates to MCAS and other activities within the QI department such as Performance Improvement Projects (PIPs).	Complete for 2020

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
• Senior QI Technician and Trainer	Met	12/31/2020	This position was approved for inclusion in the QI Operations Supervisor role. The position no longer exists as a standalone position.	Complete for 2020
• Senior Support Clerk	Met	12/31/22020	QI has one staff in this position and there were no changes in 2020. QI has one SSC who supports the clerical needs of the department.	Complete for 2020
QI Projects				
QI Facility Site and Medical Record Review automation	Met	3/31/2020	A new tool, EzTracker, from the vendor, Healthy Data Systems, was implemented during the 3rd quarter. The tool is in the process of being updated to incorporate the requirements for a new FSR/MRR APL20-006 that will take effect 6 months after the end of the public health emergency status related to the COVID-19 pandemic.	Completed for 2020
Member Education Material	Met	12/31/2020	The HEDIS team, acting on provider request, obtained educational material for providers on the following topics: • Human papillomavirus (HPV) • Diet and Exercise for children • Avoidance of antibiotics for acute bronchitis • Language Line Access flyers • BMI Wheels • Provided links to the CLEA Waivers • Nutrition Booklets • Immunization Growth Charts Due to the pandemic, distribution of these educational materials stopped around March of 2020. After March, KHS' public website was leveraged to upload both member and provider materials with a focus on resources and tips to consider in light of the pandemic.	Partially Completed for 2020

<table>
<tr><th>Goal</th><th>Metrics</th><th>Target Completion</th><th>Action Steps and Monitoring</th><th>Results</th></tr>
<tr><td>Member Incentive</td><td>Met</td><td>12/31/2020</td><td>The following is a summary of member incentives that were made available to members and managed by the Health Education Department.
<table>
<tr><th>Member Incentive Program (MIP)</th><th>Total Members who received incentive</th></tr>
<tr><td>1. Health Home MIP</td><td>2,702</td></tr>
<tr><td>2. Asthma Class MIP</td><td>51</td></tr>
<tr><td>3. Healthy Eating, Active Lifestyle MIP</td><td>815</td></tr>
<tr><td>4. Asthma Impact Model Pilot MIP</td><td>34</td></tr>
<tr><td>5. Member Portal MIP</td><td>11573</td></tr>
<tr><td>6. IHA MIP</td><td>7533</td></tr>
<tr><td>7. 1 Year Well Baby MIP</td><td>2321</td></tr>
<tr><td>8. Prenatal Care MIP</td><td>237</td></tr>
<tr><td>9. Postpartum Care MIP</td><td>2928</td></tr>
<tr><td>10. Diabetes Prevention MIP</td><td>23 (closed after Feb. due to COVID)</td></tr>
<tr><td>11. Perinatal Survey MIP</td><td>400</td></tr>
<tr><td>TOTAL Incentives</td><td>28,617</td></tr>
</table>
MIP = Member Incentive Program
DPP = Diabetes Prevention Program</td><td>Complete for 2020</td></tr>
<tr><td colspan="5">Committees</td></tr>
<tr><td>Quality Improvement/Utilization Management Committee (QI/UMC)</td><td>Met</td><td>Quarterly - ongoing</td><td>1. Reports to the Board of Directors and retains oversight of the QI Program with direction from the Chief Medical Officer (CMO).
2. The QI_UM Committee disseminates the quality improvement process to participating groups and physicians, practitioner/providers, subcommittees, and internal KHS functional areas with oversight by the Chief Medical Officer.</td><td>Complete for 2020</td></tr>
</table>

<table>
<tr><th>Goal</th><th>Metrics</th><th>Target Completion</th><th>Action Steps and Monitoring</th><th>Results</th></tr>
<tr><td></td><td></td><td></td><td>3. Committee also performs oversight of UM activities conducted by KHS to maintain high quality health care and effective and appropriate control of medical costs through monitoring of medical practice patterns and utilization of services.
4. Nine (9) of the ten (10) positions are filled; four (4) QI/UMC meetings were held in the reporting period with attendance as follows:
<table>
<tr><th>QI/UM Committee Members</th><th>Attended</th></tr>
<tr><td>CMO</td><td>4 meetings</td></tr>
<tr><td>Family Practitioner</td><td>4 meetings</td></tr>
<tr><td>Family Practitioner</td><td>Open Position</td></tr>
<tr><td>1st Specialist (ENT)</td><td>4 meetings</td></tr>
<tr><td>2nd Specialist (OB-GYN)</td><td>3 meetings</td></tr>
<tr><td>FQHC Provider</td><td>4 meetings</td></tr>
<tr><td>Pharmacy Provider</td><td>4 meetings</td></tr>
<tr><td>Public Health Department</td><td>3 meetings</td></tr>
<tr><td>Home Health/Hospice Provider</td><td>1 meeting</td></tr>
<tr><td>DME Provider</td><td>4 meetings</td></tr>
</table></td><td></td></tr>
<tr><td></td><td>Met</td><td>12/31/2020</td><td>1. Practitioner attendance and participation in the QI/UM Committee or subcommittees is required.
2. The participating practitioners represent a broad spectrum of specialties and participate in clinical QI and UM activities, guideline development, peer review committees and clinically related task forces.
3. The extent of participation must be relevant to the QI activities undertaken by KHS.</td><td>Complete for 2020</td></tr>
</table>

<table>
<tr><th>Goal</th><th>Metrics</th><th>Target Completion</th><th>Action Steps and Monitoring</th><th>Results</th></tr>
<tr><td></td><td>Met</td><td>12/31/2020</td><td>1. Practitioner participation and attendance for this reporting period continue to result in improved communication.
2. Participating practitioners involved in the QI Program serve as a communication representation for the practitioner community.
3. These practitioners provide input and support toward educating participating providers about the principles of QI, and specific quality activities.</td><td>Complete for 2020</td></tr>
<tr><td>Physician Advisory Committee (PAC)</td><td>Met</td><td>12/31/2020</td><td>1. Serves as advisor to the Board of Directors on health care issues, peer review, provider discipline, and credentialing/recredentialing decisions.
2. This committee meets monthly and is responsible for reviewing practitioner/provider grievances and/or appeals, practitioner/provider quality issues, and other peer review matters as directed by the KHS Medical Director.
3. The PAC has a total of ten (10) voting committee positions. There were nine (9) active voting members in 2019.</td><td>Complete for 2020</td></tr>
<tr><td></td><td>Met</td><td>12/31/2019</td><td>Ten (10) PAC meetings were held during the reporting period with attendance as follows:

<table><tr><th>Physician Advisory Committee Members</th><th>Attended</th></tr><tr><td>CMO</td><td>8 meetings</td></tr><tr><td>Pediatrician</td><td>8 meetings</td></tr><tr><td>Clinical Psychologist</td><td>Open Position</td></tr><tr><td>Eye Specialist</td><td>8 meetings</td></tr><tr><td>OB/GYN Provider</td><td>4 meetings</td></tr></table></td><td>Complete for 2019</td></tr>
</table>

Goal	Metrics	Target Completion	Action Steps and Monitoring	Results
			Pain Medicine Provider: 6 meetings Family Practitioner: Open Position Internal Medicine Provider: 7 meetings	
Pharmacy and Therapeutics Committee (P&T)	Met	12/31/2020	1. Serves to objectively appraise, evaluate, and select pharmaceutical products for formulary addition or deletion. 2. This is an ongoing process to ensure the optimal use of therapeutic agents. 3. P&T meet quarterly to review products to evaluate efficacy, safety, ease of use and cost. 4. Medications are evaluated on their clinical use and develop policies for managing drug use and administration.	Complete for 2020

<table>
<tr>
<td></td>
<td>Met</td>
<td>12/31/2020</td>
<td>Four (4) P&T meetings were held during the reporting period with attendance as follows:
<table>
<tr><th>Pharmacy & Therapeutics Committee Members</th><th>Attended</th></tr>
<tr><td>CMO</td><td>4 meetings</td></tr>
<tr><td>Retail Pharmacy/Independent</td><td>3 meetings</td></tr>
<tr><td>Pediatrician</td><td>4 meetings</td></tr>
<tr><td>Retail Pharmacy/Chain</td><td>2 meetings</td></tr>
<tr><td>Board Member/Rx Representative</td><td>4 meetings</td></tr>
<tr><td>Pharmacy/Specialty Practice</td><td>4 meetings</td></tr>
<tr><td>Pharmacy/Geriatric Specialist</td><td>Open Position</td></tr>
<tr><td>Internal Medicine</td><td>0 meetings</td></tr>
<tr><td>General Practice/Geriatrics</td><td>Open Position</td></tr>
<tr><td>KHS Pharmacy Director/Alternate Chairperson</td><td>4 meetings</td></tr>
</table>
</td>
<td>Complete for 2020</td>
</tr>
<tr>
<td>Public Policy/Community Advisory Committee (PP/CAC)</td>
<td>Met</td>
<td>12/31/2020</td>
<td>1. PP/CAC provides a mechanism or structured input from KHS members and community representatives regarding how KHS operations impact the delivery of care.
2. The PP/CAC is supported by the Board of Directors to provide input in the development of public policy activities for KHS.
3. The committee meets every four months and provides recommendations and reports findings to the Board of Directors.</td>
<td>Complete for 2020</td>
</tr>
</table>

<table>
<tr><td></td><td>Met</td><td>12/31/2020</td><td>PP/CAC has eight (8) committee positions. All eight (8) positions were filled; Four (4) PP/CAC meetings were held in the reporting period with attendance as follows:

<table><tr><th>Public Policy Committee Members</th><th>Attended</th></tr><tr><td>Chair</td><td>4 meetings</td></tr><tr><td>KHS Member</td><td>4 meetings</td></tr><tr><td>KHS Member</td><td>2 meetings</td></tr><tr><td>KHS Member</td><td>2 meetings</td></tr><tr><td>KHS Member</td><td>2 meetings</td></tr><tr><td>KHS Member</td><td>3 meetings</td></tr><tr><td>KHS Member</td><td>2 meetings</td></tr><tr><td>KHS Member</td><td>1 meetings</td></tr><tr><td>1 Member of KHS Board of Directors</td><td>2 meetings</td></tr><tr><td>1 Participating Healthcare Provider</td><td>2 meetings</td></tr><tr><td>Community Representative</td><td>2 meetings</td></tr><tr><td>Community Representative</td><td>3 meetings</td></tr><tr><td>Kern County Department of Public Health</td><td>4 meetings</td></tr><tr><td>Kern County Department of Human Services</td><td>3 meetings</td></tr></table></td><td>Complete for 2020</td></tr>
<tr><td colspan="5">Regulatory Compliance</td></tr>
<tr><td>DHCS audit</td><td>Postponed</td><td>8/6/2019 – 8/9/2019</td><td>Due to the COVID-19 pandemic, DHCS did not complete an audit in 2020.</td><td>Not Completed for 2020</td></tr>
<tr><td>DMHC Audit</td><td>Pending</td><td>8/6/19 – 8/8/20</td><td>The Department of Managed Health Care (DMHC) audits Knox-Keene licensed health plans every 3 years. DMHC audited KHS in 2019. The next scheduled audit will be in 2022.</td><td>Complete for 2020</td></tr>
</table>

			A non-routine medical survey was done in November 16th – 18th, 2020. Results of this review were provided by DHMC in 2020 and follow up on correction of the items will occur in 2021.	
Managed Care Accountability Set (MCAS) RY2020 Audit	Partially Met	7/2020	On 7/11/2020 we received our Medi-Cal Managed Care, HEDIS® 2019 Compliance Audit™ Final Report. All elements of the HEDIS 2020 audit were complete and approved by HSAG and NCQA accepted our submission. KHS was compliant in meeting the minimum performance level (MPL) for 3 out of 18 MCAS Measures. • IMA-2: Immunizations for Adolescents • PPC-Pre: Timeliness of Prenatal Care • PPC-Post: Timeliness of Postpartum Care KHS was not compliant with the remaining 15 measures. Factors impacting compliance with MCAS measures: o DHCS changed the minimum performance level (MPL) from the 25th percentile to the 50th percentile in 2019 o COVID-19 reduced the volume of medical records retrieved due to safe distancing orders Due to the pandemic, DHCS is not imposing sanctions or corrective action plans for MCAS RY2020 results.	Complete for 2020
Improvement Plans (IPs)PIP				
Asthma Medication Ratio	N/A	07/2020	Due to the pandemic, DHCS is not imposing sanctions or corrective action plans for MCAS RY2020 results.	N/A
Performance Improvement Projects (PIPs)				
Disparities in Well Child Visits	New	Ongoing	This PIP is focused on improving the health and well-being of children, ages 3 to 6 years, by aligning the Well Child Visit with industry standards of care and evidence-based practices. This measure was selected due to the importance of this	Complete for 2020

			preventive health measure for children to receive an annual well care visit. At the end of June 2020, DHCS informed the MCPs that the current cycle of PIPs was being halted due to the COVID-19 public health emergency as well as the transition of the External Quality Review Organization (EQRO) contract. In October of 2020, DHCS advised MCPs that a new cycle of PIPs would begin in November. KHS opted to retain the previous PIP topic for well child visits and that was accepted by DHCS. The new PIP will continue until around the 2nd half of 2022.	
Child/Adolescent Health Asthma Medication Ratio (AMR)	New	Ongoing	This PIP focuses on improving the health of members, ages 5-21 years, identified as having persistent asthma and who had a ratio of controller medication to total asthma medications of 0.5 or greater during the measurement year. This measure was selected based on our measurement year 2020 MCAS results not meeting the MPL. At the end of June 2020, DHCS informed the MCPs that the current cycle of PIPs was being halted due to the COVID-19 public health emergency as well as the transition of the External Quality Review Organization (EQRO) contract. In October of 2020, DHCS advised MCPs that a new cycle of PIPs would begin in November. KHS opted to retain the previous PIP topic for well child visits and that was accepted by DHCS. The new PIP will continue until around the 2nd half of 2022.	Ongoing
Site Reviews				
• Initial	Met	12/31/2020	3 Initial Medical Record Reviews were due and completed and 9 Initial Full Site Reviews were due and completed. All CAPS and required follow-up visits were completed and closed.	Partially Completed for 2020

			It should be noted that due to the stay-at-home, social distancing orders related to the pandemic in March of 2020, on site reviews were stopped. Around May, KHS initiated conducting virtual site and medical record reviews to the extent possible. The ability to conduct reviews virtually was dependent upon the provider's ability to participate. The pandemic caused many provider offices to close or to experience staffing shortages.	
• Periodic	Met	12/31/2020	23 Periodic Medical Record Reviews were due and 9 were completed. 26 Full Site Reviews were due and 11 were completed. PARS were reviewed and completed if needed. All CAPS and required follow-up visits were completed and closed. It should be noted that due to the stay-at-home, social distancing orders related to the pandemic in March of 2020, on site reviews were stopped. Around May, KHS initiated conducting virtual site and medical record reviews to the extent possible. The ability to conduct reviews virtually was dependent upon the provider's ability to participate. The pandemic caused many provider offices to close or to experience staffing shortages.	Partially Completed for 2020
• Focused	Met	12/31/2020	40 interim reviews were due, and none were completed. A decision was made not to do these reviews due to the challenges resulting from the pandemic for stay-at-home, social distancing orders. Providers were severely impacted by the pandemic causing many offices to close or to experience severe staffing shortages.	Partially Completed for 2020

Attachment A

2019 Measurement Year and 2020 Report Year
EAS/HEDIS Results

RY2020 MCAS Rate Tracking Report

Hybrid Measures Held to MPL

Measure		Current RY2020 Rate	RY2020 MPL	RY2020 HPL	RY2019 KHS Rate	Current Vs. RY2020 MPL	Current Vs. RY2020 HPL	Current Vs. RY2019 KHS
AWC	Adolescent Well-Care Visits	36.01	54.26	68.14	N/A	-18.25	-32.13	N/A
ABA	Adult Body Mass Index Assessment	78.10	90.27	95.88	N/A	-12.17	-17.78	N/A
CCS	Cervical Cancer Screening	56.20	60.65	72.02	60.34	-4.45	-15.82	-4.14
CIS-10	Childhood Immunization Status	29.93	34.79	49.27	N/A	-4.86	-19.34	N/A
CDC-HT	Comprehensive Diabetes Care HbA1c Testing	85.16	88.55	92.94	89.13	-3.39	-7.78	-3.97
CDC-H9*	HbA1c Poor Control (>9.0%)	57.91	38.52	27.98	33.15	-19.39	-29.93	-24.76
CBP	Controlling High Blood Pressure <140/90 mm Hg	38.93	61.04	72.26	54.26	-22.11	-33.33	-15.33
IMA-2	Immunizations for Adolescents – Combo 2 (meningococcal, Tdap, HPV)	41.36	34.43	47.2	40.63	6.93	-5.84	0.73
PPC-Pre	Prenatal & Postpartum Care – Timeliness of Prenatal Care	84.18	83.76	90.98	81.27	0.42	-6.80	2.91
PPC-Post	Prenatal & Postpartum Care – Postpartum Care	81.02	65.69	74.36	67.64	15.33	6.66	13.38
WCC-BMI	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents: Body Mass Index Assessment for Children/Adolescents	66.42	79.09	90.4	N/A	-12.67	-23.98	N/A
W15	Well-Child Visits in the First 15 months of Life – Six or More Well Child Visits	32.60	65.83	73.24	N/A	-33.23	-40.64	N/A
W34	Well-Child Visits in the 3rd 4th 5th & 6th Years of Life	65.21	72.87	83.85	63.99	-7.66	-18.64	1.22

***** A lower rate indicates better performance therefore the number of required numerators must decrease by the number shown.

Administrative Measures Held to MPL								
Measure		Current RY2020 Rate	RY2020 MPL	RY2020 HPL	RY2019 KHS Rate	Current Vs. RY2020 MPL	Current Vs. RY2020 HPL	Current Vs. RY2019 KHS
AMM - Acute	Antidepressant Medication Management – Acute Phase Treatment	50.24	52.33	65.95	N/A	-2.09	-15.71	N/A
AMM - Cont.	Antidepressant Medication Management – Continuation Phase Treatment	32.64	36.51	48.68	N/A	-3.87	-16.04	N/A
AMR	AsthmaMedication Ratio	48.78	63.58	71.62	21.49	-14.80	-22.84	27.29
BCS	Breast Cancer screening	57.29	58.67	69.23	56.57	-1.38	-11.94	0.72
CHL	Chlamydia Screening in Women Ages 16 – 24	55.29	58.34	71.58	N/A	-3.05	-16.29	N/A

Indicates we met or exceeded MPL/RY2019 rate/Health Net RY2019 rate

Indicates we met the HPL.

N/A' is for measures that were not reported for RY2019

KERN HEALTH SYSTEMS
Quality Improvement Program Description
2021

I. **Mission:** In a commitment to the community of Kern County and the members of Kern Health Systems (KHS), the Quality Improvement (QI) Program is designed to objectively monitor, systematically evaluate and effectively improve the health and care of those being served. KHS' Quality Improvement Department manages the Program and oversees activities undertaken by KHS to achieve improved health of the covered population. All contracting providers of KHS will participate in the Quality Improvement (QI) program.

II. **Purpose:** Kern Health Systems (KHS), d.b.a. Kern Family Health Care (KFHC), is the Local Initiative managing the medical and mild to moderate behavioral health care for Medi-Cal enrollees in Kern County. Specialty mental health care and substance use disorder benefits are carved out from KHS' Medi-Cal plan and covered by Kern County Behavioral Health and Recovery Services pursuant to a contract between the County and the State. The Kern County Board of Supervisors established KHS in 1993. The Board of Supervisors appoints a Board of Directors, who serve as the governing body for KHS.

KHS recognizes that a strong QI Program must be the foundation for a successful Managed Care Organization (MCO). In the basic program design and structure, KHS QI systems and processes have been developed and implemented to improve, monitor and evaluate the quality and safety of care and service provided by contracting providers for all aspects of health care delivery consistent with standards and laws.

The KHS Quality Improvement Program Description is a written description of the overall scope and responsibilities of the QI Program. The QI Program actively monitors, evaluates, and takes effective action to address any needed improvements in the quality, appropriateness, safety and outcomes of covered health care services delivered by all contracting providers rendering services to members through the development and maintenance of an interactive health care system that includes the following elements:

1. Development and implementation of a structure for measurement, assessment and evaluation, and problem resolution of health and vision needs of members.
2. A process and structure for quality improvement with contracting providers.
3. Oversight and direction of processes affecting the quality of covered health care services delivered to members, either directly or indirectly.
4. Assurance that members have access to covered health care in accordance with federal and state regulations, and our contractual obligations with the California Department of Health Care Services (DHCS).
5. Monitoring and improvement of the quality and safety of clinical care for covered services for members.

III. **Goals and Objectives:** KHS has developed and implemented a plan of activities to encompass a progressive health care delivery system working in cooperation with contracting providers, members, community partners and regulatory agencies. An evaluation of program objectives and progress is performed by the QI Department on an annual basis with modifications as directed by the KHS Board of Directors. Results of the evaluation are considered in the subsequent year's program description. Specific objectives of the QI Program include:

1. Improving the health status of members by identifying potential areas for improvement in the health care delivery system.

2. Developing, distributing and promoting guidelines for care including preventive health care and disease management through education of members and contracting providers.

3. Developing and promoting health care practice guidelines through maintenance of standards of practice, credentialing, and recredentialing. This applies to services rendered by medical, behavioral health and pharmacy providers.

4. Establishing and promoting open communication between KHS and contracting providers in matters of quality improvement and maintaining communication avenues between KHS, members, and contracting providers in an effort to seek solutions to problems that will lead to improved health care delivery systems.

5. Providing monitoring and oversight of delegated activities.

6. Performing tracking and trending on a wide variety of information, including
    - Over and underutilization data,
    - Grievances,
    - Accessibility of health care services,
    - Pharmacy services,
    - Primary Care Provider facility site and medical record reviews to identify patterns that may indicate the need for quality improvement and that ensure compliance with State and Federal requirements.

7. Promoting awareness and commitment in the health care community toward quality improvement in health care, safety and service. Continuously identifying opportunities for improvement in care processes, organizations or structures that can improve safety and delivery of health care to members. Providing appropriate evaluation of professional services and medical decision making and to identify opportunities for professional performance improvement.

8. Reviewing concerns regarding quality of care issues for members that are identified from grievances, the Public Policy/Community Advisory Committee (PP/CAC), or any other internal, provider, or other community resource.

9. Identifying and meeting external federal and state regulatory requirements for licensure.

10. Continuously monitoring internal processes in an effort to improve and enhance services to members and contracting providers.

11. Performing an annual assessment and evaluation (updating as necessary) of the effectiveness of the QI Program and its activities to determine how well resources have been deployed in the previous year to improve the quality and safety of clinical care and the quality of service provided to members. These results are presented to the QI/UM Committee and Board of Directors.

IV. Scope: The KHS QI Program applies to all programs, services, facilities, and individuals that have direct or indirect influence over the delivery of health care to KHS members. This may range from choice of contracting provider to the provision and institutionalization of the commitment to environments that improve clinical quality of care (including behavioral health), promotion of safe clinical practices and enhancement of services to members throughout the organization. The scope of the QI Program includes the following elements:

1. The QI Program is designed to monitor, oversee and implement improvements that influence the delivery, outcome and safety of the health care of members, whether direct or indirect. KHS will not unlawfully discriminate against members based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. KHS will arrange covered services in a culturally and linguistically appropriate manner. The QI Program reflects the population served and applies equally to covered medical and behavioral health services. Most members remain children comprising 51% or KHS' membership. 46% of the membership falls into the adult age group up to age 64 years and approximately 3% fall into the age of 65 years or older. There has been no significant change between the child and adult distribution compared to 2019. There has also been insignificant change in gender distribution between this year and last with 54% female members and 46% male members. The main ethnicity of our members is reported as Hispanic at 63%.

2. The QI Program monitors the quality and safety of covered health care administered to members through contracting providers. This includes all contracting physicians, hospitals, vision care providers, behavioral health care practitioners, pharmacists and other applicable personnel providing health care to members in inpatient, ambulatory, and home care settings.

3. The QI Program assessment activities encompass all diagnostic and therapeutic activities, and outcomes affecting members, including primary care and specialty practitioners, vision providers, behavioral health care providers, pharmaceutical services, preventive services, prenatal care, and family planning services in all applicable care settings, including emergency, inpatient, outpatient and home health.

4. The QI Program evaluates quality of service, including the availability of practitioners, accessibility of services, coordination and continuity of care. Member input is obtained through member participation on the Public Policy/Community Advisory Committee (PP/CAC), grievances, and member satisfaction surveys.

5. The QI Program activities are integrated internally across appropriate KHS departments. This occurs through multi-departmental representation on the QI/UM Committee.

6. Mental health care is covered jointly by KHS and Kern County Department of Health. It is arranged and covered, in part, by Kern County Behavioral Health and Recovery Services (BHRS) pursuant to a contract between the County and the State.

Application of the Quality Improvement Program occurs with all procedures, care, services, facilities and individuals with direct or indirect influence over the delivery of health care to members.

Quality Improvement Integration: the QI Program includes quality improvement, utilization management, risk management, credentialing, member's rights and responsibilities, preventive health and health education.

V. Authority: Lines of authority originate with the Board of Directors and extend to contracting providers.

1. **The KHS Board of Directors:** The Board of Directors serves as the governing body for KHS. The Board of Directors assigns the responsibility to lead, direct and monitor the activities of the QI a program to the QI/UM Committee. The QI/UM Committee is responsible for the ongoing development, implementation and evaluation of the QI program. All the activities described in this document are conducted under the auspices of the QI/UM Committee. The KHS Board of Directors are directly involved with the QI process in the following ways:

    a. Approve and support the QI Program direction, evaluate effectiveness and resource allocation. Support takes the form of establishing policies needed to implement the program.
    b. Receive and review periodic summary reports on quality of care and service and make decisions regarding corrective action when appropriate for their level of intervention.
    c. Receive, review, and make final decisions on issues involving provider credentialing and recredentialing recommendations from the Physician Advisory Committee (PAC).
    d. Receive input from the PP/CAC.
    e. Receive reports representing actions taken and improvements made by the QI/UM Committee, at a minimum on a quarterly basis.
    f. Evaluate and approve the annual QI Program Description.
    g. Evaluate and approve the annual QI Program Work Plan, providing feedback as appropriate.
    h. Evaluate and approve the annual QI Program Evaluation.
    i. Monitor the following activities delegated to the KHS Chief Medical Officer (CMO):

        1) Oversight of the QI Program
        2) Chairperson of the QI/UM Committee
        3) Chairperson of associated subcommittees
        4) Supervision of Health Services staff
        5) Oversight and coordination of continuity of care activities for members
        6) Proactive incorporation of quality outcomes into operational policies and procedures
        7) Oversight of all committee reporting activities so as to link information

    The Board of Directors delegates responsibility for monitoring the quality of health care delivered to members to the CMO and the QI/UM Committee with

administrative processes and direction for the overall QI Program initiated through the CMO.

2. **Chief Medical Officer (CMO):** The CMO reports to the Chief Executive Officer (CEO) and the KHS Board of Directors and, as Chairperson of the QI/UM Committee and Subcommittees, provides direction for internal and external QI Program functions, and supervision of KHS staff including:

   a. Application of the QI Program by KHS staff and contracting providers
   b. Participation in provider quality activities, as necessary
   c. Monitoring and oversight of provider QI programs, activities and processes
   d. Oversight of KHS delegated credentialing and recredentialing activities
   e. Retrospective review of KHS credentialed providers for potential or suspected deficiencies related to quality of care
   f. Final authority and oversight of KHS non-delegated credentialing and recredentialing activities
   g. Monitoring and oversight of any delegated UM activities
   h. Supervision of Health Services staff involved in the QI Program, including: the Chief Health Services Officer (CHSO), Director of Quality Improvement, Director of Health Education and Cultural & Linguistics Services, Case Management Director, UM Director, Pharmacy Director, and other related staff
   i. Supervision of all Quality Improvement Activities performed by the QI Department
   j. Monitoring covered medical and behavioral health care provided to ensure they meet industry and community standards for acceptable medical care
   k. Actively participating in the functioning of the plan grievance procedures
   l. Resolving grievances related to medical quality of care

   KHS may have designee performing the functions of the CMO when the CMO position is not filled.

4. **QI/UM Committee (QI/UMC):** The QI/UMC reports to the Board of Directors and retains oversight of the QI Program with direction from the CMO. The QI/UM Committee develops and enforces the quality improvement process with respect to contracting providers, subcommittees and internal KHS functional areas with oversight by the CMO. This committee also performs oversight of UM activities conducted by KHS to maintain quality health care and effective and appropriate control of medical costs through monitoring of medical practice patterns and utilization of services.

5. **Subcommittees:** The following subcommittees, chaired by the CMO, or designee, report to the QI/UMC:

   a. **Physician Advisory Committee (PAC):** This committee is composed of contracting PCPs and Specialists and is charged with addressing provider issues.

Performs peer review, addresses quality of care issues and recommends provider discipline and Corrective Action Plans.

Performs credentialing functions for providers who either directly contract with KHS or for those submitted for approval of participation with KHS, including monitoring processes, development of pharmacologic guidelines and other related functions.

Develops clinical practice guidelines for acute, chronic, behavioral health or preventive clinical activities with recommendations for dissemination, promotion and subsequent monitoring. Performs review of new technologies and new applications of existing technologies for consideration as KHS benefits.

6. Other Committees: The following committees, although independent from the QI/UM Committee, submit regular reports to the QI/UMC:

a. **Pharmacy and Therapeutics (P&T) Committee:** performs ongoing review and modification of the KHS formulary and related processes, oversight of contracting pharmacies, including monitoring processes, development of pharmacologic guidelines and other related functions.

b. **Public Policy/Community Advisory Committee (PP/CAC):** The PP/CAC reviews and comments on operational issues that could impact member quality of care, including access, cultural and linguistic services and Member Services.

c. **Managed Care and Accountability Set (MCAS) Committee:** develops a tiered, multi-pronged approach to improve on all health care quality measures identified by the CA Department of Health Care Services (DHCS). These measures are typically focused on preventive health care and chronic condition management needs for Medi-Cal members. The committee monitors the status of KHS' performance with these measures and modifies strategies and interventions accordingly.

d. **Grievance Review Committee (GRC)**: provides input towards satisfactory resolution of member grievances and determines any necessary follow-up with Provider Network Management, Quality Improvement, Pharmacy and/or Utilization Management.

VI. Committee and Subcommittee Responsibilities: Described below are the basic responsibilities of each Committee and Subcommittee. Further details can be found in individual committee policies.

1. **QI/UM Committee (QI/UMC):**

a. **Role** – The QI/UM Committee directs the continuous monitoring of all aspects of covered health care (including Utilization Management) administered to members, with oversight by the CMO or their designee. Committee findings and recommendations for policy decisions are

reported through the CMO to the Board of Directors on a quarterly basis or more often if indicated.

i. **Objectives** – The QI/UM Committee provides review, oversight and evaluation of delegated and non-delegated QI activities, including accessibility of health care services and care rendered, continuity and coordination of care, utilization management, credentialing and recredentialing, facility and medical record compliance with established standards, member satisfaction, quality and safety of services provided, safety of clinical care and adequacy of treatment. Grievance information, peer review and utilization data are used to identify and track problems, and implement corrective actions. The QI/UM Committee monitors member/provider interaction at all levels, throughout the entire range of care, from the member's initial enrollment to final outcome.

   Objectives include review, evaluation and monitoring of UM activities, including: quality and timeliness of UM decisions, referrals, pre-authorizations, concurrent and retrospective review; approvals, modifications, and denials, evaluating potential under and over utilization, and the provision of emergency services.

ii. **Program Descriptions**– the QI/UM Committee is responsible for the annual review, update and approval of the QI and UM Program Descriptions, including policies, procedures and activities. The Committee provides direction for development of the annual Work Plans and makes recommendations for improvements to the Board of Directors, as needed.

iii. **Studies** – The review and approval of proposed studies is the responsibility of the QI/UM Committee, with subsequent review of audit results, corrective action and reassessment. A yearly comprehensive plan of studies to be performed is developed by the CMO, CHSO, Director of Quality Improvement, and the QI/UM Committee, including studies that address the health care and demographics of members.

b. **Function -** The following elements define the functions of the QI/UM Committee in monitoring and oversight for quality of care administered to members:

i. Identify methods to increase the quality of health care and service for members
ii. Design and accomplish QI Program objectives, goals and strategies
iii. Recommend policy direction
iv. Review and evaluate results of QI activities at least annually and revise as necessary
v. Institute needed actions and ensure follow-up
vi. Develop and assign responsibility for achieving goals
vii. Monitor quality improvement
viii. Monitor clinical safety

ix. Prioritize quality problems
x. Oversee the identification of trends and patterns of care
xi. Monitor grievances and appeals for quality issues
xii. Develop and monitor Corrective Action Plan (CAP) performance
xiii. Report progress in attaining goals to the Board of Directors
xiv. Assess the direction of health education resources
xv. Ensure incorporation of findings based on member and provider input/issues into KHS policies and procedures
xvi. Provide oversight for the KHS UM Program
xvii. Provide oversight for KHS credentialing
xviii. Provide oversight of the Health Education Department
xix. Assist in the development of clinical practice and preventive care health guidelines

The following elements define the functions of the QI/UM Committee in monitoring and oversight of utilization management related to QI:

i. Develop special studies based on data obtained from UM reports to review areas of concern and to identify utilization and/or quality problems that affect outcomes of care.
ii. Review over and underutilization practices retrospectively utilizing any or all of the following data: bed-day utilization, physician referral patterns, member and provider satisfaction surveys, readmission reports, length of stay and referral and treatment authorizations. Action plans are developed including standards, timelines, interventions and evaluations.
iii. Evaluate results of member and provider satisfaction surveys that relate to satisfaction with the UM process and report results to the QI/UM Committee. Identified sources of dissatisfaction require CAPs and are monitored through the QI/UMC.
iv. Identify potential quality issues and report them to the QI Department for investigation
v. Annually review and approve the KHS Health Education program, new and/or revisions to existing policies, and criteria to be utilized in the provision of Health Education services for members.
vi. Identify potential quality issues with subsequent reporting to the QI/UMC.

c. **Structure –** the QI/UMC provides oversight for the QI and UM Programs and is composed of:

i. 1 KHS CMO or designee (Chairperson)
ii. 2 Participating Primary Care Physicians
iii. 2 Participating Specialty Physicians
iv. 1 Federally Qualified Health Center (FQHC) Provider
v. 1 Pharmacy Provider
vi. 1 Kern County Public Health Officer or Representative
vii. 1 Home Health/Hospice Provider
viii. 1 DME Provider

The QI/UM Committee is responsible for periodic assessment and review of subcommittee activities and recommendations for changes, with subsequent reporting to the Board of Directors at least quarterly.

d. **Meetings -** The QI/UM Committee meets at least quarterly but as frequently as necessary to demonstrate follow-up on all findings and required actions. Issues needing immediate assistance that arise prior to the next scheduled meeting are reviewed by the CMO and reported back to the QI/UM Committee, when applicable.

2. Physician Advisory Committee (PAC):

a. **Role –** The PAC serves as advisor to the Board of Directors on health care issues, peer review, provider discipline and credentialing/ recredentialing decisions. This committee is responsible for reviewing provider grievances and/or appeals, provider quality issues, and other peer review matters as directed by the KHS CMO or designee.

The QI/UM Committee has delegated credentialing and recredentialing functions for KHS to the PAC. The PAC is responsible for reviewing individual providers for denial or approval of participation with KHS.

The PAC is charged with the assessment of standards of health care as applied to members and providers; assist with development of indicators for studies; and regularly review guidelines that are promulgated to contracting providers and members. This committee consists of a variety of practitioners in order to represent the appropriate level of knowledge to adequately assess and adopt healthcare standards. The committee obtains an external independent review and opinion when necessary to assist with a decision regarding preventive care guidelines, disease management or coverage of a new technology as a covered benefit for members.

The PAC reviews and comments upon pertinent KHS standards and guidelines with updates, as needed. The PAC evaluates improvements in practice patterns of contracting providers and the development of local care standards. Development of educational programs includes input from the PAC. The PAC reviews and comments on other issues as requested by the Board of Directors.

b. **Function –** The functions of the PAC are as follows:

i. Serve as the committee for clinical quality review of contracting providers.
ii. Evaluate, assess and make decisions regarding contracting provider issues, grievances and clinical quality of care issues referred by the KHS CMO or designee and develop and recommend actions plans as required.
iii. Review provider qualifications, including adverse findings and recommend to the Board of Directors approval or denial of participation with KHS on initial credentialing and every three

years in conjunction with recredentialing. Report Board action regarding credentialing/recredentialing to the QI/UM Committee at least quarterly.

iv. Review contracting providers referred by the KHS CMO or designee due to grievance and/or complaint trend review, other quality indicators or other information related to contracting provider quality of care or qualifications.

v. Review, analyze and recommend any changes to the KHS Credentialing and Recredentialing program policies and procedures on an annual basis or as deemed necessary.

vi. Monitor any delegated credentialing/recredentialing process, facility review and outcomes for all providers.

vii. Develop, review and distribute preventive care guidelines for members, including infants, children, adults, elderly and perinatal patients.

viii. Base preventive care and disease management guidelines on scientific evidence or appropriately established authority.

ix. Develop, review and distribute disease management and behavioral health guidelines for selected diagnosis and treatments administered to members.

x. Periodically review and update preventive care and clinical practice guidelines as presented by the CMO.

xi. Review and assess new medical technologies and new applications of existing technologies for potential addition as covered benefits for members.

xii. Assess standards of health care as applied to members and providers, assist with development of indicators for studies and review guidelines that are promulgated to contracting providers.

xiii. Assess industry and technology trends with updates to KHS standards as indicated.

c. **Structure** – the PAC is structured to provide oversight of quality of care concerns, delegated credentialing activities and the overall credentialing program to monitor compliance with KHS requirements. Contracting providers with medically related grievances that cannot be resolved at the administrative level may address problems to the PAC.

Recommendations and activities of the PAC are reported to the QI/UM Committee and Board of Directors on a regular basis. The committee is composed of:

i. KHS CMO (Chairperson)
ii. 1 Family Practice Providers
iii. 1 Pediatrician
iv. 1 Obstetrician/Gynecologist
v. 1 Eye Specialist
vi. 1 Pain Medicine Provider
vii. 1 Clinical Psychologist
viii. 1 Internal Medicine Provider

The PAC consists of a variety of practitioners to represent a broad level of knowledge to adequately assess and adopt healthcare standards.

d. **Meetings –** The PAC meets at least quarterly or more frequently if necessary.

3. Pharmacy and Therapeutics Committee (P&T):

a. **Role –** the P&T Committee monitors the KHS Formulary, oversees medication prescribing practices by contracting providers, assesses usage patterns by members and assists with study design and clinical guidelines development.

b. **Function –** the functions of the P&T Committee are as follows:

i. Objectively appraise, evaluate and select pharmaceutical products for formulary addition or deletion. This is an ongoing process to ensure the optimal use of therapeutic agents. Products are evaluated based on efficacy, safety, ease of use and cost;
ii. Evaluate the clinical use of medications and develop policies for managing drug use and administration;
iii. Monitor for quality issues regarding appropriate drug use for KHS and members. This includes Drug Utilization Review (DUR) and Drug Use Evaluation (DUE) programs;
iv. Provide recommendations regarding protocols and procedures for the use of non-formulary medications;
v. Provide recommendations regarding educational materials and programs about drug products and their use to contracting providers;
vi. Recommend disease state management or treatment guidelines for specific diseases or medical or behavioral health conditions. These guidelines are a recommended series of actions, including drug therapies, concerning specific clinical conditions;
vii. Monitor and assess contracting pharmacy activities as needed through review of audits and pharmacy profiling.

c. **Structure –** The QI/UM Committee has delegated the responsibility of oversight of pharmaceutical activities related to members to the P&T Committee. The committee reports all activities to the QI/UM Committee quarterly or more frequently depending on the severity of the issue. The committee is composed of:

i. 1 KHS CMO (Chairperson)
ii. 1 KHS Director of Pharmacy (Alternate Chairperson)
iii. 1 KHS Board Member/Rx Representative
iv. 1 Retail/Independent Pharmacist
v. 1 Retail/Chain Pharmacist
vi. 1 Geriatric Pharmacist
vii. 1 General Practice Provider
viii. 1 Pediatrician
ix. 1 Internal Medicine Provider

x. 1 Obstetrician/Gynecologist
xi. 1 Provider at Large

d. **Meetings –** The P&T Committee meets quarterly with additional meetings as necessary.

4. Public Policy/Community Advisory Committee (PP/CAC):

a. **Role –** The Kern Family Health Care (KFHC) Public Policy/Community Advisory Committee (PP/CAC) provides participation of members in the establishment of public policy of KFHC. Public policy means acts performed by a plan or its employees and staff to assure the comfort, dignity, and convenience of patients who rely on the plan's facilities to provide health care services to them, their families, and the public.[1]

b. **Function –** The functions of the PP/CAC are as follows:

i. Culturally appropriate service or program design;
ii. Priorities for health education and outreach program;
iii. Member satisfaction survey results;
iv. Findings of health education and cultural and linguistic Population Needs Assessment;
v. Plan marketing materials and campaigns;
vi. Communication of needs for provider network development and assessment;
vii. Community resources and information;
viii. Periodically review the KHS grievance processes;
ix. Report program data related to Case Management and Disease Management;
x. Review changes in policy or procedure that affects public policy;
xi. Advise on educational and operational issues affecting members who speak a primary language other than English;
xii. Advise on cultural and linguistic issues.

c. **Structure** – The PP/CAC is delegated by the KHS Board of Directors to provide input in the development of public policy activities for KHS. The committee makes recommendations and reports findings to the Board of Directors through the Quality Improvement/Utilization Management Committee.

Appointed members include:

i. 1 Ex-officio Non-Voting Member: KHS Director of Marketing and Public Affairs (Chairperson)
ii. 1 Member of the KHS Board of Directors
iii. 7 KFHC Members (minimum to ensure at least 51% of committee members are plan enrollees)
iv. 1 Participating Health Care Provider
v. 1 Kern County Department of Human Services Representative

[1] Knox Keene § 1369; Rule § 1300.69(b) (2)

vi. Kern County Department of Public Health Representative
vii. 2 Community Representatives

d. **Meetings -** The PP/CAC meets at least quarterly with additional meetings as necessary.

5. Managed Care Accountability Set (MCAS) Committee

1. Role – The purpose of the Kern Health Systems (KHS) Managed Care and Accountability Set (MCAS) Committee is to provide direction and oversight of KHS' level of compliance with the MCAS measures. It also includes direction, input and approval of KHS' strategies and actions to meet or better compliance with the minimum performance level (MPL) for each MCAS measure as set by the Department of Health Care Services (DHCS).

2. Function – functions of the MCAS Committee include:

i. Regularly evaluate the status of compliance with each MCAS measure designated by DHCS using reports and other data to identify strengths and opportunities.
ii. Establish an organization-wide strategic action plan to address opportunities with MCAS measures.
iii. Evaluate outcomes of the strategic action plan and modify the strategy and actions as appropriate.
iv. Assure that all departments who influence member and provider compliance with MCAS measures actively participate in development and implementation of strategic planning and interventions.
v. Ensure that adequate policies and procedures exist and are up to date to support KHS' compliance with MCAS measures.
vi. The Executive Sponsor and Chairperson provide an annual update to KHS' QI-UM Committee summarizing our strategies and level of compliance with MCAS measures. Outstanding issues from the Committee may be advanced to KHS' QI-UM Committee as needed.

3. Structure – The MCAS Committee includes the following KHS staff

i. Chief Medical Officer
ii. Chief Health Services Officer
iii. Administrative Director, Health Homes Program
iv. Director of Business Intelligence
v. Director of Case (CM) & Disease Management (DM)
vi. Director of Compliance & Regulatory Affairs
vii. Director of Health Education and Cultural and Linguistics Services
viii. Director of Marketing and Public Relations
ix. Director of Member Services

x. Director of Pharmacy
xi. Director of QI
xii. Director of UM
xiii. Provider Relations Manager
xiv. QI Manager
xv. QI MCAS Lead Registered Nurse (RN)

4. Meetings – The Committee meets at least every quarter and more frequently as needed.

6. Grievance Review Committee (GRC)

a. Role – The GRT provides input towards satisfactory resolution of member grievances and determines any necessary follow-up with Provider Network Management, Quality Improvement, Pharmacy and/or Utilization Management.

b. Function - functions of the GRC are as follows:

i. Ensure that KHS policies and procedures are applied in a fair and equitable manner.
ii. Hear grievances in a timely manner and recommend action to resolve the grievance as appropriate within the required timeframe.
iii. Review and evaluate KHS practices and procedures that consistently produce dissatisfaction, and recommend, when appropriate, modification to such practices and procedures.

c. Structure – Appointed members include:
i. 1 KHS CMO (Chairperson) or designee
ii. 1 KHS Director of Marketing and Member Services or designee
iii. 1 KHS Director of Provider Network Management or designee
iv. 1 KHS Chief Operations Officer or designee
v. 1 KHS Grievance Coordinator (Staff)
vi. 1 KHS Director of Compliance and Regulatory Affairs or designee
vii. 1 KHS Director of Quality Improvement or designee
viii. 1 KHS Chief of Health Services Officer or designee
ix. 1 KHS Pharmacy Director or designee

d. Meetings - The GRC meets on a weekly basis.

The Director of Member Services provides performance reports at least quarterly to the QI/UM Committee.

VII. Personnel: Reporting relationships, qualifications and position responsibilities are defined as follows:

1. **Chief Executive Officer (CEO)** – appointed by the Board of Directors, the CEO has the overall responsibility for KHS management and viability.

Responsibilities include: KHS direction, organization and operation; developing strategies for each department including the QI Program; Human Resources direction and position appointments; fiscal efficiency; public relations; governmental and community liaison, and contract approval. The CEO directly supervises the Chief Financial Officer (CFO), CMO, Compliance Department, and the Director of Marketing and Member Services. The PAC reports to the CEO and contributes information regarding provider issues. The CEO interacts with the CMO regarding ongoing QI Program activities, progress towards goals, and identified health care problems or quality issues requiring corrective action.

2. **Chief Medical Officer (CMO)** – The KHS CMO must have a valid license to practice medicine in the State of California, the ability to effectively function as a member of a team, and excellent written and verbal communication skills. The CMO is responsible to the Board of Directors to provide medical direction for KHS, including professional input and oversight of all medical activities of the QI Program.

   The CMO reports to the CEO and communicates directly with the Board of Directors as necessary. The CMO supervises the following Medical Services departments and related staff: Quality Improvement, Utilization Management, Pharmacy, Health Education and Disease Management. The CMO also supervises all QI activities performed by the Quality Improvement Department. The CMO devotes the majority of their time to quality improvement activities. The duties of the position include: providing direction for all medical aspects of KHS, preparation, implementation and oversight of the QI Program, medical services management, resolution of medical disputes and grievances; and medical oversight on provider selection, provider coordination, and peer review. Principal accountabilities include: developing and implementing medical policy for utilization and QI functions, reviewing current medical practices so that that medical protocols and medical personnel of KHS follow rules of conduct, assigned members are provided healthcare services and medical attention at all locations, and medical care rendered by providers meets applicable professional standards for acceptable medical care and quality. These standards should equal or exceed the standards for medical practice developed by KHS and approved by the California Department of Health Care Services (DHCS) or the California Department of Managed Health Care (DMHC).

   The CMO is responsible for providing direction to the QI/UM Committee and associated committees including PAC and P&T Committee. As Chairperson of the QI/UM Committee and associated committees, the CMO provides assistance with study development and coordination of the QI Program in all areas to provide continued delivery of quality health care for members. The CMO assists the Director of Provider Network Management with provider network development and works with the CFO to ensure that financial considerations do not influence the quality of health care administered to members.

   The CMO is also responsible for oversight of the development and ongoing revision of the Provider Policy and Procedure Manual related to health care services. The CMO executes, maintains, and updates a yearly QI Program for KHS and an annual summary of the QI Program activities to be presented to the Board of Directors. Resolution of medical disputes and grievances is also the

responsibility of the CMO. The CMO and staff work with the appropriate departments to develop culturally and linguistically appropriate member and provider materials that identify benefits, services, and quality expectations of KHS. The CMO provides continuous assessment of monitoring activities, direction for member, provider education, and coordination of information across all levels of the QI Program and among KHS functional areas and staff.

3. **Chief Health Services Officer (CHSO)** - Under direction of the Chief Medical Officer (CMO) this position is responsible for overseeing the activities of the Health Services Department in support of the company's strategic plan; establishing the strategic vision, and the attendant policies and procedures, initiatives, and functions. The Health Services Department includes: Utilization Management, Case and Disease Management, Health Education, and Quality Improvement.

   Position requires a licensure to practice as a Registered Nurse in the State of California. Qualifications for the Chief Health Services Officer include two years of management level experience in utilization management in managed care environment AND one year of experience as a utilization review or medical (physical medicine) nurse OR four years of experience as a utilization review or medical (physical medicine) nurse AND two years of supervisory experience; OR any equivalent combination of experience. A Bachelor's degree in Nursing is desirable.

   The Chief Health Services Officer provides direct clinical support to the Directors of the Health Services department for both operational and strategic management. The position is responsible for overseeing the development of quality improvement strategies for the enterprise and clinical program development for population-based clinical quality measures. In addition, the position is responsible for directing the development of the clinical quality plan and the integration of quality into the overall business process to ensure that all activities are relevant and meeting the needs of the population served.
   Other responsibilities include:

   - Evaluates industry best practices, medical research, and other resources to develop clinical programs and tools which facilitate and support quality, cost-effective care.
   - Develops and implements an annual plan detailing the strategies, programs, and tools to be implemented.
   - Assures compliance with QI and UM work plans, and when necessary assures compliance with NCQA standards.
   - Provides oversight to assure accurate and complete quantitative analysis of clinical data and presentation of results of data analysis.
   - Tracks Health Services Program performance and results.

- Works with both internal and external customers to promote understanding of health services activities and objectives and to prioritize projects according to corporate goals, monitoring of case management activity and accuracy of decision making is reported to the executive team.

- Ongoing development and monitoring of activities related to identification and tracking of members needing disease management, case management, behavioral health or autism services, tracking of inpatient members including authorizations of level of care, appropriateness of admissions to non-par facilities and timely transfer to participating facilities are critical to the effectiveness of the UM program.

- Establish, initiate, evaluate, assess, and coordinate processes in all areas of Health Services;

- Oversees all activities of department and aids the CMO and appropriate corporate staff in formulating and administering organizational and departmental initiatives;

- Meets regularly with Finance Department to review trends in medical costs and to determine areas of focus;

- Reviews analyses of activities, costs, operations and forecast data to determine departmental progress towards stated goals and objectives;

- Administer and ensure compliance with the National Committee on Quality Assurance (NCQA) standards as determined for accreditation of the health plan;

- Participate in, attend and plan/coordinate staff, departmental, committee, sub-committee, community, State and other activities, meetings and seminars;

- Participate in provider education and contracting as necessary;

- Leads and participates in cross functional teams which design and implement new case management programs and quality interventions to improve health outcomes;

- Leads teams of clinicians charged with promoting effective use of resources.

- Ensures adherence to all contract and regulatory requirements;

- Develops short- and long-term objectives and monitors processes and procedures to ensure consistency and compliance;

- Manages budget and special projects; and

- ♦ Develops and implements process and program redesigns.

3. **Director of Quality Improvement** - The Director must possess a valid Registered Nurse (RN) license issued by the State of California and completion of a master's degree in Nursing (MSN) or healthcare field from an accredited college or university. A minimum of five years of experience in an health maintenance organization (HMO) and a minimum of 3 years staff and program management experience. The Director of Quality Improvement has knowledge of managed care systems in a Knox-Keene licensed health plan, applicable standards and laws pertaining to quality improvement programs for the DHCS, NCQA and HEDIS data collection and analysis, study design methods, and appropriate quality tools and applications. The Director of Quality Improvement dedicates 100% of his/her time to the Quality Improvement Department and reports to the Chief of Health Services Officer. The Director of Quality Improvement assists the CMO in developing, coordinating and maintaining the QI Program and its related activities to oversee the quality process and monitor for health care improvement. Activities include the ongoing assessment of contracting provider compliance with KHS requirements and standards, including: medical record assessments, accessibility and availability studies, monitoring provider trends and report submissions, and oversight of facility inspections. The Director of Quality Improvement monitors the review and resolution of medically related grievances with the CMO, and evaluates the effectiveness of QI systems.

   The Director of Quality Improvement is responsible for the oversight and direction of the KHS Quality Improvement staff.

4. **Quality Improvement Manager** – The Quality Improvement Manager possesses a Master's Degree in health or business administration or Bachelor's or Associates Degree in Nursing **and** five (5) years of experience in the direct patient care setting or operations management, or teaching adult learners, **and** one (1) year of experience in health care Quality Improvement, Utilization Management, or Process Improvement, **and** two (2) years of management experience. The Manager has a working knowledge of HEDIS measures and the HEDIS audit process or the ability to readily learn and apply this information. They also possess working knowledge of State and Federal regulatory requirements, particularly related to QI activities.

5. **Quality Improvement Program Manager** - The QI Program Manager possesses a bachelor's degree or higher in Healthcare, Business, Data Science, Project Management or related field. They have at least 2 years' experience in Quality Improvement or in a health care environment with relevant Quality Improvement experience. They also have at least two (2) years' experience in project management work.

   Under the direction of the Director of Quality Improvement, the QI Program Manager's role is to manage, plan, coordinate and monitor Quality Improvement Special Programs including but not limited to:

   - Annual Managed Care Accountability Set (MCAS) audit and measurement results submission,

- QI Department Strategic Goals,
- QI Department project planning,
- Special Programs (such as member incentives and engagement, DHCS-required project improvement plans, site reviews, etc.), Develop and Organize Ongoing Provider Training, Contract Pricing Software, and PR & Credentialing Department Auditing functions.

6. **Quality Improvement Operations Supervisor –** The Quality Improvement Operations Supervisor possesses a master's degree in health or business administration, an associate degree in Nursing or a bachelor's degree in Nursing. The position requires five (5) years of experience in the direct patient care setting or operations management, or teaching adult learners, **and** one (1) year of experience in health care Quality Improvement, Utilization Management, or Process Improvement, **and** two (2) years of management experience. Working knowledge of HEDIS measures and the HEDIS audit process or ability to readily learn and apply this information is required along with a working knowledge of State and Federal regulatory requirements, particularly related to QI activities, or ability to readily learn and apply this information.

   The QI Operations Supervisor conducts oversight and management of state and regulatory and contractual compliance for the QI program. They also coordinate quality improvement initiatives for Performance Improvement Projects (PIPs), Improvement Plans (IPs), Facility Site Reviews (FSRs), delegation audits, and other external quality reviews. The supervisor provides oversight for day-to-day operations of the QI team. This position also supports the QI Director and QI Manager in the QI Department's processes related to data collection for evaluation of department's work and for identification of staff training needs and development of training programs. He/She leads training and orientation of new staff in QI processes and procedures, and other relevant information.

7. **QI Program Staffing** – the Director oversees a QI Program staff consisting of the following:

   a. **QI Registered Nurses** – The QI nurses possess a valid California Registered Nursing license and three years registered nurse experience in an acute health care setting preferably in emergency, critical and/or general medical-surgical care. The QI nurses assist in the implementation of the QI Program and Work Plan through the quality monitoring process. Staffing will consist of an adequate number of QI nurses with the required qualifications to complete the full spectrum of responsibilities for the QI Program development and implementation. Additionally, the QI nurses teach contracting providers DHCS MMCD standards and KHS policies and procedures to assist them in maintaining compliance.

   b. **QI Coordinator** – The QI Coordinator is a graduate from a licensed Medical Assistant training institution with 4 years' experience in a provider office setting. The QI Coordinator manages the HEDIS process including but not limited to producing and validating the chase list, producing fax lists, collecting data and reporting essential elements of the HEDIS process.

c. **QI Assistant** - The QI Assistant is a graduate from a licensed Medical Assistant training institution with 2 years' experience in a provider office setting. The QI Assistant assists in validating the chase list, produces fax lists, performs follow-up calls to verify receipt, collects data and reports essential elements of the HEDIS process.

d. **QI Senior Support Clerk** – The QI Senior Support Clerk has a high school diploma or equivalent; two years' experience in the field of medical care, a typing skill of 45 net wpm, and at least one year data entry experience. Assists in the promotion of QI activities related to monitoring, assessing and improving performance in health care delivery of covered services to members.

e. **QI Operations Analyst**: The QI Operations Analyst has a bachelor's degree in Business, Business Management, Mathematics, from an accredited school or equivalent; or related field with an academic demonstration of analytical skills required; **AND** two (2) years' working experience with a Managed Care Organization (MCO) or similar type organization OR six (6) years of experience with a Managed Care Organization (MCO) or similar type organization in a business role with a minimum of two (2) years acting primarily in a business analytical capacity**; OR,** equivalent combination of education and business analytical experience on a year for year exchange of experience for education. This position is responsible for providing information with data query and self-service reporting tools. The Operational Analyst plays a central role in addressing various needs of the assigned operational business unit, leveraging data analytics, and facilitates operational discussions internally and externally to the department.

VIII. Program Information – KHS utilizes information provided through the Information Technology (IT), Operations and Provider Network Management departments. Information includes but is not limited to claims and UM data, encounter and enrollment data, and grievance and appeal information. The KHS QI Department identifies data sources, develops studies and provides statistical analysis of results.

IX. Work Plan – The annual QI Work Plan is designed to target specific QI activities, projects and tasks to be completed during the coming year and monitoring and investigation of previously identified issues. A focal activity for the Work Plan is the annual evaluation of the QI Program, including accomplishments and impact on members. Evaluation and planning the QI Program is done in conjunction with other departments and organizational leadership. High volume, high risk or problem prone processes are prioritized.

1. The Work Plan is developed by the Quality Improvement Manager on an annual basis and is presented to the PAC, QI/UMC and Board of Directors for review and approval. Timelines and responsible parties are designated in the Work Plan.
2. The Work Plan includes the objectives and scope of planned projects or activities that address the quality and safety of clinical care and the quality of service provided to members.
3. After review and approval of quality study results including action plans initiated by the QI/UMC, KHS disseminates the study results to applicable providers.

This can occur by specific mailings or KHS' Provider bulletins to contracting providers.

4. The activities in the QI Work Plan are annually evaluated for effectiveness.
5. QI Work Plan responsibilities are assigned to appropriate individuals.

X. QI Activities – Covered health care provided to members is evaluated through a variety of activities designed to identify areas for corrective action and assess improvement.

1. **Quality Studies** – Studies are conducted across the spectrum of health care as described below.

   a. **Primary Care Physician (PCP) and Specialist Access Studies** – KHS performs physician access studies per KHS Policy 4.30, Accessibility Standards. Reporting of access compliance activities is the responsibility of the Provider Network Management Manager and is reported annually.

      i. **PCP and Specialist Appointment Availability** – KHS members must be offered appointments within the following timeframes:

Type of Appointment	Time Standard
Urgent care appointment for services that do not require prior authorization[1]	Within 48 hours of a request
Urgent appointment for services that require prior authorization	Within 96 hours of a request
Non-urgent primary care appointment	Within 10 business days of a request
Non-urgent appointment with a specialist	Within 15 business days of a request
Non-urgent appointments with a physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointments with a non-physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	Within 15 business days of a request
Pediatric CHDP Physicals	Within 2 weeks upon request
First pre-natal OB/GYN visit	The lesser of 10 business days or within 2 weeks upon request

      ii. **PCP After-Hours Access** – KHS contracts with an after-hours triage service to facilitate after-hours member access to care. The Director of UM reviews monthly reports for timeliness, triage response and availability of contracting providers. Results of the access studies are shared with contracting providers, QI/UM Committee, Board of Directors and DHCS.

2. **Managed Care Accountability Set (MCAS)** – KHS is contractually required to submit data and measurement outcomes for specific health care measures identified by DHCS. The measures are a combination of ones selected by DHCS from the library of Healthcare Effectiveness Data and Information Set (HEDIS) and the Core Measures set from the Centers for Medicare and Medicaid Services (CMS). An audit is performed by DHCS's EQRO to validate that the data collection, data used and calculations meet the specifications assigned by DHCS.

DHCS has established minimum performance levels (MPL) for several of the MCAS measures. This benchmark is the 50th percentile based on outcomes published in the latest edition of NCQA's Quality Compass report and the National HMO Average. Results submitted to DHCS for the designated MCAS measures are compared to the NCQA benchmarks to determine the Managed Care Plan's (MCP) compliance. When a MCP does not meet the 50th percentile or better for a measure we are held accountable to, DHCS may impose financial penalties and require a corrective action plan (CAP). The following table identifies the MCAS measures KHS is held accountable to meet the 50th percentile or better for measurement year (MY) 2021. Results for the 2021 measures will be calculated and submitted in report year (RY) 2022,

#	**MEASURE** Total Number of Measures = 36 (10 Hybrid and 26 Administrative)	**MEASURE ACRONYM**	**MEASURE TYPE METHODOLOGY**	**HELD TO MPL?**
1	Breast Cancer Screening	BCS	Administrative	Yes
2	Cervical Cancer Screening	CCS	Hybrid	Yes
3	Child and Adolescent Well-Care Visits	WCV	Administrative	Yes i, iii
4	Childhood Immunization Status: Combination 10	CIS-10	Hybrid	Yes
5	Chlamydia Screening in Women	CHL	Administrative	Yesiii
6	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	CDC-H9	Hybrid	Yes
7	Controlling High Blood Pressure	CBP	Hybrid	Yes
8	Immunizations for Adolescents: Combination 2	IMA-2	Hybrid	Yes
9	Prenatal and Postpartum Care: Postpartum Care	PPC-Pst	Hybrid	Yes
10	Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC-Pre	Hybrid	Yes
11	Weight Assessment and Counseling for Nutrition and	WCC-BMI	Hybrid	Yes iii

#	MEASURE Total Number of Measures = 36 (10 Hybrid and 26 Administrative)	MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL?
	Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents			
12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition	WCC-N	Hybrid	Yes iii
13	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity	WCC-PA	Hybrid	Yes iii
14	Well-Child Visits in the First 30 Months of Life - Well-Child Visits in the First 15 Months	W30	Administrative	Yes i
15	Well-Child Visits in the First 30 Month of Life - Well-Child Visits for Age 15 Months - 30 Months	W30	Administrative	Yes
16	Ambulatory Care: Emergency Department (ED) Visits	AMB-ED	Administrative	No
17	Antidepressant Medication Management: Acute Phase Treatment	AMM-Acute	Administrative	No
18	Antidepressant Medication Management: Continuation Phase Treatment	AMM-Cont	Administrative	No
19	Asthma Medication Ratio ii	AMR	Administrative	No
20	Concurrent Use of Opioids and Benzodiazepines	COB	Administrative	No
21	Contraceptive Care—All Women: Long Acting Reversible Contraception	CCW-LARC	Administrative	No

#	MEASURE Total Number of Measures = 36 (10 Hybrid and 26 Administrative)	MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL?
	(LARC)			
22	Contraceptive Care—All Women: Most or Moderately Effective Contraception	CCW-MMEC	Administrative	No
23	Contraceptive Care—Postpartum Women: LARC—3 Days	CCP-LARC3	Administrative	No
24	Contraceptive Care—Postpartum Women: LARC—60 Days	CCW-LARC60	Administrative	No
25	Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—3 Days	CCW-MMEC3	Administrative	No
26	Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—60 Days	CCW-MMEC60	Administrative	No
27	Developmental Screening in the First Three Years of Life	DEV	Administrative	No
28	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	SSD	Administrative	No
29	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	FUA	Administrative	No
30	Follow-Up After Emergency Department Visit for Mental Illness	FUM	Administrative	No
31	Follow-Up Care for Children	ADD-C&M	Administrative	No

#	MEASURE Total Number of Measures = 36 (10 Hybrid and 26 Administrative)	MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL?
	Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase			
32	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Initiation Phase	ADD-Init	Administrative	No
33	Metabolic Monitoring for Children and Adolescents on Antipsychotics	APM	Administrative	No
34	Plan All-Cause Readmissions	PCR	Administrative	No
35	Screening for Depression and Follow-Up Plan ii	CDF	Administrative	No
36	Use of Opioids at High Dosage in Persons Without Cancer	OHD	Administrative	No

i Currently, the National Committee for Quality Assurance (NCQA) has not developed benchmarks for these measures; when NCQA does develop benchmarks for the measures, MCPs will be held to the MPL.

ii Measure is part of both the CMS Adult and Child Core Sets. Though MCPs will report the "Total" rate, data will be collected stratified by the child and adult age groups.

iii MCPs held to the MPL on the total rate only.

KHS's 2020 MCAS rate results can be found in Appendix A.

KHS is contractually required to meet or exceed the DHCS established Minimum Performance Level (MPL) for each required HEDIS measure. For any measure that does not meet the established MPL, or that is reported as a "No Report" (NR) due to an audit failure, an Improvement Plan (IP) is contractually required to be submitted within 60 days of being notified by DHCS of the measures for which IPs are required.

The MCAS measure results for MY2019 and RY2020 were significantly impacted by the COVID-19 pandemic. The primary impact was in KHS' reduced ability to obtain medical records for the purpose of measuring compliance for the MCAS measures. As a result, only three (3) of the MCAS measures met the MPL. They were

- Immunizations for Adolescents – Combo 2 (meningococcal, Tdap, HPV),
- Prenatal & Postpartum Care – Timeliness of Prenatal Care, and

- Prenatal & Postpartum Care – Postpartum Care.

DHCS advised the MCPs that financial penalties would not be imposed for RY2020 non-compliant MCAS measures. They provided an option for KHS to conduct a 2-year Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis and plan in lieu of a rapid-cycle process improvement project. KHS is taking advantage of this and will continue completion of the SWOT analysis and development and implementation of an action plan based on that analysis. The 4 key strategies for 2021 include:

- **Strategy 1**: Increase number of members attending preventive care appointments for well care visits for ages 0 - 21, Breast Cancer Screening, Childhood Immunization Status, Immunizations for Adolescents, Timeliness of Prenatal and Postpartum Care MCAS measures.
- **Strategy 2:** Increase compliance of MCAS Well Child Visits and Prenatal and Post-Partum Visits by 5 percentage points compared to the previous year and for each year after until the minimum performance level is met.
- **Strategy 3:** Increase preventive care compliance for MCAS measures by implementing new processes within the health plan aimed at decreasing members' gaps in care.
- **Strategy 4:** Increase compliance with MCAS Asthma Medication Ratio measure by 5 percentage points compared to the previous year and for each year after that until the minimum performance level is met.

3. **Performance Improvement Projects (PIPs)** – KHS is mandated to participate in two (2) PIPs. These PIPs span over an approximate 18-month time frame and are each broken out into four (4) modules. Each module is submitted to HSAG/DHCS for review, input and approval incrementally throughout the project. For 2020-2022, the following two (2) PIPs were approved by DHCS for KHS:
    - The first PIP is targeted on a health disparity as outlined in DHCS' Health Equity PIP Topic Proposal Form and is called, Disparities in Well Child Visits, Improving the Health and Wellness of Low-Income Children and Adolescents, Ages 3 to 21, Through Well-Care Visits. This PIP is focused on improving the health and well-being of children, ages 8 to 10 years, by aligning the Well Child Visit with industry standards of care and evidence-based practices.
    - The second PIP is focused on improving the health of members, ages 5-21 years with persistent asthma and who have a ratio of controller medication to total asthma medications of 0.5 or greater. It will focus on improvement opportunities for two member programs:
        - Asthma Mitigation Project (AMP)
        - Asthma Disease Management Program

4. Consumer Assessment of Healthcare Providers and Systems (CAHPS) - The CAHPS **Member Satisfaction Survey** will be administered by a DHCS-contracted, third party vendor, HSAG in 2021. Results for the survey will be provided by DHCS to MCPs by the first quarter of 2022.

   The CAHPS Health Plan Survey is a tool for collecting standardized information on members' experiences with health plans and their services. Survey results can

be used to identify the strengths and weaknesses of a health plan and target areas for improvement. They survey was developed by the Agency for Health Research & Quality (AHRQ) in 1997 and has become the national standard for measuring and reporting on the experiences of consumers with their health plans. The Medicaid version of the questionnaire asks about experiences of members within the past 6 months.

Each of the members sampled receive both English and Spanish versions of the survey. There are ten areas measured in both the Adult and Child Member Satisfaction Survey:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- All Health Care Received Rating
- Personal Doctor/Nurse Rating
- Specialist Seen Most Often Rating
- Health Plan Rating
- Health Promotion & Education
- Coordination of Care

5. **Potential Inappropriate Care (PIC) Issues** - This is a possible adverse deviation from expected clinician performance, clinical care, or outcome of care. PICs are investigated to determine if an actual quality issue or opportunity for improvement exists.

6. **Member Services -** The Director of Member Services presents reports regarding customer service performance and grievances monthly to the CEO, CMO and Chief Operations Officer. At least quarterly, reports are presented to the QI/UM Committee.

7. **Prioritization of Identified Issues** – Action is taken on all issues identified to have a direct or indirect impact on the health and clinical safety of members. These issues are reviewed by appropriate Health Services staff, including the CMO, and prioritized according to the severity of impact, in terms of severity and urgency, to the member.

8. **Corrective Actions** – Corrective Action Plans (CAP) are designed to eliminate deficiencies, implement appropriate actions, and enhance future outcomes when an issue is identified. CAPs are issued in accordance with *KHS Policy and Procedure 2.70-I Potential Inappropriate Care (PIC)*. All access compliance activities are reported to the Director of Provider Network Management who prepares an activity report and presents all information to the CEO, CMO, Chief Operations Officer, Chief Network Administration Officer, and QI/UM Committee.

9. **Quality Indicators** – Ongoing review of indicators is performed to assess progress and determine potential problem areas. Clinical indicators are

monitored and revised as necessary by the QI/UM Committee and PAC. Clinical practice guidelines are developed by the P&T Committee and PAC based on scientific evidence. Appropriate medical practitioners are involved in review and adoption of guidelines. The PAC re-evaluates guidelines every two years with updates as needed.

KHS targets significant chronic conditions and develops educational programs for members and practitioners. Members are informed about available programs through individual letters, member newsletters and through KHS Member Services. Providers are informed of available programs through KHS provider bulletins and the KHS Provider Manual. Tracking reports and provider reports are reviewed and studies performed to assess performance. KHS assesses the quality of covered health care provided to members utilizing quality indicators developed for a series of required studies. Among these indicators are the MCAS measures developed by NCQA and CMS. MCAS reports are produced annually and have been incorporated into QI assessments and evaluations.

8. **Clinical Practice and Preventive Health Guidelines** – Clinical Practice Guidelines are developed using current published literature, current practice standards and expert opinions. They are directed toward specific medical problems commonly found with members. The PAC reviews and approves all Clinical Practice Guidelines and/or Preventive Health Guidelines prior to presentation to QI/UM Committee. The QI/UM Committee is responsible for adopting and disseminating Clinical Practice Guidelines for acute, chronic and behavioral health care services. Guidelines are reviewed every two years and updated if necessary.

9. **Trended Adverse Event/Sentinel Events** Utilization Management is responsible for coordinating and conducting prospective, concurrent and retrospective utilization review for medical necessity, appropriateness of hospital admission, level of care/continuum of care, and continued inpatient stay, as appropriate.

   The QI Department reviews a sampling of hospital re-admissions that occurred within 30 days of the first hospital discharge each quarter to identify and follow-up on potential inappropriate care issues.

   Any issue that warrants further investigation of potential inappropriate care is forwarded from the Utilization Management Department, Member Services Department, or any other KHS Department, to the QI Department for determination whether an inappropriate care issue exists and follow up corrective action based on the level of inappropriate care identified. These referrals may include member deaths, delay in service or treatment, or other opportunities for care improvement.

   Grievances with a potential inappropriate care issue identified are referred to the QI department as a PIC referral for further investigation and action. All quality of care issues are reviewed by KHS' CMO or their designee to determine the severity level and follow up actions needed. All cases are tracked and the data provided to the CMO or designee during the provider credentialing/re-credentialing process. Other actions may include request(s) for a CAP for issues or concerns identified during review.

a. **Member Safety** – KHS continuously monitors patient safety for members and develops appropriate interventions as follows:

i. **Drug Utilization Review** – KHS performs drug utilization reviews to provide oversight of prescribed medications. DUR is a structured, ongoing program that evaluates, analyzes, and interprets drug usage against predetermined standards and undertakes actions to elicit improvements and measure the results. The objectives of DUR are to improve the quality of patient care by assuring safe and effective drug use while concurrently managing the total cost of care.

ii. **Facility Site and Medical Record Review** – Facility site and medical record reviews are performed before a provider is awarded participation privileges and every three years thereafter. As part of the facility review, KHS QI Nurses review for the following potential safety issues:

- Medication storage practices to ensure that oral and injectable medications, and "like labeled" medications, are stored separately to avoid confusion.
- The physical environment is safe for all patients, personnel and visitors.
- Medical equipment is properly maintained.
- Professional personnel have current licenses and certifications.
- Infection control procedures are properly followed.
- Medical record review includes an assessment for patient safety issues and sentinel events.
- Bloodborne pathogens and regulated wastes are handled according to established laws.

DHCS distributed a new All Plan Letter (APL), APL 20-006, for Site and Medical Record Reviews that was scheduled to take effect July 1, 2020. Due to the COVID-19 pandemic, DHCS has delayed implementation of this new APL until 6 months after the public health emergency from the pandemic. The QI Department will update policies and procedures, implement the new review tools, educate KHS staff and KHS' provider network.

iii. **Coordination of Care Studies** – KHS performs Coordination of Care Studies to reduce the number of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days.

iv. **Grievance Satisfaction Data** – KHS reviews Member grievances and satisfaction study results as methods for identifying patient safety issues.

v. **Interventions** – KHS initiates interventions appropriate to identified issues. Such interventions are based on evaluation of

processes and could include distribution of safety literature to members, education of contracting providers, streamlining of processes, development of guidelines, and/or promotion of safe practices for members and providers.

b. **Fraud, Waste, and Abuse (FWA)** – The Quality Improvement Department provides support to KHS' Fraud, Waste, and Abuse program in the following ways:

i. **PIC Referrals** – In the course of screening and investigating PIC referrals, the QI Department consistently evaluates for any possible FWA concerns. All FWA concerns are referred to KHS' Compliance Department for further evaluation and follow up.

ii. **FWA Investigations** – The QI Department clinical staff may provide clinical review support to the Compliance Department for FWA referrals being screened or investigated.

iii. **FWA Committee –** The Director of QI or their designee is an active member of KHS' FWA Committee to provide relevant input and suggestions for topics and issues presented.

10. **Member Information on QI Program Activities** – A description of QI activities are available to members upon request. Members are notified of their availability through the Member Handbook. The KHS QI Program Description and Work Plan are available to contracting providers upon request.

XI. KHS Providers: KHS contracts with physicians and other types of health care providers. The Provider Network Management Department conducts a quarterly assessment of the adequacy of contracting providers. All PCPs and specialists must meet KHS credentialing and recredentialing standards. Contracting providers must meet KHS requirements for access and availability. Members may select their PCPs based on cultural needs and preferences. The Provider Directory lists additional languages spoken by PCPs or their office staff.

XII. Annual Evaluation of the KHS Quality Improvement Program: On an annual basis, KHS evaluates the effectiveness and progress of the QI Program and Work Plan, and updates the program as needed. The CMO, with assistance from the Director of Quality Improvement, Pharmacy Director, Director of Health Education and Cultural & Linguistics Services, Director of Marketing, Director of Member Services and Director of Provider Network Management, documents a yearly summary of all completed and ongoing QI Program activities with documentation of evidence of improved health care or deficiencies, status of studies initiated, or completed, timelines, methodologies used, and follow-up mechanisms.

The report includes pertinent results from QI Program studies, member access to care surveys, physician credentialing and facility review compliance, member satisfaction surveys, and other significant activities affecting medical and behavioral health care provided to members. The report demonstrates the overall effectiveness of the QI Program. Performance measures are trended over time to determine service, safety and clinical care issues, and then analyzed to verify improvements. The CMO presents the results to the QI/UM Committee for comment, suggested program adjustments and revision of procedures or guidelines, as necessary. Also included is a Work Plan for the coming year. The Work Plan includes studies, surveys and audits to be performed,

compliance submissions, reports to be generated, and quality activities projected for completion.

The yearly QI Program summary and Work Plan are presented to the Board of Directors for assessment of covered health care rendered to members, comments, activities proposed for the coming year, and approval of changes in the QI Program. The Board of Directors is responsible for the direction of the QI Program and actively evaluates the annual plan to determine areas for improvement. Board of Director Comments, actions and responsible parties assigned to changes are documented in the minutes. The status of delegated follow-up activities is presented in subsequent Board meetings. A summary of QI activities and progress toward meeting QI goals is available to members and contracting providers upon request by contacting KHS Member Services.

XIII. Integration of Study Outcomes with KHS Operational Policies and Procedures: KHS assesses study outcomes over time and, as a result of key quality issue identification and problem resolution, develops changes in strategic plans and operational policies and procedures. Study outcomes are assessed and changes may be incorporated into the KHS strategic plan and operational policies and procedures to address those outcomes and incorporate ongoing quality issue solutions into organizational operations.

XIV. Confidentiality: All members, participating staff and guests of the QI/UM Committee and subcommittees are required to sign the Committee Attendance Record, including a statement regarding confidentiality and conflict of interest. All KHS employees are required to sign a confidentiality agreement upon hiring. The confidentiality agreements are maintained in the practitioner or employee files, as appropriate. All peer review records, proceedings, reports and member records are maintained in a confidential manner in accordance with state and federal confidentiality laws.

XV. Members Right to Confidentiality: KHS retains oversight for provider confidentiality procedures. KHS has established and distributed confidentiality standards to contracting providers in the KHS Provider Policy and Procedure Manual. All provider contracts include the provision to safeguard the confidentiality of member medical and behavioral health care records, treatment records, and access to sensitive services in accordance with applicable state and federal laws. As a condition of participation with KHS, all contracting providers must retain signed confidentiality forms for all staff and committee members and provide education regarding policies and procedures for maintaining the confidentiality of members to their practitioners. KHS monitors contracting providers for compliance with KHS confidentiality standards during provider facility and medical records reviews and through the Grievance Process. The QI/UM Committee reviews practices regarding the collection, use and disclosure of medical information.

XVI. Conflict of Interest: All committee members are required to sign a conflict of interest statement. Committee members cannot vote on matters where they have an interest and must be recuse until the issue has been resolved.

XVII. Provider Participation:

1. **Provider Information** – KHS informs contracting providers through its Provider bulletins, letters and memorandums, distribution of updates to the Provider Policy and Procedure Manual, and training sessions.
2. **Provider Cooperation** – KHS requires that contracting providers and hospitals

cooperate with QI Program studies, audits, monitoring and quality related activities. Requirements for cooperation are included in provider and hospital contract language that describe contractual agreements for access to information.

XVIII. Provider and Hospital Contracts: Participating provider and hospital contracts contain language that designates access for KHS to perform monitoring activities and require compliance with KHS QI Program activities, standards and review system.

1. Provider contracts include provisions for the following:
    1. An agreement to participate in the KHS QI Program including cooperation with monitoring processes, the grievance resolution system, and evaluations necessary to determine compliance with KHS standards.
    2. An agreement to provide access to facilities, equipment, books, and records as necessary for audits or inspection to ascertain compliance with KHS requirements.
    3. Cooperation with the KHS QI Program including access to applicable records and information.
    4. Provisions for open communication between contracting providers and members regarding their medical condition regardless of cost or benefits.
2. Physician contracts include provisions for the following:
    a. An agreement to participate in the KHS QI Program including cooperation with monitoring processes, the grievance resolution system, utilization review, and evaluations necessary to determine compliance with KHS standards.
    b. An agreement to provide access to facilities and records as necessary for audits or inspections to ascertain compliance with KHS requirements.
    c. Cooperation with the KHS QI Program, including access to applicable records and information.
3. Hospital contracts include provisions for the following:
    a. An agreement to participate in the KHS QI Program, including cooperation with monitoring processes, the grievance resolution system, utilization review, and evaluations necessary to determine compliance with KHS standards.
    b. Development of an ongoing QI Program to address the quality of care provided by the hospital including CAPs for identified quality issues.
    c. An agreement to provide access of facilities, equipment, books, and records as necessary for audits or inspection to ascertain compliance with KHS requirements.
    d. Cooperation with the KHS QI Program, including access to applicable records and information.

XIX. On-Site Medical Records: Member medical records are not kept on site. Paper documents Paper supporting UM, Grievance and Quality Improvement processes are securely shredded following use.

XX. **Delegation:** KHS delegates quality improvement activities as follows:

1. In collaboration with other Kern County Health Plans – delegation for Site Reviews as described in APL 20-006, Site Reviews: Facility Site Review and Medical Record Review and the applicable MOU.
2. Kaiser Permanente – delegation of QI and UM processes with oversight through the QI/UM committee.
3. VSP – delegation of QI and UM processes with oversight through the QI/UM committee.

XXI. Assessment and Monitoring: To monitor that contracting providers have the capacity and capability to perform required functions, KHS has a pre-contractual and post-contractual assessment and monitoring system. Details of the activities with standards, tools and processes are found in specific policies and include:

Pre-contractual Assessment of Providers – All providers desiring to contract with KHS must, prior to contracting with KHS, complete a document that includes the following sections:

1. Health Care Delivery Systems, including clinical safety, access/waiting, referral tracking, medical records, and health education.
2. Credentialing information.

XXII. Quality and Safety of Clinical Care – KHS evaluates the effect of activities implemented to improve patient safety. Safety measures are monitored by the QI Department in collaboration with other KHS departments, including:

1. **Provider Network Management Department –** provider credentialing and recredentialing, using site visits to monitor safe practices and facilities.
2. **Member Services Department –** by analyzing and taking actions on complaint and satisfaction data and information that relates to clinical safety.
3. **UM Department –** in collaboration with the Member Services Department, by implementing systems that include follow-up to ensure care is received in a timely manner.

XXIII. Enforcement/Compliance: The Director of Quality Improvement is responsible for monitoring and oversight of the QI Program, including enforcement of compliance with KHS standards and required activities. Compliance activities can be found in sections of policies related to the specific monitoring activity. The general process for obtaining compliance when deficiencies are noted, and CAPs are requested, is delineated in policies. Compliance activities not under the oversight of QI are the responsibility of the Compliance Department.

XXIV. Medical Reviews and Audits by Regulatory Agencies - KHS' Director of Compliance & Regulatory Affairs, in collaboration with the CHSO and the Director of Quality Improvement manages KHS medical reviews and medical audits by regulatory agencies. Recommendations or sanctions received from regulatory agencies for medical matters are addressed through the QI Program. CAPs for medical matters are approved and monitored by the QI/UM Committee.

_____

KHS Board of Directors (Chair) Date

_____

Chief Executive Officer Date

_____

Chairman QI/UM COMMITTEE Date

Appendix A
2020 Measurement Year and 2021 Report Year

MY2020 MCAS Rates Report
Rates submitted on 6/1/21 to NCQA and HSAG

Hybrid Measures Held to MPL

Measure		MY2020 Rate	MY2020 MPL	MY2019 KHS Rate	Current Vs. MY2020 MPL	Current Vs. MY2019 KHS
CCS	Cervical Cancer Screening	54.01	61.31	56.20	-7.30	-2.19
CIS-10	Childhood Immunization Status	22.87	37.47	29.93	-14.60	N/A
CDC-H9*	HbA1c Poor Control (>9.0%)	50.85	37.47	57.91	-13.38	7.06
CBP	Controlling High Blood Pressure <140/90 mm Hg	52.07	61.8	38.93	-9.73	13.14
IMA-2	Immunizations for Adolescents – Combo 2 (meningococcal, Tdap, HPV)	33.09	36.86	41.36	-3.77	-8.27
PPC-Pre	Prenatal & Postpartum Care – Timeliness of Prenatal Care	70.07	89.05	84.18	-18.98	-14.11
PPC-Post	Prenatal & Postpartum Care – Postpartum Care	77.62	76.4	81.02	1.22	-3.40
WCC-BMI	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents: Body Mass Index Assessment for Children/Adolescents	63.50	80.5	66.42	-17.00	N/A
WCC-N	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition	52.80	71.55	NA	-18.75	N/A
WCC-PA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity	51.09	66.79	NA	-15.70	N/A

Administrative Measures Held to MPL

Measure		Current MY2020 Rate	MY2020 MPL	MY2019 KHS Rate	Current Vs. MY2020 MPL	Current Vs. MY2019 KHS
AMM -Acute	Antidepressant Medication Management – Acute Phase Treatment	48.05	53.57	50.24	-5.52	-2.19
AMM - Cont.	Antidepressant Medication Management – Continuation Phase Treatment	31.77	38.18	32.64	-6.41	-0.87
APM–B	Metabolic Monitoring for Children and Adolescents on Antipsychotics-Blood Glucose Testing	50.00	54.42	NA	-4.42	N/A
APM–C	Metabolic Monitoring for Children and Adolescents on Antipsychotics-Cholesterol Testing	16.67	37.08	NA	-20.41	N/A
APM–BC	Metabolic Monitoring for Children and Adolescents on Antipsychotics-Blood Glucose Testing and Cholesterol Testing	16.67	35.43	NA	-18.76	N/A
AMR	AsthmaMedication Ratio	54.39	62.43	48.78	-8.04	5.61
BCS	Breast Cancer Screening	54.50	58.82	57.29	-4.32	-2.79
CHL	Chlamydia Screening in Women Ages 16 – 24	54.02	58.44	55.29	-4.42	-1.27
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	92.31	82.09	NA	10.22	N/A

Indicates KHS did not met MPL
Indicates KHS need 5% or less to met MPL
Indicates KHS met or exceeded MPL
Indicates KHS met or exceeded HPL.

N/A' is for measures that were not reported for MY2019

Kern Health Systems
2021 Quality Improvement Program Work plan

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS
I. QUALITY MANAGEMENT AND IMPROVEMENTS					
A. Annual Review/Approval of QI Program (QIP) Documents					
1. Approval QI Evaluation	Approval of 2020 QI Program Evaluation	9/1/2021	Chief Medical Officer (CMO) / QI Director	None	Board of Directors Meeting Agenda August 2021
2. Review/Update and Approval of QI Program Description	Approval of 2021 QI Program Description	9/1/2021	Chief Medical Officer (CMO) / QI Director	None	Board of Directors Meeting Agenda August 2021
3. Review/Update and Approval of QI Work Plan	Approval of 2021 QI Work Plan	9/1/2021	Chief Medical Officer (CMO) / QI Director	None	Board of Directors Meeting Agenda August 2021
B. Clinical - Focused Studies					
1. State Required				None	
a. Asthma Medication Ration PIP - Improving Asthma Medication Ratio Compliance in Children 5-21 years of age	18 month performance improvement project (PIP) overseen by HSAG focused on improvements with the Asthma Disease Management Program and Asthma Mitigation Project to increase correct medication usage by asthmatic members	Ongoing into 2022	Chief Medical Officer (CMO) / QI Director	None	Ongoing through 2022
b. Improving the Health and Well Being of low income children, ages 3- 21 years, through Well Child Visits (WCV)	18 month performance improvement project (PIP) overseen by HSAG focused on improvements with increasing the number of children ages 3 - 21 years old with completing an annual well care visit.	Ongoing into 2022	Chief Medical Officer (CMO) / QI Director	None	Ongoing through 2022
C. RY 2021 MCAS Monitoring (Medi-Cal) / Quality Measurements					
1. MCAS Audit Roadmap	Report to State EQRO Auditor - HSAG	1/29/2021	Director of QI/Director of Business Intelligence/Director of Claims/Director of IT/Chief Network Administration Officer	None	Completed
2 Configure MCAS/HEDIS software for new measures (Cotiviti)	Vendor, Cotiviti, to have all new measure configured, tested and changes approved by NCQA	3/31/2021	QI Director/ IT Director	None	Completed
3 Configure KHS data and reports for new measures	KHS to modify data receipt, storage and reports to meet new DHCS MCAS specifications	3/31/2021	QI Director/ IT Director	None	Complete
4. Educate KHS Staff on MY2021 measures	KHS to educate internal staff on new requirements for MCAS	3/31/2021	Chief Medical Officer (CMO)/ QI Director	None	Complete
5. Educate providers on MY2021 measures	KHS to educate providers on new requirements for MCAS	7/1/2021	Chief Medical Officer (CMO)/ QI Director/ PNM Director	None	In Progress
6. Antidepressant Medication Management – Acute & Continuation Phase Treatment (AMM-Acute and AMM-Cont)	Report final rate annually to QI/UM Committee/Board of Directors (BOD)/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
7. Asthma Medication Ratio (AMR)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
8. Breast Cancer Screening (BCS)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
9. Cervical Cancer Screening (CCS)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
10. Child and Adolescent Well-Care Visits (WCV)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
11. Chlamydia Screening in Women (CHL)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
12. Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC-H9)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
13. Controlling High Blood Pressure (CBP)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
14. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
15. Immunizations for Adolescents: Combination 2 (IMA-2)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
16. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
17. Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
18. Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
19. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents (WCC-BMI)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS
20. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition (WCC-N)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
21. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity (WCC-PA)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
22. Well-Child Visits in the First 30 Months of Life (W30)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
23. Ambulatory Care: Emergency Department (ED) Visits (AMB-ED)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
24. Concurrent Use of Opioids and Benzodiazepine (COB)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
25. Contraceptive Care—All Women: Long Acting Reversible Contraception (CCW-LARC)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
26. Contraceptive Care—All Women: Most or Moderately Effective Contraception (CCW-MMEC)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
27. Contraceptive Care—Postpartum Women: LARC—3 Days (CCW-LARC3)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
28. Contraceptive Care—Postpartum Women: LARC—60 Days (CCP-LARC60)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
29. Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—3 Days (CCP-MMEC3)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
30. Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—60 Days (CCP-MMEC60)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
31. Developmental Screening in the First Three Years of Life (DEV)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
32. Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase (ADD-C&M)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
33. Follow-Up Care for Children Prescribed Attention-D (ADD-Init)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
34. Plan All-Cause Readmissions (PCR)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
35. Screening for Depression and Follow-Up Plan (CDF)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
36. Use of Opioids at High Dosage in Persons Without Cancer (OHD)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
36. Use of Opioids at High Dosage in Persons Without Cancer (OHD)	Report annually to QI/UM Committee/BOD/DHCS	8/12/2021	Chief Medical Officer (CMO) / QI Director	None	In Progress
D. Other On-going Monitoring					
1. 30 day re-admissions	In annual QI Plan Evaluation for 2020 to QI/UMC & BOD in 2021	Annually	Chief Medical Officer (CMO) / QI Director	None	Ongoing 2021
2. Potential Inappropriate Care (PIC)	In annual QI Plan Evaluation for 2020 to QI/UMC & BOD in 2021	Annually	Chief Medical Officer (CMO) / QI Director	None	Ongoing 2021
3. Facility Site Reviews (FSR)	Provider review of physical offices to ensure DHCS site safety and other requirements are met.	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI	Medium	Ongoing 2021 - Due to COVID-19 Pandemic, reviews are being done virtually when possible. DHCS assessing plan to address reviews for providers not completed during the pandemic after PHE.
a. Referral Process	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
b. IHEBA - Staying Healthy Assessment	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
c. Initial Health Assessment (IHA)	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
d. Critical elements	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
e. Diabetes Care Monitoring	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
f. Asthma Care Monitoring	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	
g. Maternity Care Monitoring	Physician Site Monitoring / Quarterly reporting	Quarterly		Medium	

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS
4. 2021 Facility Site Review - DHCS New APL 20-006	DHCS updated the requirements for Site and Medical Record Reviews that were supposed to take effect July 1, 2020. Due to the pandemic, implementation has been delayed until 6 months after the public health emergency related to the pandemic ends.	Contingent on DHCS identification of effective date	QI Director / Chief Network Administration Officer		Ongoing 2021
a. Implement Form Changes	Identify and implement process for documenting each type of FSR using the new forms finalized by DHCS			None	
b. Implement Reporting Changes	Identify changes to existing FSR reports and new reports needed based on the new, finalized FSR guidelines from DHCS			None	
c. Educate Staff on New Forms & Requirements	Develop and deliver educational information for KHS staff on the changes to the forms and FSR requirements			None	
d. Educate Providers on New Requirements	Develop and deliver educational information for network providers on the new FSR requirements by DHCS			None	
E. Safety of Clinical Care				Medium	Ongoing 2021 - Due to COVID-19 Pandemic, reviews are being done virtually when possible. DHCS assessing plan to address reviews for providers not completed during the pandemic after PHE.
1. Autoclave	Credentialing/Recredentialing/As necessary	12/31/2021	Chief Medical Officer (CMO) / QI Director	Medium	Ongoing 2021
2. Bio-hazardous waste	Credentialing/Recredentialing/As necessary	12/31/2021	Chief Medical Officer (CMO) / QI Director	Medium	Ongoing 2021
3. Infection Control	Credentialing/Recredentialing/As necessary	12/31/2021	Chief Medical Officer (CMO) / QI Director	Medium	Ongoing 2021
4. Facility Site Review (FSR) DHS Database	FSR database of completed site reviews	12/31/2021	Chief Medical Officer (CMO) / QI Director	Medium	Ongoing 2021
5. Focused Reviews - Critical Elements	Physician Site Monitoring / Quarterly Reporting to QI/UMC	Quarterly	Chief Medical Officer (CMO) / QI Director	Medium	Ongoing 2021
F. Availability				Medium	Ongoing 2021 - Due to COVID-19 Pandemic, reviews are being done virtually when possible. DHCS assessing plan to address reviews for providers not completed during the pandemic after PHE.
1. Primary Care Practitioners				Medium	
a. Numeric Standard - *Network Capacity Report*	Measure and Report to DHS	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
2. Specialty Practitioners				Medium	
a. Numeric Standard - *Network Capacity Report*	Measure and Report to DHS	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
b. Geographic Standard	Measure and Report	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
G. Access				Medium	Ongoing 2021 - Due to COVID-19 Pandemic, reviews are being done virtually when possible. DHCS assessing plan to address reviews for providers not completed during the pandemic after PHE.
1. Primary Care Appointments					
a. Preventive Care Appointments Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
b. Routine Primary Care Appointments Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
c. Urgent Care Appointments Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
e. After-hours Care Standard	Measure/Report to QI/UM Committee Quarterly	Annually	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
2. Telephone access to Member Services					
a. Abandonment rate	Measure/Report to QI/UM Committee Quarterly	Quarterly	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
b. Speed of answer	Measure/Report to QI/UM Committee Quarterly	Quarterly	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
3. Mental Health Appointment	Quarterly MOU Meetings/Grievances	As necessary	Director of UM; Director of CM	Medium	Ongoing 2021
a. Life-threatening Emergency Standard (immediate care)	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021

KERN HEALTH SYSTEMS
2020 QUALITY IMPROVEMENT WORK PLAN

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS
b. Non-life-threatening Emergency Standard	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
c. Urgent needs Standard	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
d. Routine office visit Standard (visit within 10 working days)	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
e. Telephone access to screening and triage Standard	Report as necessary to QI/UM Committee	As necessary	Chief Network Administration Officer, Director Compliance	Medium	Ongoing 2021
- Caller reaches non-recorded voice					
- Abandonment rate					
H. Encounters, Complaints, Grievances and Appeals Data Analysis	Report aggregate data quarterly to QI/UM Committee	Quarterly	Director of Member Services	None	Ongoing 2021
I. CAHPS Survey	State administered survey every 2 years	12/31/2021	State Administered/CIO/Chief Medical Officer (CMO) / QI Director	None	Results should be distributed by DHCS by March 2022
1. Member data provided to EQRO to conduct CAHPS survey in 2021	Provide member data per EQRO specifications	2/28/2021	State Administered/CIO/Chief Medical Officer (CMO) / QI Director	None	Completed
2. Results reported to QI/UMC	Report to QI/UMC	12/31/2021	State Administered/CIO/Chief Medical Officer (CMO) / QI Director	None	On Track
3. Results reported to practitioners and providers	Report to Physician Advisory Committee	12/31/2021	State Administered/CIO/Chief Medical Officer (CMO) / QI Director	None	On Track
J. Continuity of Care Monitoring	Monitored through Grievances, FSR/Peer Review, MCAS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2021
1. Primary Care Practitioner (PCP)	Monitored through Grievances, FSR/Peer Review, MCAS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2021
2. PCP & Mental Health	Monitored through Grievances, Peer Review, MCAS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2021
3. Specialist	Monitored through Grievances, Peer Review, MCAS	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2021
K. Delegation of QI Activities	QI/UM delegation to Kaiser and VSP includes ongoing reporting of Grievances, QI Program, Evaluation and Work plan	12/31/2021	QI Director		Ongoing 2021
L. Annual Review of QI Policies and Procedures	Submit to QI/UMC and DHCS	Annually and as necessary	Chief Medical Officer (CMO) / QI Director/Director Compliance		Ongoing 2021
M. QI/UM Committee					
1. Reports and agenda items	Gathered from pertinent departments	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
2. Minutes	Attached to next meetings agenda and sent to Board of Directors	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
3. Form 700 (Statement of Economic Interests)	Send to all committee members yearly	Initial / Yearly December	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
4. PO's and Check Requests	Fill out for each member attending meeting	Quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
N. MCAS Member Engagement & Incentive Program	Implement program for using Interactive Voice Recognition, Text messaging and Mailers to contact members with Gaps in Care related to the MCAS measures either providing health education or reminders about preventive health measures. The program includes establishing specific member incentives for completion of health care activities that resolve their care gaps. At least 2 member outreach campaigns will be completed this year.	12/31/2021	Chief Health Services Officer/QI Director/Health Education Director		Ongoing 2021
O. MCAS Committee	Establish new, multi-department committee to - provide direction and oversight of KHS' level of compliance with the MCAS measures and - provide direction, input and approval of KHS' strategies, and actions to meet or better compliance with the minimum performance level (MPL) for each MCAS measure as set by DHCS.	2/26/2021	Chief Health Services Officer/QI Director		Completed
1. Strengths, Weaknesses, Opportunities and Threats (SWOT) Action Plan for MCAS measures compliance	An action plan to develop KHS' infrastructure for compliance with MCAS measures will be developed based on a SWOT analysis done in the fall of 2020. The Action plan is a 2 year effort with support and collaboration from DHCS.	12/31/2022	Chief Health Services Officer/QI Director		Ongoing through 2022

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS
2. Update and disseminate MCAS Provider Guide and MCAS Coding Card for MY2021 MCAS Measures	Update the KHS MCAS Provider Guide to reflect measures for MY2021. The guide provides a definition and specifications for each measure, diagnosis and service codes as applicable and tips for achieving compliance. The guide is made available to all KHS providers accountable to meet these measures. The coding card lists the most commonly used service and diagnosis codes for documenting completion of MCAS measures.	8/1/2021	Director of Quality Improvement/Provider Network Management/Provider Relations Manager		In process
II. UTILIZATION MANAGEMENT - See UM Work Plan					
A. Annual Review/Approval of UM Program Documents by KHS QI/UMC and Board of Directors.	Program Description 2021	10/1/2021	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		QI/UMC August 2021 Agenda
	Evaluation 2020	10/1/2021	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		QI/UMC August 2021 Agenda
III. CREDENTIALING AND RECREDENTIALING					
A. Initial Credentialing Site Visit & Medical Record	Site and Medical Record Reviews done to validate new provider's compliance with DHCS regulatory requirements. Both reviews must be passed before a provider can be added to the KHS Provider Network.	Ongoing	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
B. Organization Providers Quality Assessment	Data Reviews are received from QI/UM/Compliance/MS for any opportunities for improvement identified. QI Department performs review of readmissions within 30 days of discharge and member deaths notifications for potential inappropriate	At least quarterly	Chief Medical Officer (CMO) / Chief Health Services Officer/QI Director		Ongoing 2021
1. Hospitals	Tracking grievances, PIC referrals, Deaths Notifications with potential Quality issues, and a sampling of readmissions within 30 days of discharge for possible quality issues related to readmission	Ongoing	Chief Network Administration Officer		Ongoing 2021
2. SNF's	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
3. Home Health Agencies	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
4. Free-Standing Surgery Centers	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
5. Impatient MH/SA Facilities	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
6. Residential MH/SA Facilities	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
7. Ambulatory MH/SA Facilities	Tracking grievances, PIC referrals, and Deaths Notifications with potential Quality issues	Ongoing	Chief Network Administration Officer		Ongoing 2021
C. Ongoing Monitoring of Sanctions and Complaints	Ongoing; time sensitive; sanctions; grievance process	Ongoing	Chief Network Administration Officer/Compliance		Ongoing 2021
D. Credentialing / Recredentialing File Audit	Ongoing KHS/Compliance random audits	Ongoing	Chief Network Administration Officer		Ongoing 2021
E. Delegated Credentialing	Delegation will be for hospital based practitioners if hospital is TJC accredited	Annually / as necessary	Chief Network Administration Officer		Ongoing 2021
F. Annual Review of Credentialing/Recredentialing Policies and Proc	Ongoing	Annually / as necessary	Chief Network Administration Officer		Ongoing 2021
IV. MEMBER RIGHTS AND RESPONSIBILITIES					
A. Statement of Members' Rights and Responsibilities	Review, annually / revise as necessary	Annually / as necessary	Director of Member Services		Ongoing 2021
B. Distribution of Rights Statement to Members & Practitioners	As necessary	Annually / as necessary	Director of Member Services		Ongoing 2021
C. Complaints and Appeals	Aggregate/analyze/report to QI/UM Committee Quarterly	Quarterly	Director of Member Services		Ongoing 2021
D. Grievance Report (HFP)	Report number and types of benefit grievances for previous calendar year - geographic region, ethnicity, gender and primary language	Quarterly	Director of Member Services		Ongoing 2021 Ongoing 2021

KERN HEALTH SYSTEMS
2020 QUALITY IMPROVEMENT WORK PLAN

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS
					Ongoing 2021
E. Annual Analysis of Privacy and Confidentiality Policies	Review annually / Revise as needed	Ongoing	Director Compliance		Ongoing 2021
F. Delegation of Members' Rights and Responsibilities Activities	Non-delegated. Grievance committee	N/A	Grievance Committee		Ongoing 2021
G. Annual Review of Member Rights Policies and Procedures	Non-delegated	N/A	Grievance Committee		Ongoing 2021
VI. MEDICAL RECORDS					
A. Review of Medical Record Documentation Standards	Annually / revise as necessary	2021	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI		Ongoing 2021
B. Distribution of Standards to New Providers	Ongoing / as necessary	Ongoing	Director of Provider Network Management		Ongoing 2021
C. Audit of Medical Records Documentation	Refer to Credentialing/Recredentialing	Ongoing	Chief Medical Officer (CMO) / Chief Health Services Officer/ Director QI / Director of Provider Network Management		Ongoing 2021
D. Annual Review of Policies and Procedures	Annually and as necessary	Ongoing	Chief Medical Officer (CMO) / QI Director		Ongoing 2021

KERN HEALTH SYSTEMS

QUALITY IMPROVEMENT DEPARTMENT

QUATERLY QI-UM COMMIITTEE REPORT

Q2 2021

KERN HEALTH SYSTEMS
Quality Improvement Department Quarterly QI-UM Committee Report
Q2 2021

The purpose of this report is to provide a summary of the quarterly activities and outcomes for the QI department. This provides a window into both compliance with regulatory requirements as well as identifying opportunities for improving the quality of care for our members. Areas covered in the report include:

I. COVID-19 Updates
II. Potential Inappropriate Care (PIC) Notifications
III. Site & Medical Record Reviews
    a. Initial Site & Medical Record Reviews
    b. Periodic Site & Medical Record Reviews
    c. Interim/ Focus Reviews
    d. Critical Elements
    e. Initial Health Assessments
    f. Follow up Reviews
IV. Quality Improvement Projects
    a. Performance Improvement Projects (PIPs)
V. MCAS Committee
    a. Member Engagement & Rewards Program
    b. MCAS SWOT Action Plan
    c. 2nd Quarter 2021 MCAS Measures Compliance Rates
VI. Policy and Procedures and other program documents

I. COVID-Update:

As of 2nd quarter of 2021, KHS is still enforcing stay at home and social distancing orders. We continue to complete as many virtual site reviews as possible with anticipation that some or all those reviews may be accepted in lieu of the in-person reviews. All virtual medical record reviews completed will be accepted by DHCS. KHS is working with DHCS to complete master trainer certification for one QI RN. We are working with Partnership Health plans to identify a provider site in the Sacramento area for the Master Trainer Certification.

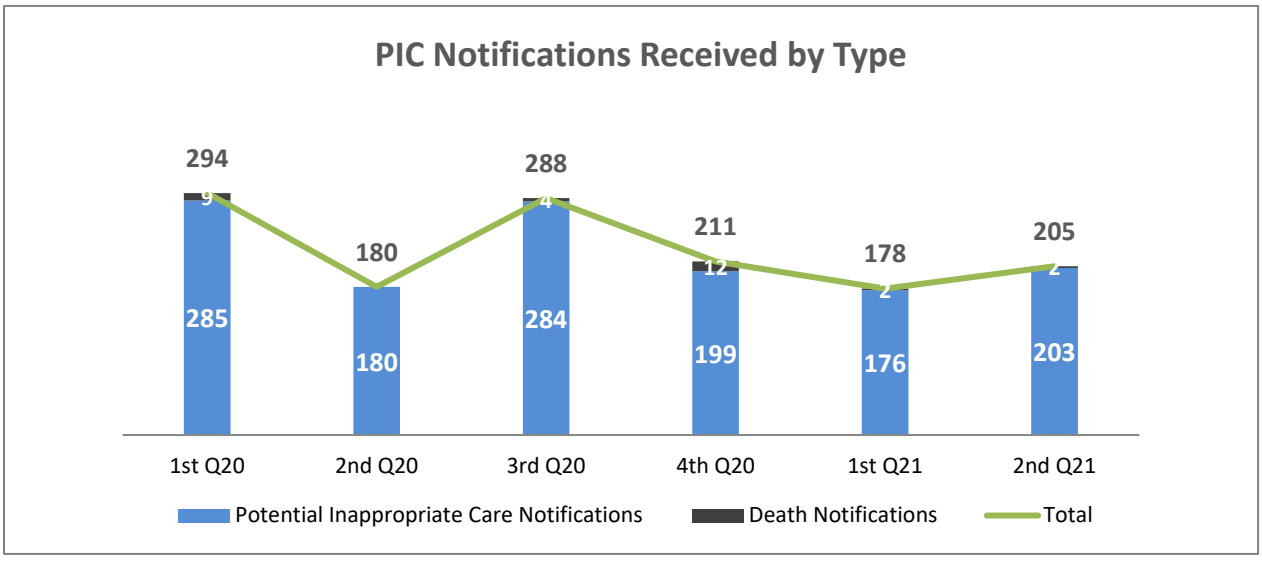
II. Potential Inappropriate Care (PIC) Notifications:

QI receives Notifications from various sources to review for potential inappropriate care issues.

On receipt of a potential inappropriate care issue, a high-level review is completed by a QI RN to determine what level of Potential Quality Issue exists.

PICs are assigned a level based on the outcome of the review. The levels assigned are as follows:

- Level 0 = No Quality of Care Concern
  - Follow-up = Track and Trend and/or Provider Education
- Level 1 = Potential for Harm
  - Follow-up = Track and trend the area of concern for the specific provider and the Medical Director or their designee may provide additional actions that are individualized to the specific case or provider.
- Level 2 = Actual Harm
  - Follow-up = Corrective Action Plan plus direction from Medical Director or their designee which is individualized to the specific case or provider
- Level 3 = Actual Morbidity or Mortality Failure
  - Follow-up = Corrective Action Plan plus direction from Medical Director or their designee which is individualized to the specific case or provider



From the above charts, we received a total of 205 notifications for the 2nd Quarter of 2021. This is a 15% increase in the notifications compared to previous quarter. We did not identify any sustained trends. We will continue to monitor.

III. Facility Site Reviews (FSR) and Medical Record Review (MRR) Description:

The Department of Health Care Services (DHCS) recently communicated to managed care plans that they should resume on-site reviews as soon as possible and no later than December 31st, 2021. KHS has been doing virtual site and medical record reviews during the pandemic.

Originally DHCS was planning interim certification for master trainers. Since that time DHCS notified us that they will be reinstating on-site reviews beginning in August 2021. We are in the process of scheduling Monique Barrios our QI RN for certification.

Certified Site Reviewers perform a Facility Site Review on all contracted primary care provider sites (including OB/GYNs and pediatricians) as well as providers who serve a high volume of SPD beneficiaries. Per PL 14-004, certified site reviewers complete FSRs and MRRs for providers credentialed per DHCS and MMCD contractual and policy requirements.

An Initial Full Site Review (IFSR) is completed as part of the credentialing process on new providers at sites that have not previously been reviewed before being added to the KHS provider network. An IFSR is also completed when an existing KHS provider moves to a new site location. Approximately 3 months after the completion of an IFSR, an Initial Medical Record Review (IMRR) is conducted on sites other than Urgent Care (UC) Facilities. A passing FSR score is considered "current" if it is dated within the last three (3) years.

Subsequent Periodic Full Site Reviews (PFSRs) are conducted as part of the re-credentialing process for providers three (3) years after completion of the IFSR and every three (3) years thereafter.

Critical Elements:
There are nine critical elements related to the potential for adverse effect on patient health or safety and include the following:

- Exit doors and aisles are unobstructed and egress (escape) accessible.
- Airway management equipment, appropriate to practice and populations served, are present on site.
- Only qualified/trained personnel retrieve, prepare or administer medications.
- Office practice procedures are utilized on-site that provide timely physician review and follow-up of referrals, consultation reports and diagnostic test results.
- Only lawfully authorized persons dispense drugs to patients.
- Personal protective equipment (PPE) is readily available for staff use.
- Needle stick safety precautions are practiced on-site.

- Blood, other potentially infectious materials (specimens) and regulated wastes (sharps/biohazardous non-sharps) are placed in appropriate leak-proof, labeled containers for collections, processing, storage, transport or shipping.
- Spore testing of autoclave/steam sterilizer is completed (at least monthly, with documented results).

Scoring and Corrective Action Plans

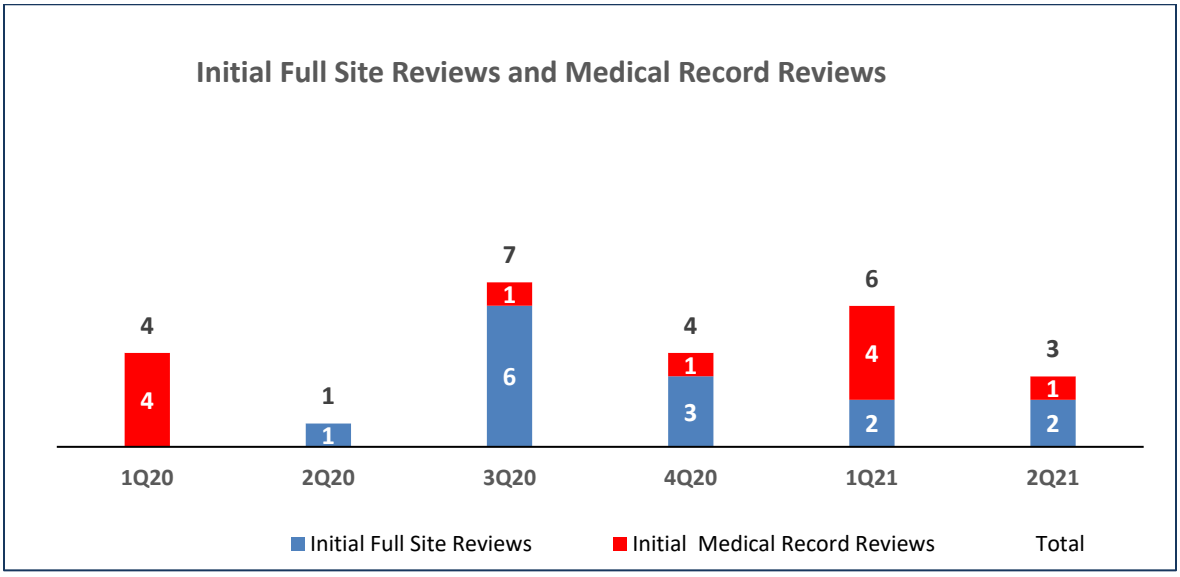
Provider sites that receive an FSR or MRR score with an Exempted Pass (90% or above, without deficiencies in critical elements) are not required to complete a corrective action plan (CAP). All sites that receive a Conditional Pass (80-89%, or 90% and above with deficiencies in critical elements) are required to complete a CAP addressing each of the noted deficiencies. The compliance level categories for both the FSR and MRR are as listed below:

Exempted Pass: 90% or above
Conditional Pass: 80-89%
Not Pass: below 80%

Corrective Action Plans (CAPs)

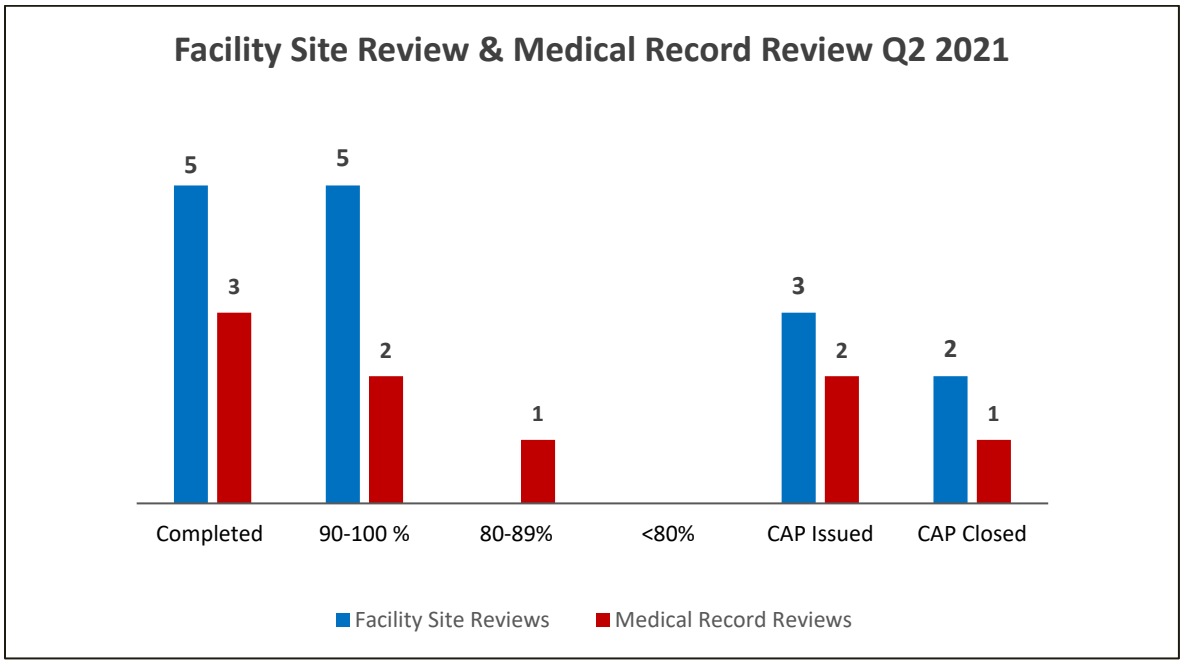
A CAP is issued when an initial, periodic, or focus review has deficiencies identified. DHCS requires follow up at 10 days for failure of any critical element, follow up for other failed elements at 45 days, and if not corrected by the 45 day follow up, at 90 days after a CAP has been issued. Most CAPs issued are corrected and completed within the 45 Day follow up period. Providers are encouraged to speak with us if they have questions or encounter issues with CAP completion. QI nurses provide education and support during the CAP resolution process.

Initial Facility Site Review and Medical Record Review Results:



The number of initial site and medical record reviews is determined by the number of new providers requesting to join KHS' provider network. There were two IFSRs and one IMRR conducted in Q2 of 2021.

Facility Site Review and Medical Record Review Results (Initial & Periodic):

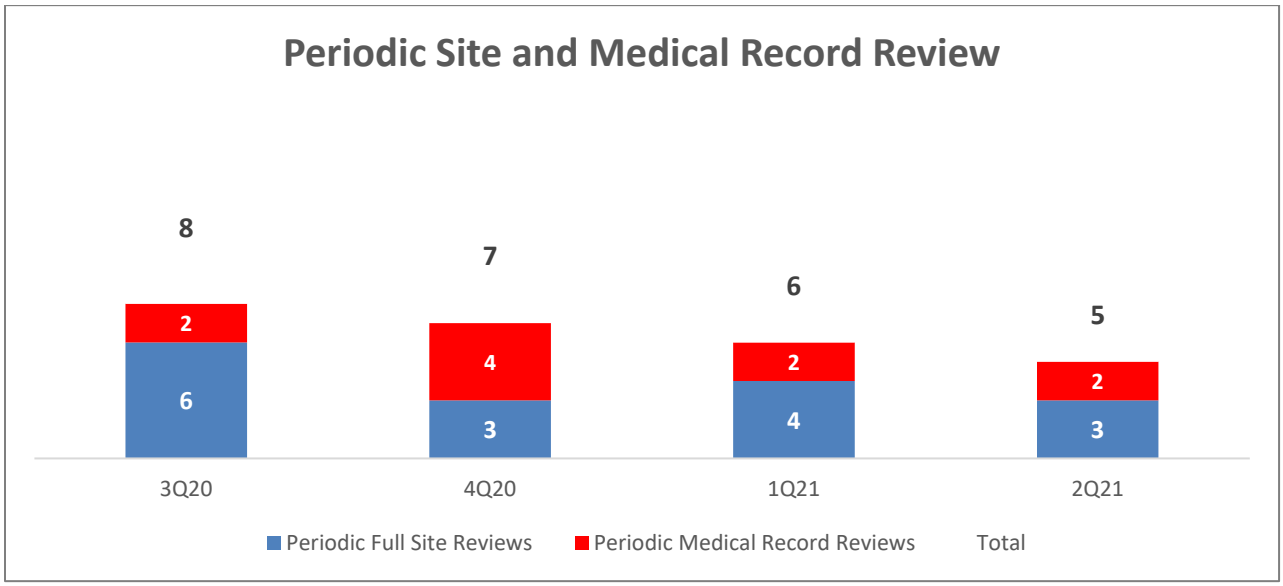


This chart summarizes total number for site and medical record reviews completed in Q2 2021 and out of which how many had scored 90-100%, 80-89% and <80%. From the above chart:

- A total of 5 site reviews were completed in the Q2 of 2021. Out of the 5 site reviews 2 were initial and 3 were periodic site reviews.
- A total of 3 Medical Record Reviews were completed out of which 1 was initial medical record review and 2 were periodic medical record reviews.
- All the 5 site reviews had scores between 90-100%.
- 2 out of 3 medical record reviews had scores between 90-100% and one had scored between 80-89%.
- The total CAPS issued were 2 for Medical Record Reviews and 3 for facility site review conducted.
- There were 2 site review CAPs closed.

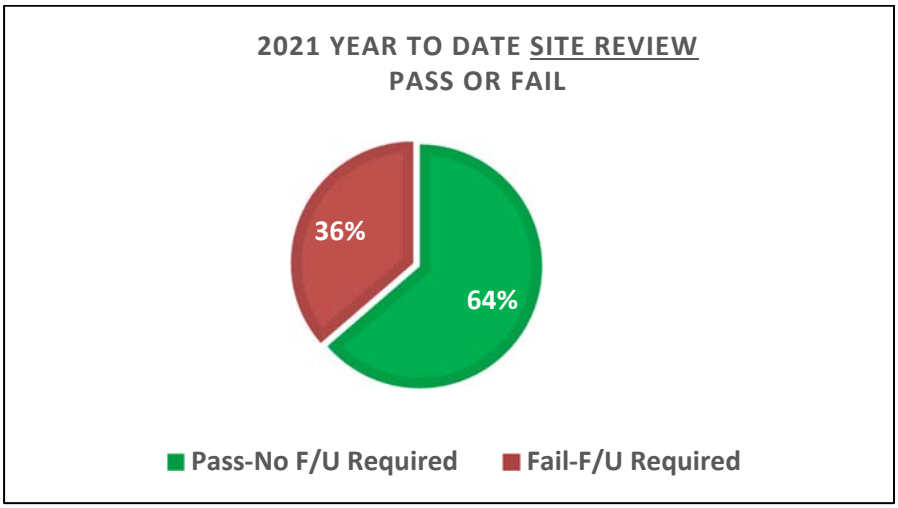
Periodic Full Site and Medical Record Reviews

Periodic reviews are required every 3 years. The due date for Periodic FSRs is based on the last Initial or Periodic FSR that was completed. The volume of Periodic Reviews is not controlled by KHS. It is based on the frequency dictated by DHCS.

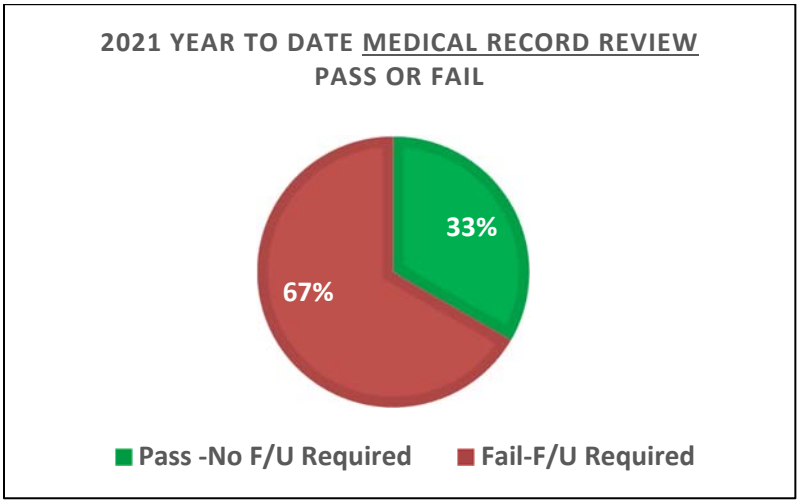


This above chart reflects the number of Periodic Full Site Reviews and Medical record reviews that were due and completed for each quarter.

Year to Date (YTD) Initial and Periodic FSR Pass or Fail Rate:



In 2021 YTD, 64 % of the Initial and Periodic site reviews performed passed and 36% required follow-up. Compared to previous quarter pass percentage decreased by 19% and fail percentage increased by 19%. There were a total of 11 site reviews completed YTD, since the denominator is very small the pass and fail rate is considered statistically invalid.



For Q2 2021, there were 3 medical reviews conducted and two of these reviews were failed in the first audit. Typically, there are more follow-ups required for Medical Record Reviews. Compared to previous quarter the pass and fail percentage remained unchanged this quarter. Quality Improvement explores opportunities to improve areas on a broader basis for areas with consistent non-compliance.

For Q2 2021, top #3 deficiencies identified for Opportunities for improvement in site reviews are:

- Standardized Procedures not provided for NP
- There is no evidence that staff has received training on Health Plan Referral process/procedures and resources

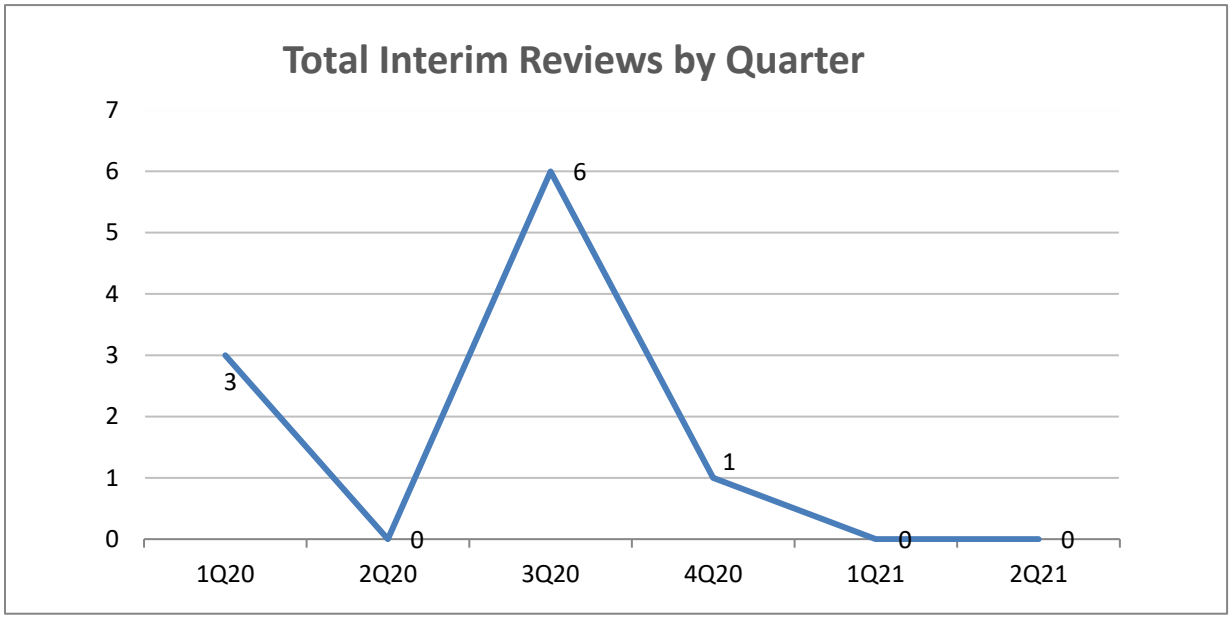
- No Evidence that staff has received training on Prior Auth request

For Q2 2021 top #3 deficiencies identified for Opportunities for improvement in medical record reviews are:

- There is no follow up evidence of specialty referrals made, results, reports, and diagnostic test when appropriate
- Childhood and Adult Immunization not given according to ACIP guidelines
- Blood Lead screening test

Interim Reviews:

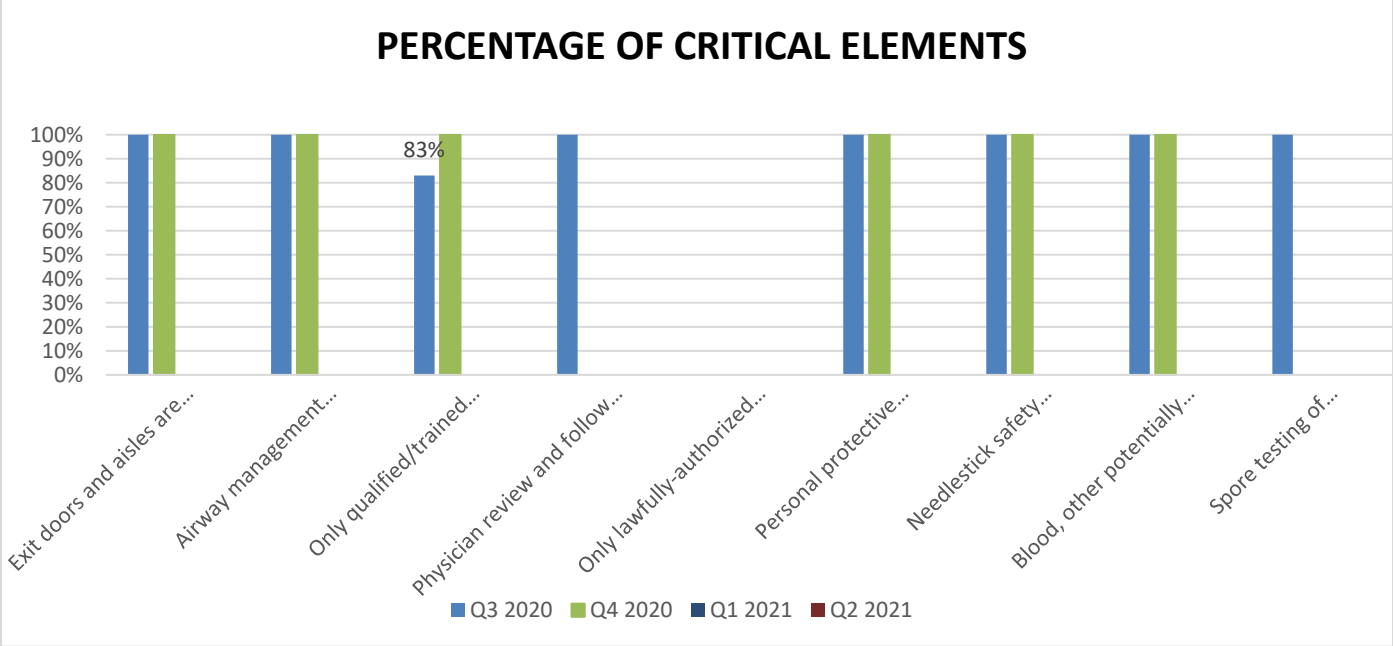
Interim Reviews are conducted between Initial and first Periodic Full Site Reviews or between two Periodic Full Site Reviews. Typically, they occur about every 18 months. These reviews are intended to be a check-in to ensure the provider is compliant with the 9 critical elements and as a follow up for any areas found to be non-compliant in the previous Initial or Periodic Full Site Review.



This above chart reflects the number of Interim Reviews that were due and completed for each quarter. Due to the pandemic our focus has been in completing site and medical record reviews and not interim reviews.

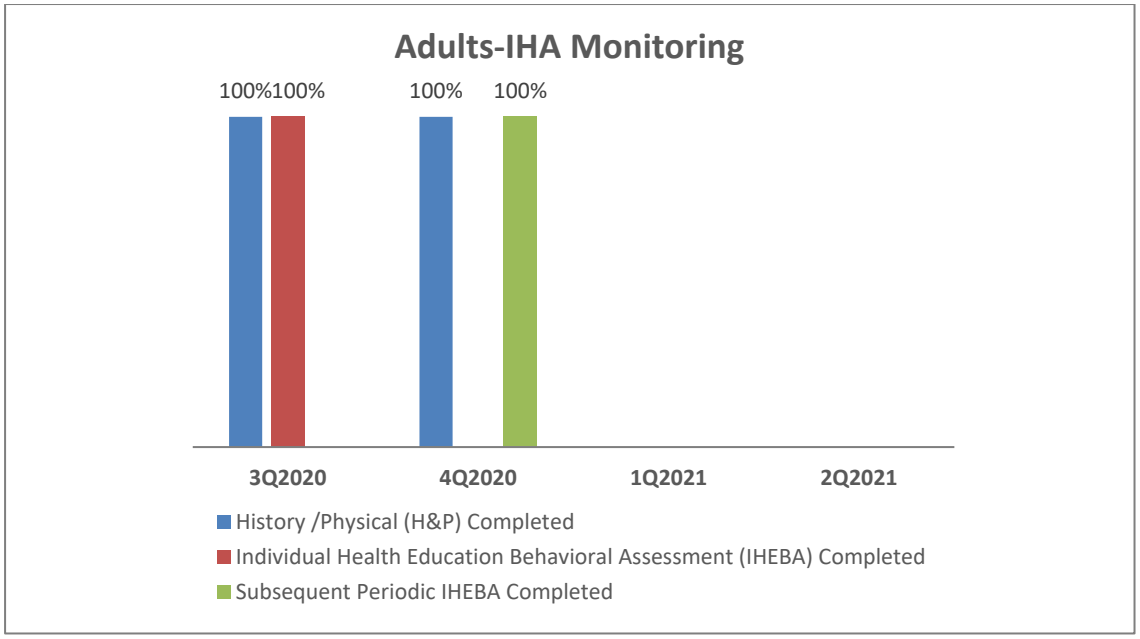
KHS is responsible for systematic monitoring of all PCP sites between each regularly scheduled, full scope site review surveys. This monitoring includes the nine (9) critical elements. These nine critical survey elements are related to the potential for adverse effect on patient health or safety which have a scored "weight" of two points. All other survey elements are weighted at one point. All critical element deficiencies found during a full scope site review or monitoring visit must be corrected by the provider within 10 business days of the survey date. Sites found deficient in any critical element during a Focus Review are required to correct 100% of the survey deficiencies, regardless of survey score.

Other performance assessments may include previous deficiencies, patient satisfaction, grievance, and utilization management data. The PCP and/or site contact are notified of all critical element deficiencies found during a survey or monitoring visit. The PCP and/or site contact are required to correct 100% of the survey deficiencies regardless of the survey score.

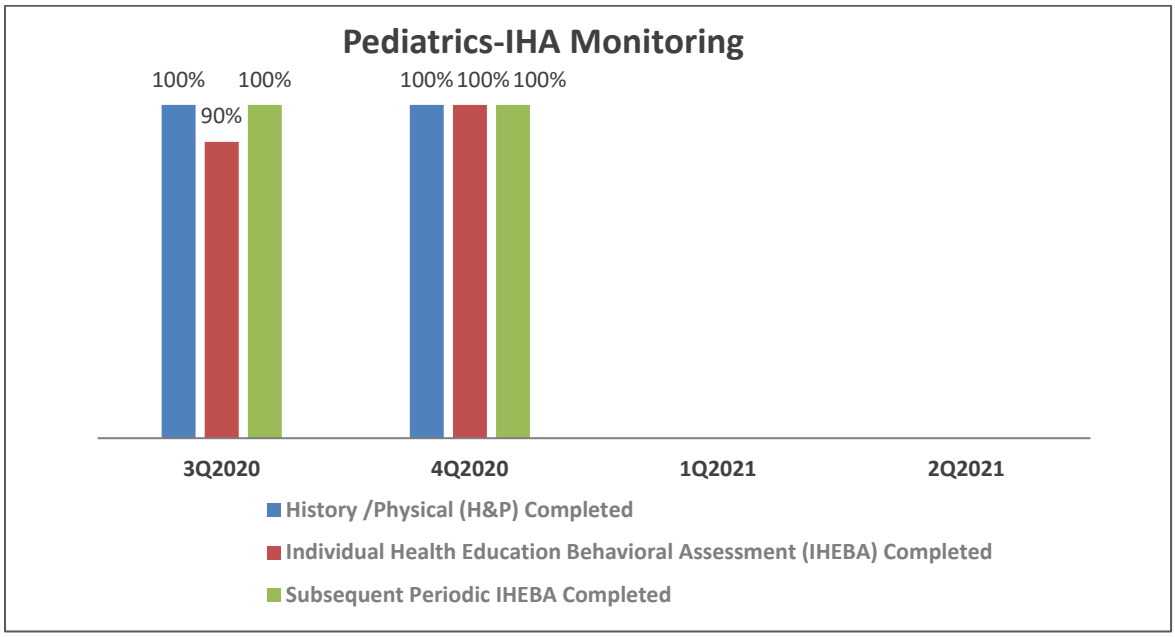


Note: There is no data for Q1 and Q2 of 2021 since there were no interim reviews conducted during this time.
Due to the pandemic our focus has been in completing site and medical record reviews and not interim reviews.

Initial Health Assessment (IHA) Description: An IHA must be provided to each member within 120 days of enrollment. As PCP's receive their assigned members, the practitioner's office contacts the member to schedule an IHA to be performed within the 120-day time limit. If the practitioner is unable to contact the member, he/she contacts the KHS Member Services Department for assistance. Contact attempts and results are documented by both the PCP and member services staff. The MPL is 80% for this measure, and IHAs are performed on both adult and child members.

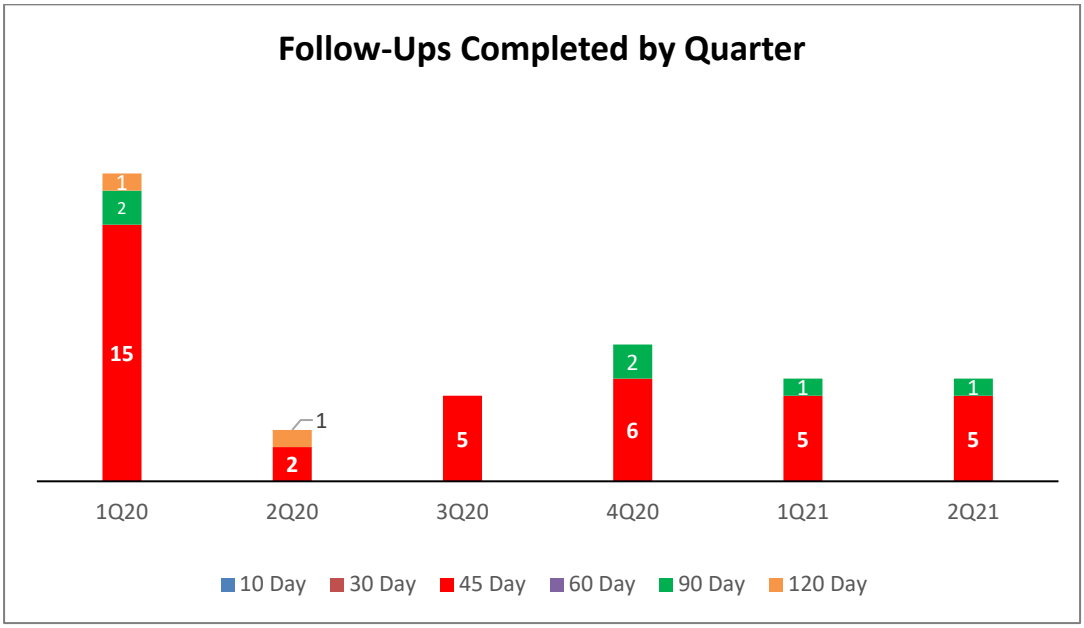


Note: There is no data for Q1 and Q2 of 2021, since there were no interim reviews conducted during this time. Due to the pandemic our focus has been in completing site and medical record reviews and not interim reviews.



Note: There is no data for Q1 and Q2 of 2021, since there were no interim reviews conducted during this time. Due to the pandemic our focus has been in completing site and medical record reviews and not interim reviews.

Site Review Corrective Action Plans (CAPs):



There were five 45-day and one 90-day follow up completed in Q2 of 2021.

IV. Quality Improvement Projects

a. Performance Improvement Projects (PIPs)

DHCS initiated a cycle of PIPs for 2020-2022 in November through the EQRO, HSAG. KHS opted to continue the PIPs that were stopped in July of 2020. Those 2 PIPs are:

Health Care Disparity in WCV (Well Care Visits ages 3-21)

This PIP targets health care disparities to improve the health and wellness of low-income children and adolescents, ages 3 to 21, through well-care visits. After reviewing the baseline data, narrowed focus has been identified for 8-10-year-old population. Module 1 was submitted to HSAG/DHCS on 03/25/2021 and was accepted. This project is being done in collaboration with Kern Pediatrics. Module 2 focuses on identifying the interventions that will be used to achieve the SMART Aim goal. Module 2 was submitted and accepted by to HSAG/DHCS on 06/03/2021. The PIP is currently in Module 3, intervention planning.
The PIP team has selected the interventions to be tested in Module 3:

- Saturday Clinics to complete annual WCVs and
- Member Engagement and Rewards Program.

The submission date for Module 3 is by 07/16/2021.

Child/Adolescent Health Asthma Medication Ratio (AMR)

A two-pronged approach is being used for this project. One group of members will utilize the Asthma Mitigation Project (AMP) for focused interventions. A second group will utilize KHS's Asthma Disease Management Program for focused interventions. Module 1 was accepted by HSAG on March 18th, 2021. Module 2 was accepted on 5/17/2021. Module 3 is focused on intervention planning and was submitted to HSAG on 6/28/2021. Currently, the PIP team is working with the Disease Management to finalize a tracking tool to monitor the progress of the intervention.

V. MCAS Committee:

A new committee was formed during the first quarter of this year called the MCAS Committee. The purpose of the Committee is to provide direction and oversight of KHS' level of compliance with the MCAS measures. This includes direction, input and approval of KHS' strategies and actions to meet or better compliance with the minimum performance level (MPL) for each MCAS measure as set by the Department of Health Care Services (DHCS). The MCAS Committee is the leader, facilitator, and coordinator of KHS' MCAS Strategic Action Plan. Currently, the focus is on the following activities:

- Member Engagement and Rewards Program
- Strengths, Weaknesses, Opportunities, Threats (SWOT) Strategic Action Plan
    - This is an analysis and plan for KHS to manage compliance with the MCAS measures
- YTD MCAS Measures Compliance
- Developing the strategy for the 2022 Pay-for-Performance Program for providers. This program has a strong focus on improving compliance with MCAS measures

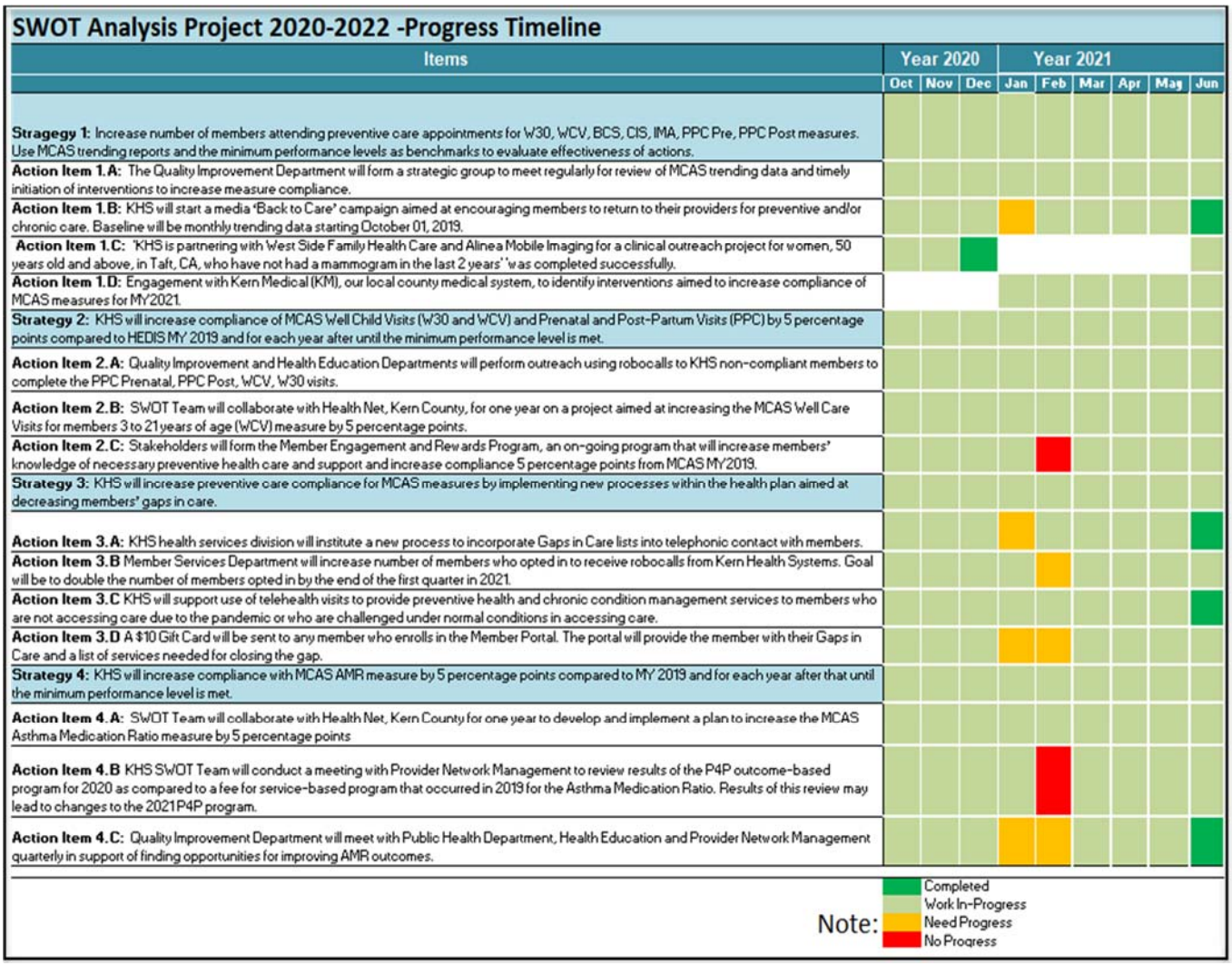
a. Member Engagement and Rewards Program:

The second campaign launched on 06/16/2021. Measures included were: Initial Health Assessments, Prenatal and Postpartum care, and Well-Child Visits for infants, children, and adolescents. 5,367 households opted in for robocalls. Robocalls were completed by June 25th. There are about 23,200 mailers that will be sent to members that opted out of robocalls.

b. SWOT Action Plan:

Based on MY2019 results, DHCS suggested KHS consider conducting a SWOT analysis to improve scores for multiple measures. KHS opted to move forward with this more expansive evaluation and development of interventions that will improve MCAS measure compliance results. This will be a two-year project working closely with DHCS. Health Net is also conducting a SWOT analysis and there is bi-weekly coordination between KHS and Health Net.

Until May of 2021, a collaborative monthly meeting with DHCS was conducted to discuss the status of the SWOT project. As of May 2021, DHCS paused the collaborative meetings, however KHS continues to work towards the goals of the project. We anticipate DHCS will resume working with KHS after their review of KHS' final MCAS MY2020 results. QI Department continues monitoring SWOT project activities weekly and monthly to identify any issues or impediments and resolve them. Below is the SWOT Analysis Project 2020-2022 Monthly Progress Timeline:



KHS is continuing to work towards increasing preventive services for PPC, WCV, W30, CIS, IMA, BCS and AMR measures for 2021. Projects like the Member Engagement and Rewards program, Gaps in Care lists and P4P are in place to decrease members gaps in care, which will increase MCAS compliance rates. The Back to Care campaign has been completed by the Marketing Department. PNM and QI are collaborating on a Mobile Mammography Clinic with Westside Family Health Care in October. Kern Medical (KM) expressed interest in collaborating with KHS on several specific measures based on the data presented at our initial meeting. We will continue to meet with the KM team monthly to strategize with reaching the Minimum Performance Level (MPL) for specific measures they need additional support and education.

c. 2nd Quarter 2021 MCAS Measures Compliance Results:

The P4P "kick-off" meeting for 2022 planning occurred in May 2021 to brainstorm new approaches, which included: the use of CPT2 codes, incentivizing member portal usage, EMR access, decreasing no-shows, Gaps

in Care portal usage, and acknowledging OB-GYNs as PCPs. Additionally, KHS is considering a two-pronged approach for MCAS by incentivizing members as well as providers.

MCAS Measures have been significantly impacted by the current COVID pandemic. Most members are avoiding going to Provider Offices due to the social distancing orders. MCAS Rates below are not considered typical to our plan because of the reduced engagement in services provided during the pandemic.

MY2021 MCAS Rate Tracking Report
As of 2021-06-30
Note: These are admin rates only.

Hybrid Measures Held to MPL

Measure		Current MY2021 Rate (as of June 2021)	MY2020 MPL	MY2020 KHS Rate	Current Vs. MY2020 MPL	Current Vs. MY2020 KHS Rate
CCS	Cervical Cancer Screening	44.87	61.31	54.01	-16.44	-9.14
CIS-10	Childhood Immunization Status	16.85	37.47	22.87	-20.62	-6.02
CDC-H9*	HbA1c Poor Control (>9.0%)	81.70	37.47	50.85	-44.23	-30.85
CBP	Controlling High Blood Pressure <140/90 mm Hg	5.77	61.8	52.07	-56.03	-46.30
IMA-2	Immunizations for Adolescents – Combo 2 (meningococcal, Tdap, HPV)	26.93	36.86	33.09	-9.93	-6.16
PPC-Pre	Prenatal & Postpartum Care – Timeliness of Prenatal Care	38.38	89.05	70.07	-50.67	-31.69
PPC-Post	Prenatal & Postpartum Care – Postpartum Care	57.22	76.4	77.62	-19.18	-20.40
WCC-BMI	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents: Body Mass Index Assessment for Children/Adolescents	23.30	80.5	63.50	-57.20	-40.20
WCC-N	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition	15.84	71.55	52.80	-55.71	N/A
WCC-PA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity	14.68	66.79	51.09	-52.11	N/A

Administrative Measures Held to MPL

Measure		Current MY2021 Rate	MY2020 MPL	MY2020 KHS Rate	Current Vs. MY2020 MPL	Current Vs. MY2020 KHS Rate
BCS	Breast Cancer Screening	44.56	58.82	54.50	-14.26	-9.94
CHL	Chlamydia Screening in Women Ages 16 – 24	46.23	58.44	54.02	-12.21	-7.79
W30 (0-15M)	Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.	6.55	NA	30.55	NA	-24.00
W30(15-30M)	Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.	48.86	NA	55.70	NA	-6.84
WCV	Child and Adolescent Well-Care Visits	17.60	NA	36.16	NA	-18.56

Indicates KHS did not met MPL
Indicates KHS need 5% or less to met MPL
Indicates KHS met or exceeded MPL
Indicates KHS met or exceeded HPL.
N/A' is for measures that were not reported for MY2019

Note: The above MY2020 rates are Final rates submitted to NCQA and HSAG. MY2021 are current YTD admin rates without including medical record reviews (MRR) and supplemental data. Compared to the previous quarter, all measures showed slight improvement in the compliance rate except W30 (0-15Months) which had a slight decrease in the rate. We will continue to monitor these rates through the end of the year.

Policy Updates:

2.70-I Potential Inappropriate Care (PIC)

20.50-I Medi-Cal Managed Care QI and Performance Improvement Program

Utilization Management Executive Summary

The 2021 membership enrollment reached over 300,000 in Q2 2021. Additional benefit coverage and broadening interdisciplinary collaboration to support the membership growth will continue through 2021 and into 2022. Prior authorization volume is averaging approximately 20,000/month. The 2nd quarter turn around time compliance is not available for this Committee reporting and will be included in the next Committee report.

Inter-Rater Reliability (IRR) testing was completed using the MCG Learning Management System and case review comparisons, all clinical staff were able to successfully pass. Additional training was provided for the areas that were missed most frequently.

Department auditing completed for compliance with member NOA/NAR notices. Outcomes included in reporting packet for committee review.

Regulatory audits with DHCS and DMHC planned for 3rd Quarter 2021, additional KHS will complete our audit of KPFHP as part of delegated oversight.

Projects:

- Ongoing department efforts continue for process improvement to our Prior Auth review process as well as reviewing the PA list for revisions.

- Cal Aim-Multiyear implementation for MCAL benefits. Current efforts the UM team are involved in include:
    - Major Organ Transplants
    - Enhanced Care Management
    - In Lieu of Services
    - Population Health

- Population Health Community Programs
    - Transition of Care
    - COPD

The following pages reflect statistical measurements reporting for Utilization Management through 2nd quarter 2021.

Respectfully submitted,

Shannon Miller, RN BSN
Director of Utilization Management
Kern Health System

Utilization Management Reporting

Timeliness of Decision Trending

Summary:

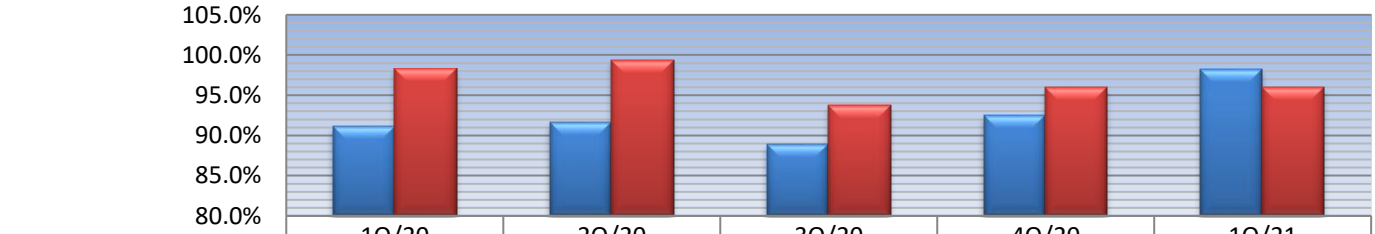
Quarterly audits are conducted to ensure compliance with DMHC requirements, KHS Contractual Agreement with the Department of Health Services, and KHS Policy and Procedures. Referrals are submitted and have specific turn-around-times set for each type of referral.

Providers may indicate 'Urgent' on the referrals indicating a decision needs to be made within 3 business days. Routine/non-emergent referrals must be processed within 5 business days. Once an urgent referral has been reviewed it may be downgraded for medical necessity at which time the provider will be notified via letter that the referral has been re-classified as a routine and nurse will clearly document on the referral "re-classified as routine". Random referrals are reviewed every quarter to observe timeliness. 10% of referrals received are reviewed monthly.

For those referrals that are found to be out of compliance with turn-around-timelines, the case manager and support staff are notified, and importance of timeframes discussed to help ensure future compliance.

Urgent: Response back to Provider in 3 business days
Routine: Response back to Provider in 5 business day

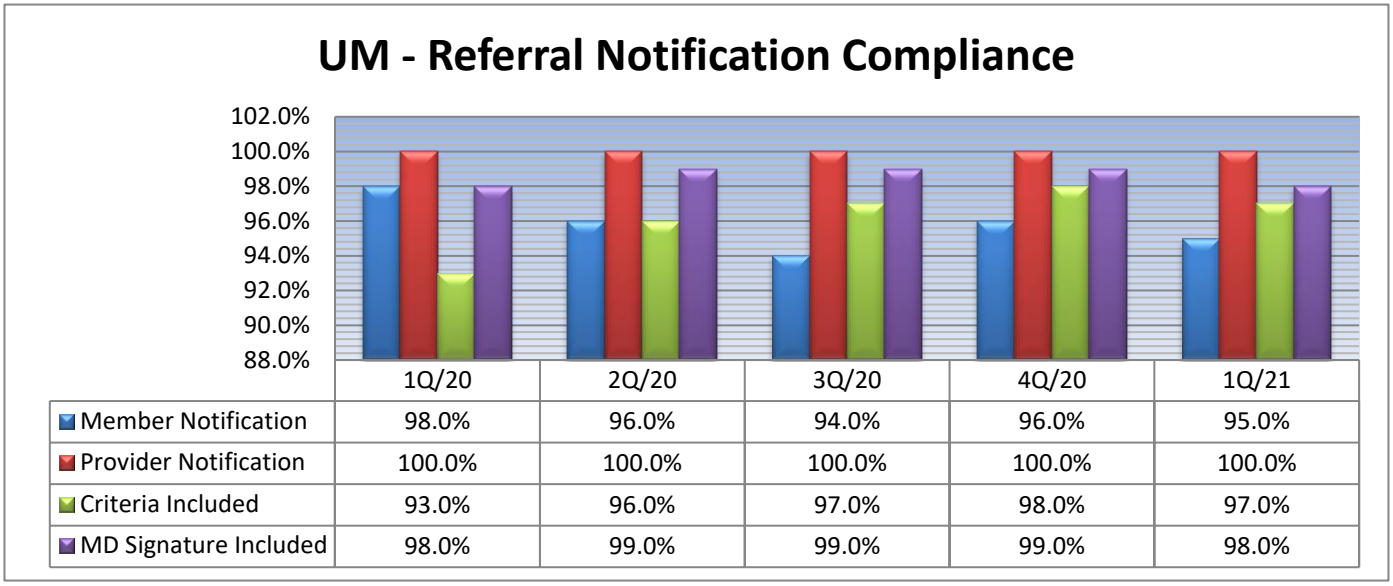
There were 54,224 referrals processed in the 1st quarter 2021 of which 4,988 referrals were reviewed for timeliness of decision. In comparison to the 4th quarter's processing time, routine referrals increased from the 4th quarter which was 96.0% and urgent referrals increased from the 4th quarter which was 92.5% to 96%.



	1Q/20	2Q/20	3Q/20	4Q/20	1Q/21
Urgent Compliance %	91.1%	91.6%	88.9%	92.5%	98.2%
Routine Compliance %	98.3%	99.4%	93.7%	96.0%	96.0%

Audit Criteria:

- Member Nofication: Letter of referral decision sent to member within 24 hours
- Provider Notification: Referral is faxed back to the provider with 24 hours of decision
- Criteria Included: Criteria provided to provider on denial reason
- MD Signature: MD Signature included all referrals/NOA letters upon denial

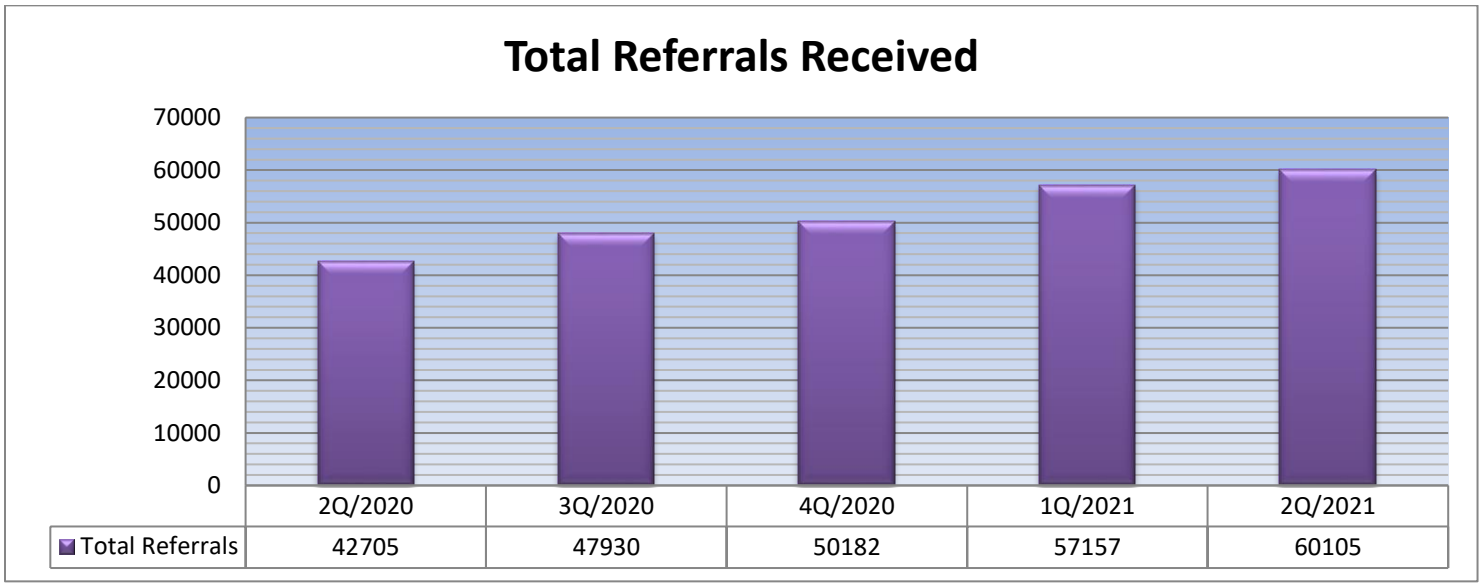


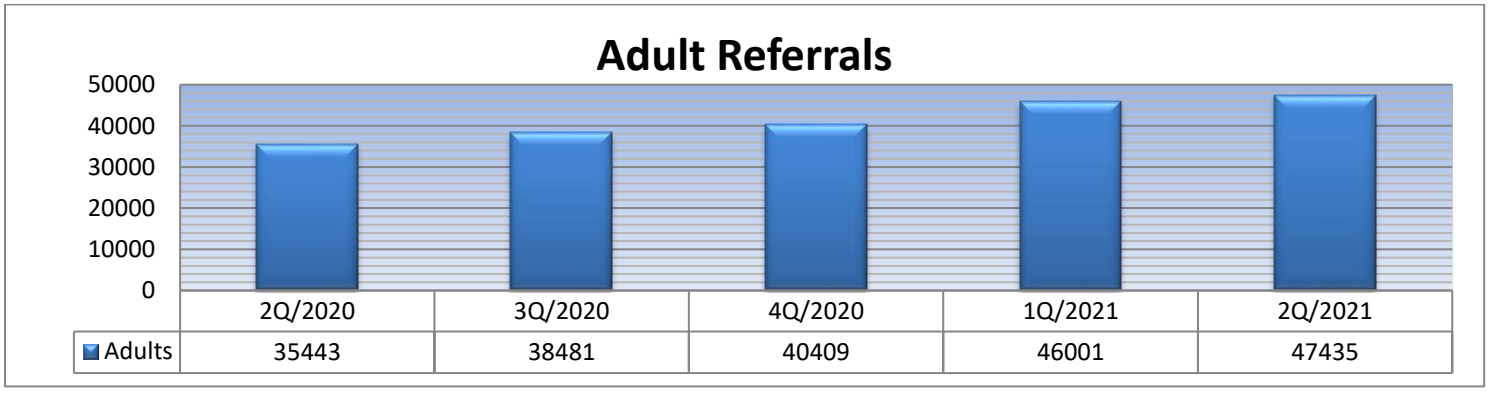
	1Q/20	2Q/20	3Q/20	4Q/20	1Q/21
Member Notification	98.0%	96.0%	94.0%	96.0%	95.0%
Provider Notification	100.0%	100.0%	100.0%	100.0%	100.0%
Criteria Included	93.0%	96.0%	97.0%	98.0%	97.0%
MD Signature Included	98.0%	99.0%	99.0%	99.0%	98.0%

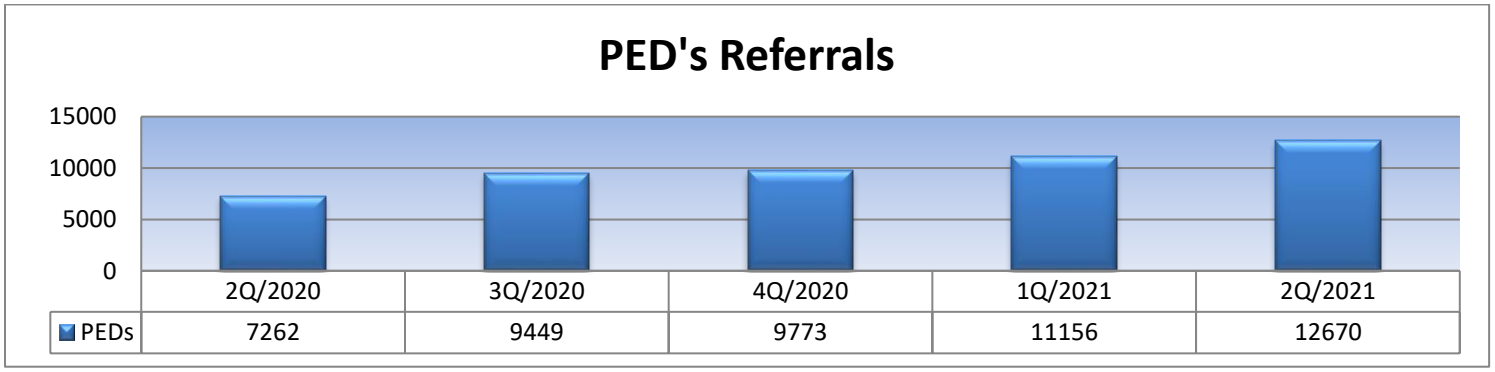
Summary: Overall compliance rate from the 1st Qtr. of 2021 is 98% which remained the same from the 4th Qtr. which was 98%.

2nd Quarter Compliance rates are not available at time of Committee reporting due to technical difficulties and will be included with the 3rd Quarter reporting

Outpatient Referral Statistics





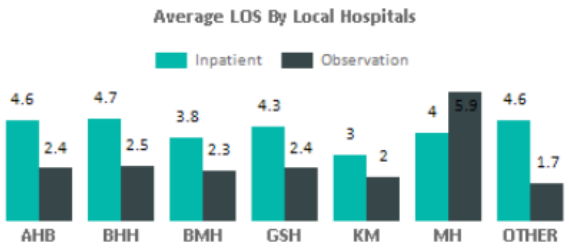


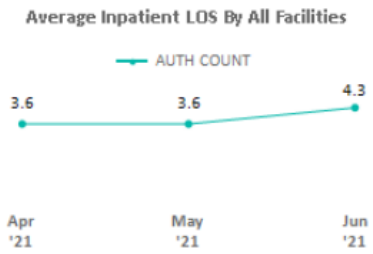
KHS Monthly Inpatient and LOS Report

Report captures Adult Admissions(Inpatient/Observation)

Dates of Discharge Between : 4/1/2021-6/30/2021

Adult Admission(Inpatient/Observation)





Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
	1	1	1.00
ADVENTIST HEALTH BAKERSFIELD	663	2722	4.11
ADVENTIST HEALTH COMMUNITY CAR	25	45	1.80
ADVENTIST HEALTH MEDICAL CENTE	20	68	3.40
ANTELOPE VALLEY HOSPITAL	2	30	15.00
BAKERSFIELD HEART HOSPITAL	112	483	4.31
BAKERSFIELD MEMORIAL HOSPITAL	793	2689	3.39
DELANO REGIONAL MEDICAL CENTER	99	191	1.93
ENCOMPASS HEALTH REHABILITATIO	1	9	9.00
GOOD SAMARITAN HOSPITAL	108	423	3.92
KECK HOSPITAL OF USC	86	407	4.73
KERN COUNTY MEDICAL AUTHORITY	757	2215	2.93
KERN VALLEY HEALTHCARE	13	36	2.77
MERCY HOSPITAL	674	3127	4.64
RIDGECREST REGIONAL HOSPITAL	3	7	2.33
SANTA MONICA UCLA MC AND ORTHO	3	14	4.67
UCLA MEDICAL CENTER	20	99	4.95
USC NORRIS CANCER HOSP	2	3	1.50
USC NORRIS CANCER HOSPITAL	7	34	4.86
VENTURA COUNTY MEDICAL CENTER	1	4	4.00
Total	**3390**	**12607**	**3.72**

Non Participating Providers

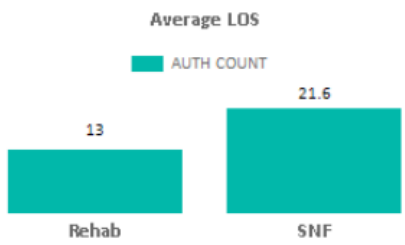
Provider Name	Admit Count	LOS	Avg LOS
ANTELOPE VALLEY HOSPITAL	30	150	5.00
RIVERSIDE COMMUNITY HOSPITAL	9	38	4.22
LANCASTER HOSPITAL CORPORATION	8	67	8.38
GLENDALE ADVENTIST MEDICAL GRO	8	39	4.88
PACIFICA HOSPITAL OF THE VALLE	7	137	19.57
FRESNO COMMUNITY HOSPITAL AND	5	45	9.00
KAWEAH DELTA MEDICAL CENTER	5	21	4.20
HENRY MAYO NEWHALL	5	11	2.20
RIVERSIDE COUNTY REGIONAL	4	8	2.00
SPRING VALLEY HOSPITAL	3	5	1.67
STANFORD MEDICAL CENTER	3	48	16.00
VALLEY PRESBYTERIAN HOSPITAL	3	46	15.33
ST JOHNS REGIONAL MEDICAL CENT	3	21	7.00
CEDARS SINAI MEDICAL CENTER	3	10	3.33
SUNRISE HOSPITAL AND MEDICAL	3	9	3.00
PROVIDENCE HOLY CROSS MEDICAL	3	12	4.00
CALIFORNIA HOSPITAL MEDICAL CE	3	8	2.67
Total	**180**	**1029**	**5.72**

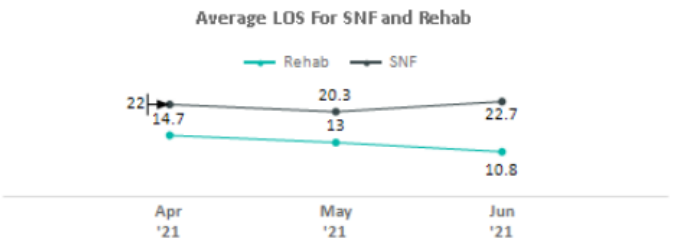
KHS Monthly Inpatient and LOS Report

Report captures Adult Admissions(SNF/Rehabilitation)

Dates of Discharge Between : 4/1/2021-6/30/2021

Adult Admissions (SNF/Rehab)



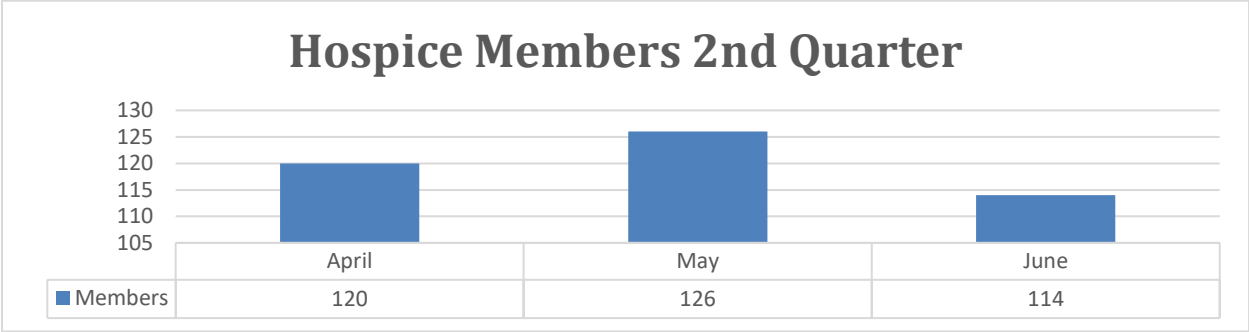


Participating Providers

Provider Name	Admit Count	LOS	Avg LOS
BELLAGIO IN THE DESERT	7	138	19.71
CAPRI IN THE DESERT	10	361	36.10
DELANO POSTACUTE CARE	6	191	31.83
ENCOMPASS HEALTH REHABILITATIO	41	543	13.24
GOOD SAMARITAN HOSPITAL	1	2	2.00
NAPOLI IN THE DESERT	5	107	21.40
OAK FENCE SENIOR LIVING, LLC	1	13	13.00
PARKSIDE CONGREGATE LIVING, IN	20	405	20.25
PARKVIEW JULIAN	1	37	37.00
ROSE DESERT CONGREGATE	6	75	12.50
SORRENTO IN THE DESERT	6	228	38.00
UNITED CARE FACILITIES	64	893	13.95
VFP HOMES	10	155	15.50
Total	**178**	**3148**	**17.69**

Non Participating Providers

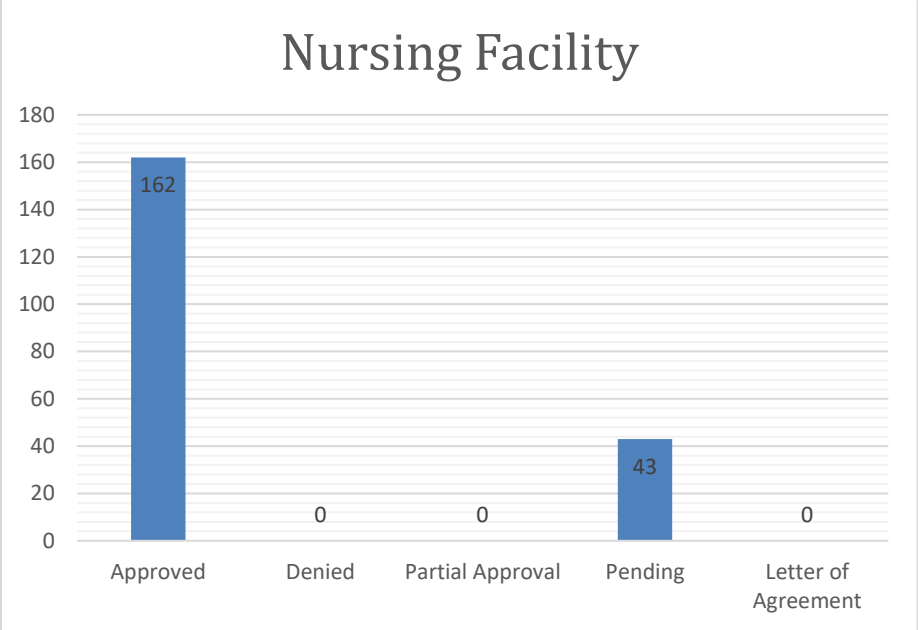
Provider Name	Admit Count	LOS	Avg LOS
BRIER OAKS CONVALESCENT	1	31	31.00
LA TUNA HOME	1	25	25.00
SAN MARINO IN THE DESERT	1	43	43.00
VALLEY VIEW CARE CENTER	1	45	45.00
NEW HAVEN CONGREGATE LIVING IN	1	38	38.00
AVENIDA LIVING HOME CARE	1	38	38.00
KYAKAMEENA CARE CENTER	1	29	29.00
HEIGHT STREET SKILLED CARE	1	14	14.00
FENTON VILLA	1	8	8.00
PREMIERE REHABILITATION AND WE	1	5	5.00
MACLAY HEALTHCARE	1	1	1.00
KINDRED HOSPITAL SAN GABRIEL	1	19	19.00
VALLEY CONVALESCENT HOSPITAL	1	52	52.00
Total	**42**	**1245**	**29.64**

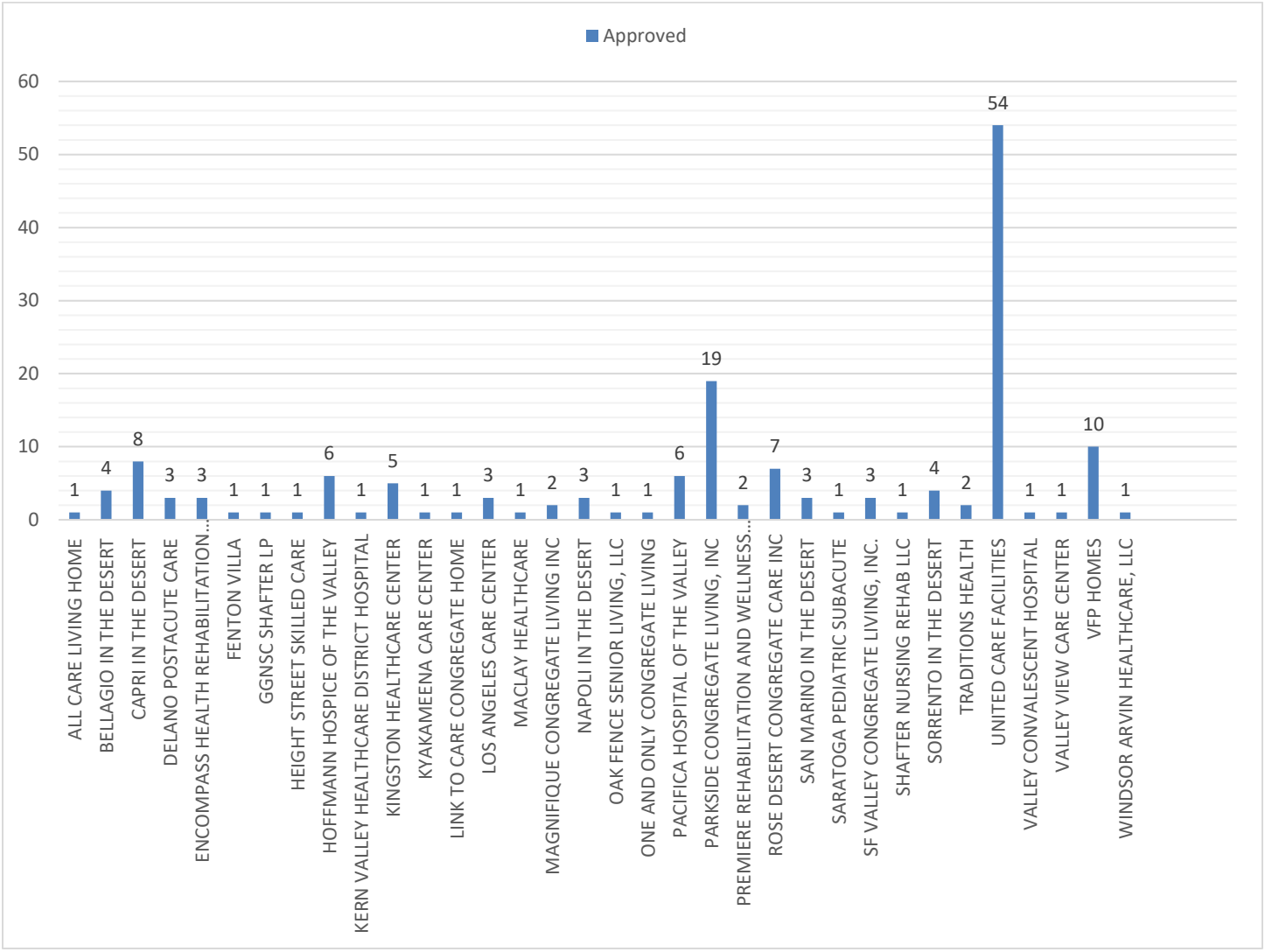


Nursing Facility Services Report

Purpose: Kern Health Systems covers medically necessary Nursing Facility Services for eligible members. KHS members requiring Nursing Facility Services are identified and placed in health care facilities, which provide the level of care most appropriate to the member's medical needs. For members requiring long-term care, KHS coordinates the members care and initiates disenrollment per DHCS criteria. Monthly and quarterly reporting is completed as per Policy 3.42, Sec. 5, for nursing facility services and to identify any current trends.

Summary: Summary: During the 2nd quarter 2021, there were 208 referrals for Nursing Facility Services. The average length of stay was 24.6 days for these members. During the 1st quarter there was only 1 denial of the 168 referrals.

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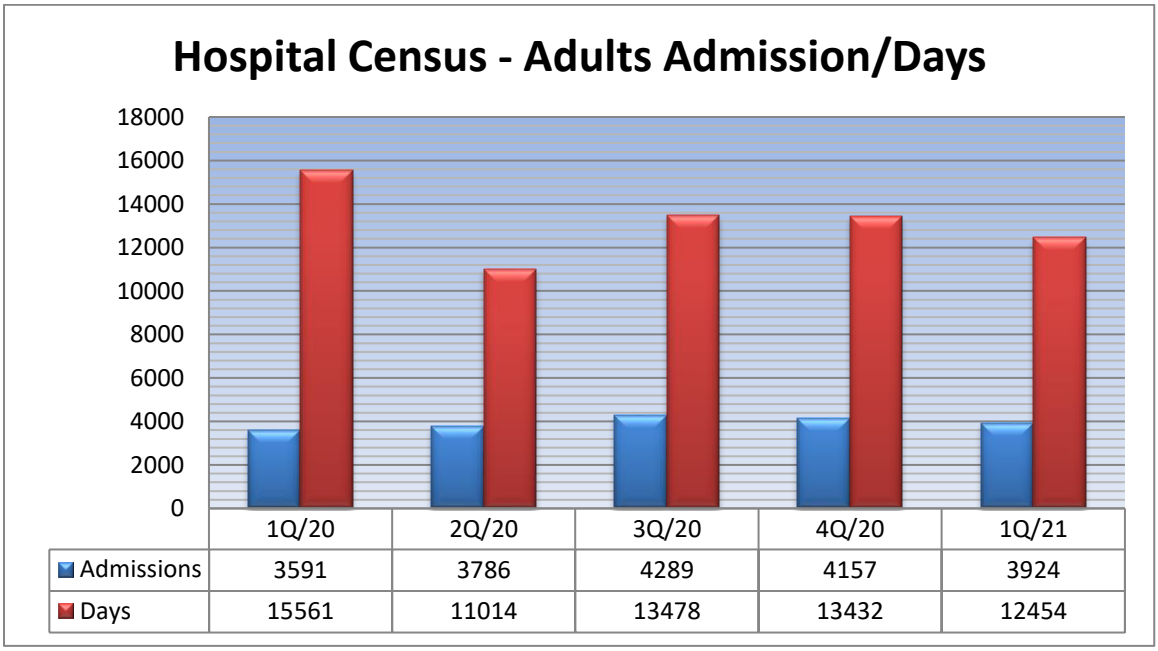
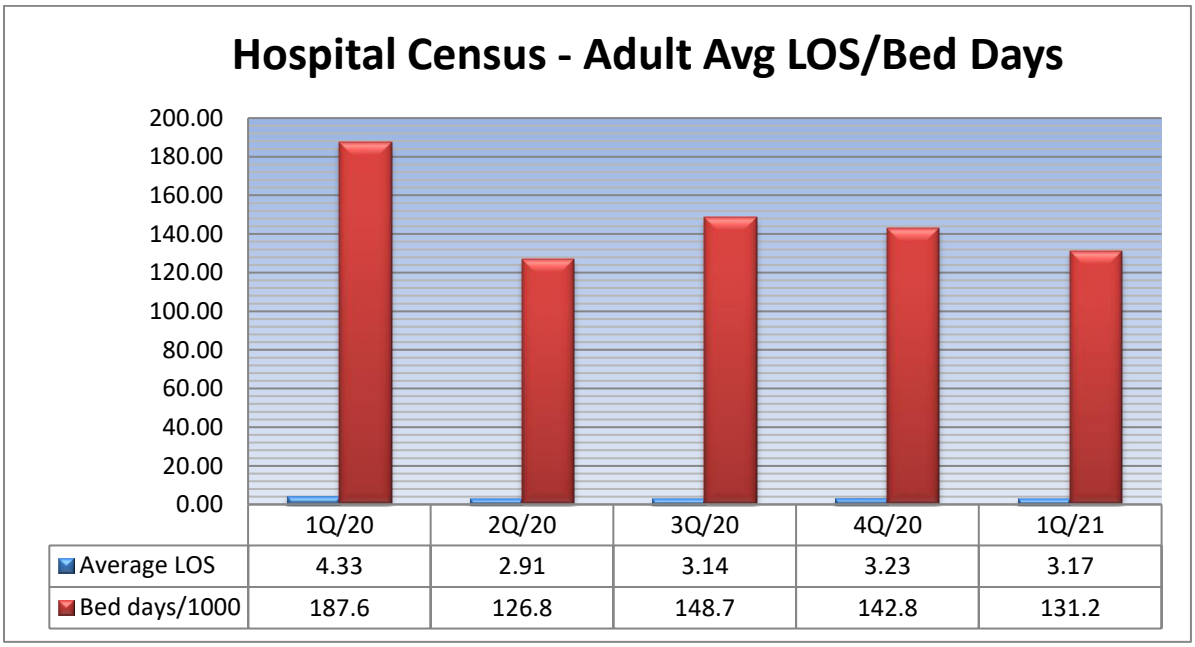
ALL CARE LIVING HOME
BELLAGIO IN THE DESERT
CAPRI IN THE DESERT
DELANO POSTACUTE CARE
ENCOMPASS HEALTH REHABILITATION...
FENTON VILLA
GGNSC SHAFTER LP
HEIGHT STREET SKILLED CARE
HOFFMANN HOSPICE OF THE VALLEY
KERN VALLEY HEALTHCARE DISTRICT HOSPITAL
KINGSTON HEALTHCARE CENTER
KYAKAMEENA CARE CENTER
LINK TO CARE CONGREGATE HOME
LOS ANGELES CARE CENTER
MACLAY HEALTHCARE
MAGNIFIQUE CONGREGATE LIVING INC
NAPOLI IN THE DESERT
OAK FENCE SENIOR LIVING, LLC
ONE AND ONLY CONGREGATE LIVING
PACIFICA HOSPITAL OF THE VALLEY
PARKSIDE CONGREGATE LIVING, INC
PREMIERE REHABILITATION AND WELLNESS...
ROSE DESERT CONGREGATE CARE INC
SAN MARINO IN THE DESERT
SARATOGA PEDIATRIC SUBACUTE
SF VALLEY CONGREGATE LIVING, INC.
SHAFTER NURSING REHAB LLC
SORRENTO IN THE DESERT
TRADITIONS HEALTH
UNITED CARE FACILITIES
VALLEY CONVALESCENT HOSPITAL
VALLEY VIEW CARE CENTER
VFP HOMES
WINDSOR ARVIN HEALTHCARE, LLC

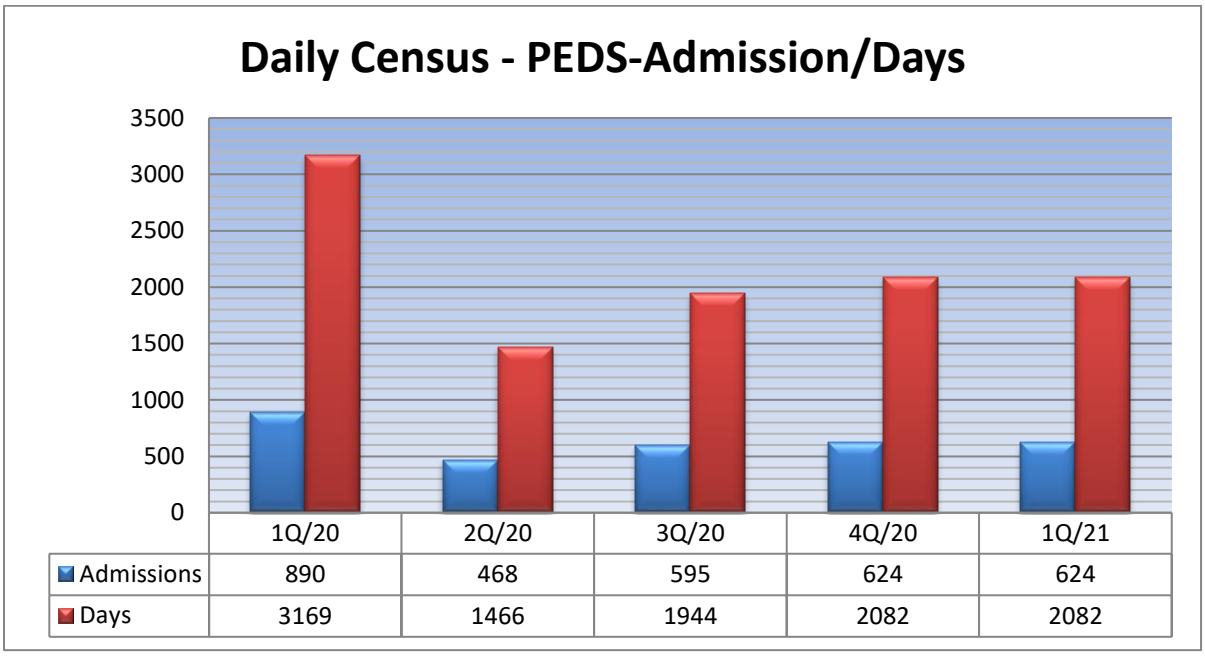
Inpatient 4th Quarter Trending



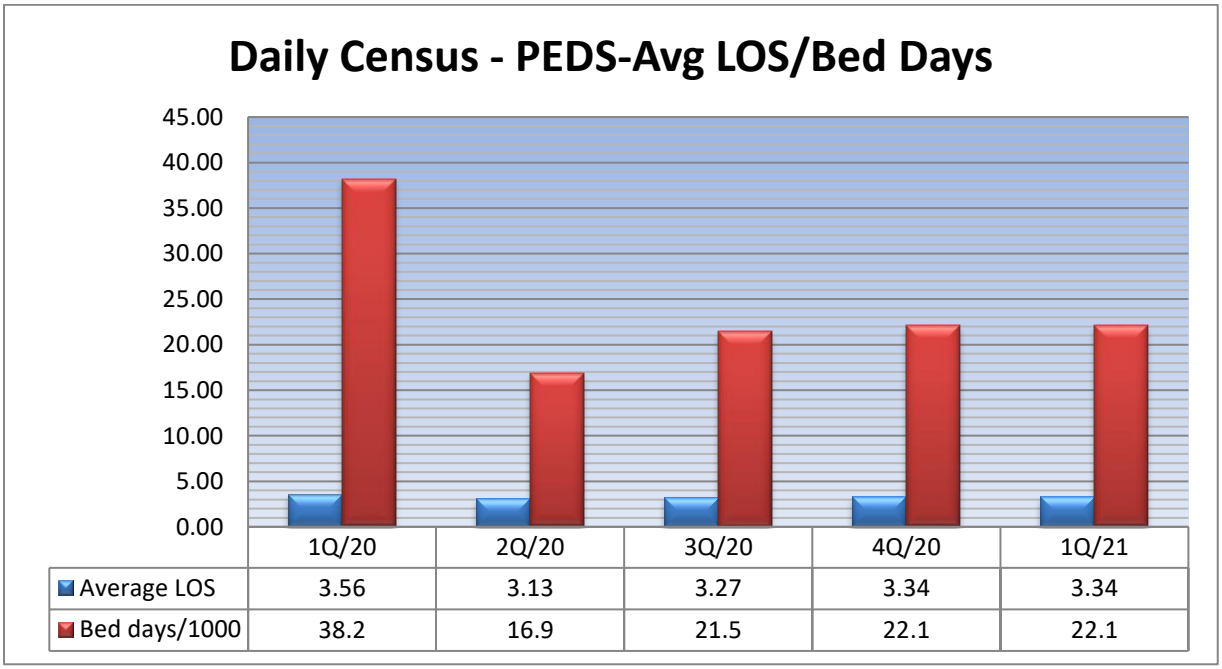
	1Q/20	2Q/20	3Q/20	4Q/20	1Q/21
Admissions	3591	3786	4289	4157	3924
Days	15561	11014	13478	13432	12454



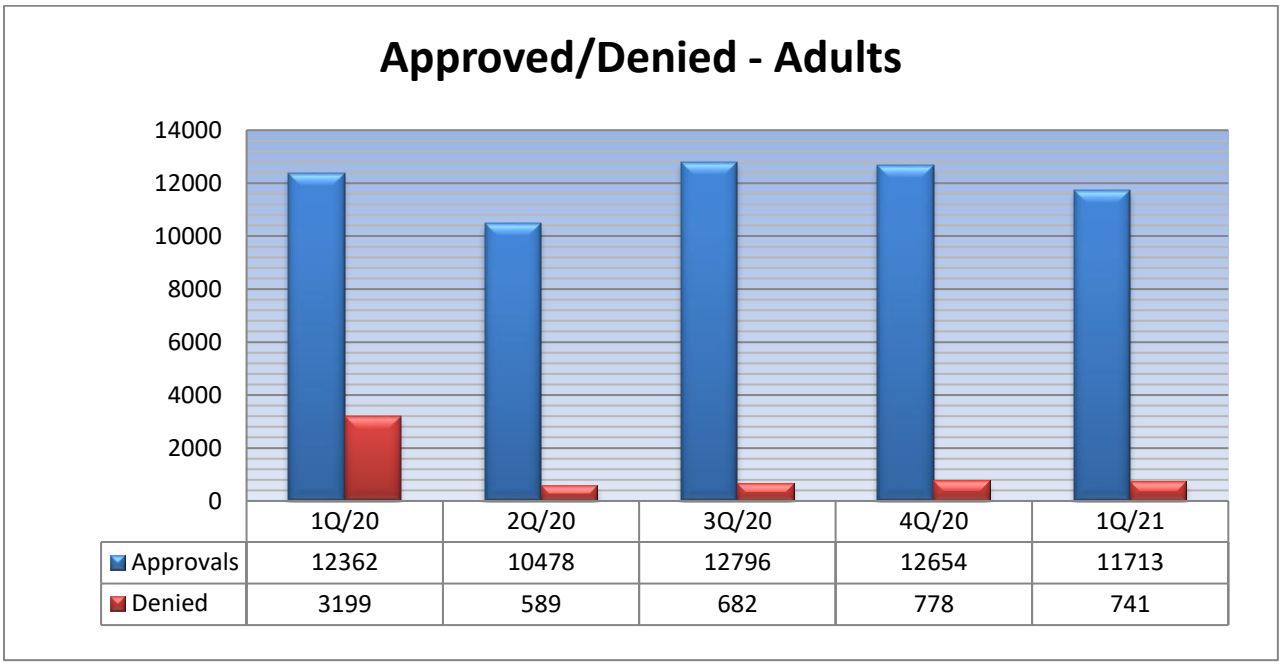
	1Q/20	2Q/20	3Q/20	4Q/20	1Q/21
Average LOS	4.33	2.91	3.14	3.23	3.17
Bed days/1000	187.6	126.8	148.7	142.8	131.2



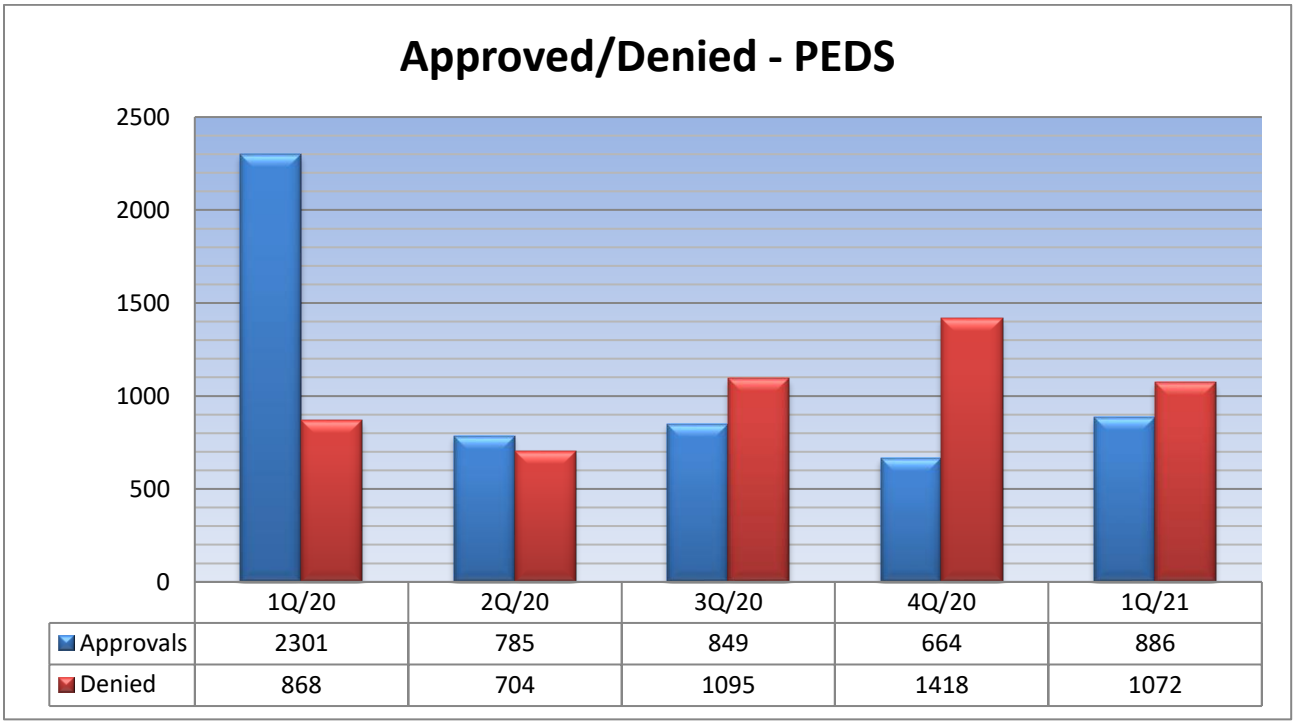
	1Q/20	2Q/20	3Q/20	4Q/20	1Q/21
Admissions	890	468	595	624	624
Days	3169	1466	1944	2082	2082



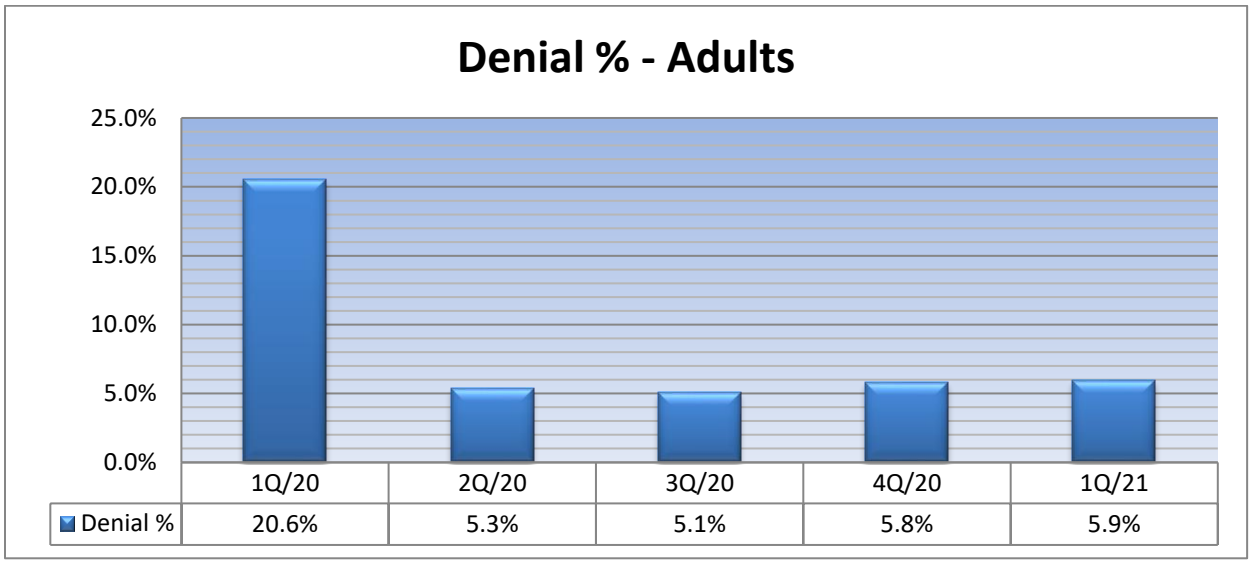
	1Q/20	2Q/20	3Q/20	4Q/20	1Q/21
Average LOS	3.56	3.13	3.27	3.34	3.34
Bed days/1000	38.2	16.9	21.5	22.1	22.1

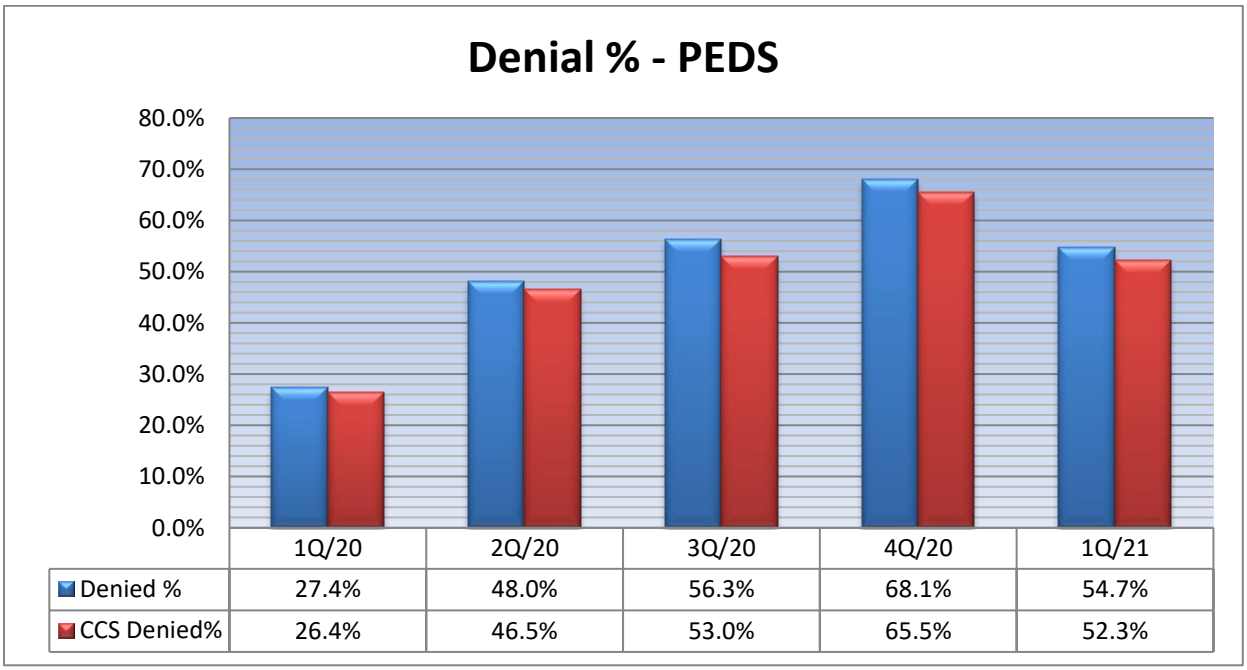


	1Q/20	2Q/20	3Q/20	4Q/20	1Q/21
Approvals	12362	10478	12796	12654	11713
Denied	3199	589	682	778	741



	1Q/20	2Q/20	3Q/20	4Q/20	1Q/21
Approvals	2301	785	849	664	886
Denied	868	704	1095	1418	1072





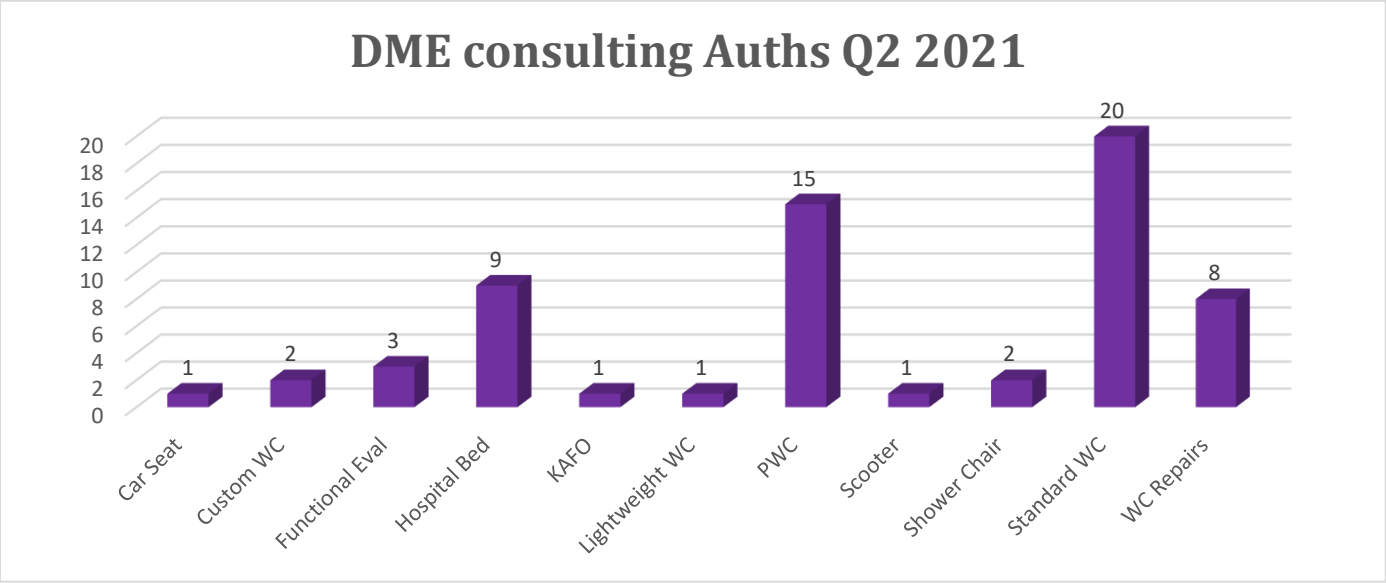
Continuity of Care

Total Referral – 4

Total Approval – 4

Total Denial - 0

Total SPD COC -0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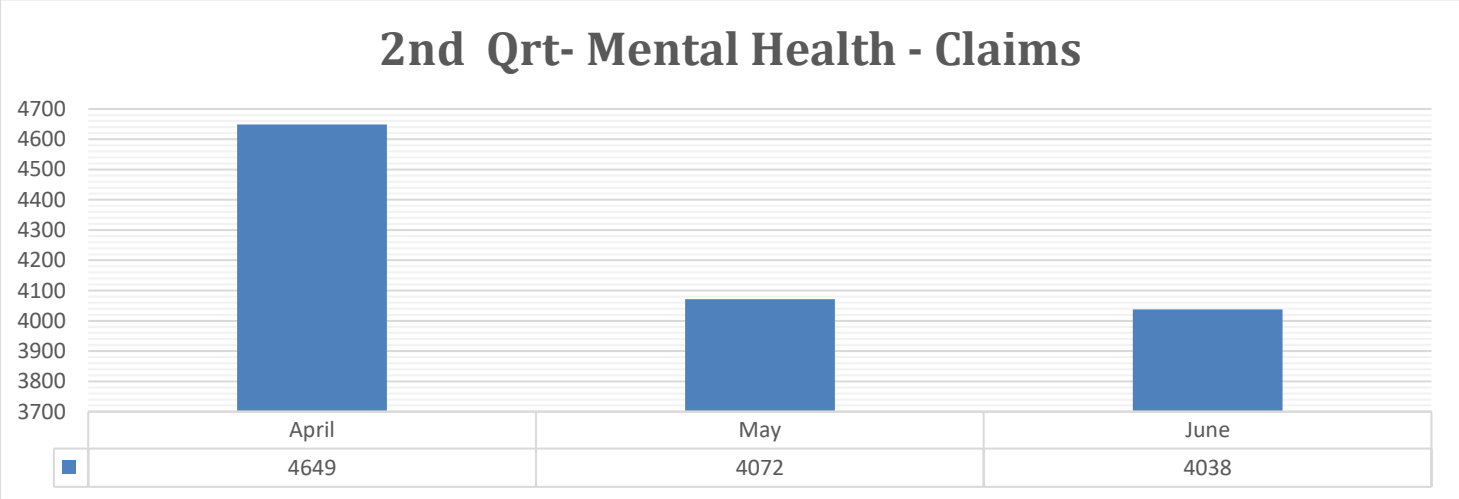
Custom WC
Functional Eval
Hospital Bed
KAFO
Lightweight WC
PWC
Scooter
Shower Chair
Standard WC
WC Repairs


2nd Qrt- Mental Health - Claims
4700
4600
4500
4400
4300
4200
4100
4000
3900
3800
3700
April
May
June
4649
4072
4038

ABA Services

UNIQUE CASES		Mild	Moderate	Severe	Pending Dx	Total
MEMBER COUNT		87	93	14	109	303
Severity %		28.71%	30.69%	4.62%	36%	100%
SEVERITY	Apr	May	Jun	Total		
MILD	26	33	37	96		
MODERATE	35	20	41	96		
SEVERE	3	17	7	27		
Approved FBA	57	52	86	195		
Approved Treatment	63	55	83	201		
PENDING DX	31	12	54	97		
	Apr	May	Jun	Total		
AGE 7 OR LESS	68	57	100	225		
AGE 8 OR GREATER	27	24	39	90		
TOTAL	95	81	139	315		
% < 7	71.58%	70.37%	71.94%	71.43%		
% > 8	28.42%	29.63%	28.06%	28.57%		

Inter Rater Reliability Testing Results – Spring 2021

All Clinical Staff in UM must successfully pass biannual IRR testing in order to demonstrate competency and understanding the MCG Guidelines.

Results:

All staff were able to complete the 2 IRR case studies with a passing score of 85% or higher. Of the total 36 staff members participating in the 2 required IRR testing, 24 staff did fail 1 or both case studies. All staff were able to successfully pass upon retesting.

The most common missed questions were select all clinical indications that apply for outpatient imaging case study and regarding variance type for Neurology GRG case study. Refresher training through the MCG LMS on demand training will be conducted for identified staff.

Review of 10 denials from within past 6 months by the Medical Directors and Physician Advisors of echocardiograms was completed, demonstrating consistent decision making and guideline use. All reviews sampled included criteria used to make determination by the physician.

UM Internal Auditing Results

Kern Health Systems
Utilization Management Department
NOA Audit
Kulwant Kaur, UM Clinical Trainer & Auditor, RN

Staff reviewed: Gilrose Tuddao, RN/ Melida Garza- Delay- NOA team

Report Date: 3/19/21

Audit Period: 09/1/2020 to 09/30/2020

I reviewed **20/1239** NOA processed by Gilrose/Melida in September 2020 and following are my findings:

Indicators:

a. Spelling/Grammar, Verbiage, and Format
b. Criteria indicated and attached
c. Recommendations indicated
d. Medical Director / Case Manager Name and Signatures

- **Final Decision:**
  - Denied -15
  - Modified -4
  - Approved- 1
- **Spelling/Grammar, Verbiage, and Format-** 6 referrals were found with these issues.
- **Criteria indicated and attached**- No issue found
- **Recommendations indicated –** No issue found
- **Medical Director / Case Manager Name and Signatures-** No issue found

Action: The errors findings listed above has been discussed with the team.

Gilrose Tuddao, RN/ Melida Garza- Delay- NOA team

Report Date: 3/19/21

Audit Period: 12/1/2020 to 12/31/2020

I reviewed **20/1134** NOA processed by Gilrose/Melida in December 2020 and following are my findings:

Indicators:

a. Spelling/Grammar, Verbiage, and Format
b. Criteria indicated and attached
c. Recommendations indicated
d. Medical Director / Case Manager Name and Signatures
e.

- **Final Decision:**

  - Denied 15
  - Modified -4
  - Voided- 1

- **Spelling/Grammar, Verbiage, and Format-** 4 referrals were found with these issues.
- **Criteria indicated and attached-** No issue found
- **Recommendations indicated –** No issue found
- **Medical Director / Case Manager Name and Signatures-** No issue found

Action: The errors findings listed above has been discussed with the team.

Gilrose Tuddao, RN/ Melida Garza- Delay- NOA team

Report Date: 6/2/2021

Audit Period: Jan 1, 2021 to March 31,2021

I reviewed NOA processed by Gilrose/Melida from Jan 2021 to March 2021 and following are my findings:

Indicators:

f. Spelling/Grammar, Verbiage, and Format
g. Criteria indicated and attached
h. Recommendations indicated
i. Medical Director / Case Manager Name and Signatures

January Finding: Out of the **10 NOAs** reviewed, the following is a breakdown of the findings:

- **Spelling/Grammar, Verbiage, and Format-** Two (2) referrals were found with these issues
- **Criteria indicated and attached-** One (1) referral was found with criteria issue.
- **Recommendations indicated –** No issue found
- **Medical Director / Case Manager Name and Signatures-** No issue found

February Finding: Out of the **11 NOAs** reviewed, the following is a breakdown of the findings:

- **Spelling/Grammar, Verbiage, and Format-** Five (5) referrals were found with these issues
- **Criteria indicated and attached-** No issue found
- **Recommendations indicated –** No issue found
- **Medical Director / Case Manager Name and Signatures-** No issue found

March Finding: Out of the **10 NOAs** reviewed, the following is a breakdown of the findings:

- **Spelling/Grammar, Verbiage, and Format-** Five (5) referrals were found with these issues
- **Criteria indicated and attached-** No issue found
- **Recommendations indicated –** No issue found
- **Medical Director / Case Manager Name and Signatures-** No issue found

Action: The errors findings listed above has been discussed with the team.

Kern Health Systems
Utilization Management Department
Delayed Referral Audit

Kulwant Kaur, UM Clinical Trainer & Auditor, RN

Report Date: February 12, 2021

Audit Period: October 1, 2020 to Dec 31, 2020

Sample Size: 10% or 10 per month (whichever is greater)

Purpose: Quarterly audits of referrals that have been delayed by the UM Department is done to monitor compliance with the Kern Health Systems' Policy and Procedure 3.22 Referral and Authorization Process, Section 4.2.1 Deferrals, Section 4.2.1.1 Extended Deferral.

Policy and Procedures 3.22, Section 4.2.1 Deferrals states – Authorization requested needing additional medical records may be deferred, not denied, until the requested information is obtained. If deferred, the Case Manager follows-up with the referring practitioner/provider within 14 calendar days from the receipt of the request f additional information is not received. Every effort is made at that time to obtain the information. Practitioners/providers are allowed 14 calendar days to provide additional information. On the 14th calendar day from receipt of the original request is approved or denied as appropriate.

Section 4.2.1.1 Extended Deferral states – The time limit may be extended an additional 14 calendar days if the member or the member's provider requests and extension, or KHS UM Department can provider justification for the need for additional information and how it is in the Member's interest. In cases of extension, the request is approved or denied as appropriate no later than the 28 the calendar day from the receipt of the original authorization request.

Month	October	November	December
Total Referrals Processed	17,347	14,864	15,384
Total Referrals Delayed	65	66	70
Percent of Delays	<1%	<1%	<1%
Percent of Audit (10 percent or 10 referrals whichever is larger)	10 referral	10 referral	10 referral
Number of Referrals in Audit	10	10	10

Indicators:

29. Referral Turn-around Time
    a. Delays being done on day 5 of original referral – Final decision no later than 14 days for delays and 28 days for extend delays.
    b. Provider and member notification within 24 hours of decision - Stamp dates on Referral and NOA letter, closed out within compliance.
30. Notice of Action Letter
    a. Spelling/Grammar, Verbiage, and Format
    b. Reason for delay clear and concise
    c. Expected due date listed
31. Medical Director / Case Manager Name and Signatures
32. Processing of Referral.

October Findings: Out of the **10** delayed referrals reviewed, the following is a breakdown of the findings.

- Three (3) referrals were found without errors from the above indicator
- Three (3) error was found within the Referral Turn-around Time indicator
- Three (3) errors was found within the Processing of Referrals
- One (1) error was found within the Notice of Action Letter indicator

November Findings: Out of the **10** delayed referrals reviewed, the following is a breakdown of the findings.

- Eight (8) referrals were found without errors from the above indicator
- One (1) error was found within the Notice of Action Letter indicator
- One (1) error was found with the Processing of Referrals

December Findings: Out of the **10** delayed referrals reviewed, the following is a breakdown of the findings.

- Three(3) referrals were found without errors from the above indicator
- Three(3) errors were found within the Referral Turn-around Time indicator
- Two (2) errors was found within the Processing of Referrals
- Two (2) error was found within the Notice of Action Letter indicator

UM Trainer and Auditor Action: Notice of Action/ Process of Referrals indicator errors have been discussed with individual staff as appropriate and refresher pieces of training have been provided as needed.

Kern Health Systems
Utilization Management Department
Denied Referral Audit
By
Kulwant Kaur, UM Clinical Auditor & Trainer, RN

Report Date: February 12, 2021

Audit Period: October 1, 2020 to December 31, 2020

Sample Size: 10%

Purpose: Quarterly audits of referrals that have been denied by the UM Department is done to monitor compliance with the Kern Health Systems' Policy and Procedure 3.22 Referral and Authorization Process, Section 4.2.3 Denials.

Policy and Procedures 3.22, Section 4.2.3 Denials states – If initial review determines that an authorization request does not meet established utilization criteria, denial is recommended. Only the Associate Medical Director may deny an authorization request. Reasons for possible denial include:

EE. Not a covered benefit
FF. Not medically necessary
GG. Member not eligible
HH. Continue conservative management
II. Services should be provided by a PCP
JJ. Experimental or investigational treatment (See KHS Policy #3.44)
KK. Member made unauthorized self-referral to practitioner/provider
LL. Services covered by CCS
MM. Inappropriate setting
NN. Covered by hospice

Month	October	November	December
Total Referrals Processed	17,347	14,864	15,384
Total Referrals Denied	1,377	1,033	742
Percent of Denials	8%	7%	5%
Percent of Audit	10%	10%	10%
Number of Referrals in Audit (Not Included: Search and Serve, or Mental Health Referrals)	138	104	75

Indicators:

33. Referral Turn-around Time
    a. Decision completed within 3 business days for Urgent referrals and 5 business days for routine referrals,
    b. Provider and member notification within 24 hours of decision - Stamp dates on Referral and NOA letter, closed out within compliance.
34. Notice of Action Letter
    a. Spelling/Grammar, Verbiage, and Format
    b. Criteria indicated and attached
    c. Recommendations indicated
35. Medical Director / Case Manager Name and Signatures
36. Processing of Referral

October Findings: Out of the 138 Denied referrals reviewed, the following is a breakdown of the findings.

- Hundred ten (110) referrals were found without errors from the above indicator
- Thirty one (31) errors were found within the Referral Turn-around Time indicator
- Seven (7) errors were found within the Notice of Action Letter indicator
- One (1) referral was found within MD signature indicator
- Seven (7) errors were found within the Processing of Referral indicator

November Findings: Out of the 104 Denied referrals reviewed, the following is a breakdown of the findings.

- Seventy seven (77) referral were found without errors from the above indicator
- Twenty one (21) errors were found within the Referral Turn-around Time indicator
- One (1) error was found within MD signature indicator
- Four (4) errors were found within the Notice of Action Letter indicator
- One (1) error was found within the Processing of Referral indicator

December Findings: Out of the 75 Denied referrals reviewed, the following is a breakdown of the findings.

- Fifty two (52) referrals were found without errors from the above indicator
- Nineteen(19) errors were found within the Referral Turn-around Time indicator
- Two (2) errors were found within the Notice of Action Letter indicator
- Four (4) errors were found within the Processing of Referral indicator

UM Trainer Action: Notice of Action/ Process of Referrals/MD signature indicator errors have been discussed with individual staff as appropriate and refresher pieces of training have been provided as needed.

Kern Health Systems
Utilization Management Department
Modified Referral Audit
By
Kulwant Kaur, UM Clinical Trainer and Auditor, RN

Report Date: **February 12, 2021**

Audit Period: October 1, 2020 to December 31, 2020

Sample Size: 10% or 10 per month (whichever is greater)

Purpose: Quarterly audits of referrals that have been modified by the UM Department is done to monitor compliance with the Kern Health Systems' Policy and Procedure 3.22 Referral and Authorization Process, Section 4.2.2 Modifications

Policy and Procedures 3.22, Section 4.2.2 Modifications states – There may be occasions when recommendations are made to modify an authorization request in order to provide members with the most appropriate care. Recommendations to modify a request are first reviewed by the KHS Chief Medical Officer, or their designee(s).

The referrals that qualify for a modification are:

I. Change in place of service
J. Change of specialty
K. Change of provider or
L. Reduction of service

Under KHS's Knox Keene license and Health and Safety Code §1300.67.2.2 , KHS, as a plan operating in a service area that has a shortage of one or more types of providers is required to ensure timely access to covered health care services, including applicable time-elapsed standards, by referring enrollees to, or, ***in the case of a preferred provider network***, by assisting enrollees to locate, available and accessible contracted providers in neighboring service areas consistent with patterns of practice for obtaining health care services in a timely manner appropriate for the enrollee's health needs. KHS will arrange for the provision of specialty services from specialists outside the plan's contracted network if unavailable within the network, when medically necessary for the enrollee's condition.

KHS's Knox Keene license permits KHS to arrange for the provision of specialty services, which implies that the clause "if either the member or requesting provider disagrees, KHS does not require approval to authorize the modified services.

Month	October	November	December
Total Referrals Processed	17,347	14,864	15,384
Total Referrals Modified	279	244	257
Percent of Modifies	2%	2%	2%
Percent of Audit (10 percent or 10 referrals whichever is larger)	10%	10%	10%
Number of Referrals in Audit	28	25	26

Indicators:

37. Referral Turn-around Time
    a. Decision completed within 3 business days for Urgent referrals and 5 business days for routine referrals
    b. Provider and member notification within 24 hours of decision - Stamp dates on Referral and NOA letter, closed out within compliance.
38. Notice of Action Letter
    a. Spelling/Grammar, Verbiage, and Format
    b. Approved provider information (name/phone)
39. Medical Director / Case Manager Name and Signatures
40. Processing of Referral

October Findings: Out of the **28** Modified referrals reviewed, the following is a breakdown of the findings.

- Eighteen (18) referrals were found **without** errors from the above indicator
- Six (6) errors were found within the Referral Turn-around Time indicator
- One (1) error were found within the Notice of Action Letter indicator
- Four(4) errors were found within the Processing of Referral indicator

November Findings: Out of the **25** Modified referrals reviewed, the following is a breakdown of the findings.

- Nineteen(19) referrals were found **without** errors from the above indicator
- Six (6) errors were found within the Referral Turn-around Time indicator
- One(1) error was found within the Notice of Action Letter indicator

December Findings: Out of the **26** Modified referrals reviewed, the following is a breakdown of the findings.

- Sixteen (16) referrals were found **without** errors from the above indicators
- Four(4) errors were found within the Referral Turn-around Time indicator
- Nine(9) errors were found within the Notice of Action Letter indicator

UM Trainer Action: Notice of Action/ Process of Referrals indicator errors have been discussed with individual staff as appropriate.

Kern Health Systems
Utilization Management Department
Delayed Referral Audit

Kulwant Kaur, UM Clinical Trainer & Auditor, RN

Report Date: **April 20, 2021**

Audit Period: January 1, 2021 to March 31, 2021

Sample Size: 10% or 10 per month (whichever is greater)

Purpose: Quarterly audits of referrals that have been delayed by the UM Department is done to monitor compliance with the Kern Health Systems' Policy and Procedure 3.22 Referral and Authorization Process, Section 4.2.1 Deferrals, Section 4.2.1.1 Extended Deferral.

Policy and Procedures 3.22, Section 4.2.1 Deferrals states – Authorization requested needing additional medical records may be deferred, not denied, until the requested information is obtained. If deferred, the Case Manager follows-up with the referring practitioner/provider within 14 calendar days from the receipt of the request f additional information is not received. Every effort is made at that time to obtain the information. Practitioners/providers are allowed 14 calendar days to provide additional information. On the 14th calendar day from receipt of the original request is approved or denied as appropriate.

Section 4.2.1.1 Extended Deferral states – The time limit may be extended an additional 14 calendar days if the member or the member's provider requests and extension, or KHS UM Department can provider justification for the need for additional information and how it is in the Member's interest. In cases of extension, the request is approved or denied as appropriate no later than the 28 the calendar day from the receipt of the original authorization request.

Month	January	February	March
Total Referrals Processed	16,475	16,944	20,805
Total Referrals Delayed	81	82	61
Percent of Delays	<1%	<1%	<1%
Percent of Audit (10 percent or 10 referrals whichever is larger)	10 referral	10 referral	10 referral
Number of Referrals in Audit	10	10	10

1

Indicators:

41. Referral Turn-around Time

a. Delays being done on day 5 of original referral – Final decision no later than 14 days for delays and 28 days for extend delays.
b. Provider and member notification within 24 hours of decision - Stamp dates on Referral and NOA letter, closed out within compliance.

42. Notice of Action Letter
    a. Spelling/Grammar, Verbiage, and Format
    b. Reason for delay clear and concise
    c. Expected due date listed
43. Medical Director / Case Manager Name and Signatures
44. Processing of Referral.

January Findings: Out of the **10** delayed referrals reviewed, the following is a breakdown of the findings.

- Six (6) referrals were found **without** errors from the above indicator
- Two (2) errors were found within the Processing of Referral.
- Two (2) errors were found within the Referral Turn-around Time indicator

February Findings: Out of the **10** delayed referrals reviewed, the following is a breakdown of the findings.

- Six (6) referrals were found **without** errors from the above indicator
- One (1) error was found within the Processing of Referral.
- Two (2) errors were found within the Referral Turn-around Time indicator
- Three (3) errors were found within the Notice of Action Letter

March Findings: Out of the **10** delayed referrals reviewed, the following is a breakdown of the findings.

- Eight (6) referrals were found **without** errors from the above indicator
- Two (2) errors were found within the Referral Turn-around Time indicator
- Three (3) errors were found within the Notice of Action Letter

UM Trainer Action: Notice of Action/ Process of Referrals indicator errors have been discussed with individual staff as appropriate and refresher pieces of training have been provided as needed.

Kern Health Systems
Utilization Management Department
Denied Referral Audit
By
Kulwant Kaur, UM Clinical Auditor & Trainer, RN

Report Date: **April 20, 2021**

Audit Period: January 1, 2021 to March 31, 2021

Sample Size: 10%

Purpose: Quarterly audits of referrals that have been denied by the UM Department is done to monitor compliance with the Kern Health Systems' Policy and Procedure 3.22 Referral and Authorization Process, Section 4.2.3 Denials.

Policy and Procedures 3.22, Section 4.2.3 Denials states – If initial review determines that an authorization request does not meet established utilization criteria, denial is recommended. Only the Associate Medical Director may deny an authorization request. Reasons for possible denial include:

OO. Not a covered benefit
PP. Not medically necessary
QQ. Member not eligible
RR. Continue conservative management
SS. Services should be provided by a PCP
TT. Experimental or investigational treatment (See KHS Policy #3.44)
UU. Member made unauthorized self-referral to practitioner/provider
VV. Services covered by CCS
WW. Inappropriate setting
XX. Covered by hospice

Month	January	February	March
Total Referrals Processed	16,475	16,944	20,805
Total Referrals Denied	1,068	848	656
Percent of Denials	7%	5%	3%
Percent of Audit	10%	10%	10%
Number of Referrals in Audit (Not Included: Search and Serve, or Mental Health Referrals)	107	85	66

Indicators:

45. Referral Turn-around Time
    a. Decision completed within 3 business days for Urgent referrals and 5 business days for routine referrals,
    b. Provider and member notification within 24 hours of decision - Stamp dates on Referral and NOA letter, closed out within compliance.
46. Notice of Action Letter
    a. Spelling/Grammar, Verbiage, and Format
    b. Criteria indicated and attached
    c. Recommendations indicated
47. Medical Director / Case Manager Name and Signatures
48. Processing of Referral

January Findings: Out of the **107** Denied referrals reviewed, the following is a breakdown of the findings.

- Sixty-one (61) referrals were found **without** errors from the above indicator
- Twenty-Nine (29) errors were found within the Referral Turn-around Time indicator
- Twenty-one (21) errors were found within the Notice of Action Letter indicator

February Findings: Out of the **85** Denied referrals reviewed, the following is a breakdown of the findings.

- Fourth-four (61) referrals were found **without** errors from the above indicator
- Twenty-Three (23) errors were found within the Referral Turn-around Time indicator
- Twenty-one (21) errors were found within the Notice of Action Letter indicator

March Findings: Out of the **66** Denied referrals reviewed, the following is a breakdown of the findings.

- Forty-five (45) referrals were found **without** errors from the above indicator
- Twenty-three (23) errors were found within the Referral Turn-around Time indicator
- Nineteen (19) errors were found within the Notice of Action Letter indicator
- One (1) error was found within the Processing of the referrals

UM Trainer Action: Notice of Action/ Process of Referrals indicator errors have been discussed with individual staff as appropriate and refresher pieces of training have been provided as needed

Kern Health Systems
Utilization Management Department
Modified Referral Audit
By
Kulwant Kaur, UM Clinical Trainer and Auditor, RN

Report Date: April 20, 2021

Audit Period: Jan 1, 2021 to March 31, 2021

Sample Size: 10% or 10 per month (whichever is greater)

Purpose: Quarterly audits of referrals that have been modified by the UM Department is done to monitor compliance with the Kern Health Systems' Policy and Procedure 3.22 Referral and Authorization Process, Section 4.2.2 Modifications

Policy and Procedures 3.22, Section 4.2.2 Modifications states – There may be occasions when recommendations are made to modify an authorization request in order to provide members with the most appropriate care. Recommendations to modify a request are first reviewed by the KHS Chief Medical Officer, or their designee(s).

The referrals that qualify for a modification are:

M. Change in place of service
N. Change of specialty
O. Change of provider or
P. Reduction of service

Under KHS's Knox Keene license and Health and Safety Code §1300.67.2.2 , KHS, as a plan operating in a service area that has a shortage of one or more types of providers is required to ensure timely access to covered health care services, including applicable time-elapsed standards, by referring enrollees to, or, ***in the case of a preferred provider network***, by assisting enrollees to locate, available and accessible contracted providers in neighboring service areas consistent with patterns of practice for obtaining health care services in a timely manner appropriate for the enrollee's health needs. KHS will arrange for the provision of specialty services from specialists outside the plan's contracted network if unavailable within the network, when medically necessary for the enrollee's condition.

KHS's Knox Keene license permits KHS to arrange for the provision of specialty services, which implies that the clause "if either the member or requesting provider disagrees, KHS does not require approval to authorize the modified services.

Month	January	February	March
Total Referrals Processed	16,475	16,944	20,805
Total Referrals Modified	299	300	326
Percent of Modifies	2%	2%	2%
Percent of Audit (10 percent or 10 referrals whichever is larger)	10%	10%	10%
Number of Referrals in Audit	30	30	33

Indicators:

49. Referral Turn-around Time
    a. Decision completed within 3 business days for Urgent referrals and 5 business days for routine referrals
    b. Provider and member notification within 24 hours of decision - Stamp dates on Referral and NOA letter, closed out within compliance.
50. Notice of Action Letter
    a. Spelling/Grammar, Verbiage, and Format
    b. Approved provider information (name/phone)
51. Medical Director / Case Manager Name and Signatures
52. Processing of Referral

January Findings: Out of the 30 Modified referrals reviewed, the following is a breakdown of the findings.

- Twenty (20) referrals were found **without** errors from the above indicator
- Nine (9) errors were found within the Referral Turn-around Time indicator
- One (1) error was found within the Notice of Action Letter indicator

February Findings: Out of the 30 Modified referrals reviewed, the following is a breakdown of the findings.

- Twenty (20) referrals were found **without** errors from the above indicator
- Seven (7) errors were found within the Referral Turn-around Time indicator
- Two (2) errors were found within the Notice of Action Letter indicator
- One (1) error was found within the Processing of Referral indicator

March Findings: Out of the 33 Modified referrals reviewed, the following is a breakdown of the findings.

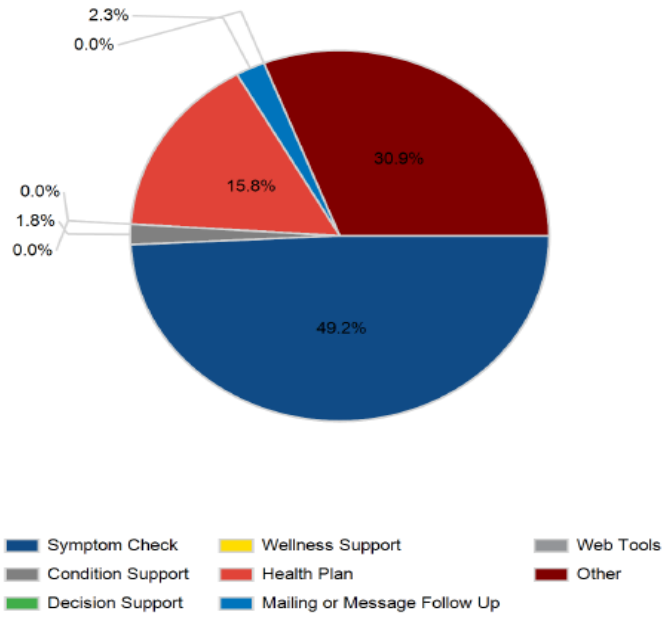
- Nineteen (19) referrals were found **without** errors from the above indicators
- Eleven (11) errors were found within the Referral Turn-around Time indicator
- Four (4) errors were found within the Processing of Referral indicator
- Five (5) errors were found within the Processing of Referral indicator

UM Trainer Action: Notice of Action/ Process of Referrals indicator errors have been discussed with individual staff as appropriate and refresher pieces of training have been provided as needed.

Health Dialog Report

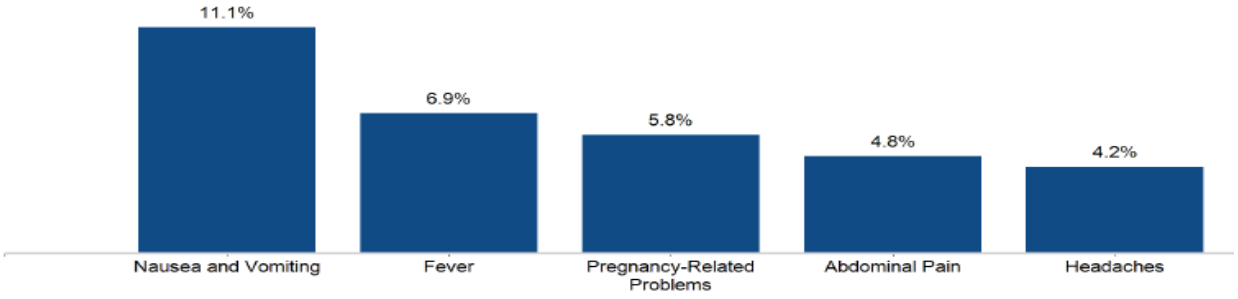
April:

Member Inbound Call Reasons (Apr-2021)

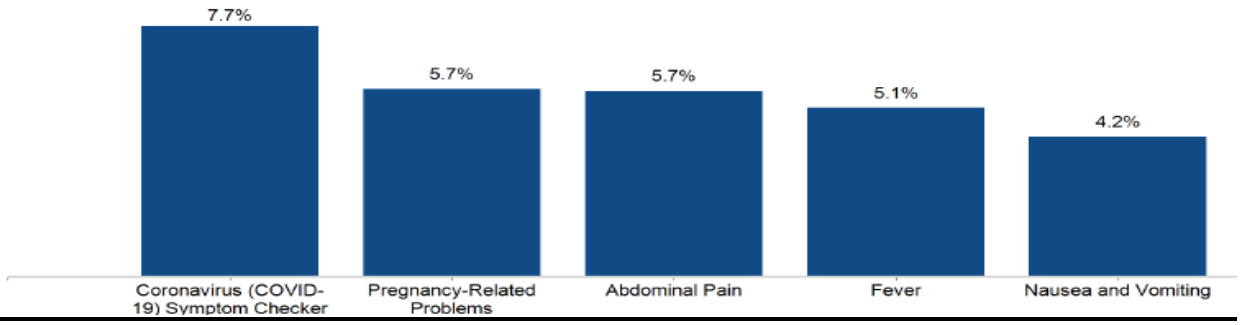


REASON	NUMBER
Symptom Check	196
Condition Support	7
Decision Support	0
Wellness Support	0
Health Plan	63
Mailing or Message Follow Up	9
Web Tools	0
Other	123

Most Frequent Symptoms - Inbound Symptom Check Calls (Apr-2021)

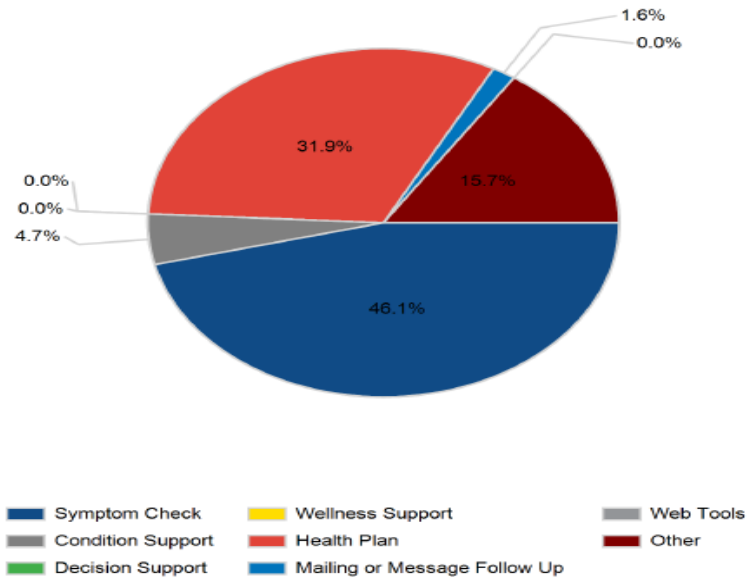


Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



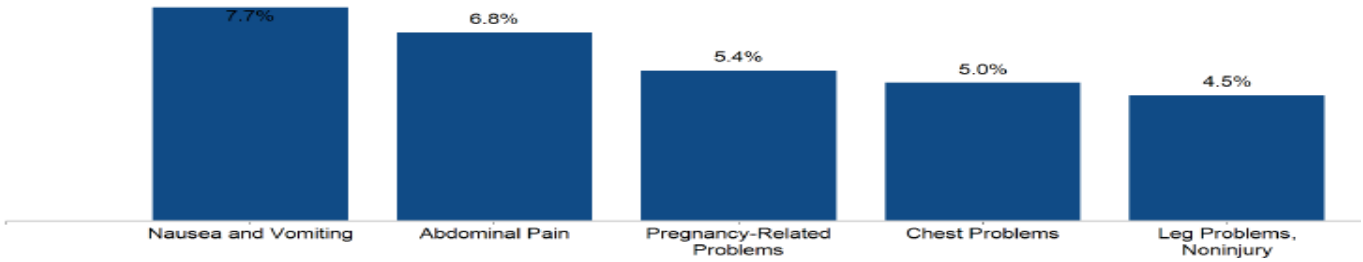
May:

Member Inbound Call Reasons (May-2021)

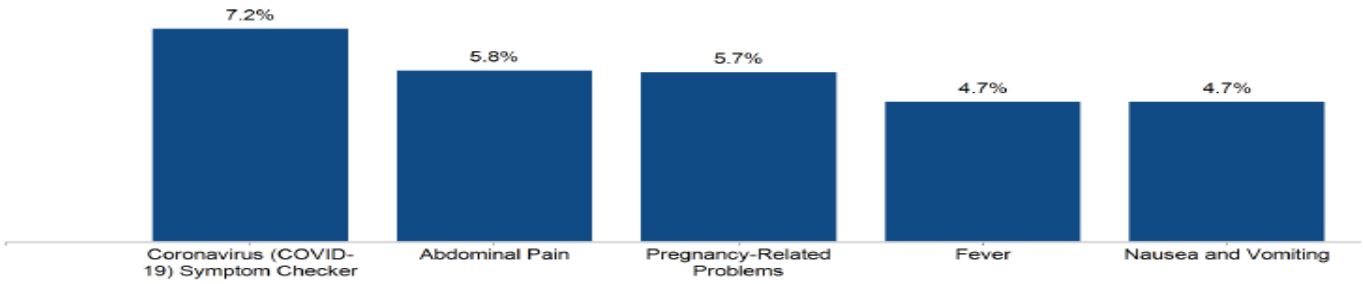


REASON	NUMBER
Symptom Check	227
Condition Support	23
Decision Support	0
Wellness Support	0
Health Plan	157
Mailing or Message Follow Up	8
Web Tools	0
Other	77

Most Frequent Symptoms - Inbound Symptom Check Calls (May-2021)

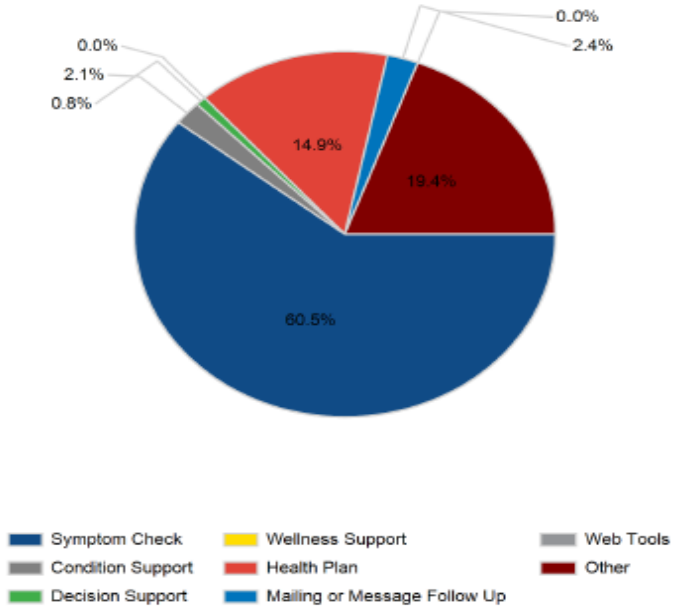


Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



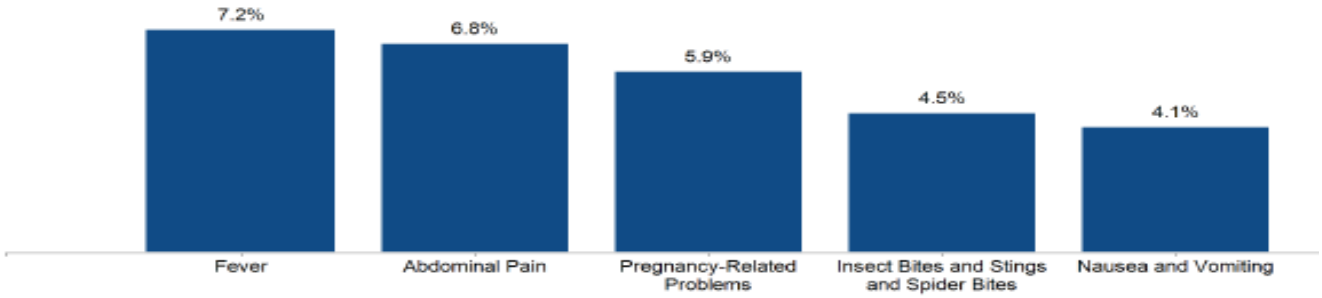
June:

Member Inbound Call Reasons (Jun-2021)

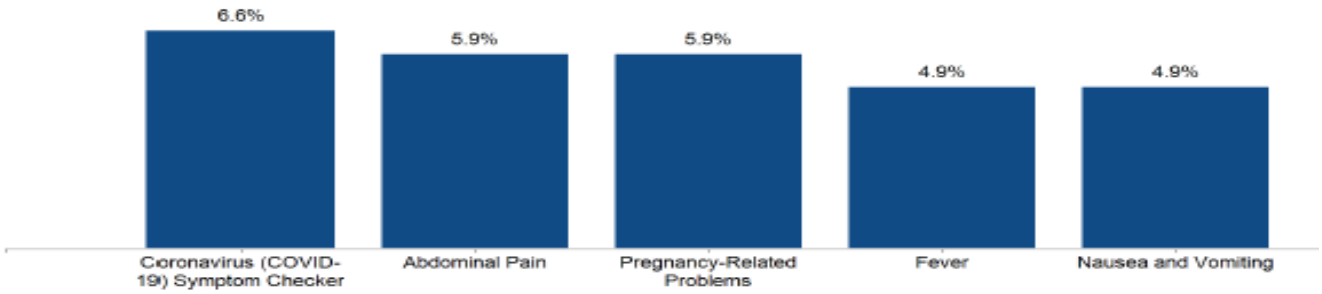


REASON	NUMBER
Symptom Check	228
Condition Support	8
Decision Support	3
Wellness Support	0
Health Plan	56
Mailing or Message Follow Up	9
Web Tools	0
Other	73

Most Frequent Symptoms - Inbound Symptom Check Calls (Jun-2021)



Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)

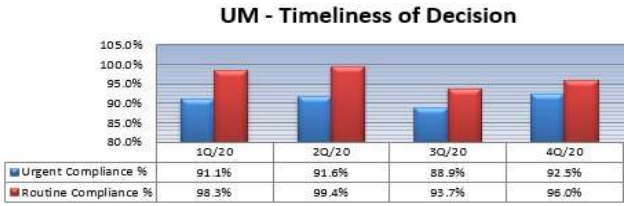
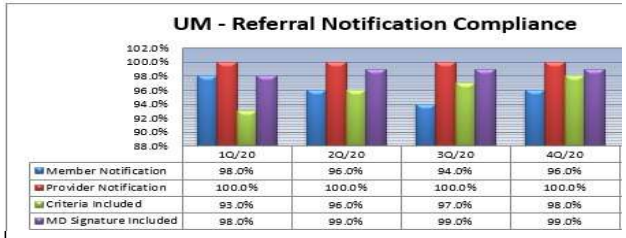


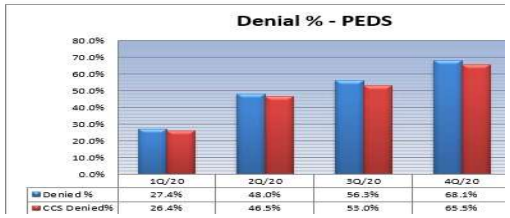
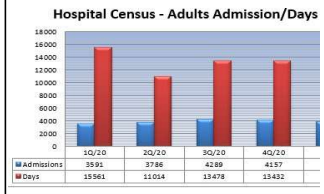
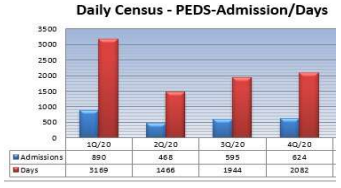
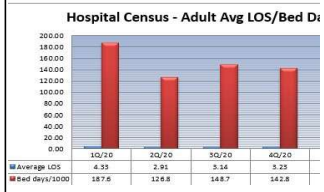
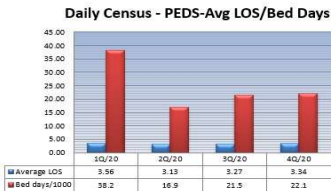
2020 Utilization Management Program Evaluation

Executive Summary : Kern Health Systems (KHS) Utilization Management (UM) Program is designed to manage the use of limited resources to maximize the effectiveness of the care provided to Kern Health Systems members. It is designed to promote equitable, safe and consistent UM decision- making and coordination of care. The Medi-Cal (MCAL) beneficiary eligible residents have chosen Kern Family Health Care as their managed care plan due to the exceptional quality of care and service provided to the members. Ensuring KHS members are provided high quality, cost effective care in an appropriate setting while maintaining compliance with the Department of Health Care Services and the Department of Managed Health Care are goals that are foremost for the Utilization Management Department. The UM Program includes prior authorization, concurrent review, retrospective review and case management components, depending upon the type of service and the identified member's clinical condition. Systems have been established to facilitate the monitoring of the referral process and the evaluation of those processes in collaboration with KHS delegates and the Chief Medical Officer and /or their designee(s), to promote timely services for members. Conducting an annual evaluation of the effectiveness of the UM Program allows an organization to determine how well it has deployed its resources in the recent past to improve the quality and safety of clinical care and the quality of service provided to its membership. Where the evaluation shows that the program has not met its goals, the organization recommends appropriate changes incorporated into the subsequent annual UM Program Descriptions. KHS experienced continued membership growth during 2020. In addition to growth and due to impact from the COVID-19 public health emergency came increasing medical complexity of member health needs and coordination of care. The Statement of Work completed in 2020 is as follows:

Required By	Goals	Metrics	Target Completion Date	Action Steps and Monitoring	Results
UM	Update UM Program Description Completion of 2020 Annual UM Program Evaluation Development and implementation of 2020 UM Program Description	Met/Not Met	Year End 2020	1. Review and revise the annual UM Program Description and Complete prior year UM Program Evaluation 2. Obtain approval of the 2020 UM Program Description and UM Program Evaluation from the Board of Directors and QI/UM Committee 3. Evaluate the adequacy of resources and program performance to identify any changes needed	Goal Met : All program documents reviewed and approved.
UM	Oversight of all delegated UM functions provided by the following delegates: Kaiser Foundation Health Plan, VSP, Health Dialog	Met/Not Met	Year End 2020	1. Evaluate the effectiveness of the delegated UM functions for policy adherence to verify compliance with state, federal, and NCQA Standards 2. Submit outcomes of delegated oversight monitoring to appropriate UM and Quality Committees	Goal Partially Met: 1. Annual delegated oversight audit of Kaiser deferred in 2020 due to public health emergency impacts. Audit planned for 2021. Regular monitoring of received reports conducted as well as quarterly JOM to allow for regular oversight. 2. Continued quarterly review of delegated services and UM reports by VSP, Health Dialog. Ad hoc reviews completed as needed. 3. Reports included to relevant Committees and QI/UM Committee.
UM	Continued remote workforce support	Met/Not Met	Year End 2020	Continued ongoing technical support for UM remote staff in order to retain skilled workforce.	Goal Met: 1. KHS technical teams expanded and enhanced remote workforce systems. This allowed for majority of UM staff to transition to remote workforce as necessitated by the public health emergency in 2020 without any interruptions to service.
UM	Update UM Training Programs	Met/Not Met	Year End 2020	Review and revise UM training materials for relevant areas and roles within UM. Strengthen onboarding materials and schedules to ensure successful onboarding for clinical and non-clinical staff.	Goal Met: Training materials updated and changes to training program made as part of process improvement outcomes and feedback on training from new staff. Central repository developed on the UM Sharepoint site to facilitate easy access for all staff and ensure updating. Next Steps: 1. Continue to revise training materials and develop job aids for various processes in UM. 2. Conduct regular refresher and targeted training to all staff

UM	Complete review of UM criteria and/or policies used for authorization requests to ensure compliance with regulatory requirements	Met/Not Met	Year End 2020	1. Complete policy revisions needed due to updated DHCS/DMHC or other regulatory guidance and APLs. 2. Complete review of UM guidelines and criteria by PAC and QI/UM Committees to ensure compliance with regulatory requirements and evidenced based medicine.	Goal Met: 1. KHS Internal Criteria reviewed and criteria retired as appropriate. 2. MCG Clinical Guideline version updated to current edition content 3. Policy revisions completed or in process as needed to comply with regulatory changes and APLs.
UM	Demonstrate Interrater Reliability	Met/Not Met	Year End 2020	MCG Interrater Reliability testing completed with all UM Clinical staff successfully passing with score of 85% or better supporting consistent application of medical necessity guidelines used in the decision making process.	Goal Met
UM	Quarterly State Reports Timely Submission	Met/Not Met	Year End 2020	Successfully submit all necessary UM reporting to DHCS within defined timeframes	Goal Met
DHCS	Quality Improvement/Utilization Management Committee (QI/UMC)	Met/Not Met	Year End 2020	1. Reports to the Board of Directors and retains oversight of the UM Program with direction from the Chief Medical Officer or their designee. 2. The QI/UMC promulgates the quality improvement process to participating groups and physicians, practitioner/providers, subcommittees, and internal KHS functional areas with oversight by the Chief Medical Officer. 3. Committee also performs oversight of UM activities conducted by KHS to maintain high quality health care and effective and appropriate control of medical costs through monitoring of medical practice patterns and utilization of services. 4.Practitioner attendance and participation in the QI/UM Committee or subcommittees is required. 5. The participating practitioners represents a broad spectrum of specialties and participate in clinical QI and UM activities, guideline development, peer review committees and clinically related task forces. 6. The extent of participation must be relevant to the QI activities undertaken by KHS.	Goal Met 4 QI/UM Committee meetings were held in 2020
DHCS	Physician Advisory Committee (PAC)	Met/Not Met	Year End 2020	1. Serves as advisor to the Board of Directors on health care issues, peer review, provider discipline, criteria and policy recommendations and development, and credentialing/recredentialing decisions. 2. This committee meets on a monthly basis and is responsible for reviewing practitioner/provider grievances and/or appeals, practitioner/provider quality issues, clinical criteria and guidelines, and other peer review matters as directed by the KHS Medical Director. 3. The PAC has a total of ten (10) voting committee positions	Goal Met
DHCS	Pharmacy and Therapeutics Committee (P&T)	Met/Not Met	Year End 2020	1. Serves to objectively appraise, evaluate and select pharmaceutical products for formulary addition or deletion. 2. This is an ongoing process to ensure the optimal use of therapeutic agents. 3. P&T meet quarterly to review products to evaluate efficacy, safety, ease of use and cost. 4. Medications are evaluated on their clinical use and develop policies for managing drug use and administration.	Goal Met
DHCS	Public Policy/Community Advisory Committee (PP/CAC)	Met/Not Met	Year End 2020	1. Provides a mechanism or structured input from KHS members and community representatives regarding how KHS operations impact the delivery of care. 2. The PP/CAC is supported by the Board of Directors to provide input in the development of public policy activities for KHS. 3. The committee meets every four months and provides recommendations and reports findings to the Board of Directors.	Goal Met

UM	Utilization Management Policy & Procedure Review, Revision/Development, and Implementation	Met/Not Met	Year End 2020	1. UM Policies and Procedures are reviewed at least annually and updated at a minimum every 2-3 years. Revisions are performed periodically in order to comply with any new regulatory requirements. 2. Each policy and procedure is reviewed against the DMHC requirements as well as DHCS contract and regulatory requirements and are revised as needed to ensure compliance. 3. A review of UM policies and procedures are performed as well as the creation of new policies in direct relation to the addition of the new or revised benefits, and others to meet the reporting and medical identification requirements set forth by the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) in various APLs and regulatory guidance.	Goal Partially Met: 1. Policies and procedures reviewed and updated based on various APLs and regulatory guidance from DHCS and DMHC. 2. Not all policies and procedures were reviewed during 2020 due to large volume of regulatory and state guidance as it related to public health emergency. Next Steps: Complete review of all UM Policies and Procedures in 2021
UM	Monitoring UM Decision Turn-Around Times, Volume, and Denial Rates	Met/Not Met	Year End 2020	1. Timeliness of UM Decisions are monitored on a daily basis through activity reports produced the UM Auditor through the Business Intelligence reporting program, Business Objects. 2. The UM Management staff is able to identify the number of referrals each Clinical Intake Coordinator are required to complete within the state mandated turnaround times. 3. A formal timeliness report is provided by the Director of Utilization Management on a quarterly basis to the QI/UM Committee including both decision timeliness and notification timeliness. 4. Monitoring of referral volumes and denial rates done on a monthly basis.	
UM	Timeliness of Decisions	Met/Not Met	Year End 2020	Maintain 90% or higher compliance average for 2020 	Goal Met: > 90% compliance rate for 2020 although did have slight drop in Urgent compliance in 3rd Quarter.
UM	Referral Notification Compliance	Met/Not Met	Year End 2020	Maintain 90% or higher compliance average for 2020 	Goal Met
UM	Referral Count Monitoring	Met/Not Met	Year End 2020	Monitor the referral volume received on quarterly basis 	Goal Met

UM	Denial Percentage Monitoring	Met/Not Met	Year End 2020	Monitor the denial percentage on quarterly basis  	Goal Met
UM	Monitoring of After Hours call and nurse triage line services by Health Dialog	Met/Not Met	Year End 2020	1. Provide oversight and monitoring of the after-hours call, medical triage, eligibility information provided by Health Dialog by monitoring call reports, as well as monthly and quarterly summary reports to identify trends. 2. Determine next steps due to any identified trends or patterns to ensure PCP access and/or address needs for member education and/or support	Goal Met Reports regularly reviewed. Additional systems put in place to support transfer by Health Dialog nurse of a member to a KHS provider for members with concern for COVID-19 symptoms or questions.
UM	Monitor Inpatient Utilization	Met/Not Met	Year End 2020	Closely monitor inpatient utilization trends using various reports and monitoring tools to identify trends and interventions needed.    	Goal Met

UM	Monitoring under-utilization	Met/Not Met	Year End 2020	1. The UM department mails correspondence notifications to both the practitioners and members of any carved-out services that are provided outside of KHS benefit coverage for Coordination of care. 2. Referrals for various educational programs, including smoking cessation, obesity, prenatal care, asthma, high blood pressure and diabetes are forwarded to QI/Health Education to assist UM in promoting the member's health through education and facilitating services with community based programs and other contracted service providers. 4. The Prior Authorization (PA) lists' goal is to facilitate timely access of services to members while eliminating barriers to the provider and enhance the provider experience. 5. PA information is communicated to the providers via a monthly update on the KHS internet site and provider portal. Various departments review trends to determine which services can be included for inclusion in a future PA listing. 6. Audits are conducted to review for under utilization of services that no longer require prior authorization to identify aberrant provider behavior or performed focused reviews on outlier activity and communicate with providers how to become more aligned with the positive trending. 7. Auth fulfillment reports are reviewed to determine the % of authorizations that are unused-outpatient and non consult data.	Goal Met Additionally due to impact from pandemic, authorizations were extended for up to 12 months to allow for utilization without need for additional submission.
UM	Monitoring over-utilization	Met/Not Met	Year End 2020	1. Triage provided by Health Dialog for KFHC member's to receive services in the emergency room and urgent care center are reviewed retrospectively for appropriateness of the triage. On a monthly basis, the Case Management social worker receives a report that identifies members with multiple ER and/or UC usage for review and follow-up. 2. This helps to identify PCP access issues, members needing guidance on medical services, needs for disease management, and inappropriate behavior of members seeking controlled drugs. 3. Monitoring speciality services and procedure utilization as well as tertiary care utilization. 6. KHS contracts with a consultant who performs in home evaluations to determine the appropriate equipment and recommend additional functional devices as needed to improve member's mobility and independence. 7. The admission and continued stay of KHS members in an acute or rehabilitation facility are concurrently reviewed for the severity of illness and the intensity of service. Levels of Care are monitored closely to ensure the member receives care in the appropriate setting for promotion of wellbeing and recovery. 8. Analysis of Primary Care and Specialty physician referral trends are reviewed to determine if requests are appropriate and if aberrancies noted, staff will initiate appropriate through coordination with Provider Relations Department. 9. Providers area contacted directly to begin dialogue and request clarifications to referral requests and provide additional education through criteria and policy and procedure review to increase compliance and reduce unnecessary referral requests and processing.	Goal Met New report developed to compare utilization between same speciality providers that are also normalized for utilization per member to provide comparisons. Collaborative process for provider education and dialogue developed between UM, PNM, and Claims teams
UM	CCS Collaboration	Met/Not Met	Year End 2020	Ongoing supportive and collaborative partnership with county CCS. KHS worked with CCS to identify transportation duplication among KHS membership. CCS has provided a direct liasion for an integrative approach for managing the bifurcated benefits based on diagnosis to reduce/eliminate duplication and or delay in services. KHS continues to collaborate with CCS on successful transitions of members aging out of CCS and into full KHS management of previous CCS eligible conditions through education via providers, conferences, and other modes of communication.	Goal Met
UM	Community Housing Support	Met/Not Met	Year End 2020	The Permanent Supportive Housing Case Management Program in collaboration with the Kern County Housing Authority will afford KHS patients an opportunity to exit homelessness and receive decent, safe, and affordable housing. These case management services will be matched with a housing resource that already exists in our community, such as, short term rental assistance, housing choice vouchers, and low income public housing. By providing case management services to these housing options it now allows homeless persons to access them and to thrive.	Goal Met

UM	COPD Program	Met/Not Met	Year End 2020	Continue to develop and enroll members into the COPD management program which includes four components: (1) assess and monitor disease; (2) reduce risk factors; (3) manage stable COPD; (4) manage exacerbations. Strategic Goals include: • Improve health status and quality of life • Improve overall quality of care in the management of members with COPD • Prevent disease progression • Decrease ER/urgent care utilization • Decrease hospitalizations/readmissions and length of stay • Decrease overall COPD related costs by 20%	Goal Met Next Steps: Identify methods to improve member enrollment and participation in program, develop robust program monitoring tool.
UM	Medical Loss Ratio (MLR)	Met/Not Met	Year End 2020	Continued efforts that support maintaining MLR of < 92% across all COA by identifying areas for UM focus. Revising Key Performance Indicator (KPI) Metrics for areas of focus to provide clear information on performance and to include utilization and financial impact. Monitor for over-utilization concerns and impact to MLR	Goal Not Met: MLR remains <94%. KPI and Metrics paused due to impacts from COVID-19
UM	Increase KHS program referrals for members by UM staff	Met/Not Met	Year End 2020	Identify members who would benefit from referrals to internal KHS programs or services such as DM, CM, HHP, HE and other services like WPC and HFI, making the initial referral to the appropriate areas if member is not already connected. By connecting members to appropriate services, UM would help support them in managing their health. Ensure UM enhancements to allow internal referrals are tracked within Jiva or other reportable platform. Include screening and appropriate member referral as part of the clinical staff auditing. Goal: Increasing connection of appropriate members to these programs supports goal of decreasing MLR and improving members health and social determinents.	Goal Met Reports established to monitor UM staff referrals for members to various programs. Activities created within Medical Management System (JIVA) to facilitate referrals between departments and programs.

KERN FAMILY HEALTH CARE
UTILIZATION MANAGEMENT
2021 PROGRAM DESCRIPTION

Introduction

Kern Health Systems (KHS), d.b.a. Kern Family Health Care (KFHC), is the Local Initiative for the arrangement of medical, social, and behavioral health care for Medi-Cal enrollees in Kern County. KHS is a public agency formed under Section 14087.38 of the California Welfare and Institutions Code. KHS began full operations on September 1, 1996 under the Kern County Board of Supervisors. KHS serves more than 280,000 Medi-Cal participants in Kern County. Medi-Cal is a jointly funded, Federal-State health insurance program for certain low-income beneficiaries. KHS is committed to the mission of improving the health of members with an emphasis on prevention and access to quality healthcare services. KHS strives to be a leader in developing innovative partnerships with the safety net and community providers to elevate the health status of all community members.

The purpose of the Utilization Management (UM) Program is to provide members with comprehensive health care and health education, within available resources, and to achieve the optimum level of quality health care in a cost-effective manner. Coordination with various internal departments such as Case Management, Pharmacy, Disease Management, Enhanced Case Management, and Health Education, and partnering with our contracted and community entities assists KHS with the provision of a holistic and patient centered approach to providing health care to our membership. Success of the UM Program begins with positive patient-practitioner relationships and depends, not on the portioning of services, but on the management and delivery of medically necessary, cost-effective health care designed to achieve optimal health status.

In order to ensure efficiency and continuity in this program, policies and procedures have been developed to define major functions and accountabilities. All activities described in the UM Program are conducted with oversight by the Quality Improvement/Utilization Management (QI/UM) Committee.

Most requests for routine, non-emergent medical care (unless otherwise specified) are authorized prospectively by the UM department for Kern Family Health Care (KFHC) members. Prior authorization is required for specific identified services in order for that care to be reimbursed by Kern Health Systems (KHS). Authorization may also be obtained verbally from the KHS Chief Medical Officer or their designee(s) or a UM Nurse or Clinical Intake Coordinator.

Exceptions to the requirement for prior authorizations include but are not limited to:

- Primary Care Provider Services,
- Specific OB/GYN services, including midwifes and free-standing birth center facility
- Abortion Services,
- Dialysis,
- Hospice Care,
- Transportation (verification of visit location required),
- Sexually Transmitted Disease treatments,
- HIV Services,
- Family Planning Services,
- Mental Health evaluation,
- Maternity Care,
- Vision,
- Sensitive Services, both child and adult
- Emergent/Urgent Care, and other procedures as identified.

The UM department nursing staff function primarily as Clinical Intake Coordinators evaluating utilization of services, while providing ongoing monitoring of patient care for quality and continuity in collaboration with the QI department. Authority to accomplish this is delegated to UM department staff by the KHS Chief Medical Officer, or designee (Medical Director or other Executive). Essential to this process and success is strong support and understanding of the UM Program by the KHS Chief Medical Officer, Medical Director(s), and Board of Directors. The KHS Utilization Management Program Description is a written description of the overall scope and responsibilities of the UM Program. The UM clinical team actively monitors, evaluates, and takes effective action to address any needed improvements in the quality, appropriateness, safety and/or outcomes of covered health care services delivered by all contracting providers rendering services to members. This is done through the development and maintenance of an interactive health care system that includes the following elements:

- The development and implementation of a structure for the assessment, measurement and problem resolution of the medical, behavioral health, social, and vision needs of the members;
- To provide the process and structure for monitoring contracted providers referral patterns;
- To provide oversight and direction for processes affecting the delivery of covered health care to members, either directly or indirectly;
- To ensure that members have access to covered health care in accordance with state legal standards;
- To monitor and improve the quality and safety of clinical care for covered services for members.

Overview

Purpose

The UM Program is comprised of various systems and processes which interface with other departments and administrative systems in the delivery of quality and value enhanced care. The link between UM and other clinical and administrative systems must be collaborative in order to deliver quality care and effective resource management.

- Provide the coordination of medically necessary services to all KFHC eligible members as defined by contractual obligations under the Department of Health Care Services, Department of Managed Care, and the regulations outlined in our Knox-Keene license in the State of California; and KHS Policy and Procedures;
- Monitor appropriateness of medical care and related services delivered to KFHC members;
- Provide systematic monitoring of the delivery of medical care and related services in a timely, effective, efficient manner consistent with the delivery of high quality and value enhanced care;
- Continually monitor, evaluate and optimize health care resource utilization and medical outcomes;
- Monitor utilization practice patterns of practitioners and provider organizations;
- Identify the need for Case Management, Disease Management, and Health Education through the referral/authorization review process;
- Foster Transitional Care to enhance the continuum of care;
- Develop programs that address specific needs of the KHS population;

- Educate members, practitioners, and provider organizations of objectives for providing high quality and value enhanced managed health care; and
- Identify potential quality of care issues and refer to QI department for further evaulation.

Objectives

The KHS UM Program develops, implements, continuously updates, and annually improves a UM program that ensures appropriate processes are used to review and approve the provision of medically necessary covered services.

The UM program includes:

- Qualified clinical staff responsible for the UM program;
- Separation of medical decisions from fiscal and administrative management to assure those medical decisions will not be unduly influenced by fiscal and administrative management concerns.

- Provision for a second opinion from a qualified health professional is provided at no cost to the Member;
- Established criteria for approving, modifying, deferring, delaying, terminating, or denying requested services.

The KHS UM Program utilizes nationally recognized evaluation criteria and standards in making decisions to approve, modify, defer, deny or terminate services. The KHS UM Program will also review and present internally generated and other outside criterions to the Physician Advisory Committee (PAC) and the QI/UM Committee for direction in the development and/or adoption of specific criteria to be utilized by the KHS UM staff.

When making medical necessity decisions, UM staff obtains relevant clinical information to finalize UM decisions. Clinical information is provided to the Chief Medical Officer or their designee to support the decision-making process. Examples of clinical information include the following but is not limited to:

- History and physicals
- Office and ancillary service notes
- Treatment plans and Progress notes
- Health Risk Assessments
- Psychosocial history
- Risk Stratification
- Diagnostic results, such as laboratory results, or x-rays
- Specialty Consultation reports, including photographs, operative, and pathology reports
- Pharmacy profiles
- Telehealth communications
- Hospital records
- Behavioral Health/Mental Health
- Information regarding benefits and any changes as required under the Department of Healthcare Services (DHCS) contract and Department of Managed Healthcare (DMHC) Knox Keene Licensure

The review considers individual patient needs and the characteristics of the local delivery system. Based on patient circumstances, applicable UM criteria may be modified to a given instance. The relevant circumstances, described below, are discussed with the physician/practitioner reviewer and requesting physician in order to render an appropriate decision:

- Age
- Sex/gender
- Comorbidities
- Complications
- Home environment, as appropriate
- Progress toward accomplishing treatment goals

- Family support
- Previous treatment regimens
- Psychosocial situation and needs
- Benefit structure including coverage for post-acute or home care when needed
- Delivery system capabilities and limitations such as availability of behavioral health services, skilled nursing facilities, sub-acute care facilities or home care in the service area that supports the patient after discharge DME or ancillary needs

Local hospitals' ability to provide all recommended services within the estimated length of stay
The KHS UM Program verifies that its pre-authorization, concurrent reviews, and retrospective review procedures, meet the following minimum requirements:

- Qualified health care professionals supervise review decisions, and a qualified physician will make the determination to deny any services based on medical necessity;
- Annual competency evaluation (at a minimum) for all clinical staff assigned to medical necessity determinations;
- Maintain a set of written criteria or guidelines for Utilization Review that is based on sound medical evidence, consistently applied, regularly reviewed and updated;
- Reasons for decisions are clearly documented and communicated to the provider and member.

The KHS UM Program utilizes several approved sources to determine benefit coverage and to make decisions based on medical necessity. Many decisions are outlined in state regulatory guidelines and law. In addition, clinical guidelines are available as a guide for medical-necessity decisions. Medical judgment regarding the particular patient is also considered when making decisions. Regulations and guidelines include but not limited to:

Regulations

- California Code of Regulations Title 22
- California Code of Regulations Title 28
- California Code of Regulations Title 42
- California Health and Safety Code §§1363.5; 1367.01; 1371.4; 1374.16
- MCG Health LLC
- UpToDate
- Medi-Cal /Medicare Guidelines
- KHS Internally generated Medical Criteria
- DHCS/DMHC Guidelines
- All Plan Letters (APL)
- Policy and Procedure Letters (PPL)

Scope

Kern Health Systems Utilization Management Program provides comprehensive health care services. The scope of covered services defined by the UM Program includes:

- Prior authorizations/referral management
- Primary and Specialty Care
- Tertiary referral coordination
- Behavioral/Mental Health
- Autism Spectrum Disorder/Behavioral Intervention Services
- Concurrent review
- Retrospective review
- Continuity of Care
- Recommendations for policy decisions
- Guidance of studies and improvement activities
- Complex/Targeted Case management
- Chronic Condition Management (specialized programs)
- Medication Therapy Management
- Transitional Care
- Community Based Adult Services (CBAS)
- Respite Care (DHCS approved KHS benefit enhancement)
- Pulmonary Rehabilitation (DHCS approved KHS benefit enhancement)
- Maternity Care
- Gender Dysphoria
- Acupuncture
- Chiropractic
- Dental Anesthesia
- Genetics
- Specialty Medication (Pharmacy coordination)
- Major Organ Transplants
- Durable Medical Equipment (DME)/Prosthetics and Orthotics (P&O)/Soft Goods
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Supplemental Shift Nursing Services
- External (Out-of-Network) referrals (including post stabilization care requests)
- Discharge planning
- Rehabilitation Services
- Occupational and Physical Therapy Services
- Speech and Language Therapy Services
- Prescription Drug Program in coordination with the Director of Pharmacy
- Out-of-area Case management
- Emergency service management

- Emergent/Non-emergent Medical Transportation
- Ancillary service management
- Home Health
- Cardiac Rehabilitation
- Hospice Services
- Palliative Care
- Pain Management Services; including laboratory, radiology, and genetic counseling
- Inpatient certification
- Skilled Nursing and Long-Term Care (limited benefit)
- Denial/Notice of Action
- Utilization data management
- Social Services (i.e. tracking of appropriate usage of services, mental health service assistance, social services assistance)
- After Hours Nurse Triage Services
- Appeals and Grievance
- Claims and Disputes
- Recommendations for any additional needed actions

The UM Program addresses the technical, professional and clinical aspects of patient care, which includes but is not limited to:

- Indication for services (medical necessity)
- Fraud, waste, and abuse monitoring
- Efficient ordering practices
- Appropriate level(s) of hospital care
- Appropriate and efficient use of resources
- Effective coordination and communication
- Reduction in the duplication of services
- Timeliness and access to care
- Valid data management to include the following data sources:
  - Claims and encounter submission
  - Medical Records
  - Medical Utilization data
  - Pharmacy Utilization data
  - Predictive Modeler data
- Identification of potential quality of care issues
- Clinical staff training for quality and accuracy

Mental Health Services

KHS responsibilities are limited to mild to moderate mental health conditions rendered in the outpatient setting. Psychotropic drug therapy remains carved out and provided under the Fee for Service MCAL payment structure by the County Mental Health Plan. Referrals for mental health services may be generated by the practitioner, KHS Social Workers, KHS' 24-hour contracted advice and triage nurses, school systems, employers, family, or the member.

Members needing immediate crisis intervention may self-refer to the Emergency Room or to the Kern County Behavioral and Recovery Services' Crisis Stabilization Unit. This information is provided to the members through the member handbook, and periodically, through the member newsletter. Mental Health Services for Medi-Cal participants are a covered benefit as described under the Kern Health Systems Health Plan in the contract with the Department of Health Care Services (DHCS).

KHS administers the mental health benefit as well as coordinating the benefit with the Kern Behavioral Health and Recovery Services (KBHRS) through a Memorandum of Understanding (MOU) and other contracted provider groups for their covered services. Quality issues are assessed through review of member grievances, member satisfaction study results, interactions with members, and quarterly meetings with KBHRS. KHS UM staff is available to assist KBHRS with complex cases and facilitate coordination and continuity of care between providers when transitioning between mild to moderate and extreme and pervasive mental health conditions.

Members who meet medical necessity criteria for medical conditions may receive Voluntary Inpatient Detoxification (VID) services in a general acute care hospital. VID services are carved-out (non-capitated) of the managed care contract and covered through the Medi-Cal Fee for Service program. Inpatient detoxification must be the primary reason for the member's voluntary inpatient admission.

KHS complies with Mental Health Parity requirements as required by Title 42, CFR, §438.930. The policies and procedures are consistently applied to medical/surgical, mental health and substance use disorder benefits. KHS's Utilization Management program does not impose Quantitative Treatment Limitations (QTL), or Non-Quantitative Treatment Limitations (NQTL) more stringently on covered mental health and substance use disorder services than are imposed on medical/surgical services in accordance with the parity in mental health and substance use disorder requirements in 42 CFR 438.900 et seq.

Behavioral Health Therapy (BHT) and Behavioral Intervention Services (BIS)

Autism Spectrum Disorder (ASD) encompasses several conditions that were previously diagnosed separately: autistic disorder, pervasive development disorder not otherwise specified (PDD-NOS) and Asperger syndrome. Primary Care Providers or other specialists can submit a prior authorization request for the comprehensive diagnostic evaluation by a psychiatrist,

psychologist, or neurologist. Upon completion of the Comprehensive diagnostic evaluation that results in a diagnosis of a qualifying ASD or another condition that would benefit from ABA services, ABA services will be reviewed in the usual manner as any other medical or behavioral service request to KFHC. KHS is responsible for coverage of the BHT benefit which includes non-ASD diagnosis and provides provisions for Continuity of Care for members.

Respite/Recuperative Care

The purpose of Respite/Recuperative Care is to reduce the costs of unnecessary hospital utilization and repeated costly emergency room visits for homeless individuals and other individuals who are hard to place post discharge.

Respite/ Recuperative Care includes post-hospitalization services to individuals who are at risk of homelessness or lack a physical address at the time of discharge from an acute care, inpatient facility. Typically, patients will stay in Recuperative Care from five (5) to sixty (60) days is dependent on each individual's recovery and personal needs. This model is based on the following parameters:

- Intensive Case Management
- Substance Use Disorder
- Resource linkage
- Self-care and independent living

Transitional Care Program

The Transitional Care Model (TCM) is an evidence-based solution to these challenges. The TCM has consistently demonstrated improved quality and cost outcomes for high-risk, cognitively intact and impaired older adults when compared to standard care in: reductions in preventable hospital readmissions for both primary and co-existing health conditions; improvements in health outcomes; enhanced patient experience with care; and a reduction in total health care costs.

- *Avoidance of hospital readmissions for primary and complicating conditions***.** TCM has resulted in fewer hospital readmissions for patients. Additionally, among those patients who are rehospitalized, the time between their discharge and readmission is longer and the number of days spent in the hospital is generally shorter than expected.

- *Improvements in health outcomes after hospital discharge.* Patients who received TCM have reported improvements in physical health, functional status and quality of life.

- *Enhancement in patient and family caregiver experience with care.* Overall patient satisfaction is increased among patients receiving TCM. In ongoing studies, TCM also aims to lessen the burden among family members by reducing the demands of caregiving and improving family functioning.

Collaborative care is the cornerstone of the TCM model. Collaborating partner's staff will form the interdisciplinary clinic that provides biopsychosocial and diagnostic screenings and evaluations, medication management, care management, treatment planning and intervention services, as well as general medical services for the identified population. The main goals of integration include:

- Foster cross-system linkages and partnerships;
- Quality and value based system of care;
- Create robust inpatient discharge coordination and develop cross-system transfer of care protocols;
- Expand strategy and education opportunities;
- Improve patient experience and quality outcomes; and
- Implement model of care that is sustainable and cost effective

Collaboration of Services

The scope of the UM Nurse and Clinical Intake Coordinator extends beyond the management of referrals. While performing UM activities, any quality of care issues or concerns may be addressed with the practitioners or provider organizations and are reported to the QI department. Collaboration between UM and QI is essential in order to ensure the delivery of quality care to the plan's membership.

Continuity of Care is coordinated upon enrollment for those members with established relationships with Primary Care Providers, Specialists, and ancillary providers to promote uninterrupted services that may have been initiated prior to the member's enrollment with KHS.

KHS is required to provide beneficiaries with the completion of certain covered services that the beneficiary was receiving from a non-participating provider or from a terminated provider, subject to certain conditions. The beneficiaries must be given the option to continue treatment for up to 12 months.

KHS must provide continuity of care with an out-of-network provider when KHS is able to determine that the beneficiary has an ongoing relationship with the provider (self-attestation is not sufficient to provide proof of a relationship with a provider); the provider is willing to accept the higher of the KHS's contract rates or Medi-Cal Fee For Service rates; and the provider meets KHS's applicable professional standards and has no disqualifying quality of care issues.

Collaboration with other outside agencies such as Kern Regional Center, Department of Public Health, Department of Mental Health, Homeless Coalition and Housing Authority, Department of Aging and Health and Human Services, California Children Services, Denti-Cal, and other internal KHS departments and coordination of services for the KFHC membership is an important aspect of the UM process. The UM Nurse and Clinical Intake Coordinator assist the

members in obtaining carved-out services and when necessary, coordinate and provide services not covered by the carved-out practitioner/provider.

The UM Nurse and Clinical Intake Coordinator coordinates Mental Health services with Kern Behavioral Health and Recovery Services through a Memorandum of Understanding pursuant to a contract between the County and the State. This coordination is essential in order to provide members with a seamless transition between mental health services beyond the scope of KHS responsibility to manage mild to moderate symptomatology and the more severe diagnosis under the responsibility of the County System of Care.

In addition, KHS UM staff also coordinates Autism Spectrum Disorder (ASD) and Behavioral Intervention services with Kern Regional Center (KRC) through a Memorandum of Understanding. This coordination is essential in order to provide members with uninterrupted medical and supportive services as they transition between the systems of care.

The UM Nurse and Clinical Intake Coordinator also coordinates Specialty children's services with California Children's Services (CCS) through a Memorandum of Understanding. This coordination is essential in order to provide members with uninterrupted medical services as they transition between the systems of care.

Regularly scheduled quarterly (or more often if deemed necessary) Joint Operations Meetings are held with Mental Health, CCS, and Regional Center partners to promote coordination, quality, and timely decisions regarding member's identified needs.

Member health education and disease management is an important component in member Case Management. Improvement of the member's health is a collaborative effort between the member, and the member's practitioner, KHS Health Education, Disease management, UM Nurse and Clinical Intake Coordinator, and numerous community partnerships.

Authority and Responsibility

KHS Board of Directors

The Board of Directors for KHS assigns the responsibility to lead, direct, and monitor the activities of the UM and QI Programs to the QI/UM Committee. The QI/UM Committee is responsible for the ongoing development, implementation, and evaluation of the UM and QI Programs. All the activities described in this document are conducted under the oversight of the QI/UM Committee.

Structure

1 Board Chair
1 Rural PCP Representative
1 Urban PCP Representative
1 Safety Net Provider Representative
1 Hospital Representative
1 Pharmacist Representative
2 1st District Community Representative
2 2nd District Community Representative
2 3rd District Community Representative
2 4th District Community Representatives
2 5th District Community Representatives

The Board is directly involved with the UM process in the following ways:

- Approve and support the UM Program direction, evaluate effectiveness and resource allocation. Support takes the form of establishing policies needed to implement the plan;
- Appoint individual and/or departments within the KHS organization to provide oversight of the UM Program;
- Approve policies and procedures needed to maintain the UM Program;
- Receive and review periodic summary reports on quality and safety of clinical care and quality of service, and make decisions regarding corrective actions that require the Board's level of intervention;
- Receive, review, and make final decisions on issues involving provider credentialing and recredentialing recommendations from the Physician Advisory Committee (PAC) and Pharmacy and Therapeutics Committee (P&T);
- Receive reports representing actions taken and improvements made by the QI/UMC, at a minimum on a quarterly basis;
- Evaluate and approve the UM Program Description and UM Program Evaluation annually, providing recommendations as appropriate and track findings.

Monitor the following activities delegated to the KHS Chief Medical Officer or designee:

- Oversight of the UM Program
- Chairperson of the QI/UM Committee
- Chairperson of associated subcommittees (PAC, P&T, Public Policy)
- Supervision of Health Services staff to include UM, QI, Pharmacy, Health Homes (HHP), Health Ed, Case Management, and Disease Management;
- Oversight and coordination of Continuity of Care activities for members;
- Proactive incorporation of quality outcomes into operational policies and procedures;
- Oversight of all committee reporting activities so as to link information.

The Board of Directors delegate's responsibility for monitoring the quality of health care delivered to members to the Chief Medical Officer or designee, and the QI/UMC with administrative processes and direction for the overall UM Program initiated through the Chief Medical Officer.

Chief Medical Officer (CMO) Responsibilities:

The Chief Medical Officer reports to the Chief Executive Officer (CEO) and the KHS Board of Directors and, as Chairperson of the QI/UMC and Subcommittees provide direction for internal and external UM Program functions, and supervision of the KHS staff including:

- Application of the UM Program, by KHS staff and contracting providers;
- Participation in provider quality activities, as necessary;
- Monitoring and oversight of provider QI and UM programs, activities and processes including policies;
- Oversight of KHS delegated credentialing and recredentialing activities;
- Retrospective review of KHS credentialed providers for potential or suspected deficiencies related to quality of care;
- Final authority and oversight of KHS non-delegated credentialing and recredentialing activities;
- Monitoring and oversight of any delegated UM activities;
- Supervision of Health Services staff involved in the UM Program, including: Chief Health Services Officer, Director of Pharmacy, Medical Directors, Physician Advisors, and Director of Utilization Management;
- Supervision of all Utilization Management activities performed by the UM Department;
- Monitoring that covered medical care provided meets industry and community standards for acceptable medical care;
- Contributor in the development of medical criteria for necessity determinations;
- Actively participating in the functioning of the plan grievance and appeals procedures;
- Review and resolution of grievances related to medical quality of care.

Medical Director (s):

The Medical Director (s) support the Chief Medical Officer with projects as assigned and serves the role of Chief Medical Officer in the CMO's absence or when the CMO's position is not filled. The Medical Director (s) provide oversight for the following including:

- Serve as a member of the following committees of the KHS Board of Directors: Physician Advisory Committee; Grievance; Pharmacy & Therapeutics Committee;

- Quality Improvement and Utilization Management Committees (Serve as Chairperson of these committees as delegated by CMO). Attend committee meetings as scheduled.
- Participates in carrying out the organization's mission, goals, objectives, and continuous quality improvement of KHS;
- Represents KHS in the medical community and in general community public relations;
- Participates in the implementation of the KHS Credentialing Program;
- Direct responsibility for prior authorization review and medical necessity determinations based on application of evidence based medical criteria and MCAL established guidelines;
- Identify fraud, waste, and abuse through multi-disciplinary internal staff participation;
- Obtains support of the medical community for QI, UM, DM, HE, HHP, and CM programs;
- Supports, communicates, and collaborates with KHS Clinical Intake Coordinators and UM Nurses in order to resolve case management and referral issues;
- Implements the Disease Management, Health Education, Case Management, Health Homes, and Quality Improvement Program(s).
- Directly communicates with primary care physicians and other referring physicians in order to resolve referral issues, research treatment protocols, solicit advice on problem cases, and to assist in development of referral criteria and practice guidelines;

Program Structure

Committees

Quality Improvement/Utilization Management (QI/UM) Committee

The QI/UM Committee (QI/UMC) reports to the Board of Directors and retains oversight of the UM Program with direction from the CMO or designee. The QI/UM Committee performs oversight of UM activities conducted by KHS to maintain quality health care and effective and appropriate control of medical costs through monitoring of medical practice patterns and utilization of services. This committee also develops and enforces the quality improvement process with respect to contracting providers, subcommittees and internal KHS functional areas with oversight by the CMO.

Key Responsibilities

- Assure that practitioner/provider organizations participate in specific QI/UM activities as assigned;
- Oversee the effectiveness of UM activities within KHS (internal and external);
- Review, investigate and make recommendations to the appropriate individual or department regarding utilization issues affecting member care; or, in the case of review of individual practitioners/provider organizations performance, refer such review/investigation to the CMO /Physician Advisory Committee (PAC) Corrective Action Plans (CAP);

- Promote communication of UM activities across KHS and to practitioner/provider organizations;
- Maintain processes to promote confidentiality of the UM Program information as well as avoidance of conflict of interest on the part of practitioner reviewers;
- Identify methods to increase the quality of health care and service for members;
- Design and accomplish UM Program objectives, goals and strategies;
- Recommend policy direction;
- Review and evaluate results of UM activities at least annually and revise as necessary;
- Institute needed actions and ensure follow-up;
- Develop and assign responsibility for achieving goals;
- Monitor clinical safety;
- Ensuring access to quality care;
- Oversee the identification of trends and patterns of care;
- Monitor results of site reviews to ensure patient safety
- Monitor grievances and appeals for clinical issues;
- Develop and monitor Corrective Action Plan (CAP) performance;
- Report progress in attaining goals to the Board of Directors;
- Ensure incorporation of findings based on member and provider input/issues into KHS policies and procedures;
- Provide oversight for the KHS UM Program;
- Provide oversight for KHS credentialing;
- Assist in the development of clinical practice guidelines.

Structure

1	KHS Chief Medical Officer (Chairperson), or designee
2	Participating Primary Care Physician-Family Practitioner and Pediatrician
2	Participating Specialty Physicians-OB/GYN (OPEN) and ENT
1	Participating Home Health/Hospice Representative
1	Kern County Public Health Officer or designee
1	Participating FQHC Provider
2	Other Participating Ancillary Representatives-Durable Medical Equipment and Independent Pharmacy
1	Participating Hospital Representative
1	OPEN

The QI/UMC is responsible for periodic assessment and review of subcommittee activities and recommendations for changes, with subsequent reporting to the Board of Directors at least quarterly.

Meeting Schedule

The QI/UM Committee meets at least quarterly, but as frequently as necessary to demonstrate follow-up on all findings and required actions. Issues needing immediate assistance that arise prior to the next scheduled meeting are reviewed by the CMO and reported back to the QI/UM Committee when applicable.

Physician Advisory Committee (PAC)

Key Responsibilities

- Serve as advisor to the Board of Directors on health care issues, peer review and provider discipline. Review and comment on Credentialing/Recredentialing Policies and Procedures;
- Review and comment on other issues such as grievances and/or appeals, provider quality issues, and other peer review matters as directed by the KHS Chief Medical Officer or designee or as requested by the Board of Directors;
- Perform assigned functions under the Credentialing policies and procedures, the QI program, the UM program, the complaint/grievance process, and the practitioner/provider organizations appeal process;
- Serve as the committee for clinical quality review of contracting providers;
- Evaluate, assess and make decisions regarding contracting provider issues, grievances and clinical quality of care issues referred by the KHS CMO or designee and develop and recommend actions plans as required;
- Review provider qualifications, including adverse findings and recommend to the Board of Directors approval or denial of participation with initial credentialing and every three years in conjunction with recredentialing. When indicated, the time frame form credentialing/recredentialing may be shortened. Report Board action regarding credentialing/recredentialing to the QI/UMC at least quarterly;
- Review contracting providers referred by the KHS CMO or designee due to grievance and/or complaint trend review, other quality indicators or other information related to contracting provider quality of care or qualifications;
- Review, analyze and recommend any changes to the KHS Credentialing and Recredentialing program policies and procedures on an annual basis or as deemed necessary;
- Monitor any delegated credentialing/recredentialing process, facility review and outcomes for all delegated actions related to providers;
- Review and distribute preventive care guidelines for members, including infants, children, adults, elderly, Seniors and Persons with Disabilities, and perinatal patients;
- Base preventive care and disease management guidelines on scientific evidence or appropriately established authority;
- Develop, review and distribute disease management and behavioral health guidelines for selected diagnosis and treatments administered to members;
- Periodically review and update preventive care and clinical practice guidelines as presented by the CMO or designee;

- Review and assess new medical technologies and new applications of existing technologies for potential addition as covered benefits for members;
- Assess standards of health care as applied to members and providers, assist with development of indicators for studies and review guidelines that are promulgated to contracting providers;
- Develop internally criteria utilized through application of evidence based benchmarks; and
- Assess industry and technology trends with updates to KHS standards as indicated.

The QI/UMC has delegated credentialing and recredentialing functions for KHS to the PAC. The PAC is responsible for reviewing individual providers for denial or approval of participation with KHS.

The PAC is charged with the assessment of standards of health care as applied to members and providers; assist with development of indicators for studies; and regularly review guidelines that are promulgated to contracting providers and members. This committee consists of a variety of practitioners in order to represent the appropriate level of knowledge to adequately assess and adopt healthcare standards. The committee obtains an external independent review and opinion when necessary to assist with a decision regarding preventive care guidelines, disease management or coverage of a new technology as a covered benefit for members.

The PAC reviews and comments upon pertinent KHS standards and guidelines with updates as needed. The PAC evaluates improvements in practice patterns of contracting providers and the development of local care standards. Development of educational programs includes input from the PAC. The PAC also reviews and comments on other issues as requested by the Board of Directors.

Structure

1	KHS Chief Medical Officer (Chairperson) or designee
2	General/Family Practitioners-PCP-(1) OPEN
1	General Internist
1	Pediatrician
1	Obstetrician/Gynecologist
1	Non-invasive Specialist-Clinical Psychologist
1	Invasive Specialist-Pain Medicine
1	Practitioner at Large-Ophthalmology
1	OPEN

The PAC consists of a variety of practitioners to represent a broad level of knowledge to adequately assess and adopt healthcare standards.

Meeting Schedule

The PAC meets monthly or more frequently if necessary.

Reporting Relationship

- The PAC reports recommendations to the QI/UM Committee quarterly
- The QI/UM Committee reports PAC recommendations to the Board of Directors quarterly through the Chief Medical Officer or their designee.

Pharmacy and Therapeutics Committee (P&T)

Key Responsibilities

- Objectively appraise, evaluate and select pharmaceutical products for formulary addition or deletion. This is an ongoing process to ensure the optimal use of therapeutic agents. Products are evaluated based on efficacy, safety, ease of use and cost;
- Evaluate the clinical use of medications and develop policies for managing drug use and administration;
- Monitor for quality issues regarding appropriate drug use for KHS and members. This includes Drug Utilization Review (DUR) and Drug Use Evaluation (DUE) programs;
- Provide recommendations regarding protocols and procedures for the use of non-formulary medications;
- Provide recommendations regarding educational materials and programs about drug products and their use to contracting providers;
- Recommend disease state management or treatment guidelines for specific diseases or medical or behavioral health conditions. These guidelines are a recommended series of actions, including drug therapies, concerning specific clinical conditions;
- Monitor and assess contracting pharmacy activities as needed through review of audits and pharmacy profiling;
- Review elements and format of the Formulary;
- Review parameters of prescribing practices for frequency of refills and the number of refills that may be dispensed at one time;
- Make recommendations to the QI/UM Committee for prescribing parameters;
- Review quality of care issues that arise pertaining to the prescribing and dispensing of medications;
- Report to the QI/UM Committee situations that may indicate substandard quality of care.

Membership

1	KHS Chief Medical Officer (Chairperson) or designee
1	KHS Director of Pharmacy (Alternate Chairperson)
1	KHS Board Member/Rx Representative
1	Retail/Independent Pharmacy
1	Retail Chain Pharmacy
1	Pharmacy/Specialty Practice-OPEN

1 Pharmacy/Geriatric Specialist
1 Pediatrician
1 Internal Medicine
1 General Practice /Cardiologist
1 General Practice/Geriatrics-OPEN
1 OB/GYN Practitioner

Meeting Schedule
The P&T meets quarterly with additional meetings as necessary

Reporting Relationship
Reports to the QI/UM Committee quarterly

Public Policy/Community Advisory Committee (PP/CAC)

The PP/CAC provides a mechanism for structured input from members regarding how KHS operations impact the delivery of their care. The role of the PP/CAC is to implement and maintain community linkages.

The functions of the PP/CAC are as follows:

- Culturally appropriate service or program design;
- Priorities for health education and outreach program;
- Member satisfaction survey results;
- Findings of health education and cultural and linguistic Group Needs Assessment;
- Plan marketing materials and campaigns;
- Communication of needs for provider network development and assessment;
- Community resources and information;
- Periodically review the KHS grievance processes;
- Report program data related to Case Management and Disease Management
- Review changes in policy or procedure that affects public policy;
- Advise on educational and operational issues affecting members who speak a primary language other than English;
- Advise on cultural and linguistic issues.

The PP/CAC is delegated by the Board of Directors to provide input in the development of public policy activities for KHS. The committee makes recommendations and reports findings to the Board of Directors.

Appointed members include:

1 Ex-officio Non-Voting Member: KHS Director of Marketing and Public Affairs (Chairperson)
3 KHS Members
2 KHS Members-OPEN
2 Community Representatives
2 Participating Health Care Practitioner-OPEN
1 Kern County Department of Public Health Representative
1 Kern County Department of Human Services

The PP/CAC meets at least quarterly with additional meetings as necessary.

Grievance Review Team (GRT)

The GRT provides input towards satisfactory resolution of member grievances and appeals and determines any necessary follow-up with Provider Relations, Quality Improvement, Pharmacy and/or Utilization Management/Health Services.

Key Responsibilities

- Ensure that KHS' policies and procedures are applied in a fair and equitable manner;
- Hear submitted grievances in a timely manner and recommend action to resolve the grievance as appropriate within the stipulated time-frame;
- Review and evaluate KHS' practices and procedures that consistently produce dissatisfaction, and recommend, when appropriate, modification to such practices and procedures;
- Participate in the Independent Medical Review process as warranted;
- Provide detailed explanation for decisions to both member and provider;
- Participate in the State Fair Hearing process as warranted to resolve grievances;
- Provide prompt and accurate information to the member detailing the resolution outcome of the grievance.

Structure

1 KHS Chief Medical Officer (Chairperson) or designee
1 KHS Director of Compliance and Regulatory Affairs
1 KHS Director of Provider Relations
1 KHS Chief Operations Officer
1 KHS Grievance Coordinator (Staff)
1 KHS Quality Improvement
1 KHS Director of Pharmacy
1 KHS Chief Health Services Officer, or designee
1 KHS Director of Member Services

Meeting Schedule Grievance Review Team meets on a weekly basis or sooner if necessary.

Program Staff Responsibilities

Chief Executive Officer (CEO)
Appointed by the Board of Directors, the CEO has the overall responsibility for KHS management and viability. Responsibilities include:

- Lead KHS mission, vision and direction, organization and operation;
- Developing strategies for each department including the QI Program; Human Resources direction and position appointments;
- Fiscal efficiency;
- Public relations;
- Governmental and Community liaison;
- Contract approval.

The CEO directly supervises the Chief Operating Officer (COO), Chief Financial Officer (CFO), Chief Medical Officer (CMO), Chief Information Officer (CIO), Chief Network Administration Officer (CNAO), Chief Human Resources Officer (CHRO), and the Senior Director of Governmental Relations and Strategic Development. The PAC reports to the CEO and contributes information regarding provider issues. The CEO interacts with the Chief Medical Officer regarding ongoing QI/UM Program activities, progress towards goals, and identified health care problems or quality issues requiring corrective action.

Chief Medical Officer (CMO)
The Chief Medical Officer must have a valid license to practice medicine in the State of California, the ability to effectively function as a member of a team, and excellent written and verbal communication skills. The CMO is responsible to the Board of Directors to provide medical direction for KHS, including professional input and oversight of all medical activities of the UM Program.

As Chairperson of the QI/UM Committee and associated committees, the CMO provides assistance with study development and coordination of the UM Program in all areas to provide continued delivery of quality health care for members. The CMO assists the Chief Network Administration Officer with provider network development and works with the CFO to ensure that financial considerations do not influence the quality of health care administered to members.

The duties of the position include but not limited to:

- Provide direction for all medical aspects of KHS, preparation, implementation and oversight of the UM Program, medical services management, resolution of medical disputes and grievances;
- Medical oversight on provider selection, provider coordination, and peer review;

- Principal accountabilities include development and implementation of medical policy for utilization and QI functions, reviewing current medical practices so that that medical protocols and medical personnel of KHS follow rules of conduct;
- Assigned members are provided healthcare services and medical attention at all locations, and medical care rendered by providers meets applicable professional standards for acceptable medical care and quality.
- Ensure that medical decisions are rendered by qualified medical personnel;
- Are not influenced by fiscal or administrative management considerations;
- Ensure that the medical care provided meets the current standards for acceptable care;
- Ensure that medical protocols and rules of conduct for practitioner or plan medical personnel are followed;

These standards should equal or exceed the standards for medical practice developed by KHS and approved by the California Department of Health Care Services (DHCS) or the California Department of Managed Health Care (DMHC).

Medical Director

- Develop and implements medical policy;
- Resolve grievances related to medical quality of care and service;
- Actively participate in the functioning of KHS' grievance procedures and implementation of the plan Quality Improvement Program;
- Provide direction and oversight to administration of the QI, UM and Credentialing Programs;
- Detect and correct inadequate practitioners/provider organizations performance within responsibility level
- Supports the CMO with projects as assigned;
- Participates in carrying out the organization's mission, goals, objectives, and continuous quality improvement of KHS
- Responsible for monitoring and controlling the appropriate utilization of health care services in order to achieve high quality outcomes in the most cost effective manner
- Participates in carrying out the organization's mission, goals, objectives, and continuous quality improvement of KHS
- Responsible for monitoring and controlling the appropriate utilization of health care services in order to achieve high quality outcomes in the most cost effective manner
- Directly communicates with primary care physicians and other referring physicians in order to resolve referral issues, research treatment protocols, solicit advice on problem cases, and to assist in development of referral criteria and practice guidelines; and
- Supports, communicates, and collaborates with KHS case managers in order to resolve case management and referral issues.

Chief Health Services Officer (CHSO)

Under direction of the Chief Medical Officer (CMO) this position is responsible for overseeing the activities of the Health Services Department in support of the company's strategic plan; establishing the strategic vision, and the attendant policies and procedures, initiatives, and functions. The Health Services Department includes: Utilization Management, Case and Disease Management, Health Education, and Quality Improvement.

Position requires a licensure to practice as a Registered Nurse in the State of California. Qualifications for the Chief Health Services Officer include two years of management level experience in utilization management in managed care environment AND one year of experience as a utilization review or medical (physical medicine) nurse OR four years of experience as a utilization review or medical (physical medicine) nurse AND two years of supervisory experience; OR any equivalent combination of experience. A Bachelor's degree in Nursing is desirable.

The Chief Health Services Officer provides direct clinical support to the Directors of the Health Services department for both operational and strategic management. The position is responsible for overseeing the development of quality improvement strategies for the enterprise and clinical program development for population-based clinical quality measures. In addition, the position is responsible for directing the development of the clinical quality plan and the integration of quality into the overall business process to ensure that all activities are relevant and meeting the needs of the population served.

Other responsibilities include:

- Evaluates industry best practices, medical research, and other resources to develop clinical programs and tools which facilitate and support quality, cost-effective care.
- Develops and implements an annual plan detailing the strategies, programs, and tools to be implemented.
- Assures compliance with QI and UM work plans, and when necessary assures compliance with NCQA standards.
- Provides oversight to assure accurate and complete quantitative analysis of clinical data and presentation of results of data analysis.
- Tracks Health Services Program performance and results.
- Works with both internal and external customers to promote understanding of health services activities and objectives and to prioritize projects according to corporate goals, monitoring of case management activity and accuracy of decision making is reported to the executive team.
- Ongoing development and monitoring of activities related to identification and tracking of members needing disease management, case management, behavioral health or autism services, tracking of inpatient members including authorizations of level of care, appropriateness of admissions to non-par facilities and timely transfer to participating facilities are critical to the effectiveness of the UM program.

- Establish, initiate, evaluate, assess, and coordinate processes in all areas of Health Services;
- Oversees all activities of department and aids the CMO and appropriate corporate staff in formulating and administering organizational and departmental initiatives;
- Meets regularly with Finance Department to review trends in medical costs and to determine areas of focus;
- Reviews analyses of activities, costs, operations and forecast data to determine departmental progress towards stated goals and objectives;
- Administer and ensure compliance with the National Committee on Quality Assurance (NCQA) standards as determined for accreditation of the health plan;
- Participate in, attend and plan/coordinate staff, departmental, committee, sub-committee, community, State and other activities, meetings and seminars;
- Participate in provider education and contracting as necessary;
- Leads and participates in cross functional teams which design and implement new case management programs and quality interventions to improve health outcomes;
- Leads teams of clinicians charged with promoting effective use of resources.
- Ensures adherence to all contract and regulatory requirements;
- Develops short and long term objectives and monitors processes and procedures to ensure consistency and compliance;
- Manages budget and special projects; and
- Develops and implements process and program redesigns.

Director of Utilization Management

Under the direction of the Chief Health Services Officer, the Director of Utilization Management will oversee and participate in activities related to Utilization Management (UM) for the organization and membership by monitoring, assessing and improving performance in ambulatory and inpatient health care delivery or health care related services. The UM Director will assist in the implementation of the KHS Utilization Management Program Plan and Evaluation and communicate with contract providers regarding required studies and participation. Related duties will include ongoing data collection, medical record reviews, report writing, and collaboration and coordination with other KHS departments, as well as outside agencies.

The Director of UM provides direct clinical support to the UM Nurse and Clinical Intake Coordinators, Health Services Manager, Health Services Program Administrator, Senior Operational Analyst, and the UM Clinical Inpatient and Outpatient Nurse Supervisor(s), ensuring that the appropriate level of member care is being provided through referral processing.

This position is responsible for collaborative oversight of the Utilization Management functions for KHS. The UM Director will also be responsible for overseeing the production, analysis, and dissemination of contractually mandated reports. This position will assist in ensuring

compliance with Medi-Cal contractual stipulations for Utilization programs. In collaboration with the Chief Health Services Officer, will make an effective contribution to KHS's business planning and fiscal processes and will remain clear about departmental objectives and resource requirements. In addition, this position will reinforce a shared sense of purpose throughout the organization and serve as a mentoring role that strongly encourages the growth of team members. Ensuring professional development goals are incorporated into team members' annual performance objectives, and regular reviews progress towards attaining them is paramount to this role.

- Maintains delegated responsibility in coordination with the Chief Health Services Officer for activities within the Utilization Management departments;
- Shares in direction and supervision for ongoing and new projects for the UM program with the Chief Health Services Officer;
- Oversees quality of care investigations and reporting;
- Works closely with the Director of Case Management to facilitate needs for members identified as High Risk or requiring coordination of services;
- Assist the UM clinical staff in the review of claims for the accuracy and appropriateness of billed charges;
- Ensure coordination of medically necessary services within the plan and with community;
- Coordinates UM activities and data collection between KHS departments and KHS contracted providers;
- Assists with interviews, selects, trains, develops and evaluates subordinate staff; provides input to HR regarding disciplinary issues, as necessary;
- Serves as resource to the Quality Improvement and Utilization Management Committee, the Physician Advisory Committee and other committees, as appropriate;
- Works in a coordinated effort with the UM Health Services Manager and Health Services Program Administrator to ensure the smooth and efficient operations of the outpatient processes;
- Serves as a clinical liaison with contracted facilities and providers and participates in Joint Operations meetings to improve patient care and ensure access standards; Coordinates and conducts in-depth chart analysis, data collection, and report preparation;
- Summarizes information collected for identification of patterns, trends, and individual cases requiring intensive review;
- In coordination with the UM Auditor, perform periodic audits of the Clinical Intake Coordinators and Social Workers of outpatient clinical decisions for appropriateness and accuracy of documentation and summarize and report the results of the audit; and
- Implements and facilitate internal audit studies and work groups for continuous improvement within the organization.

<u>Health Services Manager</u>

The Health Services Manager reports to the Chief Health Services Officer and is responsible for the daily management, evaluation and operations of the health services administrative processes,

provide supervisory support to Utilization Management (UM) staff and assist with defining and creation of reports in collaboration with the UM Senior Auditor/Analyst, UM Senior Analyst/Trainer, and Senior Health Services Program Administrator.

This position will work with the administrative support staff to promote the delivery of quality health care to Kern Health System (KHS) members through comprehensive case management, compliance with KHS policies and procedures, and maintenance of a positive and safe work environment leading to maximum departmental efficiency, accuracy, and quality.

- Supervise the functions and activities of the clerical support staff;
- Monitors and reports production and quality of work by clinical and clerical staff;
- Works with clerical staff to achieve production, timeliness, and quality of work;
- Participate with Inter-departmental process improvement teams and planned quality management;
- Assist with development and formalization of departmental budget;
- Assist with development and updating of UM criteria, guidelines, and policies;
- Responsible for payroll activities, including approval of time cards, for all clerical hourly staff in the UM;
- Monitor UM processes for efficiency and accuracy, identifying required changes and coordinating the implementation of required changes;
- Train staff, as appropriate, regarding use of the Medical Management systems as it relates to the UM and Pharmacy processes;
- Generates reports for CMO and Chief Health Services Officer to support business decisions;
- Research and analyze qualitative and quantitative data, prepare statistical reports, and submit final report to the state contract manager in conjunction with KHS departmental analyst(s) and Senior Health Services Program Administrator;
- Works in collaboration with the Senior Health Services Program Administrator to develop and facilitate new program processes and guidelines under the supervision of the Chief Health Services Officer.

<u>UM Outpatient Clinical Supervisor</u>

The UM Outpatient Clinical Supervisor reports to the Director of Utilization Management and is responsible for supervising the functions and activities for clinical level positions associated with Outpatient Medical, Behavioral, Mental Health, and Social Services within the UM Department. The UM Outpatient Clinical Supervisor will work in a coordinated effort with the Director of UM to ensure smooth, efficient and productive operations within the UM Department, as directed by the Chief Health Services Officer. This position will work closely with the KHS Chief Medical Officer and Medical Director(s) in the smooth and efficient operation of the referral and inpatient clinical decision making process.

- Educate and develop UM nursing staff regarding organizational policies, procedures and UM decision making skills;
- Monitor the UM process for efficiency and accuracy, identifying required changes and coordinating the implementation of required changes;

- Participation on inter-departmental process improvement teams and KHS quality management;
- Monitor UM nursing staff referral and documentation for accuracy and appropriateness;
- Coordinate training of staff within the Interrater Reliability Review Tool to all clinical staff, including CMO and Medical Directors to facilitate consistent decisions based on evidence based guidelines;
- Supervise the appropriate case management in compliance with UM guidelines and KHS Policy and Procedures;
- Monitors and reports production and quality of work by outpatient clinical staff;
- Works with staff to achieve production, timeliness, accuracy, and quality of work;
- Summarize and prepare necessary production reports for management;
- Perform periodically scheduled audits of outpatient clinical decisions for appropriateness and accuracy of documentation;
- Serves as a clinical liaison with contracted facilities and providers and participates in Joint Operations meetings to improve patient care and ensure access standards;
- Ensure coordination of medically necessary services within the plan and with community;
- Remain current with Department of Health Care Services and Department of Managed Care policy implementation or revisions;
- Act as clinical liaison with Member Services, Claims, MIS, and Provider Relations on referral data entry functions.

UM Inpatient Clinical Supervisor

The UM Inpatient Clinical Supervisor reports to the Director of Utilization Management and is responsible for supervising the functions and activities for clinical level positions associated with Inpatient Medical, Mental, Behavioral, and Social Services within the UM Department. The UM Inpatient Clinical Supervisor will work in a coordinated effort with the Director of UM to ensure smooth, efficient and productive operations within the UM Department, as directed by the Chief Health Services Officer. This position will work closely with the KHS Chief Medical Officer and Medical Director(s) in the smooth and efficient operation of the referral and inpatient clinical decision making process.

- Educate and develop UM nursing staff regarding organizational policies, procedures and UM decision making skills;
- Monitor the UM process for efficiency and accuracy, identifying required changes and coordinating the implementation of required changes;
- Participation on inter-departmental process improvement teams and KHS quality management;
- Monitor UM nursing staff referral and documentation for accuracy and appropriateness;
- Coordinate training of staff within the Interrater Reliability Review Tool to all clinical staff, including CMO and Medical Directors to facilitate consistent decisions based on evidence based guidelines;

- Supervise the appropriate case management in compliance with UM guidelines and KHS Policy and Procedures;
- Monitors and reports production and quality of work by inpatient clinical staff;
- Reviews decisions regarding hospital admissions and length of stay, and outpatient procedures for all care delivered to the KHS membership as related to coordination of services upon discharge;
- Assists with coordinating discharge planning activities with facility discharge planners;
- Benefits interpretation to include coordination of care for medically necessary services that are not covered under the KHS Plan e.g. CCS, Mental Health, Long Term Care, State Waiver Programs.
- Works closely with the Transitional Care team to facilitate needs for members identified as High Risk or requiring coordination of services;
- Identify members who may quality for the Health Homes Program;
- Assist the UM clinical staff in the review of claims for the accuracy and appropriateness of billed charges;
- In coordination with the UM Clinical Auditor, perform periodic audits of the UM Nurse RN and Social Workers of inpatient clinical decisions for appropriateness and accuracy of documentation and summarize and report the results of the audit;
- Works with staff to achieve production, timeliness, accuracy, and quality of work;
- Summarize and prepare necessary production reports for management;
- Perform periodically scheduled audits of inpatient clinical decisions for appropriateness and accuracy of documentation;
- Serves as a clinical liaison with contracted facilities and providers and participates in Joint Operations meetings to improve patient care and ensure access standards;
- Ensure coordination of medically necessary services within the plan and with community;
- Remain current with Department of Health Care Services and Department of Managed Care policy implementation or revisions;
- Act as clinical liaison with Member Services, Claims, MIS, and Provider Relations on referral data entry functions.

<u>UM Nurse and Clinical Intake Coordinators (RN /LVN)</u>

Under the direction of the Kern Health Systems (KHS) Director of Utilization Management, the UM Nurse and Clinical Intake Coordinators will promote coordination and continuity of care and quality management in both the inpatient and ambulatory care settings by the review of referrals and authorization of payment for specialty care and ancillary services. The UM Nurse and Clinical Intake Coordinators are supported by a Non-Clinical team for administrative duties and coordination. The review will evaluate the appropriateness of care using established criteria and Plan benefit guidelines. Review will be conducted on a prospective, concurrent, and

retrospective basis. The UM Nurse and Clinical Intake Coordinators manages the required caseload on a monthly basis.

- Promote coordination and continuity of care and quality improvement in both the inpatient and ambulatory care setting;
- Evaluate the appropriateness of care using established criteria and KHS' benefit guidelines;
- Support KHS developed programs through member identification for participation; i.e. Diabetic Clinic, Health Home, Complex Case Management, Respite, Palliative, Transitional Care, Health Home, and Social Worker interventions;
- Review and approve specialty and ancillary service referrals using established criteria for purposes of pre-authorization of payment;
- Review and approval of hospital admissions and length of stay, and outpatient procedures for all care delivered to the KHS membership;
- Coordinates discharge planning activities with facility discharge planners;
- Benefits interpretation to include coordination of care for medically necessary services that are not covered under the KHS Plan e.g. CCS, Long Term Care, State Waiver Programs;
- Participates in UM and QI data and statistical gathering, collation, and reporting; and
- Assess for over and underutilization and identify potential fraud, waste, and abuse.

Clinical Auditor/Trainer (RN)

- Train other UM clinical licensed staff as appropriate regarding use of the all platforms and core adjudication system as it relates to the UM process;
- Develop and implement staff training for new and existing employees along with internal findings;
- Responsible for written and verbal communication with contract providers and internal KHS staff to promote timely coordination of care and dissemination of KHS policies and procedures;
- Assist the UM clinical staff in the review of claims and disputes for the accuracy and appropriateness of billed charges;
- In coordination with the UM Senior Auditor/Analyst, perform spot audits of performance of UM Clinical Intake Coordinators and Social Workers and summarize and report the results of the audit to UM Management for process improvement;
- Perform periodic spot audits of inpatient and outpatient clinical decisions for appropriateness and accuracy of documentation;
- Assists in data collection and compilation, of various committee and quarterly reports; and

- Summarize and prepare necessary production reports for management.

Claims and Disputes Review Nurse (RN)

Under the direction of the Director of Utilization Management and in coordination with the Kern Health Systems (KHS) Chief Medical Officer or designee, the Medical Claims Review RN will be responsible for retroactive review of medical service claims and disputes for payment and medical necessity following accurate contract and non-contract guidelines for both Inpatient and Outpatient services. The review will evaluate the appropriateness of care using established criteria and Plan benefit guidelines.

- Reports, track and documents all claims, and disputes review activity in appropriate programs such as QNXT, as well as specially developed internal logs for tracking and trending purposes;
- Perform retro review and approval of specialty and ancillary services referrals using established criteria for purposes of payment;
- Perform retro review and approval of hospital admissions and length of stay, and outpatient procedures for all care delivered to the KHS membership;
- Benefits interpretation to include coordination of care for medically necessary services that are not covered under the KHS Plan e.g. CCS, Long Term Care, State Waiver Programs.

Social Worker (MSW)/Licensed Clinical Social Worker (LCSW)

The Master of Social Worker or Licensed Clinical Social Worker primary duties are to identify and assist members that are displaying a complex variety of social and or emotional needs and usage of services reflective of abuse, lack of compliance to medical or pharmaceutical instructions, or self-destructive habits. The MSW or LSCW coordinates with these members and the member's PCP in an effort to provide better medical management and to track and gauge the effectiveness of that effort.

- Responsible for the promotion of coordination, continuity of care and quality improvement in both the inpatient and ambulatory care settings;
- Assists the members with psychosocial and discharge planning needs as well as community resources;
- Performs reviews available reports for frequent usages of services and inappropriate usage of services by members;
- Identifies environmental impediments to client or patient progress through both personal or telephonic interviews and review of medical records;
- Investigates suspected child/elder abuse or neglect cases and notify authorized protective agencies when necessary.
- Refers member to community resources to assist in recovery from mental or physical illness and to provide access to services such as financial assistance, legal aid, housing, or education.
- Advocates for members to resolve crises and demonstrate proficiency in de-escalation and interventional techniques

- Provides assistance and education to members as appropriate and in coordination with disease management, works to improve member participation in regular testing and screening along with follow-up visits to their PCP;
- Works collaboratively with the Care Management team to assist with identified social issues;
- Provide guidance and recommendations for the Behavioral and Mental Health Benefits (mild to moderate), including Autism Spectrum Disorders and Behavioral intervention.

Senior Health Services Program Administrator

The Senior Health Program Administrator is responsible for oversight, coordination, planning, management, execution, and finalization of Business related programs that require Business resources. The Senior Health Program Administrator will be required to conduct program analysis, comprehend technical requirements, define plans for execution, coordinate technical resources assigned to tasks or programs, create program tracking reports, and accurately report to all levels of management on a program(s) status. This position requires the ability to maintain an interdependent relationship with providers, staff and members by providing administrative support on sponsored projects.

- Consult with medical, business, and community groups to discuss service problems, respond to community needs, coordinate activities and plans, and promote programs;
- In a liaison role, assist in the design, review and testing of system generated processes used within KHS;
  Perform complex analytics in support of the overall achievement of strategic goals set out by the Board of Directors and Chief Executive Officer;
- Works closely with the Business Intelligence (BI) Department as needed to ensure proper processing of internal data processing technology, government regulations, health insurance changes and financing options;
- Interviews department personnel, researches existing procedures and requirements in sufficient detail to yield statistics concerning volumes, timing, personnel requirements and representative transactions; analyzes and documents study findings; coordinate the system design between all users and data processing; designates controls and audit trails; writes program specifications; conducts user education
- Review and analyze facility activities and data to aid planning and cash and risk management and to improve service utilization;
- Act as a program management resource for Health Services on projects as assigned and may have to establish objectives and evaluative or operational criteria;
- Evaluate KHS Health Services preparedness recommend/suggest change in integrated health care delivery systems, such as work restructuring, technological innovations, and shifts in the focus of care;
- Participate in the preparation of business plans, analyses, financial projections, and programmatic and operational reports; work with internal teams to develop and implement strategic initiatives for any issues that may require root cause analysis evaluation(s);

- Demonstrate an analytical aptitude to learn and understand business segment processes, including understanding issues of data integrity, security and confidentiality according to the Health Insurance Portability and Accountability Act (HIPAA).

Senior Operational Analyst

This position is responsible for providing an advanced role in the analysis of health care information as it relates to multiple disciplines for functional departments within the organization. The Senior Operational Analyst (OA) position is a resource with an ability in providing experience within integrated reporting, data analytics, process improvement, departmental metrics, and data integrity based on the collection, association, review, and the interpretation of data and operational processes. The OA will provide the skills necessary for report writing and presentation and performs detailed business analytics that contribute to and support the company's dashboard reporting efforts.

The Senior Operational Analyst is responsible for eliciting and projecting the actual needs of stakeholders, not simply their expressed desires, through an experienced methodical analytic process and seasoned ability to expose data reporting requirements. The position plays a central and critical role in aligning the needs of multiple business units with capabilities delivered by Information Technology and other operational departments and will lead or facilitate complex analytical discussions between all groups.

Some of the key fundamental goals and objectives of the incumbent include but are not limited to:

- Providing professional skills to mentor and assist team members in the most complicated analytics and report writing;
- Identify and address operational issues as to why a certain behavior or outcomes are exhibited in a department's data metrics;
- Function as the Departmental Subject Matter Expert (SME) for project requirement definition and communication;
- Ability to analyze and answer difficult operational questions under the direction of the Chief Medical Officer to provide validity as to why a certain measured artifact exists in data and brings meaningful context with a clear presentation to all levels of management.

Senior Analyst/Trainer

The purpose of this position is to provide support to the UM Management team for report generation, data collection for providing to the UM Clinical Auditor for review. Based on feedback from the UM Auditor, management and clinical staff, assist in training criteria for staff improvement along with providing one-on-one training to improve staff efficiencies.

- Performs utilization management activities related to data collection, data review and report preparation per KHS Utilization Management Program;

- Assists in the reporting of DHCS and DMHC required reports and Utilization Management's quality studies in order to meet State contractual requirements.
- Develop and implement staff training for new and existing employees along with internal findings as it relates to the duties of Utilization Management.

Senior Auditor/Analyst

This position provides the vital link between inpatient and outpatient as it relates to case managing members moving from hospital to home care. This position will ensure that processes are in place and followed in support of all members seeking care. This is a proactive audit of UM processes as they are in motion to catch and prevent errors. This position will link the social worker, case managers and medical directors in direct support of members under case management.

- Performs audit of staff referral processing as it relates to compliance, accuracy and performance levels;
- Reviews available reports and data to analyze the accuracy of staff performance as it relates to timeliness of referral processing, accuracy of data entry and appropriateness of decisions;
- Prepares State mandated report requirements as scheduled by the DHCS for management review and approvals;
- Reviews post-activity audit findings to UM Management to ensure compliance and to review where further training opportunity exist.

Director of Pharmacy

Qualifications for the Pharmacy Director include possession of a California State Board of Pharmacy registered pharmacy license, two years of health plan related pharmacy experience at a supervisory level or four years of pharmacy practice in a similar setting as a hospital or group purchasing organization. This position reports to the Chief Medical Officer (CMO).

KHS performs drug utilization reviews (DUR) to provide oversight of prescribed medications. DUR is a structured, ongoing program that evaluates, analyzes, and interprets drug usage against predetermined standards and undertakes actions to elicit improvements and measure the results. The objectives of DUR are to improve the quality of patient care by assuring safe and effective drug use while concurrently managing the total cost of care.

- Participates and serves as the Chairperson on the Pharmacy & Therapeutics Committee;
- Offers direction for the Committee for continued development of the Formulary;
- Assists providers and members with issues concerning pharmaceuticals;
- Review of Treatment Authorization Request (TAR) for approval or denial;
- Encodes TAR information in Pharmacy Benefit Manager desktop system;
- Develops and maintains printed Formulary for providers;
- Contributes information on Formulary for provider newsletters;

- Accountability for maintaining drug expenditure within an established pharmacy budget;
- Coordination for opioid prescriptions and safeguards to prevent overutilization;
- Creation of clinically efficacious and cost-effective management programs;
- Development, implementation, and monitoring of clinical strategies to improve quality of care for members as well as provide clinical consultative services to contracting providers and KHS staff as necessary to support clinical programs;
- Oversight of clinical programs with supervision of the Pharmaceutical Program prior authorization process enabling open lines of communication with pharmacy providers on issues related to the KHS Formulary, pharmacy policies and procedures;
- Oversight and management of all clinically related activities with the KHS Pharmacy benefits staff.

Pharmacist

This position is responsible for executing the adherence of the Formulary and associated activities regarding pharmaceuticals for a Knox-Keene licensed health maintenance organization (HMO). Development and maintenance of protocols for disease state management that involves pharmaceuticals while serving as a liaison with pharmaceutical vendor representatives and other vendor representatives regarding pharmaceutical issues is critical to ensure appropriate medication decision making.

Pharmacy Technician

Support the KHS Director of Pharmacy in pharmacy activities related to the review, authorization and TAR preparation under the direction of the Director of Pharmacy. The Pharmacy Technician assists the Director of Pharmacy and, as necessary, communicates follow-up to members, perform data entry, record keeping, data collection, filing, chart audits, collaboration with other departments at KHS and interaction with regulatory and contracted agencies. The Pharmacy Technician has a current CA Technician license or Certified Pharmacy Technician certificate with at least three years of pharmacy technician experience.

UM Department Orientation/Onboarding

Upon completion of the company orientation provided by Human Resources, all new employees assigned to UM for initial department orientation. For clerical level staff, the UM Senior Analyst/ Trainer will begin the training process dependent on the role the employee is moving into. For clinical staff (nurses) the UM Clinical Auditor/Trainer works collaboratively with the Outpatient and Inpatient Clinical Supervisor(s) to complete the orientation process which include

introductions to policy and procedures, guidelines and information pertaining to the role of Clinical Intake Coordinator or UM Nurse. Initial training on referral or inpatient processing is cooperative and slowly migrated to allow the new employee autonomy into their role based on their level of understanding and competence demonstrated for the process.

Ongoing Training

KHS provides and encourages ongoing staff training. Areas of opportunity includes: seminars, conferences, workshops, training by KHS Health Education department, and specialty specific training by contracted practitioners and provider organizations. The role of Senior Analyst /Trainer and UM Clinical Auditor/Trainer receives direction on the training needs of specific staff members from the Health Services Management leaders where areas of improvement regarding error rates indicate the need for additional training of staff member(s).

KHS UM Management staff evaluates competency of the clinical decision making staff with bi-annual assessment through the MCG IRR training module for Medical Directors and Clinical Intake Coordinators and UM Nurse staff. The Director of UM selects specific topics for completion by the Medical Directors, Clinical Intake Coordinators and UM Nurse staff. The IRR training module records the completion for each user, along with the test results. Successful completion is required as a fulfillment of the clinical staff outlined job duties.

The Clinical Intake Coordinators and UM Nurse staff utilize established criteria for referral review and determination. Quarterly random audits are conducted to ensure compliance of the referral process and inter-rater reliability and are reported to UM Management for process improvement and staff education. Results of the findings are presented to the CMO and reported to the QI/UM Committee.

Components of the UM Program

The referral and authorization process conforms to the requirements outlined in the following statutory, regulatory, and contractual sources:

- Code of Federal Regulations Title 42 §§431.211; 431.213; and 431.214
- California Health and Safety Code §§1363.5; 1367.01; 1371.4; 1374.16
- California Code of Regulations Title 28 §1300.70(b) and (c)
- California Code of Regulations Title 22 §§51014.1; 51014.2; and 53894
- 2020 DHCS Contract Exhibit
- DHCS MMCD Letters
- DHCS APL
- DMHC PPL
- Knox Keene License
- CMS Federal Regulations

Pre-authorization

With the exception of specific OB/GYN, Abortion Services, treatment for Sexually Transmitted Disease, HIV services, Sensitive services, Family Planning Services, Maternity Care, Transportation, Vision, Emergent/Urgent care, and Mental Health, PCP services from a KHS contract PCP, and services listed outside of the Prior Authorization List, most non-urgent specialty care must be pre-authorized by KHS in accordance with KHS referral policy and procedures. Requests for services are submitted either by fax or electronic online submission to KHS for review and processing.

For those services requiring pre-authorization, only KHS UM Clinical Staff and/or KHS Chief Medical Officer or designee(s), including the Physician Advisory Panel staff, may give authorization for payment by KHS. Denials, delays/extended delay, modifications, and terminations are performed in accordance with the Knox Keene license and DHCS contract. KHS utilizes both internal MD staff as well as contracted vendor(s), Advanced Medical Review (AMR), for medical necessity reviews as additional guidance and evidence based scholarly references to ensure appropriate medical decision making.

Independent Medical Review

Medi-Cal members can request independent medical review (IMR) on denied appeals involving medical necessity, including requests related to experimental/investigational services and receipt of out of Plan Emergency Department services. The DMHC administers the IMR program in the State of California at no cost to the member in compliance with applicable statutory requirements and accreditation standards. The IMR decision is binding on KHS.

Depending on the complexity of certain medical condition, KHS may require additional expertise in determining medical necessity for certain diagnosis and related procedures. Utilizing a nationally recognized and comprehensive review solution as a supplement to these difficult cases will provide the KHS CMO and Medical Directors with comprehensive medical recommendations utilizing case-specific patient information and history and industry standard guidelines including treatment protocols supported by current scientific evidence-based medicine to promote quality health care. Each review will be assigned to the IMR Reviewer who will be in an appropriate specialty or who will possess specific knowledge appropriate to the request of the treating provider. The IMR Physician Advisors will be specifically trained in Medicare/Medicaid rules and regulations based upon California state guidelines and remain well versed in the ongoing regulatory landscape to ensure up to date legislative rulings are current in the review process.

All services will be performed based on specific turnaround times which are calculated from the time the request and all related materials are received by the IMR reviewer. Submission of requests via a secure portal are completed by the KHS Clinical Intake Coordinator (CIC) on behalf of the CMO or designee at their direction only. It is the responsibility of the submitting CIC to track the progress of the review to ensure receipt based on the recommended turnaround

timeline. The designated turnaround times will align with all DHCS timelines for medical decision making as outlined in KHS contract.

Referral Management

Referral management is designed to determine medical necessity utilizing established criteria based on an assessment of the member's clinical condition, diagnosis and requested treatment plan. Each case is evaluated individually, and sound medical criteria applied as appropriate. Contract providers are obligated to utilize health care services for members provided by KHS network providers, and/or providers approved through the Utilization Management Letter of Agreement process, unless medical necessity or emergency dictates otherwise. KHS utilizes a member centric medical management documentation platform, JIVA system by Zeomega, to house all clinical information for each member. All health services departments with the exception of Pharmacy, have been implemented on the new platform in 2019.

Out of Plan Referrals

Prior authorization is required for all out of plan referrals requesting consultation and/or treatment. Physician requested Out of Area/Out of Network referrals are processed through Provider Relations Department with Letters of Agreement (LOA) for financial reimbursement methodology.

Delegation of Utilization Management Functions

KHS has the discretion to delegate, and the responsibility to oversee, UM functions performed by either Kaiser Foundations Health Plan in support of the KHSUM goals and objectives. KHS also has discretion to delegate responsibility, in whole or in part, for UM to contracted affiliated providers. KHS retains accountability for all delegated Utilization Management activities conducted for members and ensures that delegated UM processes are designed to meet member service and access needs.

UM Delegation to Affiliated Providers

When UM activities are delegated to contract affiliated providers, KHS retains responsibility and oversight of the delegated functions. The delegation is subject to an executed delegation agreement in which UM activities are clearly defined, including:

- Reporting requirements for the delegated entity;
- Reporting requirements for KHS to the delegated entity;
- Evaluation process of the delegated entity's responsibilities;
- KHS Approval of the delegated entity's UM program and processes;
- Mechanisms for evaluating the delegated entity's program reports;
- The delegated entity's ability to collect performance data necessary to assess member experience and clinical experience, as applicable;
- KHS right to revoke and terminate a delegation agreement.

On an annual basis, KHS performs a comprehensive assessment of the delegated UM activities to include a UM file review. The entity's annual evaluation of delegated UM functions and assessment summaries of activities are presented to KHS Medical leadership for review and approval.

Should there be any concerns regarding failure of a delegated entity to carry out delegated activities,

KHS will determine corrective action plans up to and including revocation of the delegated activities. All submitted corrective action plans are monitored by the KHS Compliance department and evaluated until KHS determines that full correction action has been implemented.

Utilization Management Decision Timeframes

Decisions to approve, modify, or deny a requested health care service are based on medical necessity and urgency of the request, and are appropriate for the nature of the member's condition. KHS remains compliant with the defined timelines under the DHCS contract. When the member faces an imminent and serious threat to his or her health, including, but not limited to, potential loss of life, limb, or other major bodily function, decisions to approve, modify or deny requests from provider, shall be made in a timely fashion appropriate for the nature of the member's condition, not to exceed 72 hours after the Plan's receipt of the information reasonably necessary and requested by the Plan to make a determination.

Second Opinions

Members have a right to a second opinion by a qualified medical professional. A request for second opinion is reviewed to determine whether KHS has appropriately qualified medical professionals with knowledge and expertise in the member's condition who can evaluate the member and provide a second opinion. If so, the member is re-directed within the plan to obtain second opinion. When an appropriate, qualified physician is not available within the plan, an out of area/out of network referral with LOA is authorized.

Standing Referrals

Occasionally a member will have a disease that requires prolonged treatment by or numerous visits to a specialty care provider. Once it is apparent that a member will require prolonged specialty services, UM may issue a standing referral. A standing referral is an authorization that covers more visits than an initial consultation and customary follow-up visits and typically includes proposed diagnostic testing or treatment.

A standing referral may be limited by number of visits and/or length of time. It is only valid during periods when the member is eligible with KHS. A standing referral may be issued to contracted or non-contracted providers as deemed appropriate by the Chief Medical Officer, or their designee(s). The Director of Provider Relations will negotiate letters of agreement for services not available within the network.
Members with a need for a standing referral are referred to providers who have completed a residency encompassing the diagnosis and treatment of the applicable disease entity.

Completion of Covered Services

KHS, at the request of a member, provides for the completion of covered services by a terminated provider or by a nonparticipating provider. The completion of the covered service shall be provided by a terminated provider to a member who, at the time of the contract's termination, was receiving services to include:

- Acute Condition
- Chronic Condition
- Pregnancy
- Terminal Illness
- Care of a Newborn (between birth and 36 months of age)
- Performance of a surgery or other procedure authorized by the plan as part of a course of treatment
- Applied Behavioral Condition
- Mental Health Condition

The plan may require a non-participating provider, whose services are continued, to agree in writing to the same contractual terms and conditions that are imposed upon providers under current contract.

Durable Medical Equipment (DME)

Provider requests for DME, including Prosthetics and Orthotics (P&O), requires prior authorization and benefit coverage review using DME Formulary UM criteria. In the event a request does not meet DME UM criteria, a Medical Director reviews the request for medical appropriateness. All DME benefit decisions are made by trained staff; medical necessity denial decisions are rendered by KHS Medical directors and appropriate denial notices are issued to the provider and member by KHS.

Medical Necessity Review Criteria

During the review/case management process, KHS UM department staff uses criteria to assist in the clinical appropriateness determination. The criteria used include, but are not limited to:

- Milliman Care Guidelines (MCG)– Updated annually by vendor in 1st Quarter
- Medi-Cal Criteria – Updated by the Department of Health Services, current year at their discretion
- Medicare Criteria – Updated by the Center of Medicare Services, current year at their discretion
- Internally generated Medical Criteria derived from evidence based medical references and reviewed annually for revisions or appropriateness based on MCAL guidelines.
- Up to Date- evidence-based physician-authored clinical decision support resource which clinicians utilize to determine point-of-care decisions, including a collection of medical and patient information, access to Lexi-comp drug monographs and drug-to-drug, drug-to-herb and herb-to-herb interactions information, and a number of medical calculators.

- All Plan Letter (APL) guidance as received from DHCS/DMHC
- All criteria are available to the public upon request.

Clinical Practice Guidelines are developed using current published literature, current practice standards and expert opinions. They are directed toward specific medical problems commonly found with members. The PAC reviews and approves all Clinical Practice Guidelines and/or Preventive Health Guidelines prior to presentation to QI/UMC. The QI/UMC is responsible for adopting and disseminating Clinical Practice Guidelines for acute, chronic and behavioral health care services. Guidelines are reviewed every two years and updated if necessary.

Review criteria are communicated to practitioners when KHS UM modify, delay, or deny referrals for services requested. The practitioners are notified during their office In-service/onboarding by the Provider Relations department and through KHS practitioner newsletters/bulletins of the availability of KHS referral criteria.

The KHS Chief Medical Officer or their designee(s) are responsible for ensuring medical decisions are rendered by qualified medical personnel and that the medical care provided meets the standards for acceptable medical care, as well as ensuring that medical protocols and rules of conduct for plan medical personnel are followed.

KHS maintains the organizational and administrative capacity to provide services to our members. All medical decisions are rendered by the qualified Chief Medical Officer, or Medical Director(s), unhindered by fiscal and administrative management considerations. In addition, any decision based on medical necessity or otherwise, shall be reviewed by a different Medical Director, or Physician Reviewer, who did not take part in any prior decision making processes.

An Inter-Rater Reliability (IRR) process is deployed to evaluate and ensure that UM criteria are applied consistently for UM decision-making. Bi-annually, both physicians and staff involved with making UM decisions participate in the IRR process.

<u>Ensuring Appropriate Utilization</u>

KHS monitors under- and over-utilization of services through various aspects of the UM process. Through the referral authorization process, the UM Clinical Intake Coordinator/UM Nurse monitors under and over-utilization of services and intervenes accordingly.

- The UM department monitors underutilization of health service activities through collaboration with the QI department. The UM department sends correspondence notifying the practitioners and members of the carved-out services and a reminder to see their primary care provider for all other health care services not addressed by the carved-out specialty care provider for gaps in care closure.

- Over-utilization of services is monitored through several functions. Reports are reviewed to analyze unfulfilled authorizations or gaps in care to determine interventions directed to ameliorate any identified adverse trends.
- At least quarterly, the Chief Health Services Officer meets quarterly with the CMO ,Medical Directors, and Health Service's leadership team to review trends in utilization across all UM functions to determine if fraud, waste, abuse, or quality concerns warrant investigation. Suspected or identified Fraud, waste, and abuse is reported to the Compliance department for investigation to determine if additional actions are required.

Request for prior authorization or the continuations of previously authorized services are tracked for duplication and appropriateness of continued use. Coordination of the member's health care as part of the targeted case management process serves to determine the medical necessity of diagnostic and treatment services recommended but may be covered services through Kern County Public Health, Kern Regional Center, Kern Behavioral and Recovery Service, California Children Services (CCS), or various community programs and resources.

Medical Loss Ratio

Medical Loss Ratio (MLR) is a metric used in managed health care and health insurance to measure medical costs as a percentage of premium revenues. KHS has placed major emphasis on the reduction of MLR to monitor and manage utilization within the health plan. Areas of focus include achieving an overall Key Performance Indicators (KPI) metrics Goal of <92% across all lines of business-SPD, Family/Other, and Expansion. Dashboards have been created for transparency of all identified KP.

Resource Management

Resource Management activities focus on the prudent and clinically appropriate allocation of resources for the provision of health care services. These activities are not subject to direct regulation under the Knox-Keene Act. The UM Program monitors and provides oversight of coordinated performance related to Utilization/Resource Management across the continuum to include:

- Drug Utilization
- Laboratory Utilization
- Product Utilization
- Radiology Utilization
- Surgical Utilization

Emergency Services

KHS complies with all applicable requirements of Consolidated Omnibus Budget Reconciliation Act (COBRA) and California Health and Safety Code Section 1371.4. KHS shall reimburse

providers for emergency services and care provided to members, until the care results in stabilization of the member. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention may be expected to result in any of the following:

- An imminent and serious threat to health including, but not limited to, the potential loss of life, limb, or other major bodily function.
- A delay in decision making would be detrimental to the member's life or health or could jeopardize the member's ability to regain maximum function.

KHS strives to strengthen our collaborations with community entities in order to reduce costs, improve the patient experience, and improve the health of the populations we serve. Strategies are reviewed annually to determine the best approach to reducing inappropriate ER utilization. These include:

- Broaden access to Primary Care Services
- Focus/enroll high utilizers into Case management programs
- Target members with behavioral health problems

Emergency Services and Hospital Admissions Out of Plan Screening and Stabilization

KHS does not require prior authorization for emergency services. Post- service claims review (for out of plan emergency care) considers whether the member's decision to Present to the Emergency Department was reasonable under the circumstance.

Post-stabilization

KHS requires review and authorization for all out of plan post- stabilization care, and follows all statutory requirements and accreditation standards in making post- stabilization care authorization decisions.

Concurrent Review

Concurrent review is the process of continual reassessment of the medical necessity and appropriateness of acute inpatient care during a hospital admission in order to justify the continued level of care. The concurrent review process is conducted by California licensed Registered Nurses by review of the member's medial record, reviewing the hospital's case management notes, dialoguing with the attending physician and other members of the health care team, and speaking with the patient and/or family or significant other, as needed.

Hospitalizations are concurrently reviewed for appropriate length of stay and discussed during scheduled rounding meetings with the KHS CMO (or designee) if medical necessity cannot be established. Concurrent reviews are performed collaboratively with KHS contracted hospitalist groups and/or providers and KHS RN staff to determine medical necessity of admission, length of stay, and post discharge dispositions.

Through the hospitalist program, the UM Nurse can authorize referral requests for member discharge planning and coordination of services for post acute care. Additionally, KHS Facility Based UM Nurses perform concurrent inpatient review for members on location at specific contracted local area facilities. The purpose of the services was to provide real time record review and promote early discharge planning as well as assist with decreasing length of stay and facilitate services requested during the hospital admission. Members are also triaged in the ER to assist in decreasing unnecessary admissions through prompt recognition of services needed prior to receiving a retro notification from the hospital regarding an admission by our hospitalist or the RN.

Retrospective Review

For those services requiring prior authorization, retrospective review for payment of claims is initiated when no prior authorization was obtained by the practitioner or provider organization. Retrospective review is also initiated for services performed by a non-contracted provider or when no authorization was obtained before completion of the service. Members, practitioners, and provider organizations are notified by mail/online of the UM/ claims decision.

Discharge Planning

UM Nurse staff and/or the UM Social Worker will assess member's post hospital continuing care needs and will collaborate with the provider organization's discharge planning staff to make arrangements for placement, DME, Home Health, specialist follow-up visits, social determinants, and any other services pertinent to the member's recovery. Provision and coordination for immediate post discharge care through Respite, Acute/Pulmonary/Cardiac Rehabilitation, and Transitional Care Clinics are designed to address potentially avoidable readmission, recidivism, and improve health through member empowerment and early intervention.

Denial Process

All recommended denials are reviewed by the CMO or designee(s), with the exception of administrative denials that are not based on medical necessity and performed by the UM RN Clinical Intake Coordinators/UM Nurse. Services denied, delayed/extended delay, terminated, or modified based on medical necessity may be eligible for an Independent Medical Review. The referring practitioner, provider and member are notified of the denial through a Notice of Action (NOA) letter, translated in both English and Spanish with discrimination clauses and tagline notations.

When a physician requests a health care service that is subject to prior authorization and the request has been reviewed, denied, delayed, or modified as a result of UM review, the member and provider are provided a written communication that includes the following required elements:

- A clear and concise explanation of the reasons for the Plan's decision;
- A description of the utilization review criteria used, and the clinical reasons for the decision regarding medical necessity;
- Information as to how the member may file a grievance or appeal with the Plan and, in case of Medi- Cal members, information and explanation on how to request an administrative hearing in compliance with Title 22 of the California Code of Regulations;
- Notice of availability of language assistance services;
- Written notice to physicians or other health care providers of a denial, delay, or modification of a request, including the name and telephone number of the health care professional responsible for the decision. The telephone number is a direct number or an extension that allows the physician or health care provider easy access to the professional responsible for the UM decision. UM staff and physicians are available during normal business hours to assist members and physicians with UM concerns;
- Written Notice to the physician and member includes information on Independent Medical Review.

Denial notices are issued in accordance with applicable regulations and accreditation standards. The Department of Health Care Services and Department of Managed Health Care provide direction to and oversight of the process of issuing written notification of non-coverage to KHS members.

Appeal Process

KFHC members are notified in writing of his/her right to appeal through the Member Grievance Process within the Notice of Action letter correspondence. The notice includes member's right to request a State Fair Hearing, member's right to represent himself/herself at the State Fair Hearing or to be represented by legal counsel, friend, or other spokesperson, the name, address, and phone number of KHS, toll free number for obtaining information on legal service organizations for representation, and the right to request an Independent Medical Review.

Practitioners/providers may submit a written appeal for referrals that have been denied on the member behalf with a member's consent. KHS has established a fast, fair and cost-effective appeal resolution mechanism to process and resolve practitioner/provider prior auth appeals. A practitioner or provider appeal is defined as "A contracted, or non-contracted practitioner's or providers written notice to KHS seeking resolution of a denial of service referral request." The appeal must contain the practitioner/provider name, tax identification number, contact information, and a clear explanation of the issue and the practitioner/provider's position thereon." Additional medical information pertinent to the appeal should be included at that time.

All appeals must be submitted to KHS within 60 calendar days of the date of KHS action, or in the case of inaction, 365 calendar days after the time for action has expired.

All KHS members have the right to ask for an expedited decision on prior authorization or concurrent requests for health care services and supplies, and/or expedited review of decisions to terminate health care services. When a member's life, health, or ability to regain maximum function could be jeopardized using standard utilization review time frames, or when a provider familiar with the member's clinical situation states that the need for review is urgent, the appeal is expedited.

Evaluation of New Medical Technologies

KHS evaluates a variety of web-based interactive applications for future consideration of medical technologies adoption. KHS MIS department develops and implements new technologies as they emerge to provide efficient methods of tracking member activity and report generation. UM clinical staff have direct access to various websites for review and reference for discussions on innovative methods not currently in use by KHS that may be implemented in the delivery of healthcare to KHS members. New technologies are vetted with MCAL guidelines for coverage, then forwarded to the PAC and QI/UM committees before board approval.

The following information is gathered, documented and considered for determination:

- Proposed procedure/treatment/medication device
- Length of time the treating practitioner has been performing the procedure/treatment
- Number of cases the practitioner has performed
- Privileging or certification requirements to perform this procedure
- Outcome review: mortality during a global period, one year out and five years out; other known complications, actual and anticipated
- Identification of other treatment modalities available
- Consideration as to whether Medicare/Medi-Cal approves the service/procedure
- Whether the medication/procedure is FDA approved
- Literature search findings
- Input from network Specialist

The CMO, or designee, or the Director of Pharmacy, consults specialists, market colleagues, the Physicians Advisory Committee (PAC) and/or the Pharmacy and Therapeutics Committee (P&T) as needed to assist in making coverage determinations and/or recommendations.

Telemedicine/Telehealth

Telemedicine and other remote monitoring capability is a growing trend in the evaluation of a member's health. Telemedicine allows for HIPAA compliant medical information to be

exchanged from one site to another via electronic communications to improve the member's clinical health status through the use of two way video, email, smart phones, wireless tools and other virtual/telephonic communication modalities technology. No additional prior authorization is required for telemedicine, only the service is subject to those contained in the Prior Authorization list and limited to those KHS contracted providers who have demonstrated adequate office space, availability of a patient navigator, and suitable telemedicine equipment to connect with a remote medical group. This allows KHS additional options to serve members in both local and rural areas to improve primary care and specialty access and reduce wait times.

Provider and Member Satisfaction

Satisfaction Surveys are conducted annually by the KHS Member Services and Provider Relations Department. Results are shared with the Executive leadership and other KHS departments. Any unsatisfactory areas of the UM process is re-evaluated by the KHS Chief Medical Officer or designee, Chief Health Services Officer, and the Director of Utilization Management to develop and implement strategies to ameliorate deficiencies.

KHS participates in the Consumer Assessment of Health Plan Survey (CAHPS) Member Satisfaction Survey and utilizes these results in the assessment of member experience with the UM program. Analysis of grievance and appeal data related to UM is also monitored as a part of the member experience review.

KHS contracts with physicians and other types of health care providers. Provider Relations conducts assessments of the network adequacy of contracting providers. All PCPs and specialists must meet KHS credentialing and recredentialing standards. Contracting providers must meet KHS requirements for access and availability. Members may select their PCPs based on cultural needs and preferences. The Provider Directory lists additional languages spoken by PCPs or their office staff and includes other information related to disability accommodations and hours of operation. The Provider Directory is 274 compliant with DHCS requirements and is available to members in printed or electronic versions.

Delegation of UM Activities

KHS has delegation oversight activities/processes for pre-delegation evaluation, delegation oversight activities, and regular reporting used to monitor delegates according to the standards established by KHS, licensing and regulatory bodies. KHS may delegate Utilization Management (UM) and Pharmacy functions/activities to entities with established Quality Improvement and Utilization Management programs and policies consistent with licensure and regulatory requirements.

KHS remains accountable for and has appropriate structures and mechanisms to oversee delegated activities even if it delegates all or part of these activities. KHS tracks and processes

all KHS member's UM activity internally with the exception of Kaiser assigned MCAL members whose UM functions are delegated as part of a two-way agreement under contractual requirement with DHCS. Joint Operations meetings are conducted quarterly in addition to an annual delegation audit to ensure compliance with DHCS regulatory requirements.

KHS contracts with a third party vendor to provide 24/7, weekend and holiday triage services for all KHS members. The vendor provides not only triage services but also supports a member initiated Health Library to promote education on a varying number of topics. Reports are generated monthly to monitor their activities as well as identify member patterns during execution of after hour services. Joint Operations meetings are conducted quarterly to ensure compliance with DHCS regulatory requirements.

Vision Care is delegated to a 3rd party vendor and capitated for all vision services. Reports are generated monthly to monitor their activities as well as identify utilization patterns. Joint Operations meetings are conducted quarterly to ensure compliance with DHCS regulatory requirements.

KHS contracts with a vendor, Health Dialog, to perform 24 hour Nurse Advice and triage call center activity and provides summary reports detailing the utilization of services at scheduled intervals. The report is reviewed for trending of ER and Urgent Care usage based on total usage compared against deferment back to the PCP and Home/Self Help care. Monthly touchpoints are scheduled to address any issues or trends identified. Actions plans are developed if utilization patterns raise concerns for escalation. Health Dialog provides a Health Audio Library for member self-service of specific health topics or acute/chronic condition education.

All delegated entities are required to support and adhere to the same regulatory reporting and access standards as KHS. KHS has the responsibility to the Delegated or Subcontractor's agreement to revoke the delegation of activities or obligations or specify other remedies in instances where DHCS or KHS determine that the Subcontractor has not performed satisfactorily.

Complete delegated oversight audits are conducted at least annually, and more often if warranted, to ensure all aspects of KHS's contract are performed to the standards outlined by DHCS and DMHC.

Medical Reviews and Audits by Regulatory Agencies

KHS' Director of Compliance and Regulatory Affairs, in collaboration with the CMO, Chief Health Services Officer, and other Clinical leadership, provides direct oversight to all KHS medical audits and other inquiries by our regulatory agencies, DHCS and DMHC. Recommendations or sanctions received from regulatory agencies for medical matters are addressed through the QI/UM Program. CAPs for medical matters are approved and monitored by the QI/UMC.

Integration of Study Outcomes with KHS Operational Policies and Procedures

KHS assesses study outcomes over time and, as a result of key quality issue identification and problem resolution, develops changes in strategic plans and operational policies and procedures. Study outcomes are assessed, and changes may be incorporated into the KHS strategic plan and operational policies and procedures to address those outcomes and incorporate ongoing quality issue solutions into organizational operations.

Statement of Conflict of Interest

UM decision-making is based on established criteria, appropriateness of care and service, and existence of coverage. KHS does not provide financial incentive for practitioners or other individuals conducting utilization review for denials of services or coverage. All committee members are required to sign a conflict of interest statement. Committee members cannot vote on matters where they have an interest and must be recuse until the issue has been resolved.

Health Insurance Portability and Accountability Act (HIPAA)

KHS complies with all applicable HIPAA requirements supported by HIPAA compliance policies. All HIPAA related policies are accessible to UM Physicians and staff on the Kaiser Permanente Intranet compliance site. Ongoing mandatory education is required annually for all staff.

Confidentiality

To ensure member and practitioner information is held in strict confidence, to safeguard the information received, and to protect against defacement, tampering or use by unauthorized persons or for unauthorized purposes, all member specific information, documents, reports, committee minutes and proceedings are protected from inadvertent release and discovery. All staff members sign a confidentiality statement as a condition of employment. All documentation and information received are confidential and distributed only on a need-to- know basis.

Access to this information is restricted to a need-to-know basis. The proceedings and records of the continuous review of the quality of care, performance of medical personnel, utilization of services and facilities and costs are subject to confidential treatment under Health and Safety Code 1370 and Section 1157 of the California Evidence Code.

The UM department handles all patient identifiable information used in clinical review, care, and service in a privileged and proprietary manner. The QI/UM Committee develops and implements confidentiality policies and procedures and reviews practices regarding the collection, use, and disclosure of medical information. KHS retains oversight for provider confidentiality procedures.

KHS has established and distributed confidentiality standards to contracting providers in the KHS Provider Policy and Procedure Manual. All provider contracts include the provision to safeguard the confidentiality of member medical and behavioral health care records, treatment records, and access to sensitive services in accordance with applicable state and federal laws. As a condition of participation with KHS, all contracting providers must retain signed confidentiality forms for all staff and committee members and provide education regarding policies and procedures for maintaining the confidentiality of members to their practitioners. KHS monitors contracting providers for compliance with KHS confidentiality standards during provider facility and medical records reviews and through the Grievance Process.

All members, participating KHS staff and guests of the QI/UMC and subcommittees are required to sign the Committee Attendance Record, including a statement regarding confidentiality and conflict of interest. All KHS employees are required to sign a confidentiality agreement upon hiring. The confidentiality agreements are maintained in the practitioner or employee files, as appropriate. All peer review records, proceedings, reports and member records are maintained in a confidential manner in accordance with state and federal confidentiality laws.

Annual Program Evaluation

On an annual basis, KHS evaluates and revises as necessary, the UM Program Description and Evaluation. The Chief Medical Officer, in collaboration with the Chief Health Services Officer, documents a yearly summary of all completed and ongoing UM Program activities with documentation of evidence of improved health care or deficiencies, status of studies initiated, or completed, timelines, methodologies used, and follow-up mechanisms. A written evaluation of the UM Program is prepared and reported to the QI/UM Committee and Board of Directors annually.

UM Program Integration with KHS Quality Management Program

The UM Program is an integral part of the KHS Quality Management Program and incorporates quality, risk and safety processes and initiatives into prospective, concurrent review, identification of quality, safety and risk incidents, patterns and trends through UM clinical review are escalated to the appropriate quality department in a timely manner. Results of monitoring and analysis of utilization of care and services, including over- and under-utilization trends, are integrated into the KHS Quality Program through reports to the Program's UM/Quality Committees. Utilization reports that display metrics across regional, service area, and medical center level performance are collected and analyzed to identify improvement opportunities, ensure consistency, and decrease variation in practice and care delivery.

The Board of Directors is responsible for the direction of the UM Program and actively evaluates the annual plan to determine areas for improvement. Board of Director comments, actions and responsible parties assigned to changes are documented in the minutes. The status of delegated follow-up activities is presented in subsequent Board meetings. A summary of UM activities and progress toward meeting UM goals is available to members and contracting providers upon request.

_____

KHS Board of Directors (Chair) Date

_____

Chief Executive Officer Date

_____

Chief Medical Officer Date

KHS Spring 2021 IRR Results

All Clinical Staff in UM must successfully pass biannual IRR testing in order to demonstrate competency and understanding the MCG Guidelines.

Results:
All staff were able to complete the 2 IRR case studies with a passing score of 85% or higher. 24 staff did fail 1 or both case studies, however all were able to successfully pass upon retesting.

The most common missed questions were select all clinical indications that apply for outpatient imaging case study and regarding variance type for Neurology GRG case study. Refresher training through the MCG LMS on demand training will be conducted for identified staff.

Review of 10 denials from within past 6 months by the Medical Directors and Physician Advisors of echocardiograms was completed, demonstrating consistent decision making and guideline use. All reviews sampled included criteria used to make determination by the physician.

Respectfully submitted,
Shannon Miller, RN
Director of Utilization Management
6/29/2021

User Full Name	Organization	Group
Jolanda Jackson	Kern Health Systems	Inpatient UM Nurse
Deborah Murr	Kern Health Systems	Management
Dorothea Bailey-Butts	Kern Health Systems	Inpatient UM Nurse
Jennifer Watson	Kern Health Systems	Outpatient Adult Clinical Intake C
Julieta Morales	Kern Health Systems	Outpatient Adult Clinical Intake C
Kalpna Patel	Kern Health Systems	Outpatient Peds Clinical Intake C
Staci Rueh	Kern Health Systems	Management
Angel Garcia	Kern Health Systems	Outpatient Adult Clinical Intake C
Connie Medina	Kern Health Systems	Outpatient Adult Clinical Intake C
Gilrose Tuddao	Kern Health Systems	Outpatient Adult Clinical Intake C
Jennifer Watson	Kern Health Systems	Outpatient Adult Clinical Intake C
Julieta Morales	Kern Health Systems	Outpatient Adult Clinical Intake C
Kalpna Patel	Kern Health Systems	Outpatient Peds Clinical Intake C
Kim Hampton	Kern Health Systems	Outpatient Peds Clinical Intake C
Kristina Caudillo	Kern Health Systems	Claims RN
Laura Moore	Kern Health Systems	Outpatient Adult Clinical Intake C
Prerna Patel	Kern Health Systems	Outpatient Adult Clinical Intake C
Staci Rueh	Kern Health Systems	Management
Stephanie Massey	Kern Health Systems	Outpatient Adult Clinical Intake C
Suzanna Grant	Kern Health Systems	Outpatient Adult Clinical Intake C
Kulwant Kaur	Kern Health Systems	UM Clinical Trainer
Brandy Oliver	Kern Health Systems	Inpatient UM Nurse
Celeste Burton	Kern Health Systems	Inpatient UM Nurse
Chris Rouleau	Kern Health Systems	Claims RN
Jiwanjot Gill-Sharma	Kern Health Systems	Inpatient UM Nurse
John Miller	Kern Health Systems	Medical Director
Kamaljit Kaur	Kern Health Systems	Inpatient UM Nurse
Linda Graves	Kern Health Systems	Inpatient UM Nurse
Maninder Khalsa	Kern Health Systems	Medical Director
Maury Manliguis	Kern Health Systems	Medical Director
Melody Donnel	Kern Health Systems	Inpatient UM Nurse
Rene Cleek	Kern Health Systems	Inpatient UM Nurse
Richard Garcia	Kern Health Systems	Medical Director
Shannon Miller	Kern Health Systems	Management
Rowena Inocentes	Kern Health Systems	Management
Rowena Inocentes	Kern Health Systems	Management
Anthony Dike	Kern Health Systems	Medical Director
Brandy Oliver	Kern Health Systems	Inpatient UM Nurse
Celeste Burton	Kern Health Systems	Inpatient UM Nurse
Chris Rouleau	Kern Health Systems	Claims RN
Deborah Murr	Kern Health Systems	Management
Donna Nyack	Kern Health Systems	Claims RN
Jiwanjot Gill-Sharma	Kern Health Systems	Inpatient UM Nurse
John Miller	Kern Health Systems	Medical Director
Kamaljit Kaur	Kern Health Systems	Inpatient UM Nurse
Laura Mudge	Kern Health Systems	Inpatient UM Nurse

Linda Graves	Kern Health Systems	Inpatient UM Nurse
Maninder Khalsa	Kern Health Systems	Medical Director
Maury Manliguis	Kern Health Systems	Medical Director
Melody Donnel	Kern Health Systems	Inpatient UM Nurse
Rene Cleek	Kern Health Systems	Inpatient UM Nurse
Richard Garcia	Kern Health Systems	Medical Director
Shannon Miller	Kern Health Systems	Management
Tish Cargill	Kern Health Systems	Inpatient UM Nurse
Tracy Doukakis	Kern Health Systems	Inpatient UM Nurse
Anthony Dike	Kern Health Systems	Medical Director
Donna Nyack	Kern Health Systems	Claims RN
Laura Mudge	Kern Health Systems	Inpatient UM Nurse
Tish Cargill	Kern Health Systems	Inpatient UM Nurse
Tracy Doukakis	Kern Health Systems	Inpatient UM Nurse
Jolanda Jackson	Kern Health Systems	Inpatient UM Nurse
Angel Garcia	Kern Health Systems	Outpatient Adult Clinical Intake C
Connie Medina	Kern Health Systems	Outpatient Adult Clinical Intake C
Gilrose Tuddao	Kern Health Systems	Outpatient Adult Clinical Intake C
Kim Hampton	Kern Health Systems	Outpatient Peds Clinical Intake C
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Kulwant Kaur	Kern Health Systems	UM Clinical Trainer
Laura Moore	Kern Health Systems	Outpatient Adult Clinical Intake C
Prerna Patel	Kern Health Systems	Outpatient Adult Clinical Intake C
Stephanie Massey	Kern Health Systems	Outpatient Adult Clinical Intake C
Suzanna Grant	Kern Health Systems	Outpatient Adult Clinical Intake C
Dorothea Bailey-Butts	Kern Health Systems	Inpatient UM Nurse

Case Study	Due Date	Status
24-02	6/10/21 23:30	Passed
24-102	5/31/21 12:45	Passed
24-102	6/20/21 8:40	Passed
24-102	5/31/21 23:15	Passed
24-102	5/31/21 23:45	Passed
24-102	5/31/21 23:50	Passed
24-102	5/31/21 10:40	Passed
24-103	5/31/21 23:45	Passed
24-103	5/31/21 23:45	Passed
24-103	5/31/21 23:45	Passed
24-103	5/31/21 23:50	Passed
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24-104	5/31/21 23:15	Passed
24-116	6/10/21 23:45	Passed
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24-116	5/31/21 23:45	Passed
24-117	6/10/21 23:55	Passed
24-15	6/10/21 23:55	Passed
24-16	6/10/21 23:45	Passed
24-16	6/10/21 23:45	Passed
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24-16	6/10/21 23:45	Passed
24-50	6/10/21 10:00	Passed
24-50	5/31/21 23:55	Passed
24-50	5/31/21 23:50	Passed
24-50	5/31/21 10:20	Passed
24-50	5/30/21 23:45	Passed
24-67	6/10/21 23:30	Passed
24-69	5/31/21 23:45	Passed
24-69	5/31/21 23:45	Passed
24-69	5/31/21 23:45	Passed
24-69	5/31/21 23:45	Passed
24-69	5/31/21 23:45	Passed
24-69	5/31/21 23:15	Passed
24-69	5/31/21 23:45	Passed
24-69	5/31/21 23:45	Passed
24-69	5/31/21 23:45	Passed
24-69	5/31/21 23:45	Passed
25-24	6/20/21 7:25	Passed

KAISER REPORTS

(PROPRIETARY AND CONFIDENTIAL)

Available upon Request

VSP Delegated Reporting

2nd Quarter 2021

Submitted by Shannon Miller, RN

Director of Utilization Management

Utilization Summary

June 2021

Contract Type: *Risk*

KERN HEALTH SYSTEMS

Client Since: *07/01/1996*

Claim Trend

Period	Number Covered	Gross Premium	Claim $	Average Claim Cost	# Claims Paid
2018	2,934,260	$2,945,313	$2,647,034	$63.58	41,630
2019	2,987,512	$3,031,271	$3,026,016	$62.10	48,730
2020	3,122,722	$3,278,858	$1,542,205	$49.82	30,955
JUL	260,715	$273,751	$102,587	$51.09	2,008
AUG	266,422	$279,743	$128,001	$49.38	2,592
SEP	263,580	$276,759	$124,262	$48.94	2,539
OCT	271,891	$285,486	$141,492	$50.30	2,813
NOV	276,783	$290,622	$127,129	$50.23	2,531
DEC	276,870	$290,714	$152,648	$47.16	3,237
JAN	278,994	$292,944	$153,032	$47.60	3,215
FEB	281,176	$295,235	$118,992	$49.85	2,387
MAR	282,622	$296,753	$173,251	$49.27	3,516
APR	284,847	$299,089	$138,222	$50.23	2,752
MAY	287,440	$301,812	$166,360	$51.17	3,251
JUN	289,350	$303,818	$161,409	$47.88	3,371
LTM	3,320,690	$3,486,725	$1,687,383	$49.32	34,212
ADJ	0	$0	$0	$.00	0
CC	5,584,950	$5,864,198	$3,210,821	$52.23	61,475
YTD	1,704,429	$1,789,650	$911,265	$49.28	18,492

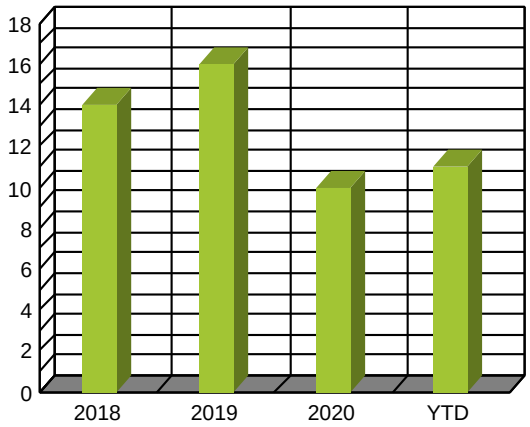
Year over Year

Average Claim Cost has decreased 13.6%

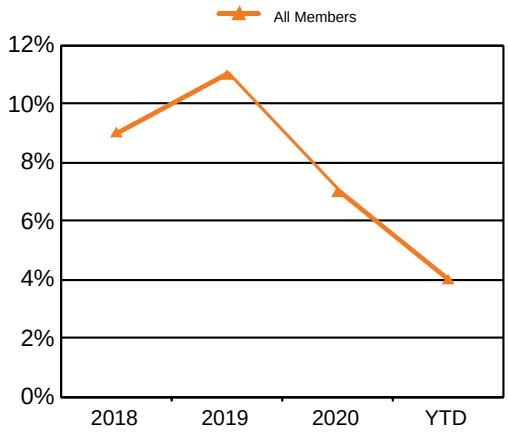
Number of Claims Paid has decreased 16.3%

Number Covered has increased 10.1%

Claim Frequency



Exam Utilization



The average Claim Frequency for VSP book-of-business is 40

The average Claim Frequency for your industry is 14

The average Exam Utilization for your industry is 23%

Client ID: 12049397
Report Generated On: 07/21/21 at 08.40.07
Information Source: FOCUS/UTIL005R

Vision care for life

CLAIM SUMMARY

CLIENT NAME: KERN HEALTH SYSTEMS
CLIENT: 12049397

PERIOD COVERED: APRIL 2021 THROUGH JUNE 2021

	NUMBER OF SERVICES	CLAIM AND COPAY ALLOWED AMOUNTS	COPAY	CLAIM AMOUNT	AVG AMOUNT PER SERVICE
EMPLOYEES					
EXAMS	5,247	$222,821.76	$.00	$222,821.76	$42.47
SINGLE VISION	3,906	$92,242.77	$.00	$92,242.77	$23.62
BIFOCAL	1,293	$48,816.86	$.00	$48,816.86	$37.75
TRIFOCAL	0	0	0	0	0
CONTACT LENSES	0	0	0	0	0
FRAMES	4,878	$93,537.70	$.00	$93,537.70	$19.18
DEPENDENTS					
EXAMS	0	0	0	0	0
SINGLE VISION	0	0	0	0	0
BIFOCAL	0	0	0	0	0
TRIFOCAL	0	0	0	0	0
CONTACT LENSES	0	0	0	0	0
FRAMES	0	0	0	0	0
EMPLOYEES AND DEPENDENTS					
EXAMS	5,247	$222,821.76	$.00	$222,821.76	$42.47
SINGLE VISION	3,906	$92,242.77	$.00	$92,242.77	$23.62
BIFOCAL	1,293	$48,816.86	$.00	$48,816.86	$37.75
TRIFOCAL	0	$.00	$.00	$.00	$.00
CONTACT LENSES	0	$.00	$.00	$.00	$.00
FRAMES	4,878	$93,537.70	$.00	$93,537.70	$19.18
MISC ADJUSTMENTS	0	$.00	$.00	$.00 *	
TOTAL		**$457,419.09**	**$.00**	**$457,419.09 ***	

* Amounts could vary from utilization due to previously processed adjustments.

BENEFITS INCLUDED: MEDICAID

Call Response Summary Report

For The Period APRIL 2021 Through JUNE 2021

Kern Health Systems 12049397
On average, for 1,000 members, VSP receives 0 calls per month

Total Client Calls

664

Category	Reasons For Calling	Client Counts	Client Percent	VSP Percent Book-of-Business
Member Benefits & Services	Available Services	218	32.78%	.00%
	Benefits Description	126	18.95%	.00%
	ID Number/ID Card Inquiry	16	2.41%	.00%
	Medically Related	3	.45%	.00%
	Natural Disaster	2	.30%	.00%
	Other	2	.30%	.00%
	Correct Member/Dependent Info	1	.15%	.00%
	Patient Paid Privately	1	.15%	.00%
Category Subtotal - Member Benefits & Services		369	55.49%	.00%
Doctor Referral	Email	131	19.70%	.00%
	Provided Dr List	26	3.91%	.00%
	Doctor Access	20	3.01%	.00%
	Verbal or Mail	18	2.71%	.00%
	IVR Doctor Referral	2	.30%	1.32%
Category Subtotal - Doctor Referral		197	29.63%	1.32%
Eligibility Not Online	Completed Check Eligibility Process	13	1.95%	.00%
	Refer to Client	11	1.65%	.00%
	Member Not Active	4	.60%	.00%
Category Subtotal - Eligibility Not Online		28	4.20%	.00%
Language Assistance / Translation	Spanish	20	3.01%	.00%
Category Subtotal - Language Assistance / Translation		20	3.01%	.00%
Member Authorization	Issuing	17	2.56%	.00%
	Early Services	1	.15%	.00%
	Interim Benefits	1	.15%	.00%
Category Subtotal - Member Authorization		19	2.86%	.00%
Claims	In-Network Claim	8	1.20%	.00%
	Out of Network Claim	4	.60%	.00%
Category Subtotal - Claims		12	1.80%	.00%
Eligibility	IVR Available Services	7	1.05%	20.44%
Category Subtotal - Eligibility		7	1.05%	20.44%

Call Response Summary Report

For The Period APRIL 2021 Through JUNE 2021

Kern Health Systems 12049397
On average, for 1,000 members, VSP receives 0 calls per month

Total Client Calls

664

Category	Reasons For Calling	Client Counts	Client Percent	VSP Percent Book-of-Business
Complaints	Complaint	6	.90%	.00%
Category Subtotal - Complaints		6	.90%	.00%
Member VSP.com	Register / Update Account	5	.75%	.00%
	Claim Submission	1	.15%	.00%
Category Subtotal - Member VSP.com		6	.90%	.00%
TPA/Individual Plan	Change/Cancel	1	.15%	.00%
Category Subtotal - TPA/Individual Plan		1	.15%	.00%

GRAND TOTAL **665**

Diabetic Exam Reminder Effectiveness Report

Client: KERN HEALTH SYSTEMS - 12049397

Reminder Year:	Reminder Month:	Reminders Sent	Received Exam Within 0-90 Days	Received Exam Within 91-180 Days	Total Exams Within 180 Days
2020	July	436	27	18	45
	August	554	33	35	68
	September	1,095	45	29	74
	October	3,423	83	86	169
	November	841	46	29	75
	December	1,760	78	57	135
2021	January	518	21	20	41
	February	1,393	53	27	80
	March	326	13	2	15
	April	383	28	0	28
	May	7,147	81	0	81
	June	265	7	0	7
Totals		**18,141**	**515**	**303**	**818**

LTM Effectiveness* : 5 %

12-Month Effectiveness (Jan 2020 - Dec 2020) : 5 %

* This figure does not include an estimate of those patients who will return within 90 or 180 days.
It solely calculates based upon the patients who have returned to date for letters sent within the last twelve months.

KERN HEALTH SYSTEMS

Background

KHS as part of a Medi-Cal Managed Care Plan (MCP) is regulated by two governing bodies: Department of Managed Health Care (DMHC) and California Department of Health Care Services (DHCS). They have strict regulations and definitions on what constitutes a grievance, appeal or an inquiry. Any dissatisfaction is a grievance and must be processed as such. Some of the requirements MCPs are regulated on include, but are not limited to: processing time frames, who must review an appeal, and what information must be included in all grievance/appeal correspondence to the member. MCPs are also required to provide grievance and appeal information to the Board of Directors and plan committees, such as Quality Improvement/Utilization Management and Public Policy/Community Advisory Committees, as it applies to the MCP and their delegated entities, in this case, Kaiser Permanente.

For Quarter 2, 2021, while there were no changes with the volume of appeals received, our grievances rose significantly by over 460 cases in comparison to Quarter 1, 2021. We attribute the rise in grievances to the noticeable increase in incoming call volume over the past two quarters. Additionally, there has also been an increase in the number of claims received making it apparent that more members are going back to their PCPs and specialists since the start of the pandemic.

KERN HEALTH SYSTEMS

2021 2nd Quarter Grievance and Appeals Operational Report

2nd Quarter 2021 Grievance Report

Category	2nd Quarter 2021	Status	Issue	Q1 2021	Q4 2020	Q3 2020	Q2 2020
Access to Care	90		Appointment Availability	77	72	52	33
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	0
Medical Necessity	308		Questioning denial of service	308	317	288	246
Other Issues	20		Miscellaneous	11	14	10	11
Potential Inappropriate Care	183		Questioning services provided. All cases forwarded to Quality Dept.	156	200	263	207
Quality of Service	31		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	8	7	5	8
Total Formal Grievances	632			560	610	618	505
Exempt**	1570		Exempt Grievances-	1179	1050	1041	989
Total Grievances (Formal & Exempt)	2202			1739	1660	1659	1494

KERN HEALTH SYSTEMS
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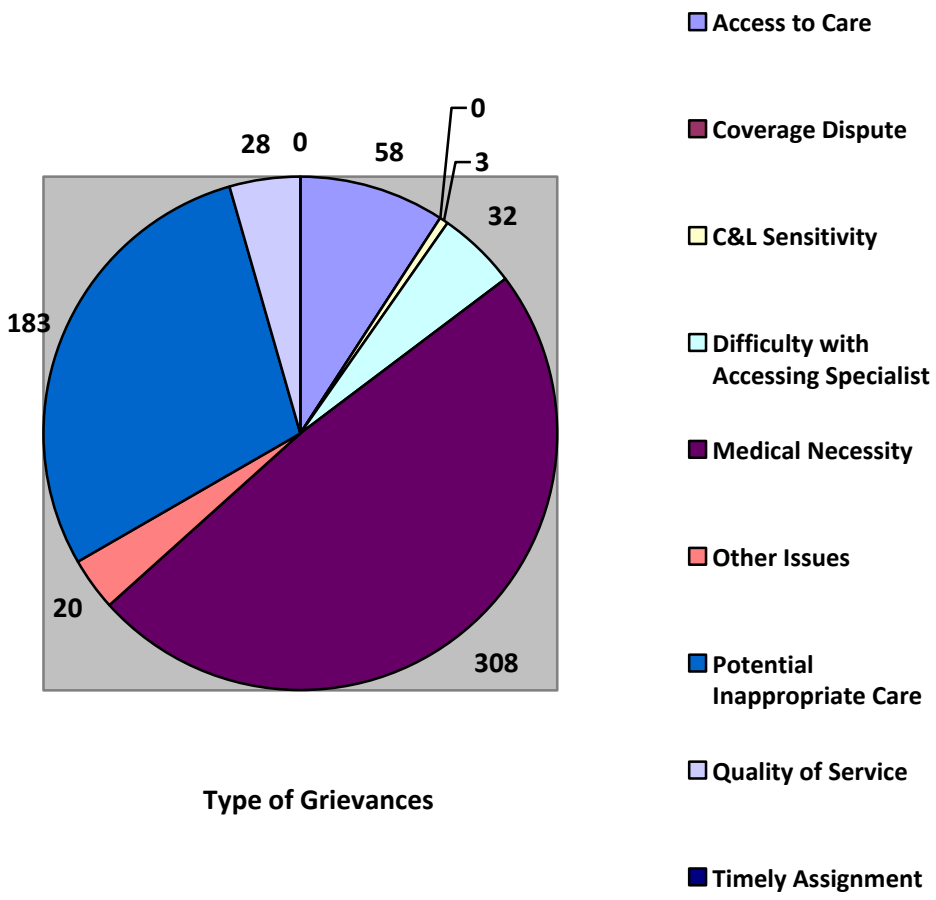
Additional Insights-Formal Grievance Detail

Issue	2nd Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overturned Ruled for Member	Still Under Review
Access to Care	58	35	0	21	2
Coverage Dispute	0	0	0	0	0
Specialist Access	32	20	0	12	0
Medical Necessity	308	207	0	83	18
Other Issues	20	11	0	7	2
Potential Inappropriate Care	183	132	48	3	0
Quality of Service	31	19	0	11	1
Total	632	424	48	137	23

2nd Quarter 2021 Grievance Summary

Issue	Number	In Favor of Health Plan	Under Review by Q.I	In favor of Enrollee	Still under review
Access to care	58	35	0	21	2
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	3	1	0	2	0
Difficulty with accessing specialists	32	20	0	12	0
Medical necessity	308	207	0	83	18
Other issues	20	11	0	7	2
Potential Inappropriate care	183	132	48	3	0
Quality of service	28	18	0	9	1
Timely assignment to provider	0	0	0	0	0



Type of Grievances

Grievances per 1,000 Members =2.20

During the second quarter of 2021, there were six hundred and thirty two formal grievances and appeals received. One hundred and thirty seven cases were closed in favor of the Enrollee. Four hundred and twenty four cases were closed in favor of the Plan. Twenty three cases are still open pending review. Forty eight cases have closed and are under review by Quality Improvement. Of the six hundred and thirty two cases, six hundred and twenty cases closed within thirty days; twelve cases were pended and closed after thirty days.

2nd Quarter 2021 Grievance Summary

Access to Care

There were fifty-eight grievances pertaining to access to care. Thirty-five cases closed in favor of the Plan. Twenty-one cases closed in favor of the Enrollee. Two cases are still open pending review. The following is a summary of these issues:

Twenty members complained about the lack of available appointments with their Primary Care Provider (PCP). Fifteen cases closed in favor of the Plan after the responses indicated the offices provided appropriate access to care based on the Access to Care standards. Five cases closed in favor of the Enrollee after the responses indicated the offices may not have provided appropriate access to care based on the Access to Care standards.

Fifteen members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Seven cases closed in favor of the Plan after the responses indicated the members were seen within the appropriate wait time for a scheduled appointment or the members were at the offices to be seen as a walk-in, which are not held to the Access to Care standards. Six cases closed in favor of the Enrollee after the responses indicated the members were not seen within the appropriate wait time for a scheduled appointment. Two cases are still open pending investigation and resolution.

Nineteen members complained about the telephone access availability with their Primary Care Provider (PCP). Eleven cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Eight cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access availability.

Four members complained about a provider not submitting a referral authorization request in a timely manner. Two cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Two cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner.

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

Three members complained about the lack of available interpreting services to assist during their appointments. One case closed in favor of the Plan after the response indicated the member was provided with the appropriate access to interpreting services. Two cases closed in favor of the Enrollee as a response was not received from the provider(s) indicating the member(s) were provided with the appropriate access to interpreting services.

2nd Quarter 2021 Grievance Summary

Difficulty with Accessing a Specialist

There were thirty-two grievances pertaining to Difficulty Accessing a Specialist. Twenty cases closed in favor of the Plan. Twelve cases closed in favor of the Enrollee. The following is a summary of these issues:

Ten members complained about the lack of available appointments with a specialist. Eight cases closed in favor of the Plan after the responses indicated the members were provided the appropriate access to specialty care based on Access to Care Standards. Two cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate access to care based on the Access to Care Standards for specialty appointments.

Four members complained about the wait time to be seen for a specialist appointment. Two cases closed in favor of the Plan after the responses indicated the offices provided appropriate wait time for an appointment based on Access to Care Standards. Two cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate wait time for a scheduled appointment based on Access to Care Standards.

Twelve members complained about the telephone access availability with a specialist office. Six cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Six cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access availability.

Five members complained about a provider not submitting a referral authorization request in a timely manner. Three cases closed in favor of the Plan after it was determined the referral authorization requests had been submitted in a timely manner. Two cases closed in favor of the Enrollee after it was determined the referral authorization requests may not have been submitted in a timely manner.

One member complained about the physical accessibility at a provider's office. The case closed in favor of the Plan after it was determined the office met access standards for physical accessibility.

Medical Necessity

There were three hundred and eight appeals pertaining to Medical Necessity. Two hundred and seven cases were closed in favor of the Plan. Eighty-three cases closed in favor of the Enrollee. Eighteen cases are still open pending review. The following is a summary of these issues:

Two hundred and fifty-four members complained about the denial or modification of a referral authorization request. One hundred and fifty-four of the cases were closed in favor of the Plan as it was determined that there was no supporting documentation submitted with the referral authorization requests to support the criteria for medical necessity for the requested specialist or DME item; therefore, the denials were upheld. Three cases closed in favor of the Plan and were modified. Eighty-one cases were closed in favor of the Enrollee as it was determined medical necessity was met and the

denials were overturned and approved. Sixteen cases are still open pending investigation and resolution.

Fifty-four members complained about the denial or modification of a TAR. Fifty cases were closed in favor of the Plan, as it was determined there was no supporting documentation submitted with the TAR to support the criteria for medical necessity of the requested medication; therefore, the denials were upheld. Two cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned and approved. Two cases are still open pending investigation and resolution.

Other Issues

There were twenty grievances pertaining to Other Issues that are not otherwise classified in the other categories. Eleven cases were closed in favor of the Plan after the responses indicated the appropriate service was provided. Seven cases closed in favor of the Enrollee after the responses indicated appropriate service may not have been provided. Two cases are still open pending investigation and resolution.

Potential Inappropriate Care

There were one hundred and eighty-three grievances involving Potential Inappropriate Care issues. These cases were forwarded to the Quality Improvement (QI) Department for their due process. Upon review, one hundred and thirty-two cases were closed in favor of the Plan, as it was determined a quality of care issue could not be identified. Three cases were closed in favor of the Enrollee as a potential quality of care issue was identified and appropriate tracking or action was initiated by the QI team. Forty-eight cases are still pending further review with QI.

Quality of Service

There were twenty-eight grievances involving Quality of Service issues. Eighteen cases were closed in favor of the Plan. Nine cases closed in favor of the Enrollee. One case is still open pending investigation and resolution. The following is a summary of these issues:

Eighteen members complained about the service they received from their providers. Thirteen cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Four cases closed in favor of the enrollee after the responses determined the members may not have received the appropriate services. One case is still open pending investigation and resolution

Ten members complained about the services they received from a transportation vendor and their staff. Five cases closed in favor of the Plan after the responses determined the member received the appropriate service from the transportation staff. Five cases closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate service from the transportation employee.

Timely Assignment to Provider

There were no grievances pertaining to Timely Assignment to Provider received this quarter.

2nd Quarter 2021 Grievance Summary

Kaiser Permanente Grievances and Appeals

During the second quarter of 2021, there were sixty-eight grievances and appeals received by KFHC members who are assigned to Kaiser Permanente. Eighteen cases closed in favor of the Plan. Thirty-nine cases were closed in favor of the Enrollee. Eleven cases are still open, pending investigation and resolution.

Access to Care

There were seven grievances pertaining to Access to Care. Six cases closed in favor of the enrollee. One case is still open, pending investigation and resolution. The following is a summary of these issues:

Six members complained about the excessive wait time to be seen for an appointment. Five cases closed in favor of the Enrollee. One case is still open pending investigation and resolution.

One member complained about the lack of an available appointment with their primary care provider. This case closed in favor of the Enrollee.

Coverage Dispute

There were nineteen appeals pertaining to Coverage Dispute. Ten cases closed in favor of the Plan. Eight cases closed in favor of the Enrollee. One case is still open pending investigation and resolution. The following is a summary of these issues:

Nineteen members complained about a service they requested; however, the requests were not covered. Ten cases closed in favor of the Plan and the services were not covered. Eight of the cases closed in favor of the Enrollee and the services were provided. One case is still open, pending review and resolution.

Medical Necessity

There was one case pertaining to Medical Necessity. This case was closed in favor of the Enrollee. The following is a summary of these issues:

One member complained about a provider refusing to refer member out for care. This case closed in favor of the enrollee upon investigation.

Quality of Care

There were twenty-five cases pertaining to quality of care. Twenty cases closed in favor of the Enrollee. Five cases are still open pending investigation and resolution. The following is a summary of these issues:

One member complained about the quality of care they received from an ancillary provider. This case closed in favor of the enrollee.

Two members complained about the quality of care they received from a hospital. All cases closed in favor of the Enrollee.

2nd Quarter 2021 Grievance Summary

Nineteen members complained about the quality of care they received from a provider. Fourteen cases closed in favor of the Enrollee. Five cases are still open, pending investigation and resolution.

Two members complained about the Plan denying treatment. Both cases closed in favor of the Enrollee.

One member complained about a provider denying treatment. This case closed in favor of the Enrollee.

Quality of Service

There were sixteen grievances pertaining to a Quality of Service. Eight cases closed in favor of the Plan. Four cases closed in favor of the Enrollee. Four cases are still open pending investigation and resolution. The following is a summary of these issues.

Fifteen members complained about the services being inadequate at a facility. Eight cases closed in favor of the plan. Three cases closed in favor of the Enrollee. Four of the cases are pending investigation and resolution.

One member complained about the poor attitude they received from provider/staff. This case closed in favor of the Enrollee.

QI/UM

PNM Network Review Quarter 2

1. After Hours:

   KHS conducts a survey to assess compliance with after hours urgent and emergent guidance for members. During Q2, KHS conducted 149 calls resulting in compliance rates as follows

   Emergent 96%

   Urgent 91%

   All providers found to be non-compliant will receive a letter advising of standards.

   Any providers found to be non-compliant two consecutive quarters will be contacted by the assigned Provider Relations Representative to review the access standards and where the office was deficient.

2. Appointment Availability:

   KHS randomly sampled 15 PCP, 15 Specialists, 5 Mental Health, 5 Ancillary, and 5 OB/GYN providers to ensure compliance with phone answering timeliness and appointment availability. All provider types surveyed were compliant with both components surveyed.

3. Access Grievance Review:

   In Q1, there were 73 access related grievances. 45 were found in favor of the plan and no further action was needed. 28 were found in favor of the enrollee. KHS is in the process of reviewing the grievance results to identify any trending issues which need to be addressed. Any trending results will be reviewed during Q3 reporting.

   Moving forward, KHS will be reporting grievances from two quarters prior to ensure all data is finalized and available for reporting.

4. Geographic Accessibility & DHCS Network Certification:

   KHS must request alternative access standards (AAS) from DHCS in zip codes where KHS is non-compliant with time or distance

standards. All AAS requests from 2020 have been approved. KHS is in the process of receiving approval from DHCS for AAS 2021 which was submitted on time in Q2, 2021. Attachment A has all of the analysis and supplemental accessibility maps.

5. Network Adequacy and Provider Counts:

   KHS must maintain the following ratios:

   1 PCP for every 2,000 members

   1 Physician for every 1,200 members

   KHS review of network to member ratio is compliant with State regulations and Plan policy. KHS recruitment efforts have increased KHS primary care network capacity and therefore decreased the FTE ratio.

6. DHCS QMRT (Quarterly Monitoring Report/Response Template)

   DHCS conducts quarterly monitoring of: Provider to Member Ratio, Timely Access, Network Report of Providers, Mandatory Provider Types, Physician Supervisor to Non-Physician Medical Practitioner Ratios. KHS was compliant with all standards.

Contracts/Credentialing/Recredentialing

7 New Contracts were approved:
Hospice & Palliative Care
1 Specialist (Physical Medicine and Rehabilitation)
Laboratory
SNF
2 ABA
1 PCP

All credentialing and recredentialing files were approved.

KERN HEALTH SYSTEMS
2nd Quarter 2021
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Report Date: July 2, 2021

Department: Provider Relations

Monitoring Period: April 1, 2021 through June 30, 2021

Population:

Providers	Credentialed	Recredentialed
MD's	34	66
DO's	4	2
AU's	0	0
DC's	0	0
AC's	0	0
PA's	8	7
NP's	17	13
CRNA's	0	1
DPM's	0	0
OD's	1	1
ND's	0	0
RD's	0	2
BCBA's	10	3
LM's	0	0
Mental Health	9	4
Ocularist	0	0
Ancillary	9	21
OT	0	0
TOTAL	**92**	**120**

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Acupuncture	0	0	0	0
Addtiction Medicine	2	0	2	0
Allergy & Immunology	0	0	0	0
Anesthesiology / CRNA	0	1	1	0
Audiology	0	0	0	0
Autism / Behavioral Analyst	11	3	14	0
Cardiology	5	1	6	0
Chiropractor	0	0	0	0
Colon & Rectal Surgery	0	0	0	0
Critical Care	0	4	4	0
Dermatology	1	5	6	0
Emergency Medicine	0	1	1	0
Endocrinology	2	1	3	0
Family Practice	9	20	29	0
Gastroenterology	1	1	2	0
General Practice	10	1	11	0
General Surgery	3	5	8	0

KERN HEALTH SYSTEMS
2nd Quarter 2021
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Genetics	0	0	0	0
Gynecology	0	0	0	0
Gynecology/Oncology	0	0	0	0
Hematology/Oncology	0	2	2	0
Hospitalist	1	2	3	0
Infectious Disease	0	0	0	0
Internal Medicine	5	9	14	0
Mental Health	8	4	12	0
MidWife (Certified)	0	0	0	0
MidWife (Licensed)	0	0	0	0
Naturopathic Medicine	0	0	0	0
Neonatology	0	0	0	0
Nephrology	0	0	0	0
Neurological Surgery	0	2	2	0
Neurology	1	0	1	0
Obstetrics & Gynecology	1	6	7	0
Ocularist	0	0	0	0
Occupational Therapy	0	0	0	0
Ophthalmology	1	3	4	0
Optometry	1	1	2	0
Orthopedic Surgery / Hand Surg	1	1	2	0
Otolaryngology	0	2	2	0
Pain Management	1	1	2	0
Pathology	0	2	2	0
Pediatrics	3	3	6	0
Physical Medicine & Rehab	1	0	1	0
Plastic Sugery	0	0	0	0
Podiatry	0	0	0	0
Psychiatry	9	1	10	0
Pulmonary	0	4	4	0
Radiation Oncology	1	0	1	0
Radiology	6	18	24	0
Registered Dieticians	0	2	2	0
Rheumatology	1	1	2	0
Sleep Medicine	0	0	0	0
Thoracic Surgery	0	0	0	0
Urology	1	0	1	0
Vascular Medicine	0	0	0	0
Vascular Surgery	0	1	1	0
KHS Medical Directors	0	0	0	0
TOTAL	**86**	**108**	**194**	**0**

KERN HEALTH SYSTEMS
2nd Quarter 2021
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

ANCILLARY	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Ambulance	0	0	0	0
Cardiac Sonography	0	0	0	0
Comm. Based Adult Services	1	0	1	0
Dialysis Center	0	1	1	0
DME	0	2	2	0
Hearing Aid Dispenser	0	0	0	0
Home Health	0	2	2	0
Home Infusion/Compounding	0	0	0	0
Hospice	2	1	3	0
Hospital	0	1	1	0
Laboratory	2	4	6	0
Lactation Consultant	0	0	0	0
MRI	0	0	0	0
Ocular Prosthetics	0	0	0	0
Pharmacy	1	2	3	0
Pharmacy/DME	0	0	0	0
Physical / Speech Therapy	0	0	0	0
Prosthetics & Orthotics	0	0	0	0
Radiology	0	2	2	0
Skilled Nursing	1	2	3	0
Sleep Lab	0	0	0	0
Surgery Center	1	1	2	0
Transportation	0	0	0	0
Urgent Care	1	3	4	0
TOTAL	**9**	**21**	**30**	**0**

Defer = 0 **Denied = 0**

KERN HEALTH SYSTEMS
2nd Quarter 2021
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

KERN HEALTH SYSTEMS
2nd Quarter 2021
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Kern Health Systems
Board Approved Effective 06/01/21

NAME	LEGAL NAME/ADDRESS	SPECIALTY	PROVIDER PRV	VENDOR PRV	CONTRACT STATUS	PAC APPROVED - EFFECTIVE DATE
Ehsan, Amirpasha MD	Amirpasha Ehsan dba: Amirpasha Ehsan, MD, Inc. 5001 Commerce Avenue Bakersfield CA 93309 P - 661-323-5500 F - 661-633-5254	Physical Medicine & Rehab	PRV047965	PRV047966	New Contract	Yes Eff 6/1/21
Healing Care Hospice, Inc.	Healing Care Hospice, Inc. 2323 16th Street, Ste. 306 Bakersfield CA 93301 P - 661-218-4994 F - 661-255-4423	Hospice & Palliative Care	PRV069359	PRV069359	New Contract	Yes Eff 6/1/21
Lab Genomics LLC	Lab Genomics LLC 5500 Ming Avenue Ste 385 Bakersfield CA 93309 P - 714-438-1009 F - 714-438-2484	Clinical Laboratory	PRV048259	PRV048259	New Contract	Yes Eff 6/1/21
Magnifique Congregate Living	Magnifique Congregate Living Inc 1827 W Avenue, Ste. K12 Lancaster CA 93534 P - 661-418-0084 F - 661-280-2037	SNF (CHLF)	PRV065866	PRV065866	New Contract	Yes Eff 6/1/21
Vue, Gina BCBA	Innovative Minds ABA LLC 1430 Truxtun Ave, 5th Floor Bakersfield CA 93301 P - 559-341-5034 F - 844-946-0884	Qualified Autism Provider / Behavioral Analyst	PRV069360	PRV069361	New Contract	Yes Eff 6/1/21
Argo, Jeremy LCSW	Omni Family Health 210 N Chester Avenue Bakersfield CA 93308	Clinical Social Worker	PRV068743	PRV000019	Existing	Yes Eff 6/1/21
Aparicio, Teresa LCSW	Bartz-Altadonna Community Health Center 9300 N. Loop Blvd California City CA 93505	Clinical Social Worker	PRV069362	PRV029961	Existing	Yes Eff 6/1/21
Crotteau, Michele DNP-C	Clinica Sierra Vista (CSV) 301 Brundage Lane Bakersfield CA 93304	Pediatrics	PRV068535	PRV000002	Existing	Yes Eff 6/1/21
Cummings, Kataunya NP-C	Bright Heart Health Medical Group 2960 Camino Diablo Ste. 105 Walnut Creek CA 94597	Psychiatry	PRV069363	PRV061628	Existing	Yes Eff 6/1/21
Do, Mijin NP-C	Hans C. Yu, DO 9730 Brimhall Road Ste. 1 Bakersfield CA 93312	OB/GYN	PRV047841	PRV000437	Existing	Yes Eff 6/1/21
Garcia, Zulema PA-C	Zacoalco Medical Group, Inc. 5901 Niles Street Bakersfield CA 93306	Family Practice	PRV057073	PRV000355	Existing	Yes Eff 6/1/21
Gonzalez, Armando MD	Dignity Health Medical Foundation 3838 San Dimas Street Ste. B-201 Bakersfield CA 93301	Cardiovascular Disease`	PRV046379	PRV012886	Existing	Yes Eff 6/1/21
Groves-Rehwaldt, Katrina MD	Bright Heart Health Medical Group 2960 Camino Diablo Ste. 105 Walnut Creek CA 94597	Addiction Medicine	PRV037900	PRV061628	Existing	Yes Eff 6/1/21
Heaney, Shannan BCBA	Adelante Behavioral Health ABA LLC 2005 Eye Street Ste. 8 Bakersfield CA 93301	Qualified Autism Provider / Behavioral Analyst	PRV069364	PRV067923	Existing	Yes Eff 6/1/21
Hosseini, Alireza MD	Adventist Health Medical Center Tehachapi 105 West E Street - Tehachapi CA 2041 Belshaw Street - Mojave CA 9350 N. Loop Blvd - Cal City CA	Endocrinology	PRV048285	**all sites**	Existing	Yes Eff 6/1/21
Hsieh, An-Chih MD	Bartz-Altadonna Community Health Center 9300 N. Loop Blvd California City CA 93505	Family Practice	PRV069365	PRV029961	Existing	Yes Eff 6/1/21
Phalen, Shawn LMFT	Bright Heart Health Medical Group 2960 Camino Diablo Ste. 105 Walnut Creek CA 94597	Marriage Family Therapy	PRV069367	PRV061628	Existing	Yes Eff 6/1/21
Radicic, Kasey DO	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	Internal Medicine / Hospitalist	PRV068744	**all sites**	Existing	Yes Eff 6/1/21
Ringle, Danielle OD	Ace Eyecare, Inc 1721 Westwind Drive Ste. B Bakersfield CA 93301	Optometry	PRV066862	PRV041736	Existing	Yes Eff 6/1/21
Smith, Derrick MD	Bartz-Altadonna Community Health Center 9300 N. Loop Blvd California City CA 93505	General Surgery	PRV063425	PRV029961	Existing	Yes Eff 6/1/21
Taylor, Randal NP-C	Pinnacle Primary Care, Inc. 7400 District Blvd Ste. C Bakersfield CA 93313	Family Practice	PRV069376	PRV000353	Existing	Yes Eff 6/1/21
Theus, Sean NP-C	Bartz-Altadonna Community Health Center 9300 N. Loop Blvd California City CA 93505	Internal Medicine	PRV049084	PRV029961	Existing	Yes Eff 6/1/21
Tran, Duyen PA-C	Clinica Sierra Vista (CSV) 1611 1st Street Bakersfield CA 93304	Pediatrics / Internal Medicine	PRV068742	PRV000002	Existing	Yes Eff 6/1/21
Ugochukwu, Ifeoma MD	Bartz-Altadonna Community Health Center 9300 N. Loop Blvd California City CA 93505	Internal Medicine	PRV069378	PRV029961	Existing	Yes Eff 6/1/21
VanAllen, Susan LCSW	Bartz-Altadonna Community Health Center 9300 N. Loop Blvd California City CA 93505	Clinical Social Worker	PRV069379	PRV029961	Existing	Yes Eff 6/1/21

Kern Health Systems
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NAME	LEGAL NAME/ADDRESS	SPECIALTY	PROVIDER PRV	VENDOR PRV	CONTRACT STATUS	PAC APPROVED - EFFECTIVE DATE
Aclan, Megan BCBA	DV Therapy Inc 1601 New Stine Road Ste. 195 Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	PRV069949	PRV062569	Existing	**Yes** **Eff 7/1/21**
Banatte-Garcon, Roldine NP-C (LOCUM)	Kern County Hospital Authority 3551 Q Street Ste. 102 Bakersfield CA 93301	Pain Medicine	PRV033412	ALL SITES	Existing	**Yes** **Eff 7/1/21**
Bunag, Charles NP-C	Bartz-Altadonna Community Health Center 9300 N. Loop Blvd California City CA 93505	Family Practice	PRV069950	PRV029961	Existing	**Yes** **Eff 7/1/21**
Chaudhry, Muhammad MD	Atul Aggarwal MD Cardiology Clinic 1018 Calloway Drive Bakersfield CA 93312	Cardiovascular Disease	PRV069951	PRV000343	Existing	**Yes** **Eff 8/1/21**
Chavira, Amanda BCBA	Teaching Autistic Children Inc. dba: Learning Arts 5329 Office Center Court Ste. 150 Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	PRV068759	PRV052185	Existing	**Yes** **Eff 7/1/21**
Gabrielyan, Lusine PHD	Prism Enterprises, Inc. dba: Prism Behavioral Solutions 4900 California Ave 210B #1009 Bakersfield CA 93309 Phone 877-206-1009 Fax 818-457-4617	Qualified Autism Provider / Behavioral Analyst	**PRV069948**	PRV069746	**New Contract**	**Yes** **Eff 7/1/21**
Gunaratnam, Martina MD	Bartz-Altadonna Community Health Center 9300 N. Loop Blvd California City CA 93505	Psychiatry	PRV064143	PRV029961	Existing	**Yes** **Eff 7/1/21**
Kalluri, Manasa MD (LOCUM)	Kern County Hospital Authority 1111 Columbus Street Bakersfield CA 933005	Internal Medicine	PRV050636	ALL SITES	Existing	**Yes** **Eff 7/1/21**
Kamper, Lorraine BCBA	Autism Behavior Services Inc 4900 California Avenue Tower B, 2nd Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	PRV069952	PRV062872	Existing	**Yes** **Eff 7/1/21**
Lechuga, Janet PA-C	Viral Y. Mehta, MD, FACC, Inc. dba: Comprehensive Cardiovascular Med Grp 5945 Truxtun Ave Bakersifield 93312 432-B Lexington Street Delano 93215 20041 Valley Blvd Ste. 3 Tehachapi 93561	Cardiovascular Disease	PRV069757	PRV000317	Existing	**Yes** **Eff 7/1/21**
Moonga, Even NP-C	Omni Family Health 912 Fremont Street Delano 93215 1215 Jefferson Street Delano 93215 1001 Main Street Delano 93215	General Practice	PRV033818	PRV0000019	Existing	**Yes** **Eff 7/1/21**
Mortezaie, Alan MD	Kern Radiology Medical Group, Inc. 2301 Bahamas Drive 3838 San Dimas Street Ste. A-120 Bakersfield CA	Diagnostic Radiology	PRV005264	PRV001405 PRV029441 PRV005565 PRV033045 PRV043266 PRV001406	Existing	**Yes** **Eff 7/1/21**
Mutz, Genny LCSW	Omni Family Health 4151 Mexicali Drive Bakersfield CA 93312	Clinical Social Worker	PRV042307	PRV0000019	Existing	**Yes** **Eff 7/1/21**
Okere, Maureen DNP-C	Bartz-Altadonna Community Health Center 9300 N. Loop Blvd California City CA 93505	Family Practice	PRV069953	PRV029961	Existing	**Yes** **Eff 7/1/21**

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Priority Urgent Care - Mt Vernon	Priority Urgent Care 2509 Mt Vernon Ave Bakersfield CA 93306 Phone 661-556-4777 Fax 661-556-4782	Urgent Care Clinic	PRV038192	PRV038192	Existing	**Yes** **Eff 7/1/21**
Punzalan, Raymundo MD	Telehealthdocs Medical Corporation *All Locations 2215 Truxtun Ave Ste. 100 Bakersfield CA 93301	Endocrinology	PRV069954	PRV036952 PRV053624 PRV053625	Existing	**Yes** **Eff 7/1/21**
Rogala, Carol DO	Bright Heart Health Medical Group 2960 Camino Diablo Ste. 105 Walnut Creek CA 94597	Addiction Medicine	PRV069955	PRV061628	Existing	**Yes** **Eff 7/1/21**
Schoenborn, Brian BCBA	Autism Behavior Services Inc 4900 California Avenue Tower B, 2nd Bakersfield CA 93309	Qualified Autism Provider / Behavioral Analyst	PRV069956	PRV062872	Existing	**Yes** **Eff 7/1/21**
Stine Family Health Pharmacy	Omni Family Health dba: Stine Family Health Pharmacy 1701 Stine Road Bakersfield CA 93309 Phone 661-770-3322 Fax 661-770-3324	Pharmacy	PRV069957	PRV069957	Existing	**Yes** **Retro-Eff 6/15/21**
Wilkinson, Amanda LPCC	Bright Heart Health Medical Group 2960 Camino Diablo Ste. 105 Walnut Creek CA 94597	Licensed Professional Clinical Counselor	PRV069958	PRV061628	Existing	**Yes** **Eff 7/1/21**

Kern Health Systems
Board Approved Effective 06/01/21

Legal Name DBA	Specialty	Address	Vendor PRV #	Contract Effective Date
Amirpasha Ehsan dba: Amirpasha Ehsan, MD	Physical Medicine & Rehab	5001 Commerce Avenue Bakersfield CA 93309	PRV047966	6/1/2021
Healing Care Hospice, Inc.	Hospice & Palliative Care	2323 16th Street, Ste. 306 Bakersfield CA 93301	PRV069359	6/1/2021
Lab Genomics LLC	Clinical Laboratory	5500 Ming Avenue Ste 385 Bakersfield CA 93309	PRV048259	6/1/2021
Magnifique Congregate Living	SNF (CHLF)	1827 W Avenue, Ste. K12 Lancaster CA 93534	PRV065866	6/1/2021
Innovative Minds ABA LLC	Qualified Autism Provider / Behavioral Analyst	1430 Truxtun Ave, 5th Floor Bakersfield CA 93301	PRV069361	6/1/2021

Kern Health Systems
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LEGAL NAME/ DBA	SPECIALTY	ADDRESS	VENDOR PRV	Contract Effective Date
Jasleen Tiwana MD Inc.	PCP / Internal Medicine	2700 F Street Ste. 100 Bakersfield CA 93301 Phone 661-325-5513 Fax 661-325-3304	PRV066473	7/1/2021
Prism Enterprises, Inc. dba: Prism Behavioral Solutions	Qualified Autism Provider / Behavioral Analyst	Prism Enterprises, Inc. dba: Prism Behavioral Solutions 4900 California Ave 210B #1009 Bakersfield CA 93309 Phone 877-206-1009 Fax 818-457-4617	PRV069746	7/1/2021

KERN HEALTH SYSTEMS

Provider Network Management
Network Review
Quarter 2, 2021

- **After-Hours Survey Report**
- **Appointment Availability Survey Report**
- **Grievance Review (Q1, 2021 Review Period)**
- **Geographic Accessibility & Network Certification**
- **Network Adequacy & Provider Counts**
- **DHCS Quarterly Monitoring Report/Response Template (QMRT) (Q1, 2021 Review Period)**
- **Attachment A:** 2021 DHCS Network Certification Geographic Analysis and Maps

KERN HEALTH SYSTEMS

After-hours Calls

Quarter 2, 2021

AFTER-HOURS CALLS

Q2, 2021

KERN HEALTH SYSTEMS

Introduction

As required by the Department of Managed Health Care (DMHC) Health & Safety Code 1348.8, Kern Health Systems (KHS) uses an after-hours caller program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. KHS policy requires that:

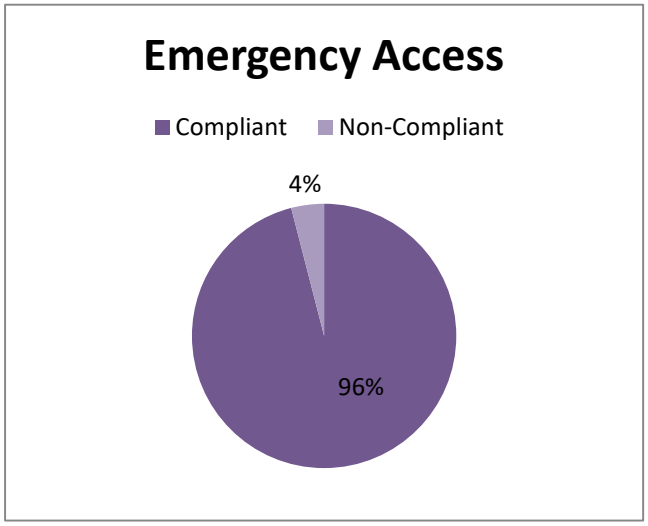
1.) Provider's answering machine or answering service must instruct the member to call 911 if the purpose of the call is a medical emergency.

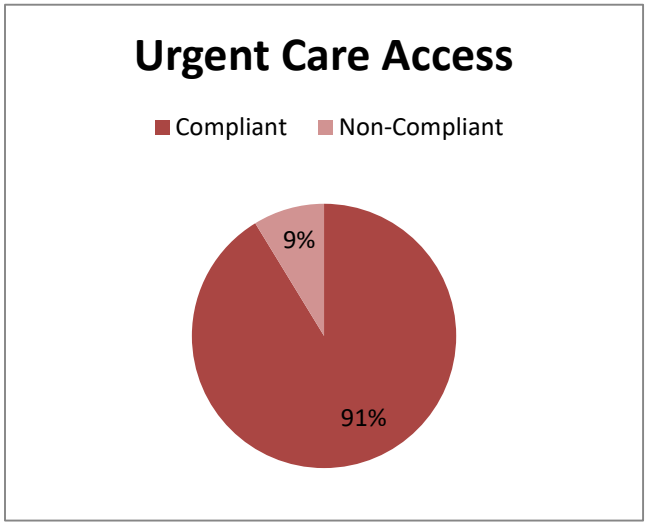
2.) For urgent matters, Provider's answering machine must provide an on-call number. If an answering service is used, the member must receive a call back from an on-call member of your office within 30 minutes of call.

An initial survey is conducted by Health Dialog and then forwarded to the Plan's Provider Network Analysts. Based on the results received from the survey vendor, the analysts make additional calls to confirm if the provider is truly non-compliant. Results are to be reported to the KHS QI/UM Committees and to Executive Staff.

Results

During Q2 2021, 149 provider offices were contacted. Of those offices, 143 were compliant with the Emergency Access Standards and 136 were compliant with the Urgent Care Access Standards.





AFTER-HOURS CALLS

Q2, 2021

KERN HEALTH SYSTEMS

Tracking, Trending, and Provider Outreach

The Plan utilizes the after-hours survey calls to monitor compliance at a network-wide level. The Plan found minimal change in compliance with the emergency and urgent care after-hours access standard when compared to prior quarters, with all percentages remaining at or above 90%.

Compliance with after-hours standard	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Emergency Access	96%	96%	97%	94%	97%	96%
Urgent Care Access	93%	92%	90%	91%	92%	91%

The Plan reviews results of provider groups against prior quarters. The Plan conducts provider outreach as appropriate and continues quarterly tracking/trending.

During Q2 2021, the plan identified four offices who were non-compliant for two consecutive quarters. The Plan's Provider Relations Representatives will conduct targeted education with the identified providers regarding their contractual obligation to meet regulatory access standards.

For all other providers identified as non-compliant during Q2 2021, the Plan is sending letters (template attached) notifying the providers of the survey results.

KERN HEALTH SYSTEMS

[DATE]

[OFFICE NAME]
Attn: Office Manager
[ADDRESS]
[CITY], [STATE] [ZIP]

As required by DMHC Health & Safety Code 1348.8, Kern Health Systems (KHS) uses an after-hours caller program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. KHS policy requires that:

1.) Provider's answering machine or answering service must instruct the member to call 911 if the purpose of the call is a medical **emergency**.

2.) For **urgent** matters, Provider's answering machine must provide an on-call number. If an answering service is used, the member must receive a call back from an on-call member of your office within 30 minutes of call.

The purpose of this letter is to notify you of the identified non-compliance issues.

During [QUARTER, YEAR], a call was placed to your office at [PHONE]. The results of that call found that your office was non-compliant with the [STANDARD] after-hours access standard(s) as set forth in the KHS standards in our policy and outlined above.

For your convenience, I have attached a copy of our Policy related to access standards. Please review this policy with your staff to ensure compliance. Your office will remain on the list of providers to be surveyed for compliance with KHS access standards. In order to ensure member access, it is imperative these standards are regularly evaluated.

Please call me if you have any questions or concerns related to this policy. KHS will assist in any way possible to ensure compliance with these standards.

Sincerely,

Melissa Lopez
Provider Relations Manager
661-617-2642

3.9 Facility Hours

Type of Service	Standard
Emergency Care	24 hours per day, 7 days per week
After Hours Urgent and Emergency Care	Primary and specialty care providers must provide or arrange after hours access for treatment of urgent and emergency conditions by telephone and/or personal contact.

Each contracted provider shall offer their KHS Medi-Cal members hours of operation that are no less than the hours of operation offered by the contracted provider to other patients. If the contracted provider only serves Medi-Cal beneficiaries, the hours of operation should be comparable to the hours offered to Medi-Call FFS.

Office hours, including after hours availability, should be posted on the outside entrance of the office with the office daytime and after hours phone numbers.

3.10 Telephone Accessibility

Providers and administrative personnel must maintain a reasonable level of telephone accessibility to KHS members. At minimum, the following response times are required:

Nature of Telephone Call	Response Time
Emergency medical or Kern County Mental Health Crisis Unit	Member should be instructed to call 9-1-1 or 661-868-8000
Urgent medical	30 Minutes
Non-urgent medical	By close of following business day
Non-Urgent Mental Health	By close of following business day
Administrative	By close of following business day

Provider offices must provide procedures to enable patient access to emergency services 24 hours per day, seven days per week. Patients must be able to call the office number for information regarding physician availability, on call provisions or emergency services. An answering machine or service must be made available after normal business hours with direction in non-emergency and emergency situations.

Contracted providers must answer or design phone systems that answer phone calls within six rings. Providers should address each telephone call regarding medical advice or issues promptly and efficiently and must ensure that non-medical personnel do not give medical advice. Only PAs, NPs, RNs and MDs may provide medical advice. A sample policy that providers may incorporate into their own body of policies is included as Attachment A.

KHS provides or arranges for the provision of 24/7 triage screening services by telephone. KHS ensures that telephone triage or screening are provided in a timely manner appropriate for the member's condition, and the triage or screening wait time does not exceed 30 minutes. KHS provides triage or screening services through medical advice lines pursuant to §1348.8 of the Health & Safety Code. Refer to *KHS Policy and Procedure 3.15-I 24-hour Telephone Triage Service*.

3.11 Full-time equivalent (FTE) Provider to Member Ratios

KHS shall maintain a provider network capacity of the following full-time equivalent provider to member ratios:

Primary Care Physicians	1:2,000
Total Physicians	1:1,200

4.0 MONITORING

The Provider Relations Department shall be responsible for monitoring Plan compliance with access standards.

4.1 Quarterly Access Review

On a quarterly basis KHS will conduct a review of Plan's compliance with after hours and appointment availability access standards. This will include, but is not limited to after hours survey calls, appointment availability survey, a review of access grievances, and a review of data received from the 24-Hour Telephone Triage Service employed by KHS (as outlined in *KHS Policy and Procedure 3.15-I 24-hour Telephone Triage Service).* Based on this review, KHS will take action as applicable including appropriate provider education; if a provider continues to be found out of compliance based on the results of the quarterly review, the provider may be issued a corrective action plan (CAP) as described in *KHS Policy and Procedure #4.40-P Corrective Actions Plans*

The appointment availability survey will consist of quarterly calls made to a sample of contracted primary care and specialist providers (included mental health providers) to assess the provider's and the Plan's level of compliance with appointment availability standards.

The after hours survey calls will consist of quarterly calls made to all contracted primary care provider offices to assess the provider's and the Plan's level of compliance with after-hours standards.

As appropriate, results of the annual Member (§4.3) and Provider (§4.4) Satisfaction surveys will be incorporated into KHS' quarterly access review for additional tracking and trending.

Results of the KHS's quarterly access review will be reported to the QI/UM Committee as outlined in §5.0 - Reporting.

KERN HEALTH SYSTEMS

Appointment Availability Survey

Quarter 2, 2021

Provider Network Management

Appointment Availability Survey

Q2, 2021

KERN HEALTH SYSTEMS

Introduction

As required by the Department of Health Care Services (DHCS) and Title 28 CCR Section 1300.67.2.2, Kern Health Systems (KHS) uses an appointment availability survey to assess compliance with access standards for Kern Family Health Care (KFHC) Members.

In line with KHS policies and procedures and Department regulation, the quarterly appointment availability survey monitors:

Type of Appointment	Time Standard
Urgent primary care appointment	Within 48 hours of a request
Non-urgent primary care appointment	Within 10 business days of a request
Urgent appointment with a specialist	Within 96 hours of a request
Non-urgent appointment with a specialist	Within 15 business days of a request
Non-urgent appointments with a non-physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointment for ancillary services	Within 15 business days of a request
First prenatal OB/GYN visit	The lesser of 10 business days or within 2 weeks upon request

When it is necessary for a provider or enrollee to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the enrollee's health care needs and ensures continuity of care consistent with good professional practice and consistent with the objectives of KHS *Policy 4.30-P Accessibility Standards*. The standard and monitoring process for the availability of a rescheduled appointment shall be equal to the availability of the initial appointment, such that the measure of compliance shall be shared.

The survey was conducted internally by KHS staff; compliance is determined using the methodology utilized by the DHCS during the 2017 Medical Audit in which they conducted a similar appointment availability survey. Results are to be reported to the KHS QI/UM Committee.

Appointment Availability Survey

Q2, 2021

KERN HEALTH SYSTEMS

KHS also utilizes these quarterly calls to monitor contracted provider's **Phone Answering Timeliness.** KHS *Policy 4.30-P Accessibility Standards,* requires "contracted providers must answer or design phone systems that answer phone calls within six rings." In conducting the quarterly appointment availability survey, KHS staff count the rings prior to a provider answering to gauge compliance.

Appointment Availability Survey Results

A random sample of 15 primary care, 15 specialist, 5 mental health, 5 ancillary, and 5 OBGYN providers were contacted during Q2 2021.

Of the primary care providers surveyed, the plan compiled the wait time in hours to determine the Plan's average wait time for an urgent primary care appointment. The Plan compiled the wait time in days to determine the Plan's average wait time for a non-urgent primary care appointment. The average wait time for an urgent primary care appointment was **26.9 hours** for Q2 2021. The average wait time for a non-urgent primary care appointment was **3 days** for Q2 2021. **Based on these results, the Plan was determined to be compliant in both the urgent and non-urgent time standards for primary care appointments in Q2 2021.**

Of the specialist providers surveyed, the plan compiled the wait time in hours to determine the Plan's average wait time for an urgent specialist appointment. The Plan compiled the wait time in days to determine the Plan's average wait time for a non-urgent specialist appointment. The average wait time for an urgent specialist appointment was **61.6 hours** for Q2 2021. The average wait time for a non-urgent primary care appointment was **11.4 days** for Q2 2021. **Based on these results, the Plan was determined to be compliant in both the urgent and non-urgent time standards for specialist appointments in Q2 2021.**

Of the mental health providers surveyed, the plan compiled the wait time in days to determine the Plan's average wait time for an appointment with a mental health provider. The Plan's average wait time for a mental health provider appointment was **8 days** for Q2 2021. **Based on these results, the Plan was determined to be compliant with the time standard for a mental health appointment in Q2 2021.**

Of the ancillary providers surveyed, the plan compiled the wait time in days to determine the Plan's average wait time for an appointment with the ancillary provider. The Plan's average wait time for an ancillary appointment was **8.6 days** for Q2 2021. **Based on these results, the Plan was determined to be compliant with the time standard for an ancillary appointment in Q2 2021.**

Of OB/GYN providers surveyed, the plan compiled the wait time in days to determine the Plan's average wait time for a first prenatal appointment with an OB/GYN. The Plan's average wait time for a first prenatal appointment with an OB/GYN was **7.4 days** for Q2 2021. **Based on these results, the Plan was determined to be compliant with the time standard for an OB/GYN first prenatal appointment in Q2 2021.**

Appointment Availability Survey

Q2, 2021

KERN HEALTH SYSTEMS

Tracking, Trending, and Provider Outreach

The Plan utilizes the quarterly appointment availability survey to monitor compliance at a network-wide level. The Plan reviewed the results of the Q2 2021 appointment availability survey against prior quarters, and recognized an increase in the average wait time amongst mental health and ancillary appointments; the Plan does not consider this a trend at this time. The Plan's average wait time remains well within regulatory standards for all appointment types.

Average wait time for an urgent appointment in hours	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Primary Care	N/A	N/A	N/A	N/A	19.1	26.9
Specialist	N/A	N/A	N/A	N/A	57.4	61.6

Average wait time for an appointment in days	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Primary Care	4.4	9.8	9	5.2	2.3	3
Specialist	3.1	5.4	8.5	5.7	10.5	11.4
Mental Health	N/A	N/A	N/A	N/A	2	8
Ancillary	N/A	N/A	N/A	N/A	1.4	8.6
OB/GYN	7	8.8	8	8.9	10	7.4

*N/A = Not previously surveyed

The Plan reviews provider results against prior quarters. The Plan conducts provider outreach as appropriate and continues quarterly tracking/trending and will report as identified. At this time, the Plan has not identified any potential trends amongst providers and/or specialty types. The Plan is sending letters (template attached) to providers who were identified to be non-compliant during the Q2 2021 appointment availability survey.

Phone Answering Timeliness Results

Utilizing the methodology outlined above, KHS conducts a phone answering timeliness survey in conjunction with the appointment availability survey. During Q2 2021 calls were answered within an average of **1.5 rings**.

	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Average rings before call was answered	1.8	3.8	3.2	2.2	2.2	1.5

KERN HEALTH SYSTEMS

[DATE]

[OFFICE NAME]
Attn: Office Manager
[ADDRESS]
[CITY], [STATE] [ZIP]

Kern Health Systems (KHS) uses an appointment availability survey program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. The Department of Health Care Services (DHCS), and KHS policy 4.30-P *Accessibility Standards* requires that patients be able to call an office for information regarding physician and appointment availability, on call provisions, or emergency services.

During Q2 2021, KHS contacted your office and conducted an appointment availability survey in regards to scheduling [STANDARD/SPECIALTY] appointment. Based on the results of the survey, we found your office was not complaint with KHS availability standards. With this letter, I have included a copy of KHS policy that outlines required appointment availability standards.

The purpose of this letter is to notify you of the identified non-compliance and to remind you of your contractual obligations related to access standards. Please call me if you have any questions or concerns related to this policy. KHS will assist in any way possible to ensure compliance with these standards.

Sincerely,

Melissa Lopez
Provider Relations Manager
661-617-2642

Additionally, KHS shall ensure its network of providers meets compliance with time and distance standards as required by the Department Health Care Services' (DHCS) annual network certification.

For geographic service areas (zip codes) found to not meet the above standards, KHS shall maintain alternative access standards, to be filed and approved with the DHCS and DMHC.

3.6 **Appointment Waiting Time and Scheduling:**
The "appointment waiting time" means the time from the initial request for health care services by a Member or the Member's treating provider to the earliest date offered for the appointment for services inclusive of the time for obtaining authorization from the plan, and completing any other condition or requirement of the plan or its contracting providers. KHS shall ensure that Members are offered appointments for covered health care services within a time period appropriate for their condition. Members must be offered appointments within the following timeframes:

Type of Appointment	Time Standard
Urgent care appointment for services that do not require prior authorization[1]	Within 48 hours of a request
Urgent appointment for services that require prior authorization	Within 96 hours of a request
Non-urgent primary care appointment	Within 10 business days of a request
Non-urgent appointment with a specialist	Within 15 business days of a request
Non-urgent appointments with a physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointments with a non-physician mental health care provider	Must offer the appointment within 10 business days of request
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	Within 15 business days of a request
Pediatric CHDP Physicals	Within 2 weeks upon request
First pre-natal OB/GYN visit	The lesser of 10 business days or within 2 weeks upon request

Exceptions to Appointment Waiting Time and Scheduling:

KERN HEALTH SYSTEMS

Grievance Review

Quarter 2, 2021

(Q1, 2021 Review Period)

Provider Network Management

Grievance Review

Q2, 2021 (Q1, 2021 Review Period)

KERN HEALTH SYSTEMS

Introduction and KHS Policy and Procedure

As outlined in KHS policy 5.01-P, *Member Grievance*, member grievances are documented, investigated, and resolved within thirty (30) calendar days by the KHS Member Services Department. On a quarterly basis, KHS' Provider Network Management Department reviews all access grievances, in order to identify any potential access issues or trends within the Plan's network or amongst the Plan's contracted providers. The time standards for access to a primary care appointment, specialist appointment, in-office wait time, and provider telephone are outlined in KHS policy *4.30-P Accessibility Standards.*

Access Grievances - Categorization

The Member Services Department uses twenty-three DHCS recognized Grievance Types (or "dispositions") to categorize grievances. Grievances categorized as *Geographic Access*, *Provider Availability*, *Technology/Telephone*, or *Timely Access* are considered access grievances for the purposes of this review. The Plan reviews these grievance types against prior quarters, and the graphs utilized within this review only include data that is in line with these grievance types.

Access Grievance Totals

During Q1 2021 **seventy-three (73)** access-related grievances were received and reviewed by the KHS Grievance Committee. In **forty-five (45)** of the cases, no issues were identified and were closed in favor of the Plan. The remaining **twenty-eight (28)**, were closed in favor of the enrollee; the KHS Grievance Department sent letters to the providers involved in these cases, notifying them of the outcome.

The access grievances found in favor of the enrollee for Q1 2021 were categorized by the KHS Grievance Department as follows:

Timely Access	**14**
Provider Availability	**5**
Technology / Telephone	**9**
Geographic Access	**0**

The twenty-eight (28) grievances that were closed in favor of the enrollee are in the process of being finalized and forwarded to the Plan's Provider Network Management Department for review. For each of these grievances, the members initial complaint, the provider's response, the Members Service Department's investigation, and the Grievance Committee's decision will be reviewed by the Provider Network Management Department. The Provider Network Management Department's receipt, review, and analysis of these grievances is still on going and will be presented in next quarter's Provider Network Management Network Review. Due to timeframes associated with grievance investigation and forwarding finalized grievance files to the Provider Network Management Department, Grievance Reviews will be conducted reviewing grievances from two quarters prior (i.e. Q1 2021 grievances will be reviewed and reported during Q3 2021 Network Review).

Grievance Review

Q2, 2021 (Q1, 2021 Review Period)

KERN HEALTH SYSTEMS

Exempt Grievances

On a quarterly basis, the Plan's Provider Network Management Department reviews all exempt grievances to identify potential trends amongst the provider network. In-line with the timeframe change of the review of access grievance outlined above, the Provider Network Management review of exempt grievances will be conducted reviewing data from two quarters prior. The finalized results of the Q1 2021 will be presented in the Q3 2021 Grievance Review.

For Q1 2021 there were a total of **1,180** exempt grievances; the Provider Network Management Department has identified a 12.47% increase in exempt grievances when compared to the total in Q4 2020, **1,050**. The Plan continues to review the data to identify other potential trends, and a finalized review will be reported during Q3 2021.

Grievance Type	Q4 Count	Q4 % of Total	Q1 Count	Q1 % of Total
Provider / Staff Attitude	606	57.70%	721	61.10%
Timely Access	122	11.60%	137	11.60%
Transportation	135	12.90%	129	10.90%
Technology / Telephone	50	4.80%	62	5.30%
Provider Availability	60	5.70%	58	4.90%
Authorization	37	3.50%	26	2.20%
Referral	9	0.90%	20	1.70%
Billing	5	0.50%	11	0.90%
Physical Access	9	0.90%	3	0.30%
Enrollment	1	0.10%	3	0.30%
Case Management / Care Coordination	0	0.00%	3	0.30%
Language Access	5	0.50%	2	0.20%
Member Informing Materials	4	0.40%	2	0.20%
Continuity Of Care	4	0.40%	1	0.10%
Fraud / Waste / Abuse	0	0.00%	1	0.10%
PHI / Confidentiality / HIPAA	0	0.00%	1	0.10%
Discrimination	3	0.30%	0	0.00%
Out-of-Network	0	0.00%	0	0.00%
Geographic Access	0	0.00%	0	0.00%
Disability Discrimination	0	0.00%	0	0.00%
Eligibility	0	0.00%	0	0.00%
Assault / Harassment	0	0.00%	0	0.00%
Inappropriate Care	0	0.00%	0	0.00%
Grand Total	**1050**		**1180**	

	Geographic Access	Grievance related to geographic access to a state plan approved provider, pharmacy or hospital within the geographic requirements based on type of appointment and condition of member's health.
	Language Access	Grievance related to the inability to access or concerns with linguistic and interpreter services at the providers office.
	Out-of-Network	Grievance related to inability to obtain services from a non-contracted provider.
	Physical Access	Grievance related to the inability to physically access a provider or health plan due to office closure, not having wheelchair access, inadequate ramp, elevators, inadequate parking, or other requirements under the American with Disabilities Act.
	Provider Availability	Grievance related to the inability to see providers during normal hours of operation or concerns with the providers' hours of operation.
	Timely Access	Grievance related to timely access to a state plan approved provider within the timeframe requirements based on type of appointment and condition of member's health.
	Transportation	Grievance related to inability to access or concerns with transportation services.

	Discrimination	Grievance regarding alleged discrimination by the health plan, provider, or provider's staff based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental or physical disability, medical condition, genetic information, marital status, gender, gender identity, gender expression, or sexual orientation. May also include complaints where the member is treated differently after filing a grievance.
	Disability Discrimination	Grievance regarding alleged discrimination by the health plan, provider, or provider's staff based on disability. Include allegations of failure to provide auxiliary aids, or to make reasonable accommodations in policies and procedures, when necessary to ensure equal access for persons with disabilities.
	Fraud / Waste / Abuse	Grievance related to intentional or unintentional misuse of resources, fraudulent, non-compliant, dishonest or unethical conduct committed by a health network, plan, provider, vendor, consultant, and current or potential member.
	PHI / Confidentiality / HIPAA	Grievance related to the breach of Personal Health Information (PHI) or confidentiality. Privacy rules were not followed. For example, complaints regarding the provider inappropriately accessing, using or disclosing a member's PHI.

	Billing	Grievance related to bills received in error, premium and debt collection notices, reimbursement request, claim adjustment request or bills received after member was told issues were resolved. May include complaints regarding charges for non-covered services, benefits, or drugs not covered, etc.
	Authorization	Grievance related to the timeliness of an authorization or communication regarding the result (approval, denial or modification) of the authorization
	Eligibility	Grievance related to Medi-Cal plan member's eligibility or share of cost requirements.
	Enrollment	Grievance related to Medi-Cal plan enrollment information received, enrollment process, Medi-Cal plan member being disenrolled from plan, providers, or any of its health network, etc.
	Referral	Grievance related to the MCP's processing of referrals to covered services.
	Assault / Harassment	Grievance related to the physical, emotional, or sexual misconduct by a medical professional.
	Case Management / Care Coordination	Grievance related to case management or care coordination.
	Inappropriate Care	Grievance related to the overuse, underuse, or misuse of health care services.

	Member Informing Materials	Grievance regarding written materials provided in alternative formats or translation in threshold languages.
	Provider / Staff Attitude	Grievance related to inappropriate behavior, poor provider/staff attitude (includes non-clinical staff, etc.), rudeness, or mistreatment.
	Technology / Telephone	Grievance related to on-line scheduling systems, health plan system's connectivity, user friendliness, excessive waits, accessibility, via plan's website; or a member's inability to reach a provider or health plan's staff via phone or waiting on the phone too long.
Edits	• Must be in list of valid values • May have multiple values	

KERN HEALTH SYSTEMS

Geographic Accessibility & DHCS Network Certification

Quarter 2, 2021

Provider Network Management

Geographic Accessibility & Network Certification

Q2, 2021

KERN HEALTH SYSTEMS

Geographic Accessibility

As required by the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS), Kern Health Systems (KHS) is required to maintain time and distance standards for certain provider types.

Per Section 1300.51 (d)(H) of the California Code of Regulations, KHS shall ensure, "all enrollees have a residence or workplace within **thirty (30) minutes or fifteen (15) miles** of a contracting or plan-operated **primary care provider**" as well as "**within thirty (30) minutes or fifteen (15) miles** of a contracting or plan-operated **hospital**". Further, per Section 1300.67.2.1(b), if "a plan's standards of accessibility […] are unreasonable restrictive […] the plan may propose alternative access standards of accessibility for that portion of its service area.

Per Exhibit A, Attachment 6 of the KHS contract with the DHCS, KHS, "shall maintain a network of **Primary Care Physicians** which are located **within thirty (30) minutes or ten (10) miles** of a member's residence unless [KHS] has a DHCS-approved alternative time and distance standard."

For all geographic areas in which the Plan does not currently meet the regulatory accessibility standard, The Plan monitors and maintains an alternative access standard that has been reviewed and approved by the DMHC and/or DHCS.

DHCS Annual Network Certification – 2021

DHCS Network Adequacy Standards	
Primary Care (Adult and Pediatric)	10 miles or 30 minutes
Specialty Care (Adult and Pediatric)	45 miles or 75 minutes
OB/GYN Primary Care	10 miles or 30 minutes
OB/GYN Specialty Care	45 miles or 75 minutes
Hospitals	15 miles or 30 minutes
Pharmacy	10 miles or 30 minutes
Mental Health	45 miles or 75 minutes

As a part of the Annual Network Certification requirement, outlined in APL 21-006, the Plan is required to submit geographic access analysis outlining compliance with the above-listed standards. For all zip codes in which the Plan was not compliant with an above-listed standard, the Plan is able to submit an alternative access standard (AAS) request.

The Plan completed required Annual Network Certification reporting during Q2 2021. Review of the Plan's submission and requested alternative access standards is still ongoing with the DHCS. Portions of the geographic accessibility analysis the Plan completed to fulfill DHCS Network Certification requirements and supplemental maps are included as *Attachment A*. As part of its ongoing monitoring the Plan reviews additions/deletions in the provider network against the most recently completed geographic accessibility analysis and as of the end of Q2 2021 has not identified any significant changes.

KERN HEALTH SYSTEMS

Network Adequacy & Provider Counts

Quarter 2, 2021

Provider Network Management

Network Adequacy & Provider Counts

Q2, 2021

KERN HEALTH SYSTEMS

Introduction

Per CCR § 1300.67.2, Kern Health Systems (KHS) shall maintain, "at least one full-time equivalent physician to each one thousand two hundred (1,200) enrollees and […] approximately one full-time equivalent primary care physician for each two thousand (2,000) enrollees."

During Q3/Q4 2018, KHS, in conjunction with guidance from the Department of Managed Health Care (DMHC), developed and adopted an updated methodology for determining full-time equivalency for contracted providers. KHS memorialized this methodology in Policy 4.30-P *Accessibility Standards;* this policy was submitted to the DMHC and received approval on 12/14/2018.

Per KHS policy, 4.30-P *Accessibility Standards, §4.6 Full-time equivalent (FTE) Provider to Member Ratios,* "Full-time equivalency shall be determined via an annual survey of KHS' contracted providers to determine the percentage of time allocated to Plan's beneficiaries. The results of the survey will be used to calculate an average FTE percentage which will be applied to the Plan's network of providers when calculating the physician-to-enrollee compliance ratios. The methodology for the survey, results of the survey, and network capacity review of above ratios, will be reported annually to the KHS QI/UM Committee. Due to a maximum member assignment of 1,000 Mid-level providers serving in the Primary Care capacity will be counted as .5 of a PCP FTE, prior to percentage calculation."

Survey Methodology and Results

In 2019, KHS contracted with SPH Analytics to conduct our annual Provider Satisfaction Survey; as a part of that survey, responding providers were asked, "*What portion of your managed care volume is represented by Kern Health Systems?"* Outreach for the survey was placed to every contracted provider within the Plan's network. Responses received, and FTE calculations based on those responses, do not account for providers who refuse to participate in the survey. KHS used the responses collected from Primary Care Providers to calculate the FTE for Primary Care Providers, and used the responses collected from Primary Care Providers and Specialists to calculate the FTE for Physicians.

KHS utilized SPH Analytics, an NCQA certified survey vendor, to conduct the survey for 2020. SPH's methodology involved two waves of mail and Internet, with a third wave of phone follow up to administer the survey; for 2020, the provider survey was conducted from March to May.

Based on the results of 2020 survey, KHS calculated a network-wide FTE percentage of **48.31% for Primary Care Providers** and **41.22% for Physicians.**

Network Adequacy & Provider Counts

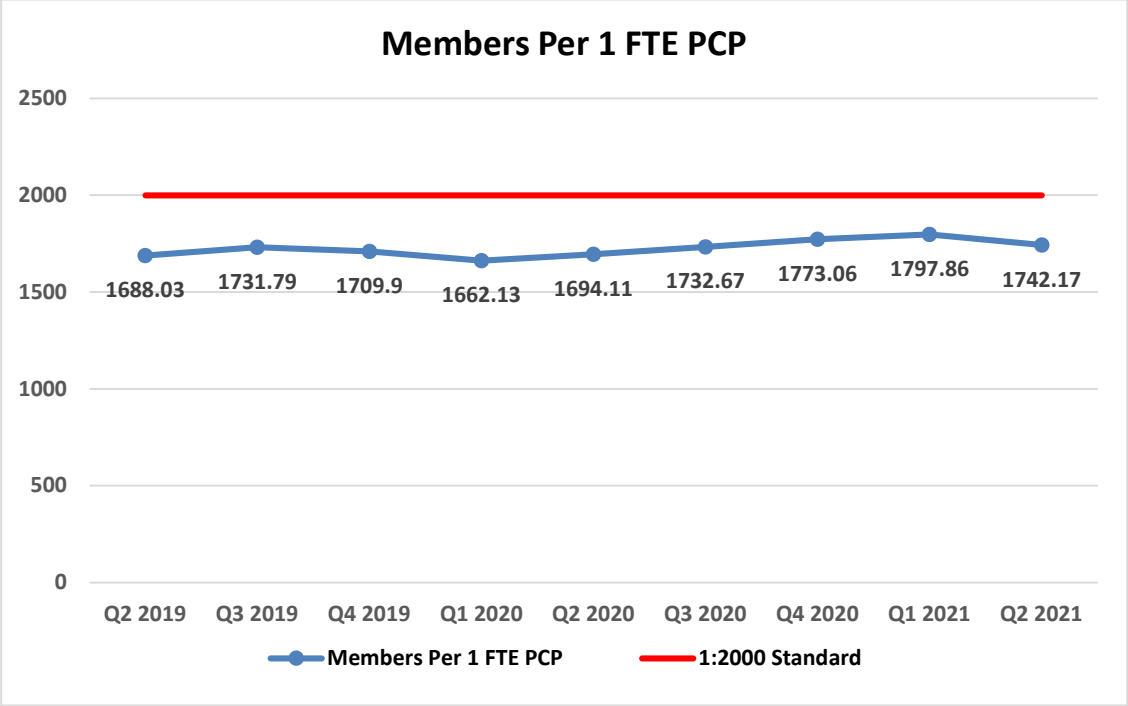
Q2, 2021

Full Time Equivalency Compliance Calculations

Of KHS' 300,952 membership at the close of Q2 2021, 11,857 were assigned and managed by Kaiser and did not access services through KHS' network of contracted providers; due to this, Kaiser managed membership is not considered when calculating FTE compliance.

As of the end of Q2 2021, the plan was contracted with 439 Primary Care Providers, a combination of 248 physicians and 191 mid-levels. Based on the FTE calculation process outlined above, with a 48.31% PCP FTE percentage, KHS maintains a total of **165.94 FTE PCPs**. With a membership enrollment of 289,095 utilizing KHS contracted PCPs, KHS currently maintains a ratio of **1 FTE PCP to every 1742.17 members**; KHS is compliant with state regulations and Plan policy.

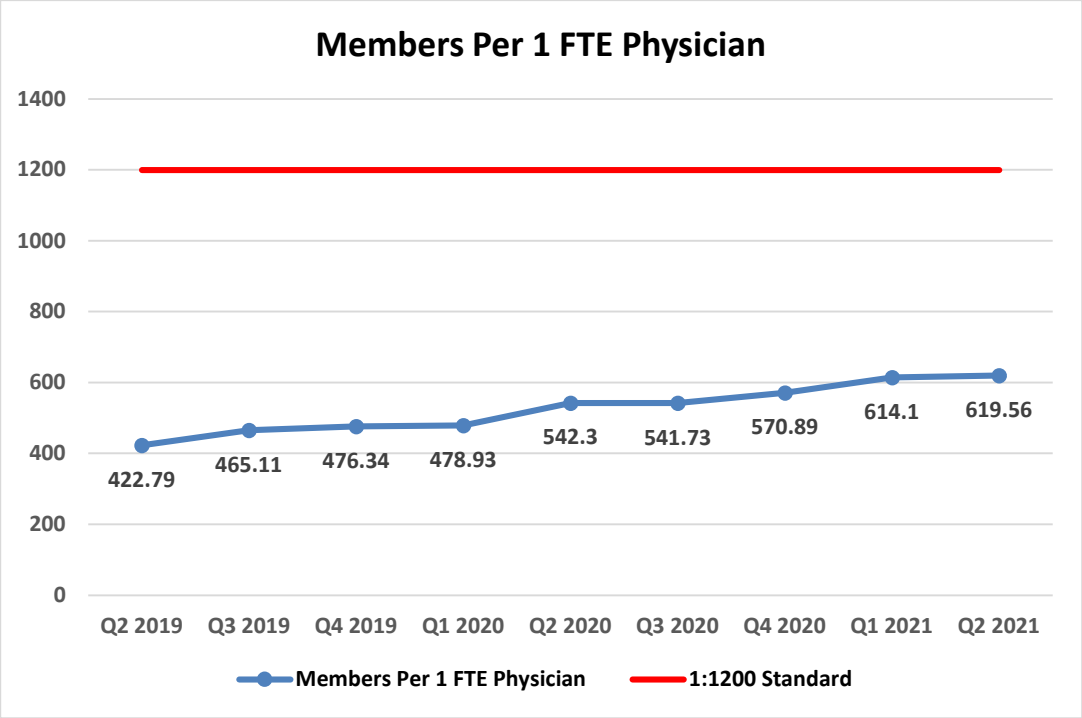
PCP to Member Ratio



As of the end of Q2 2021, the plan was contracted with 1132 Physicians. Based on the FTE calculation process outlined above, with a 41.22% Physician FTE percentage, KHS maintains a total of **466.61 FTE Physicians**. With a total membership enrollment of 289,095 utilizing KHS contracted Physicians, KHS currently maintains a ratio of **1 FTE Physician to every 619.56 members**; KHS is compliant with state regulations and Plan policy.

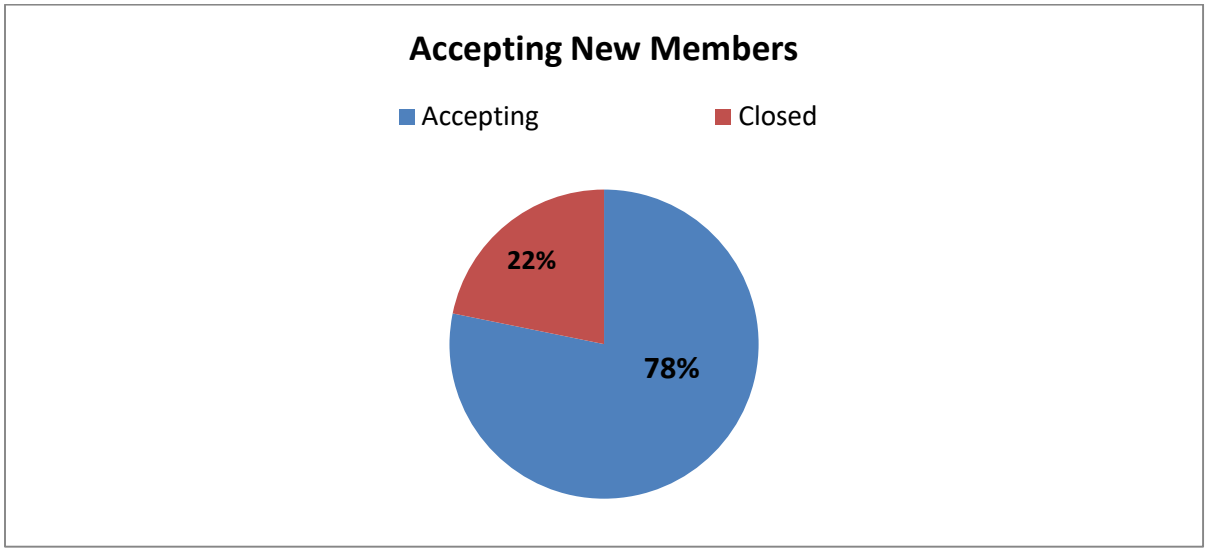
Network Adequacy & Provider Counts

Q2, 2021



Accepting New Members

In addition to the Full Time Equivalency Compliance review conducted above, the Plan monitors adequacy of its Primary Care Network by reviewing the count/percentage of Primary Care Providers (PCP) who are accepting new members. **The Plan calculated that 78% of the network of Primary Care Providers is currently accepting new members at a minimum of one location**. The Plan will continue to monitor this percentage quarterly to ensure it maintains an adequate network of Primary Care Providers.

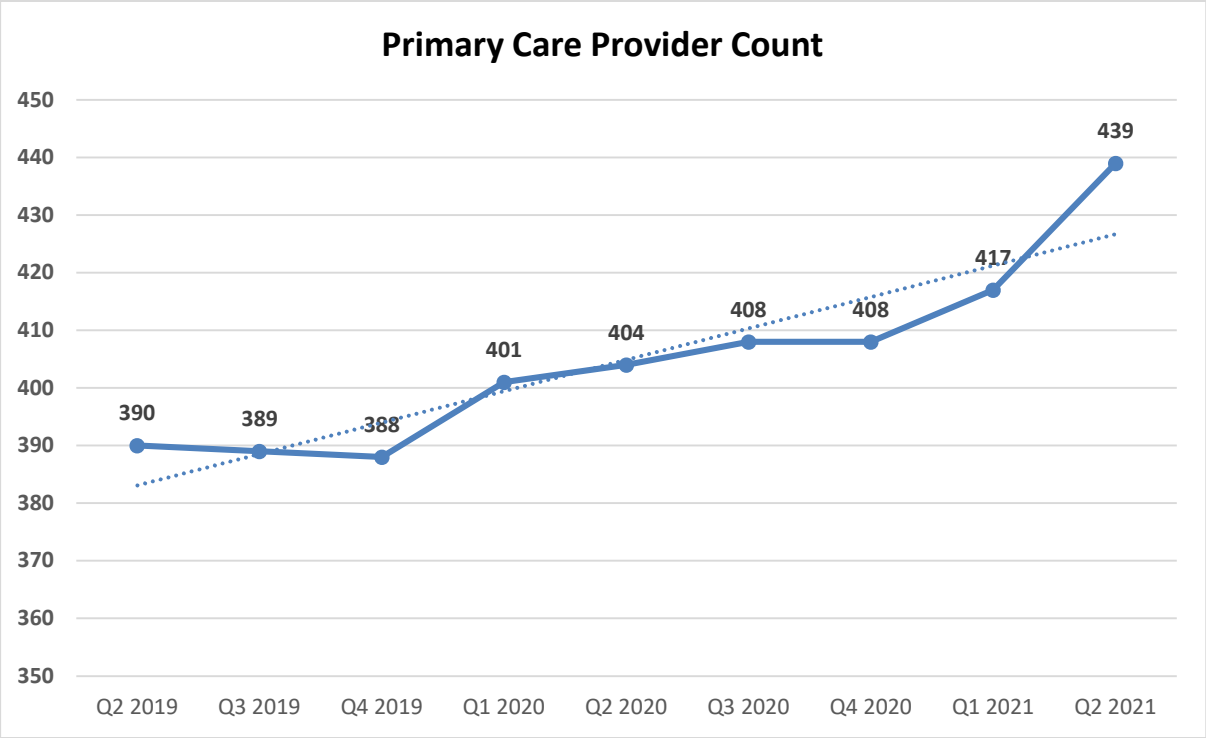


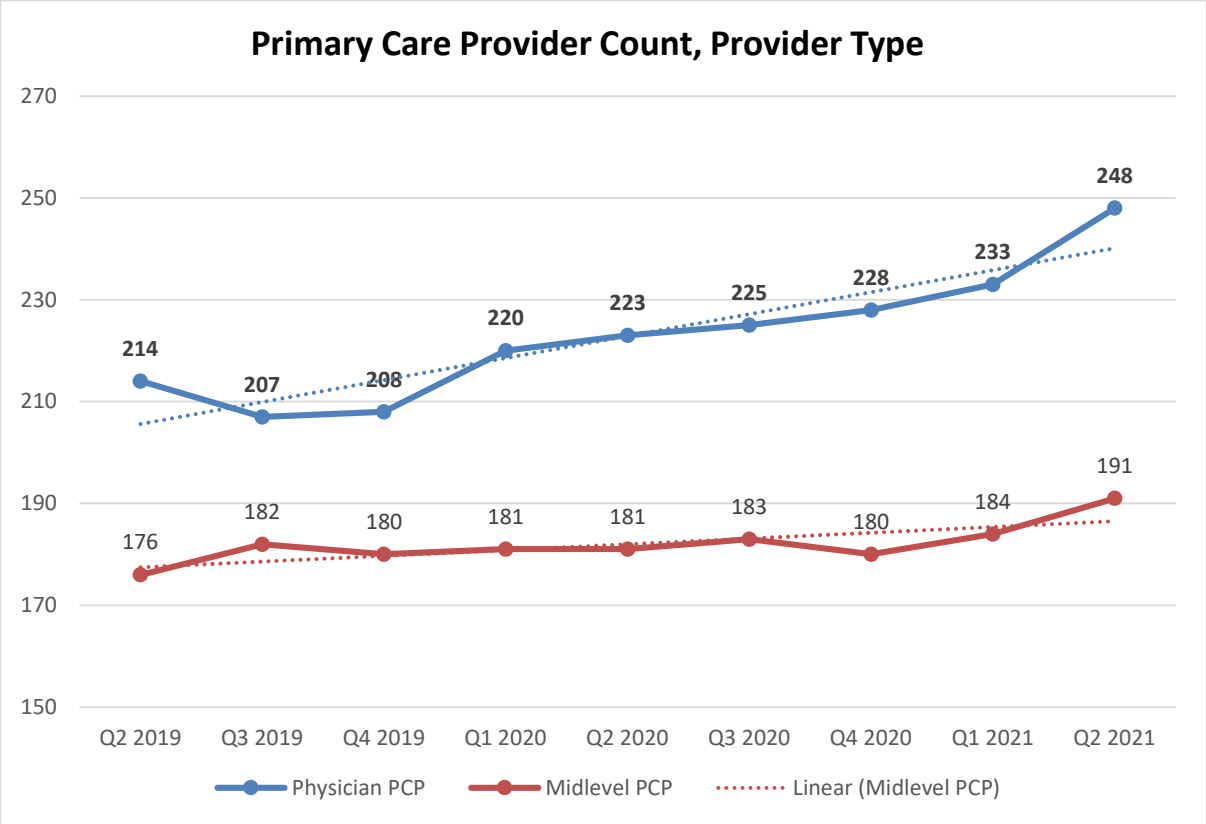
Network Adequacy & Provider Counts

Q2, 2021

KERN HEALTH SYSTEMS

Provider Counts – Primary Care Providers



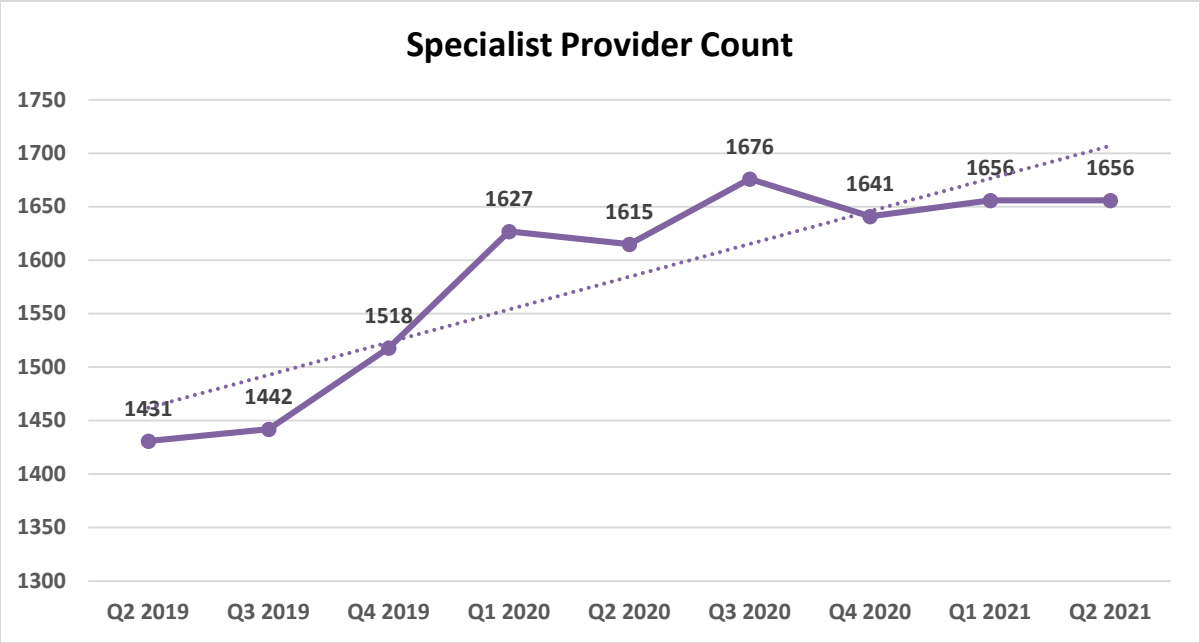


Network Adequacy & Provider Counts

Q2, 2021

KERN HEALTH SYSTEMS

Provider Counts – Specialist Providers



DHCS Core Specialties, Provider Count									
	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Cardiology	39	39	40	40	38	42	44	43	42
Dermatology	31	31	35	33	36	35	36	33	34
Endocrinology	17	19	20	20	19	20	24	22	23
Gastroenterology	16	18	20	20	22	22	22	23	22
General Surgery	53	59	62	66	70	68	68	67	63
Hematology	18	18	18	17	18	18	20	20	21
Infectious Disease	10	12	10	9	10	10	10	11	10
Nephrology	24	22	22	22	21	22	23	23	27
Neurology	22	23	25	25	26	25	25	26	25
Oncology	22	23	23	22	24	24	26	26	27
Ophthalmology	29	30	32	33	32	30	29	30	30
Orthopedic Surgery	20	19	20	21	20	21	20	20	21
Otolaryngology	14	13	12	12	10	10	10	8	8
Physical Medicine & Rehab	23	23	27	27	24	24	24	24	11
Psychiatry	46	48	54	54	53	54	47	47	45
Pulmonary Disease	21	21	21	20	20	20	19	18	17

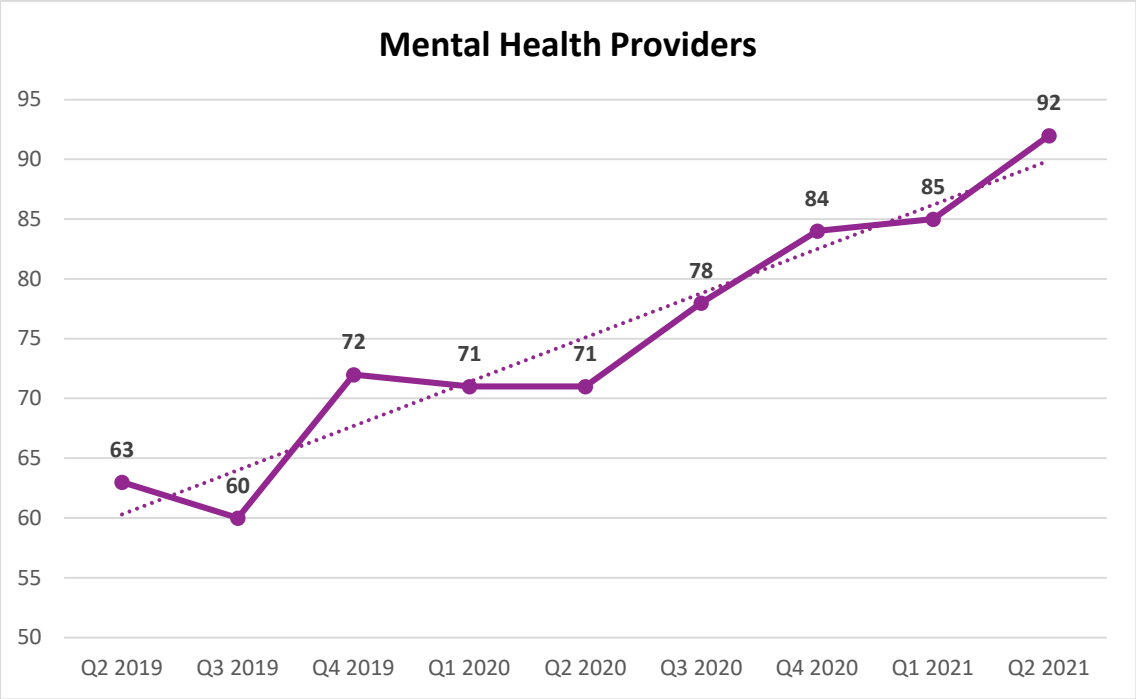
	> 5% Increase		> 5% Decrease
	≤ 5% Increase		≤ 5% Decrease

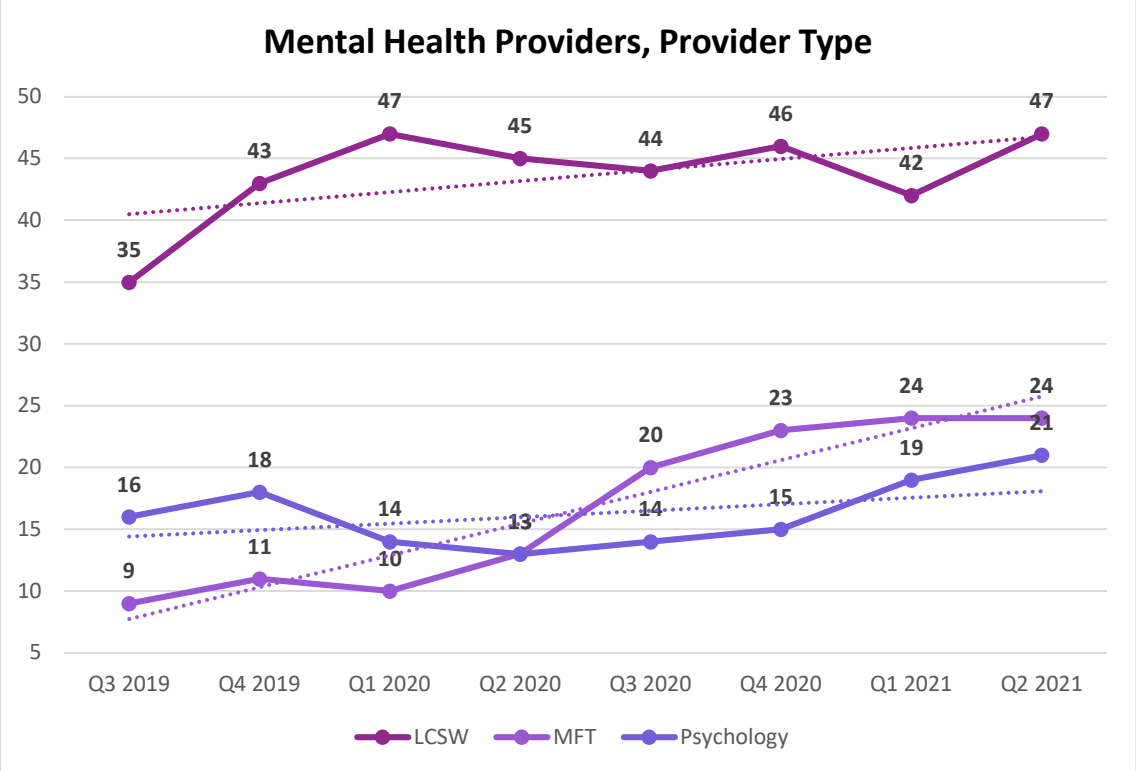
Network Adequacy & Provider Counts

Q2, 2021

KERN HEALTH SYSTEMS

Provider Counts – Mental Health (Psychology, LMFT, LCSW)





Network Adequacy & Provider Counts

Q2, 2021

KERN HEALTH SYSTEMS

Provider Counts – Facilities

	2017	2018	2019	2020	Current
Hospital	18	18	18	18	19
Surgery Center	19	16	17	19	20
Urgent Care	13	17	17	17	17

Provider Counts – Other Provider Types

	2017	2018	2019	2020	Current
Ambulance/Transport	15	15	13	17	19
Dialysis	13	14	16	18	19
Home Health	13	12	13	13	14
Hospice	6	7	11	13	18
Pharmacy	133	136	139	147	149
Physical Therapy	29	29	29	30	29

KERN HEALTH SYSTEMS

DHCS Quarterly Monitoring Report/Response Template (QMRT)

Quarter 2, 2021

(Q1, 2021 Review Period)

Provider Network Management

Quarterly Monitoring Report/Response Template

Q2, 2021 (Q1, 2021 Review Period)

KERN HEALTH SYSTEMS

Introduction

Department of Health Care Services (DHCS) monitors and assesses specific compliance categories on a quarterly basis. Their review is provided to the Plan, and when potential areas of concern are identified, response is required via the Quarterly Monitoring Report/Response Template (QMRT). The Plan reviews all data received from the DHCS against internal access monitoring tools to identify any potential issues or trends within the Plan network.

On 4/12/2021 the Plan received Q1 2021 QMRT and accompanying reports from the DHCS and during Q2 2021 the Plan's Provider Network Management departments reviewed the following categories:

FTE Provider to Member Ratio

DHCS uses the Plan's 274 file submission to calculate and monitor FTE provider to member ratios. For Q1 2021 QMRT no response was requested from the Plan, and the DHCS review found the Plan to be in compliance with the standard:

Service Area and/or Reporting Unit	FTE PCP Per 2,000 members	FTE Physician Per 1,200 members
Kern	15	42

The Plan's standards and monitoring of FTE provider to member ratios are outlined in Plan policy and procedure *4.30-P Accessibility Standards*. While the Plan was unable to replicate the above ratios provided by the DHCS, the Plan's own quarterly monitor (*Network Adequacy and Provider Counts*, *Q2 2021*) also found the Plan to be in compliance with regulatory standards.

Timely Access

DHCS' External Quality Review Organization (EQRO) conducts a timely access survey of Plan providers to ensure compliance with provider availability and appointment wait time standards. For Q1 2021 QMRT no response was requested from the Plan, and no survey data was provided to the Plan. The Plan's standards and monitoring of timely access are outlined in Plan policy and procedure *4.30-P Accessibility Standards*. The Plan's own quarterly monitor (*Appointment Availability Survey*, *Q2 2021*) found the Plan to be in compliance with regulatory standards.

Network Report

DHCS uses the Plan's 274 file to generate Network Report in an effort to improve network provider data quality and support compliance with Annual Network Certification and timely access survey. For Q1 2021 QMRT no response was requested from the Plan, and no Network Report data was provided to the

Plan. The Plan's standards and monitoring of accessibility are outlined in Plan policy and procedure *4.30-P Accessibility Standards.*

Mandatory Provider Types

The Plan is required to contract with at least one of the following Mandatory Provider Types within its service area, where available: Freestanding Birthing Centers (FBC), Certified Nurse Midwife (CNM), Licensed Midwife (LM), and Indian Health Facilities (IHF). For Q1 2021 QMRT no response was requested from the Plan, and no Mandatory Provider Type data was provided to the Plan. The Plan maintains ongoing efforts to identify and contract will all provider types, including the above listed Mandatory Provider Types. This requirement is also reviewed by the Plan and DHCS as part of the Plan's Annual Network Certification. The Plan's most recent submission was found to be in compliance with regulatory requirements.

Physician Supervisor to Non-Physician Medical Practitioner Ratios

DHCS uses the Plan's 274 file submission to calculate and monitor Physician Supervisor to Non-Physician Medical Practitioner Ratios. For Q1 2021 QMRT no response was requested from the Plan, and the DHCS' review found the Plan to be in compliance with the standard:

Service Area(s) and/or Reporting Unit	Physician Supervisor Per Non-Physician Medical Practitioner Ratio
Kern	9

The Plan's standards for Physician Supervisor to Non-Physician Medical Practitioner ratios are outlined in Plan policy and procedure *4.04-P Non-Physician Medical Practitioners – Supervision by Physicians.* While the Plan was unable to replicate the above ratios provided by the DHCS, the Plan calculated its network ratio and found it has 2.78 Physicians Supervisors per Non-Physician Medical Practitioner and was in compliance with the standard.

DHCS HealthCare Services

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-1: PCPs	Kern Health Systems	Kern	Arvin, CA	93203	PCP	Adult	10770	10770	0	16.5	15.2
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93301	PCP	Adult	5588	5588	0	1.6	1.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93304	PCP	Adult	22175	22175	0	2.4	1.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93305	PCP	Adult	17997	17997	0	2.6	1.6
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93306	PCP	Adult	25065	25065	0	6.6	6.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93307	PCP	Adult	49300	49300	0	6.1	4.6
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93308	PCP	Adult	16638	16638	0	14.2	13.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93309	PCP	Adult	18247	18247	0	2.6	1.9
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93311	PCP	Adult	8356	8356	0	11.6	10.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93312	PCP	Adult	7875	7875	0	8	4
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93313	PCP	Adult	16576	16576	0	9.6	8.8
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93314	PCP	Adult	3427	3427	0	9.2	8.5
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bodfish, CA	93205	PCP	Adult	530	530	0	5.3	4.9
Exhibit B-1: PCPs	Kern Health Systems	Kern	Boron, CA	93516	PCP	Adult	527	527	0	27.3	25.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Buttonwillow, CA	93206	PCP	Adult	770	770	0	12.1	11.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Caliente, CA	93518	PCP	Adult	185	185	0	23.2	21.3
Exhibit B-1: PCPs	Kern Health Systems	Kern	California City, CA	93505	PCP	Adult	3317	3317	0	4.4	4.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Delano, CA	93215	PCP	Adult	18951	18951	0	4.8	4.4
Exhibit B-1: PCPs	Kern Health Systems	Kern	Edwards, CA	93523	PCP	Adult	226	226	0	17.3	15.9
Exhibit B-1: PCPs	Kern Health Systems	Kern	Fellows, CA	93224	PCP	Adult	128	128	0	18.6	17.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Frazier Park, CA	93225	PCP	Adult	647	647	0	17	15.6
Exhibit B-1: PCPs	Kern Health Systems	Kern	Glennville, CA	93226	PCP	Adult	13	13	0	21.4	19.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Inyokern, CA	93527	PCP	Adult	237	237	0	21.4	19.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Keene, CA	93531	PCP	Adult	54	54	0	16.4	15.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Kernville, CA	93238	PCP	Adult	163	163	0	11.1	10.2
Exhibit B-1: PCPs	Kern Health Systems	Kern	Lake Isabella, CA	93240	PCP	Adult	1413	1413	0	3.2	3
Exhibit B-1: PCPs	Kern Health Systems	Kern	Lamont, CA	93241	PCP	Adult	7776	7776	0	3.6	1.8
Exhibit B-1: PCPs	Kern Health Systems	Kern	Lancaster, CA	93536	PCP	Adult	1	1	0	22.6	20.8
Exhibit B-1: PCPs	Kern Health Systems	Kern	Lebec, CA	93243	PCP	Adult	193	193	0	15.4	14.2
Exhibit B-1: PCPs	Kern Health Systems	Kern	Lost Hills, CA	93249	PCP	Adult	988	988	0	30.8	28.3
Exhibit B-1: PCPs	Kern Health Systems	Kern	Maricopa, CA	93252	PCP	Adult	452	452	0	15.3	14.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Mc Farland, CA	93250	PCP	Adult	6659	6659	0	10.5	9.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Mc Kittrick, CA	93251	PCP	Adult	49	49	0	25.9	23.8
Exhibit B-1: PCPs	Kern Health Systems	Kern	Mojave, CA	93501	PCP	Adult	1588	1588	0	14.8	13.6
Exhibit B-1: PCPs	Kern Health Systems	Kern	Onyx, CA	93255	PCP	Adult	126	126	0	29.1	26.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Rosamond, CA	93560	PCP	Adult	1264	1264	0	25.8	23.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Shafter, CA	93263	PCP	Adult	8518	8518	0	9.1	8.4
Exhibit B-1: PCPs	Kern Health Systems	Kern	Taft, CA	93268	PCP	Adult	6172	6172	0	12.1	11.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Tehachapi, CA	93561	PCP	Adult	4400	4400	0	15.1	13.9
Exhibit B-1: PCPs	Kern Health Systems	Kern	Wasco, CA	93280	PCP	Adult	9632	9632	0	15.9	14.6
Exhibit B-1: PCPs	Kern Health Systems	Kern	Weldon, CA	93283	PCP	Adult	465	465	0	21	19.3
Exhibit B-1: PCPs	Kern Health Systems	Kern	Wofford Heights, CA	93285	PCP	Adult	425	425	0	7.5	6.9
Exhibit B-1: PCPs	Kern Health Systems	Kern	Woody, CA	93287	PCP	Adult	21	21	0	25.3	23.2
Exhibit B-1: PCPs	Kern Health Systems	Kern	Arvin, CA	93203	PCP	Pediatric	10770	10770	0	16.5	15.2
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93301	PCP	Pediatric	5588	5588	0	1.6	1.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93304	PCP	Pediatric	22175	22175	0	2.4	1.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93305	PCP	Pediatric	17997	17997	0	2.6	1.6
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93306	PCP	Pediatric	25065	25065	0	6.6	6.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93307	PCP	Pediatric	49300	49300	0	6.1	4.6
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93308	PCP	Pediatric	16638	16638	0	14.2	13.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93309	PCP	Pediatric	18247	18247	0	2.6	1.9
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93311	PCP	Pediatric	8356	8356	0	11.6	10.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93312	PCP	Pediatric	7875	7875	0	8	4
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93313	PCP	Pediatric	16576	16576	0	9.6	8.8
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bakersfield, CA	93314	PCP	Pediatric	3427	3427	0	9.2	8.5
Exhibit B-1: PCPs	Kern Health Systems	Kern	Bodfish, CA	93205	PCP	Pediatric	530	530	0	9.4	8.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Boron, CA	93516	PCP	Pediatric	527	527	0	27.3	25.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Buttonwillow, CA	93206	PCP	Pediatric	770	770	0	12.1	11.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Caliente, CA	93518	PCP	Pediatric	185	185	0	23.2	21.3
Exhibit B-1: PCPs	Kern Health Systems	Kern	California City, CA	93505	PCP	Pediatric	3317	3317	0	4.4	4.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Delano, CA	93215	PCP	Pediatric	18951	18951	0	4.8	4.4
Exhibit B-1: PCPs	Kern Health Systems	Kern	Edwards, CA	93523	PCP	Pediatric	226	226	0	17.3	15.9
Exhibit B-1: PCPs	Kern Health Systems	Kern	Fellows, CA	93224	PCP	Pediatric	128	128	0	18.6	17.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Frazier Park, CA	93225	PCP	Pediatric	647	647	0	17	15.6
Exhibit B-1: PCPs	Kern Health Systems	Kern	Glennville, CA	93226	PCP	Pediatric	13	13	0	21.4	19.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Inyokern, CA	93527	PCP	Pediatric	237	237	0	21.4	19.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Keene, CA	93531	PCP	Pediatric	54	54	0	16.4	15.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Kernville, CA	93238	PCP	Pediatric	163	163	0	11.1	10.2
Exhibit B-1: PCPs	Kern Health Systems	Kern	Lake Isabella, CA	93240	PCP	Pediatric	1413	1413	0	7.3	6.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Lamont, CA	93241	PCP	Pediatric	7776	7776	0	3.6	1.8
Exhibit B-1: PCPs	Kern Health Systems	Kern	Lancaster, CA	93536	PCP	Pediatric	1	1	0	22.6	20.8
Exhibit B-1: PCPs	Kern Health Systems	Kern	Lebec, CA	93243	PCP	Pediatric	193	193	0	15.4	14.2
Exhibit B-1: PCPs	Kern Health Systems	Kern	Lost Hills, CA	93249	PCP	Pediatric	988	988	0	30.8	28.3
Exhibit B-1: PCPs	Kern Health Systems	Kern	Maricopa, CA	93252	PCP	Pediatric	452	452	0	15.3	14.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Mc Farland, CA	93250	PCP	Pediatric	6659	6659	0	10.5	9.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Mc Kittrick, CA	93251	PCP	Pediatric	49	49	0	25.9	23.8
Exhibit B-1: PCPs	Kern Health Systems	Kern	Mojave, CA	93501	PCP	Pediatric	1588	1588	0	14.8	13.6
Exhibit B-1: PCPs	Kern Health Systems	Kern	Onyx, CA	93255	PCP	Pediatric	126	126	0	29.1	26.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Rosamond, CA	93560	PCP	Pediatric	1264	1264	0	25.8	23.7
Exhibit B-1: PCPs	Kern Health Systems	Kern	Shafter, CA	93263	PCP	Pediatric	8518	8518	0	9.1	8.4
Exhibit B-1: PCPs	Kern Health Systems	Kern	Taft, CA	93268	PCP	Pediatric	6172	6172	0	12.1	11.1
Exhibit B-1: PCPs	Kern Health Systems	Kern	Tehachapi, CA	93561	PCP	Pediatric	4400	4400	0	15.1	13.9
Exhibit B-1: PCPs	Kern Health Systems	Kern	Wasco, CA	93280	PCP	Pediatric	9632	9632	0	15.9	14.6
Exhibit B-1: PCPs	Kern Health Systems	Kern	Weldon, CA	93283	PCP	Pediatric	465	465	0	21	19.3
Exhibit B-1: PCPs	Kern Health Systems	Kern	Wofford Heights, CA	93285	PCP	Pediatric	425	425	0	7.5	6.9
Exhibit B-1: PCPs	Kern Health Systems	Kern	Woody, CA	93287	PCP	Pediatric	21	21	0	25.3	23.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Cardiology/Interventional Cardiol	Adult	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Cardiology/Interventional Cardiol	Adult	5588	5588	0	1.6	1.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Cardiology/Interventional Cardiol	Adult	22175	22175	0	8.3	5.2

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Cardiology/Interventional Cardiol	Adult	17997	17997	0	3.2	2.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Cardiology/Interventional Cardiol	Adult	25065	25065	0	6.5	6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Cardiology/Interventional Cardiol	Adult	49300	49300	0	11.7	10.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Cardiology/Interventional Cardiol	Adult	16638	16638	0	15.2	14
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Cardiology/Interventional Cardiol	Adult	18247	18247	0	6.8	3.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Cardiology/Interventional Cardiol	Adult	8356	8356	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Cardiology/Interventional Cardiol	Adult	7875	7875	0	9.3	5.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Cardiology/Interventional Cardiol	Adult	16576	16576	0	18.6	15.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Cardiology/Interventional Cardiol	Adult	3427	3427	0	10.1	9.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Cardiology/Interventional Cardiol	Adult	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Cardiology/Interventional Cardiol	Adult	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Cardiology/Interventional Cardiol	Adult	770	770	0	21.6	19.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Cardiology/Interventional Cardiol	Adult	185	185	0	23.2	21.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Cardiology/Interventional Cardiol	Adult	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Cardiology/Interventional Cardiol	Adult	18951	18951	0	8.1	7.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Cardiology/Interventional Cardiol	Adult	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Cardiology/Interventional Cardiol	Adult	128	128	0	40.8	37.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Cardiology/Interventional Cardiol	Adult	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Cardiology/Interventional Cardiol	Adult	13	13	0	28.9	26.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Cardiology/Interventional Cardiol	Adult	237	237	0	21.4	19.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Cardiology/Interventional Cardiol	Adult	54	54	0	14.9	13.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Cardiology/Interventional Cardiol	Adult	163	163	0	13.4	12.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Cardiology/Interventional Cardiol	Adult	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Cardiology/Interventional Cardiol	Adult	7776	7776	0	14.6	10.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Cardiology/Interventional Cardiol	Adult	1	1	0	23.5	21.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Cardiology/Interventional Cardiol	Adult	193	193	0	41.4	38
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Cardiology/Interventional Cardiol	Adult	988	988	0	59.5	54.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Cardiology/Interventional Cardiol	Adult	452	452	0	47	43.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Cardiology/Interventional Cardiol	Adult	6659	6659	0	14.6	13.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Cardiology/Interventional Cardiol	Adult	49	49	0	41.7	38.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Cardiology/Interventional Cardiol	Adult	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Cardiology/Interventional Cardiol	Adult	126	126	0	29.1	26.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Cardiology/Interventional Cardiol	Adult	1264	1264	0	24.6	21.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Cardiology/Interventional Cardiol	Adult	8518	8518	0	9.6	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Cardiology/Interventional Cardiol	Adult	6172	6172	0	36.1	33.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Cardiology/Interventional Cardiol	Adult	4400	4400	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Cardiology/Interventional Cardiol	Adult	9632	9632	0	22.6	20.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Cardiology/Interventional Cardiol	Adult	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Cardiology/Interventional Cardiol	Adult	425	425	0	15.4	14.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Cardiology/Interventional Cardiol	Adult	21	21	0	29.8	27.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Cardiology/Interventional Cardiol	Pediatric	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Cardiology/Interventional Cardiol	Pediatric	5588	5588	0	2.6	1.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Cardiology/Interventional Cardiol	Pediatric	22175	22175	0	9.6	6.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Cardiology/Interventional Cardiol	Pediatric	17997	17997	0	3.2	2.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Cardiology/Interventional Cardiol	Pediatric	25065	25065	0	6.5	6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Cardiology/Interventional Cardiol	Pediatric	49300	49300	0	11.7	10.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Cardiology/Interventional Cardiol	Pediatric	16638	16638	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Cardiology/Interventional Cardiol	Pediatric	18247	18247	0	7	3.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Cardiology/Interventional Cardiol	Pediatric	8356	8356	0	13.9	12.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Cardiology/Interventional Cardiol	Pediatric	7875	7875	0	7.6	5.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Cardiology/Interventional Cardiol	Pediatric	16576	16576	0	18.6	16.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Cardiology/Interventional Cardiol	Pediatric	3427	3427	0	14.2	13.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Cardiology/Interventional Cardiol	Pediatric	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Cardiology/Interventional Cardiol	Pediatric	527	527	0	49.5	44.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Cardiology/Interventional Cardiol	Pediatric	770	770	0	32	29.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Cardiology/Interventional Cardiol	Pediatric	185	185	0	24.2	22.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Cardiology/Interventional Cardiol	Pediatric	3317	3317	0	32.9	30.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Cardiology/Interventional Cardiol	Pediatric	18951	18951	0	8.1	7.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Cardiology/Interventional Cardiol	Pediatric	226	226	0	42.4	38.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Cardiology/Interventional Cardiol	Pediatric	128	128	0	39	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Cardiology/Interventional Cardiol	Pediatric	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Cardiology/Interventional Cardiol	Pediatric	13	13	0	29	26.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Cardiology/Interventional Cardiol	Pediatric	237	237	0	21.4	19.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Cardiology/Interventional Cardiol	Pediatric	54	54	0	17.6	16.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Cardiology/Interventional Cardiol	Pediatric	163	163	0	13.6	12.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Cardiology/Interventional Cardiol	Pediatric	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Cardiology/Interventional Cardiol	Pediatric	7776	7776	0	14.6	10.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Cardiology/Interventional Cardiol	Pediatric	1	1	0	26.1	24
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Cardiology/Interventional Cardiol	Pediatric	193	193	0	44.1	40.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Cardiology/Interventional Cardiol	Pediatric	988	988	0	59.8	54.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Cardiology/Interventional Cardiol	Pediatric	452	452	0	45	41.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Cardiology/Interventional Cardiol	Pediatric	6659	6659	0	17.1	15.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Cardiology/Interventional Cardiol	Pediatric	49	49	0	42.8	39.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Cardiology/Interventional Cardiol	Pediatric	1588	1588	0	32.9	29
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Cardiology/Interventional Cardiol	Pediatric	126	126	0	29.2	26.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Cardiology/Interventional Cardiol	Pediatric	1264	1264	0	24.6	22
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Cardiology/Interventional Cardiol	Pediatric	8518	8518	0	25.6	23.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Cardiology/Interventional Cardiol	Pediatric	6172	6172	0	34.8	31.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Cardiology/Interventional Cardiol	Pediatric	4400	4400	0	16.3	15
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Cardiology/Interventional Cardiol	Pediatric	9632	9632	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Cardiology/Interventional Cardiol	Pediatric	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Cardiology/Interventional Cardiol	Pediatric	425	425	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Cardiology/Interventional Cardiol	Pediatric	21	21	0	30	27.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Dermatology	Adult	10770	10770	0	34	29
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Dermatology	Adult	5588	5588	0	8.3	5.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Dermatology	Adult	22175	22175	0	11.8	5.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Dermatology	Adult	17997	17997	0	15.6	7.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Dermatology	Adult	25065	25065	0	19.9	14.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Dermatology	Adult	49300	49300	0	20	16.2

DHCS HealthCare Services

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Dermatology	Adult	16638	16638	0	19.7	14.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Dermatology	Adult	18247	18247	0	7.2	3.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Dermatology	Adult	8356	8356	0	15.2	14
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Dermatology	Adult	7875	7875	0	8.8	6.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Dermatology	Adult	16576	16576	0	19.9	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Dermatology	Adult	3427	3427	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Dermatology	Adult	530	530	0	36.2	33.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Dermatology	Adult	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Dermatology	Adult	770	770	0	33.4	30.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Dermatology	Adult	185	185	0	32.6	29.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Dermatology	Adult	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Dermatology	Adult	18951	18951	0	9.2	8.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Dermatology	Adult	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Dermatology	Adult	128	128	0	40.2	36.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Dermatology	Adult	647	647	0	44.6	39.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Dermatology	Adult	13	13	0	39.7	36.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Dermatology	Adult	237	237	0	21.3	19.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Dermatology	Adult	54	54	0	19.3	17.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Dermatology	Adult	163	163	0	50	45.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Dermatology	Adult	1413	1413	0	40.4	37.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Dermatology	Adult	7776	7776	0	25.9	16.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Dermatology	Adult	1	1	0	28.4	26.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Dermatology	Adult	193	193	0	46	42.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Dermatology	Adult	988	988	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Dermatology	Adult	452	452	0	46.4	42.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Dermatology	Adult	6659	6659	0	18.1	16.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Dermatology	Adult	49	49	0	44.5	40.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Dermatology	Adult	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Dermatology	Adult	126	126	0	43.4	39.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Dermatology	Adult	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Dermatology	Adult	8518	8518	0	27	24.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Dermatology	Adult	6172	6172	0	35.7	32.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Dermatology	Adult	4400	4400	0	17.7	16.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Dermatology	Adult	9632	9632	0	29.1	26.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Dermatology	Adult	465	465	0	41.3	37.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Dermatology	Adult	425	425	0	45.6	41.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Dermatology	Adult	21	21	0	33.4	30.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Dermatology	Pediatric	10770	10770	0	34	29
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Dermatology	Pediatric	5588	5588	0	8.3	5.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Dermatology	Pediatric	22175	22175	0	11.8	5.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Dermatology	Pediatric	17997	17997	0	15.6	7.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Dermatology	Pediatric	25065	25065	0	19.9	14.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Dermatology	Pediatric	49300	49300	0	20	16.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Dermatology	Pediatric	16638	16638	0	19.7	15
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Dermatology	Pediatric	18247	18247	0	7.2	3.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Dermatology	Pediatric	8356	8356	0	15.2	14
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Dermatology	Pediatric	7875	7875	0	8.8	6.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Dermatology	Pediatric	16576	16576	0	19.9	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Dermatology	Pediatric	3427	3427	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Dermatology	Pediatric	530	530	0	36.2	33.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Dermatology	Pediatric	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Dermatology	Pediatric	770	770	0	33.4	30.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Dermatology	Pediatric	185	185	0	32.6	29.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Dermatology	Pediatric	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Dermatology	Pediatric	18951	18951	0	9.2	8.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Dermatology	Pediatric	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Dermatology	Pediatric	128	128	0	40.2	36.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Dermatology	Pediatric	647	647	0	44.6	39.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Dermatology	Pediatric	13	13	0	39.7	36.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Dermatology	Pediatric	237	237	0	21.3	19.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Dermatology	Pediatric	54	54	0	19.3	17.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Dermatology	Pediatric	163	163	0	50	45.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Dermatology	Pediatric	1413	1413	0	40.4	37.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Dermatology	Pediatric	7776	7776	0	25.9	16.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Dermatology	Pediatric	1	1	0	28.4	26.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Dermatology	Pediatric	193	193	0	46	42.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Dermatology	Pediatric	988	988	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Dermatology	Pediatric	452	452	0	46.4	42.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Dermatology	Pediatric	6659	6659	0	18.1	16.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Dermatology	Pediatric	49	49	0	44.5	40.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Dermatology	Pediatric	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Dermatology	Pediatric	126	126	0	43.4	39.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Dermatology	Pediatric	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Dermatology	Pediatric	8518	8518	0	27	24.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Dermatology	Pediatric	6172	6172	0	35.7	32.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Dermatology	Pediatric	4400	4400	0	17.7	16.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Dermatology	Pediatric	9632	9632	0	29.1	26.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Dermatology	Pediatric	465	465	0	41.3	37.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Dermatology	Pediatric	425	425	0	45.6	41.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Dermatology	Pediatric	21	21	0	33.4	30.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Endocrinology	Adult	10770	10770	0	21.8	20
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Endocrinology	Adult	5588	5588	0	1.7	1.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Endocrinology	Adult	22175	22175	0	8.1	5.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Endocrinology	Adult	17997	17997	0	3.2	1.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Endocrinology	Adult	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Endocrinology	Adult	49300	49300	0	11.5	10.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Endocrinology	Adult	16638	16638	0	15.9	14.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Endocrinology	Adult	18247	18247	0	6.9	4.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Endocrinology	Adult	8356	8356	0	11.6	10.7

DHCS HealthCare Services

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Endocrinology	Adult	7875	7875	0	9.1	6.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Endocrinology	Adult	16576	16576	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Endocrinology	Adult	3427	3427	0	16	14.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Endocrinology	Adult	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Endocrinology	Adult	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Endocrinology	Adult	770	770	0	29.8	27.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Endocrinology	Adult	185	185	0	23.4	21.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Endocrinology	Adult	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Endocrinology	Adult	18951	18951	0	9.2	8.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Endocrinology	Adult	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Endocrinology	Adult	128	128	0	21.2	19.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Endocrinology	Adult	647	647	0	37.9	34.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Endocrinology	Adult	13	13	0	29	26.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Endocrinology	Adult	237	237	0	38.7	35.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Endocrinology	Adult	54	54	0	16.9	15.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Endocrinology	Adult	163	163	0	13.6	12.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Endocrinology	Adult	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Endocrinology	Adult	7776	7776	0	12.7	9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Endocrinology	Adult	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Endocrinology	Adult	193	193	0	31.5	28.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Endocrinology	Adult	988	988	0	59.3	54.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Endocrinology	Adult	452	452	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Endocrinology	Adult	6659	6659	0	18.1	16.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Endocrinology	Adult	49	49	0	41.1	37.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Endocrinology	Adult	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Endocrinology	Adult	126	126	0	31	28.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Endocrinology	Adult	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Endocrinology	Adult	8518	8518	0	27.1	24.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Endocrinology	Adult	6172	6172	0	12.5	11.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Endocrinology	Adult	4400	4400	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Endocrinology	Adult	9632	9632	0	28.5	26.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Endocrinology	Adult	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Endocrinology	Adult	425	425	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Endocrinology	Adult	21	21	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Endocrinology	Pediatric	10770	10770	0	21.8	20
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Endocrinology	Pediatric	5588	5588	0	1.7	1.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Endocrinology	Pediatric	22175	22175	0	8.1	5.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Endocrinology	Pediatric	17997	17997	0	3.2	1.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Endocrinology	Pediatric	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Endocrinology	Pediatric	49300	49300	0	11.5	10.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Endocrinology	Pediatric	16638	16638	0	15.9	14.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Endocrinology	Pediatric	18247	18247	0	6.9	4.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Endocrinology	Pediatric	8356	8356	0	11.6	10.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Endocrinology	Pediatric	7875	7875	0	7.7	5.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Endocrinology	Pediatric	16576	16576	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Endocrinology	Pediatric	3427	3427	0	14.2	13.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Endocrinology	Pediatric	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Endocrinology	Pediatric	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Endocrinology	Pediatric	770	770	0	29.8	27.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Endocrinology	Pediatric	185	185	0	23.4	21.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Endocrinology	Pediatric	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Endocrinology	Pediatric	18951	18951	0	9.2	8.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Endocrinology	Pediatric	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Endocrinology	Pediatric	128	128	0	21.2	19.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Endocrinology	Pediatric	647	647	0	37.9	34.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Endocrinology	Pediatric	13	13	0	29	26.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Endocrinology	Pediatric	237	237	0	38.7	35.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Endocrinology	Pediatric	54	54	0	16.9	15.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Endocrinology	Pediatric	163	163	0	13.6	12.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Endocrinology	Pediatric	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Endocrinology	Pediatric	7776	7776	0	12.7	9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Endocrinology	Pediatric	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Endocrinology	Pediatric	193	193	0	31.5	28.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Endocrinology	Pediatric	988	988	0	59.3	54.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Endocrinology	Pediatric	452	452	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Endocrinology	Pediatric	6659	6659	0	17.5	16.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Endocrinology	Pediatric	49	49	0	41.1	37.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Endocrinology	Pediatric	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Endocrinology	Pediatric	126	126	0	31	28.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Endocrinology	Pediatric	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Endocrinology	Pediatric	8518	8518	0	25.6	23.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Endocrinology	Pediatric	6172	6172	0	12.5	11.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Endocrinology	Pediatric	4400	4400	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Endocrinology	Pediatric	9632	9632	0	28.5	26.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Endocrinology	Pediatric	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Endocrinology	Pediatric	425	425	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Endocrinology	Pediatric	21	21	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	ENT/Otolaryngology	Adult	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	ENT/Otolaryngology	Adult	5588	5588	0	1.7	1.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	ENT/Otolaryngology	Adult	22175	22175	0	8.1	5.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	ENT/Otolaryngology	Adult	17997	17997	0	3.2	2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	ENT/Otolaryngology	Adult	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	ENT/Otolaryngology	Adult	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	ENT/Otolaryngology	Adult	16638	16638	0	16.9	14.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	ENT/Otolaryngology	Adult	18247	18247	0	7.2	4.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	ENT/Otolaryngology	Adult	8356	8356	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	ENT/Otolaryngology	Adult	7875	7875	0	9.3	6.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	ENT/Otolaryngology	Adult	16576	16576	0	18.7	15.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	ENT/Otolaryngology	Adult	3427	3427	0	16.1	14.8

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	ENT/Otolaryngology	Adult	530	530	0	41	37.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	ENT/Otolaryngology	Adult	527	0	527	90.3	82.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	ENT/Otolaryngology	Adult	770	770	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	ENT/Otolaryngology	Adult	185	185	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	ENT/Otolaryngology	Adult	3317	3317	0	70	64.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	ENT/Otolaryngology	Adult	18951	18951	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	ENT/Otolaryngology	Adult	226	4	222	80.1	73.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	ENT/Otolaryngology	Adult	128	128	0	40.8	37.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	ENT/Otolaryngology	Adult	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	ENT/Otolaryngology	Adult	13	13	0	39.1	35.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	ENT/Otolaryngology	Adult	237	1	236	78.8	72.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	ENT/Otolaryngology	Adult	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	ENT/Otolaryngology	Adult	163	163	0	57.2	52
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	ENT/Otolaryngology	Adult	1413	1413	0	48.8	44.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	ENT/Otolaryngology	Adult	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	ENT/Otolaryngology	Adult	1	1	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	ENT/Otolaryngology	Adult	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	ENT/Otolaryngology	Adult	988	988	0	59.8	54.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	ENT/Otolaryngology	Adult	452	452	0	47	43.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	ENT/Otolaryngology	Adult	6659	6659	0	17	15.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	ENT/Otolaryngology	Adult	49	49	0	44.8	41.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	ENT/Otolaryngology	Adult	1588	1588	0	71.5	65.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	ENT/Otolaryngology	Adult	126	126	0	69.2	63.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	ENT/Otolaryngology	Adult	1264	1240	24	77.4	71
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	ENT/Otolaryngology	Adult	8518	8518	0	27.2	25
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	ENT/Otolaryngology	Adult	6172	6172	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	ENT/Otolaryngology	Adult	4400	4400	0	50.5	46.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	ENT/Otolaryngology	Adult	9632	9632	0	28.5	26.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	ENT/Otolaryngology	Adult	465	465	0	56.2	51.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	ENT/Otolaryngology	Adult	425	425	0	50	45.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	ENT/Otolaryngology	Adult	21	21	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	ENT/Otolaryngology	Pediatric	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	ENT/Otolaryngology	Pediatric	5588	5588	0	1.7	1.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	ENT/Otolaryngology	Pediatric	22175	22175	0	8.1	5.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	ENT/Otolaryngology	Pediatric	17997	17997	0	3.2	2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	ENT/Otolaryngology	Pediatric	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	ENT/Otolaryngology	Pediatric	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	ENT/Otolaryngology	Pediatric	16638	16638	0	16.9	15.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	ENT/Otolaryngology	Pediatric	18247	18247	0	7.2	5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	ENT/Otolaryngology	Pediatric	8356	8356	0	13.9	12.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	ENT/Otolaryngology	Pediatric	7875	7875	0	7.9	5.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	ENT/Otolaryngology	Pediatric	16576	16576	0	18.7	15.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	ENT/Otolaryngology	Pediatric	3427	3427	0	14.2	13.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	ENT/Otolaryngology	Pediatric	530	530	0	41	37.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	ENT/Otolaryngology	Pediatric	527	0	527	90.3	82.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	ENT/Otolaryngology	Pediatric	770	770	0	32	29.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	ENT/Otolaryngology	Pediatric	185	185	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	ENT/Otolaryngology	Pediatric	3317	3317	0	70	64.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	ENT/Otolaryngology	Pediatric	18951	18951	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	ENT/Otolaryngology	Pediatric	226	4	222	80.1	73.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	ENT/Otolaryngology	Pediatric	128	128	0	39	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	ENT/Otolaryngology	Pediatric	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	ENT/Otolaryngology	Pediatric	13	13	0	39.1	35.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	ENT/Otolaryngology	Pediatric	237	1	236	78.8	72.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	ENT/Otolaryngology	Pediatric	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	ENT/Otolaryngology	Pediatric	163	163	0	57.2	52
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	ENT/Otolaryngology	Pediatric	1413	1413	0	48.8	44.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	ENT/Otolaryngology	Pediatric	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	ENT/Otolaryngology	Pediatric	1	1	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	ENT/Otolaryngology	Pediatric	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	ENT/Otolaryngology	Pediatric	988	988	0	59.8	54.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	ENT/Otolaryngology	Pediatric	452	452	0	45	41.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	ENT/Otolaryngology	Pediatric	6659	6659	0	17	15.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	ENT/Otolaryngology	Pediatric	49	49	0	42.8	39.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	ENT/Otolaryngology	Pediatric	1588	1588	0	71.5	65.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	ENT/Otolaryngology	Pediatric	126	126	0	69.2	63.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	ENT/Otolaryngology	Pediatric	1264	1240	24	77.4	71
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	ENT/Otolaryngology	Pediatric	8518	8518	0	25.6	23.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	ENT/Otolaryngology	Pediatric	6172	6172	0	34.8	31.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	ENT/Otolaryngology	Pediatric	4400	4400	0	50.5	46.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	ENT/Otolaryngology	Pediatric	9632	9632	0	28.5	26.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	ENT/Otolaryngology	Pediatric	465	465	0	56.2	51.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	ENT/Otolaryngology	Pediatric	425	425	0	50	45.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	ENT/Otolaryngology	Pediatric	21	21	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Gastroenterology	Adult	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Gastroenterology	Adult	5588	5588	0	3.5	2.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Gastroenterology	Adult	22175	22175	0	11.7	6.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Gastroenterology	Adult	17997	17997	0	3.6	2.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Gastroenterology	Adult	25065	25065	0	9.9	9.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Gastroenterology	Adult	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Gastroenterology	Adult	16638	16638	0	17.1	14.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Gastroenterology	Adult	18247	18247	0	8.4	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Gastroenterology	Adult	8356	8356	0	15.4	14.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Gastroenterology	Adult	7875	7875	0	8.8	5.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Gastroenterology	Adult	16576	16576	0	18.7	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Gastroenterology	Adult	3427	3427	0	15.8	13.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Gastroenterology	Adult	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Gastroenterology	Adult	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Gastroenterology	Adult	770	770	0	33.3	29.8

DHCS HealthCare Services

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Gastroenterology	Adult	185	185	0	23.2	21.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Gastroenterology	Adult	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Gastroenterology	Adult	18951	18951	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Gastroenterology	Adult	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Gastroenterology	Adult	128	128	0	40.3	37
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Gastroenterology	Adult	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Gastroenterology	Adult	13	13	0	29	26.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Gastroenterology	Adult	237	237	0	38.7	35.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Gastroenterology	Adult	54	54	0	17.6	16.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Gastroenterology	Adult	163	163	0	13.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Gastroenterology	Adult	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Gastroenterology	Adult	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Gastroenterology	Adult	1	1	0	26.1	24
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Gastroenterology	Adult	193	193	0	44.1	40.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Gastroenterology	Adult	988	988	0	59.8	54.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Gastroenterology	Adult	452	452	0	46.6	42.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Gastroenterology	Adult	6659	6659	0	17	15.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Gastroenterology	Adult	49	49	0	44.5	40.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Gastroenterology	Adult	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Gastroenterology	Adult	126	126	0	31	28.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Gastroenterology	Adult	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Gastroenterology	Adult	8518	8518	0	26.9	23.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Gastroenterology	Adult	6172	6172	0	36	33
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Gastroenterology	Adult	4400	4400	0	16.3	15
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Gastroenterology	Adult	9632	9632	0	28.5	26.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Gastroenterology	Adult	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Gastroenterology	Adult	425	425	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Gastroenterology	Adult	21	21	0	30	27.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Gastroenterology	Pediatric	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Gastroenterology	Pediatric	5588	5588	0	3.5	2.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Gastroenterology	Pediatric	22175	22175	0	11.7	6.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Gastroenterology	Pediatric	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Gastroenterology	Pediatric	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Gastroenterology	Pediatric	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Gastroenterology	Pediatric	16638	16638	0	17.1	14.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Gastroenterology	Pediatric	18247	18247	0	8.4	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Gastroenterology	Pediatric	8356	8356	0	13.9	12.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Gastroenterology	Pediatric	7875	7875	0	7.6	5.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Gastroenterology	Pediatric	16576	16576	0	18.7	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Gastroenterology	Pediatric	3427	3427	0	14.2	13.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Gastroenterology	Pediatric	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Gastroenterology	Pediatric	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Gastroenterology	Pediatric	770	770	0	32	29.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Gastroenterology	Pediatric	185	185	0	23.2	21.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Gastroenterology	Pediatric	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Gastroenterology	Pediatric	18951	18951	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Gastroenterology	Pediatric	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Gastroenterology	Pediatric	128	128	0	39	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Gastroenterology	Pediatric	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Gastroenterology	Pediatric	13	13	0	29	26.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Gastroenterology	Pediatric	237	237	0	38.7	35.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Gastroenterology	Pediatric	54	54	0	17.6	16.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Gastroenterology	Pediatric	163	163	0	13.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Gastroenterology	Pediatric	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Gastroenterology	Pediatric	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Gastroenterology	Pediatric	1	1	0	26.1	24
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Gastroenterology	Pediatric	193	193	0	44.1	40.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Gastroenterology	Pediatric	988	988	0	59.8	54.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Gastroenterology	Pediatric	452	452	0	45	41.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Gastroenterology	Pediatric	6659	6659	0	17	15.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Gastroenterology	Pediatric	49	49	0	42.8	39.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Gastroenterology	Pediatric	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Gastroenterology	Pediatric	126	126	0	31	28.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Gastroenterology	Pediatric	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Gastroenterology	Pediatric	8518	8518	0	25.6	23.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Gastroenterology	Pediatric	6172	6172	0	34.8	31.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Gastroenterology	Pediatric	4400	4400	0	16.3	15
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Gastroenterology	Pediatric	9632	9632	0	28.5	26.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Gastroenterology	Pediatric	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Gastroenterology	Pediatric	425	425	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Gastroenterology	Pediatric	21	21	0	30	27.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	General Surgery	Adult	10770	10770	0	30	26.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	General Surgery	Adult	5588	5588	0	1.6	1.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	General Surgery	Adult	22175	22175	0	6.8	3.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	General Surgery	Adult	17997	17997	0	3.2	2.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	General Surgery	Adult	25065	25065	0	7.4	6.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	General Surgery	Adult	49300	49300	0	11.7	10.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	General Surgery	Adult	16638	16638	0	14.1	11.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	General Surgery	Adult	18247	18247	0	4.9	2.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	General Surgery	Adult	8356	8356	0	15.8	14.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	General Surgery	Adult	7875	7875	0	8.2	4.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	General Surgery	Adult	16576	16576	0	18.6	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	General Surgery	Adult	3427	3427	0	15.4	12.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	General Surgery	Adult	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	General Surgery	Adult	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	General Surgery	Adult	770	770	0	23.8	21.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	General Surgery	Adult	185	185	0	23.2	21.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	General Surgery	Adult	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	General Surgery	Adult	18951	18951	0	7.8	7.2

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	General Surgery	Adult	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	General Surgery	Adult	128	128	0	40.8	37.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	General Surgery	Adult	647	647	0	43.2	37.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	General Surgery	Adult	13	13	0	29	26.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	General Surgery	Adult	237	237	0	21.4	19.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	General Surgery	Adult	54	54	0	19.5	17.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	General Surgery	Adult	163	163	0	13.6	12.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	General Surgery	Adult	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	General Surgery	Adult	7776	7776	0	13.8	9.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	General Surgery	Adult	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	General Surgery	Adult	193	193	0	44	40
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	General Surgery	Adult	988	988	0	52.2	47.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	General Surgery	Adult	452	452	0	47	43.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	General Surgery	Adult	6659	6659	0	14.2	13.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	General Surgery	Adult	49	49	0	44.6	40.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	General Surgery	Adult	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	General Surgery	Adult	126	126	0	29.1	26.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	General Surgery	Adult	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	General Surgery	Adult	8518	8518	0	15.6	13.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	General Surgery	Adult	6172	6172	0	36.3	32.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	General Surgery	Adult	4400	4400	0	18	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	General Surgery	Adult	9632	9632	0	16.9	15.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	General Surgery	Adult	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	General Surgery	Adult	425	425	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	General Surgery	Adult	21	21	0	30	27.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	General Surgery	Pediatric	10770	10770	0	30.4	26.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	General Surgery	Pediatric	5588	5588	0	1.6	1.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	General Surgery	Pediatric	22175	22175	0	6.8	3.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	General Surgery	Pediatric	17997	17997	0	3.2	2.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	General Surgery	Pediatric	25065	25065	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	General Surgery	Pediatric	49300	49300	0	13.7	12.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	General Surgery	Pediatric	16638	16638	0	14.1	11.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	General Surgery	Pediatric	18247	18247	0	4.9	2.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	General Surgery	Pediatric	8356	8356	0	13.9	12.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	General Surgery	Pediatric	7875	7875	0	7.2	4.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	General Surgery	Pediatric	16576	16576	0	18.6	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	General Surgery	Pediatric	3427	3427	0	14.2	12.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	General Surgery	Pediatric	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	General Surgery	Pediatric	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	General Surgery	Pediatric	770	770	0	23.8	21.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	General Surgery	Pediatric	185	185	0	23.4	21.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	General Surgery	Pediatric	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	General Surgery	Pediatric	18951	18951	0	7.8	7.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	General Surgery	Pediatric	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	General Surgery	Pediatric	128	128	0	39	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	General Surgery	Pediatric	647	647	0	43.5	37.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	General Surgery	Pediatric	13	13	0	29	26.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	General Surgery	Pediatric	237	237	0	21.4	19.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	General Surgery	Pediatric	54	54	0	19.5	17.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	General Surgery	Pediatric	163	163	0	13.6	12.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	General Surgery	Pediatric	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	General Surgery	Pediatric	7776	7776	0	17	12.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	General Surgery	Pediatric	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	General Surgery	Pediatric	193	193	0	45.1	40
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	General Surgery	Pediatric	988	988	0	52.2	47.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	General Surgery	Pediatric	452	452	0	45	41.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	General Surgery	Pediatric	6659	6659	0	14.2	13.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	General Surgery	Pediatric	49	49	0	42.5	39
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	General Surgery	Pediatric	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	General Surgery	Pediatric	126	126	0	29.1	26.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	General Surgery	Pediatric	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	General Surgery	Pediatric	8518	8518	0	14.7	13.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	General Surgery	Pediatric	6172	6172	0	34.8	31.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	General Surgery	Pediatric	4400	4400	0	18	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	General Surgery	Pediatric	9632	9632	0	16.9	15.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	General Surgery	Pediatric	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	General Surgery	Pediatric	425	425	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	General Surgery	Pediatric	21	21	0	30	27.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Hematology	Adult	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Hematology	Adult	5588	5588	0	2.5	1.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Hematology	Adult	22175	22175	0	9.9	6.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Hematology	Adult	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Hematology	Adult	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Hematology	Adult	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Hematology	Adult	16638	16638	0	16.9	14.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Hematology	Adult	18247	18247	0	8.4	4.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Hematology	Adult	8356	8356	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Hematology	Adult	7875	7875	0	9.3	5.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Hematology	Adult	16576	16576	0	18.7	16.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Hematology	Adult	3427	3427	0	16.1	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Hematology	Adult	530	530	0	41	37.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Hematology	Adult	527	527	0	49.4	45.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Hematology	Adult	770	770	0	33.7	29.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Hematology	Adult	185	185	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Hematology	Adult	3317	3317	0	50.7	46.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Hematology	Adult	18951	18951	0	39.3	35.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Hematology	Adult	226	226	0	60.5	55.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Hematology	Adult	128	128	0	40.8	37.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Hematology	Adult	647	647	0	43.5	39.9

DHCS HealthCare Services

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Hematology	Adult	13	13	0	44.7	41
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Hematology	Adult	237	237	0	21.6	19.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Hematology	Adult	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Hematology	Adult	163	163	0	51.4	47.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Hematology	Adult	1413	1413	0	46.4	42.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Hematology	Adult	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Hematology	Adult	1	1	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Hematology	Adult	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Hematology	Adult	988	988	0	73.3	66.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Hematology	Adult	452	452	0	47	43.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Hematology	Adult	6659	6659	0	33	29.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Hematology	Adult	49	49	0	44.8	40.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Hematology	Adult	1588	1588	0	68.9	63.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Hematology	Adult	126	126	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Hematology	Adult	1264	1264	0	74.9	68.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Hematology	Adult	8518	8518	0	27.2	23.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Hematology	Adult	6172	6172	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Hematology	Adult	4400	4400	0	50.5	46.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Hematology	Adult	9632	9632	0	46.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Hematology	Adult	465	465	0	43.2	39.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Hematology	Adult	425	425	0	49.8	45.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Hematology	Adult	21	21	0	39.1	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Hematology	Pediatric	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Hematology	Pediatric	5588	5588	0	5.5	4.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Hematology	Pediatric	22175	22175	0	11.7	8.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Hematology	Pediatric	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Hematology	Pediatric	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Hematology	Pediatric	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Hematology	Pediatric	16638	16638	0	16.9	15.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Hematology	Pediatric	18247	18247	0	8.4	6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Hematology	Pediatric	8356	8356	0	13.9	12.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Hematology	Pediatric	7875	7875	0	7.9	5.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Hematology	Pediatric	16576	16576	0	18.7	17.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Hematology	Pediatric	3427	3427	0	14.2	13.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Hematology	Pediatric	530	530	0	41	37.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Hematology	Pediatric	527	527	0	49.4	45.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Hematology	Pediatric	770	770	0	32	29.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Hematology	Pediatric	185	185	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Hematology	Pediatric	3317	3317	0	50.7	46.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Hematology	Pediatric	18951	18951	0	7.9	7.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Hematology	Pediatric	226	226	0	60.5	55.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Hematology	Pediatric	128	128	0	39	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Hematology	Pediatric	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Hematology	Pediatric	13	13	0	39.1	35.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Hematology	Pediatric	237	237	0	21.6	19.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Hematology	Pediatric	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Hematology	Pediatric	163	163	0	50	45.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Hematology	Pediatric	1413	1413	0	46.4	42.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Hematology	Pediatric	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Hematology	Pediatric	1	1	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Hematology	Pediatric	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Hematology	Pediatric	988	988	0	59.7	54.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Hematology	Pediatric	452	452	0	45	41.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Hematology	Pediatric	6659	6659	0	16.9	15.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Hematology	Pediatric	49	49	0	42.8	39.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Hematology	Pediatric	1588	1588	0	68.9	63.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Hematology	Pediatric	126	126	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Hematology	Pediatric	1264	1264	0	74.9	68.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Hematology	Pediatric	8518	8518	0	25.6	23.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Hematology	Pediatric	6172	6172	0	34.8	31.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Hematology	Pediatric	4400	4400	0	50.5	46.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Hematology	Pediatric	9632	9632	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Hematology	Pediatric	465	465	0	43.2	39.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Hematology	Pediatric	425	425	0	49.5	45.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Hematology	Pediatric	21	21	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	HIV/AIDS Specialist/Infectious Di	Adult	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	HIV/AIDS Specialist/Infectious Di	Adult	5588	5588	0	1.7	1.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	HIV/AIDS Specialist/Infectious Di	Adult	22175	22175	0	8.3	5.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	HIV/AIDS Specialist/Infectious Di	Adult	17997	17997	0	3.2	2.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	HIV/AIDS Specialist/Infectious Di	Adult	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	HIV/AIDS Specialist/Infectious Di	Adult	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	HIV/AIDS Specialist/Infectious Di	Adult	16638	16638	0	16.9	14.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	HIV/AIDS Specialist/Infectious Di	Adult	18247	18247	0	7.6	4.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	HIV/AIDS Specialist/Infectious Di	Adult	8356	8356	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	HIV/AIDS Specialist/Infectious Di	Adult	7875	7875	0	9.3	6.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	HIV/AIDS Specialist/Infectious Di	Adult	16576	16576	0	18.7	15.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	HIV/AIDS Specialist/Infectious Di	Adult	3427	3427	0	16.1	14.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	HIV/AIDS Specialist/Infectious Di	Adult	530	530	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	HIV/AIDS Specialist/Infectious Di	Adult	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	HIV/AIDS Specialist/Infectious Di	Adult	770	770	0	29.8	27.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	HIV/AIDS Specialist/Infectious Di	Adult	185	185	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	HIV/AIDS Specialist/Infectious Di	Adult	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	HIV/AIDS Specialist/Infectious Di	Adult	18951	18951	0	9.2	8.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	HIV/AIDS Specialist/Infectious Di	Adult	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	HIV/AIDS Specialist/Infectious Di	Adult	128	128	0	21.2	19.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	HIV/AIDS Specialist/Infectious Di	Adult	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	HIV/AIDS Specialist/Infectious Di	Adult	13	13	0	39.9	36.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	HIV/AIDS Specialist/Infectious Di	Adult	237	237	0	50.4	46.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	HIV/AIDS Specialist/Infectious Di	Adult	54	54	0	19.5	17.9

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	HIV/AIDS Specialist/Infectious Di	Adult	163	163	0	50.4	46.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	HIV/AIDS Specialist/Infectious Di	Adult	1413	1413	0	40.4	37.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	HIV/AIDS Specialist/Infectious Di	Adult	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	HIV/AIDS Specialist/Infectious Di	Adult	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	HIV/AIDS Specialist/Infectious Di	Adult	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	HIV/AIDS Specialist/Infectious Di	Adult	988	988	0	59.3	54.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	HIV/AIDS Specialist/Infectious Di	Adult	452	452	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	HIV/AIDS Specialist/Infectious Di	Adult	6659	6659	0	18.1	16.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	HIV/AIDS Specialist/Infectious Di	Adult	49	49	0	41.1	37.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	HIV/AIDS Specialist/Infectious Di	Adult	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	HIV/AIDS Specialist/Infectious Di	Adult	126	126	0	51.8	47.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	HIV/AIDS Specialist/Infectious Di	Adult	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	HIV/AIDS Specialist/Infectious Di	Adult	8518	8518	0	27.2	25
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	HIV/AIDS Specialist/Infectious Di	Adult	6172	6172	0	12.5	11.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	HIV/AIDS Specialist/Infectious Di	Adult	4400	4400	0	18	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	HIV/AIDS Specialist/Infectious Di	Adult	9632	9632	0	28.5	26.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	HIV/AIDS Specialist/Infectious Di	Adult	465	465	0	47.4	43.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	HIV/AIDS Specialist/Infectious Di	Adult	425	425	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	HIV/AIDS Specialist/Infectious Di	Adult	21	21	0	33.6	30.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	HIV/AIDS Specialist/Infectious Di	Pediatric	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	HIV/AIDS Specialist/Infectious Di	Pediatric	5588	5588	0	1.7	1.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	HIV/AIDS Specialist/Infectious Di	Pediatric	22175	22175	0	8.3	5.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	HIV/AIDS Specialist/Infectious Di	Pediatric	17997	17997	0	3.2	2.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	HIV/AIDS Specialist/Infectious Di	Pediatric	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	HIV/AIDS Specialist/Infectious Di	Pediatric	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	HIV/AIDS Specialist/Infectious Di	Pediatric	16638	16638	0	16.9	15.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	HIV/AIDS Specialist/Infectious Di	Pediatric	18247	18247	0	7.6	5.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	HIV/AIDS Specialist/Infectious Di	Pediatric	8356	8356	0	13.9	12.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	HIV/AIDS Specialist/Infectious Di	Pediatric	7875	7875	0	7.9	5.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	HIV/AIDS Specialist/Infectious Di	Pediatric	16576	16576	0	18.7	15.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	HIV/AIDS Specialist/Infectious Di	Pediatric	3427	3427	0	14.2	13.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	HIV/AIDS Specialist/Infectious Di	Pediatric	530	530	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	HIV/AIDS Specialist/Infectious Di	Pediatric	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	HIV/AIDS Specialist/Infectious Di	Pediatric	770	770	0	29.8	27.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	HIV/AIDS Specialist/Infectious Di	Pediatric	185	185	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	HIV/AIDS Specialist/Infectious Di	Pediatric	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	HIV/AIDS Specialist/Infectious Di	Pediatric	18951	18951	0	9.2	8.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	HIV/AIDS Specialist/Infectious Di	Pediatric	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	HIV/AIDS Specialist/Infectious Di	Pediatric	128	128	0	21.2	19.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	HIV/AIDS Specialist/Infectious Di	Pediatric	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	HIV/AIDS Specialist/Infectious Di	Pediatric	13	13	0	39.9	36.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	HIV/AIDS Specialist/Infectious Di	Pediatric	237	237	0	21.4	19.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	HIV/AIDS Specialist/Infectious Di	Pediatric	54	54	0	19.5	17.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	HIV/AIDS Specialist/Infectious Di	Pediatric	163	163	0	50.4	46.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	HIV/AIDS Specialist/Infectious Di	Pediatric	1413	1413	0	40.4	37.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	HIV/AIDS Specialist/Infectious Di	Pediatric	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	HIV/AIDS Specialist/Infectious Di	Pediatric	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	HIV/AIDS Specialist/Infectious Di	Pediatric	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	HIV/AIDS Specialist/Infectious Di	Pediatric	988	988	0	59.3	54.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	HIV/AIDS Specialist/Infectious Di	Pediatric	452	452	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	HIV/AIDS Specialist/Infectious Di	Pediatric	6659	6659	0	17.5	16.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	HIV/AIDS Specialist/Infectious Di	Pediatric	49	49	0	41.1	37.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	HIV/AIDS Specialist/Infectious Di	Pediatric	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	HIV/AIDS Specialist/Infectious Di	Pediatric	126	126	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	HIV/AIDS Specialist/Infectious Di	Pediatric	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	HIV/AIDS Specialist/Infectious Di	Pediatric	8518	8518	0	25.6	23.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	HIV/AIDS Specialist/Infectious Di	Pediatric	6172	6172	0	12.5	11.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	HIV/AIDS Specialist/Infectious Di	Pediatric	4400	4400	0	18	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	HIV/AIDS Specialist/Infectious Di	Pediatric	9632	9632	0	28.5	26.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	HIV/AIDS Specialist/Infectious Di	Pediatric	465	465	0	41.3	37.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	HIV/AIDS Specialist/Infectious Di	Pediatric	425	425	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	HIV/AIDS Specialist/Infectious Di	Pediatric	21	21	0	33.6	30.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Nephrology	Adult	10770	10770	0	21.8	20
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Nephrology	Adult	5588	5588	0	1.8	1.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Nephrology	Adult	22175	22175	0	5.5	3.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Nephrology	Adult	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Nephrology	Adult	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Nephrology	Adult	49300	49300	0	10.1	9.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Nephrology	Adult	16638	16638	0	13.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Nephrology	Adult	18247	18247	0	4.1	2.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Nephrology	Adult	8356	8356	0	15.3	14.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Nephrology	Adult	7875	7875	0	6.6	4.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Nephrology	Adult	16576	16576	0	14.7	13.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Nephrology	Adult	3427	3427	0	10.1	9.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Nephrology	Adult	530	530	0	5.3	4.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Nephrology	Adult	527	527	0	54.4	46
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Nephrology	Adult	770	770	0	21.6	19.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Nephrology	Adult	185	185	0	26.2	24.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Nephrology	Adult	3317	3317	0	35.1	32.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Nephrology	Adult	18951	18951	0	8.1	7.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Nephrology	Adult	226	226	0	44.2	40.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Nephrology	Adult	128	128	0	40.4	37.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Nephrology	Adult	647	647	0	37.4	34.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Nephrology	Adult	13	13	0	26.1	24
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Nephrology	Adult	237	237	0	42.4	38.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Nephrology	Adult	54	54	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Nephrology	Adult	163	163	0	17.5	16.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Nephrology	Adult	1413	1413	0	7.5	6.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Nephrology	Adult	7776	7776	0	12.7	9

DHCS

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Nephrology	Adult	1	1	0	26.1	24
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Nephrology	Adult	193	193	0	31.5	28.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Nephrology	Adult	988	988	0	59.5	54.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Nephrology	Adult	452	452	0	46.9	43
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Nephrology	Adult	6659	6659	0	14.6	13.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Nephrology	Adult	49	49	0	41.7	38.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Nephrology	Adult	1588	1588	0	34.4	29.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Nephrology	Adult	126	126	0	35.1	32.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Nephrology	Adult	1264	1264	0	25.7	22.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Nephrology	Adult	8518	8518	0	9.6	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Nephrology	Adult	6172	6172	0	35.5	32.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Nephrology	Adult	4400	4400	0	13	12
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Nephrology	Adult	9632	9632	0	22.6	20.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Nephrology	Adult	465	465	0	24.1	22.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Nephrology	Adult	425	425	0	12	11
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Nephrology	Adult	21	21	0	27.9	25.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Nephrology	Pediatric	10770	10770	0	21.8	20
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Nephrology	Pediatric	5588	5588	0	2.1	1.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Nephrology	Pediatric	22175	22175	0	5.5	3.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Nephrology	Pediatric	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Nephrology	Pediatric	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Nephrology	Pediatric	49300	49300	0	10.1	9.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Nephrology	Pediatric	16638	16638	0	13.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Nephrology	Pediatric	18247	18247	0	4.1	2.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Nephrology	Pediatric	8356	8356	0	13.9	12.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Nephrology	Pediatric	7875	7875	0	6.6	4.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Nephrology	Pediatric	16576	16576	0	14.7	13.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Nephrology	Pediatric	3427	3427	0	10.1	9.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Nephrology	Pediatric	530	530	0	5.3	4.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Nephrology	Pediatric	527	527	0	54.4	46
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Nephrology	Pediatric	770	770	0	21.3	19.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Nephrology	Pediatric	185	185	0	26.2	24.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Nephrology	Pediatric	3317	3317	0	35.1	32.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Nephrology	Pediatric	18951	18951	0	8.1	7.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Nephrology	Pediatric	226	226	0	44.2	40.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Nephrology	Pediatric	128	128	0	39	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Nephrology	Pediatric	647	647	0	37.4	34.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Nephrology	Pediatric	13	13	0	26.1	24
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Nephrology	Pediatric	237	237	0	42.4	38.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Nephrology	Pediatric	54	54	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Nephrology	Pediatric	163	163	0	17.5	16.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Nephrology	Pediatric	1413	1413	0	7.5	6.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Nephrology	Pediatric	7776	7776	0	12.7	9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Nephrology	Pediatric	1	1	0	26.1	24
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Nephrology	Pediatric	193	193	0	31.5	28.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Nephrology	Pediatric	988	988	0	59.5	54.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Nephrology	Pediatric	452	452	0	45	41.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Nephrology	Pediatric	6659	6659	0	14.6	13.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Nephrology	Pediatric	49	49	0	41.7	38.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Nephrology	Pediatric	1588	1588	0	34.4	29.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Nephrology	Pediatric	126	126	0	35.1	32.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Nephrology	Pediatric	1264	1264	0	25.7	22.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Nephrology	Pediatric	8518	8518	0	9.6	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Nephrology	Pediatric	6172	6172	0	34.8	31.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Nephrology	Pediatric	4400	4400	0	13	12
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Nephrology	Pediatric	9632	9632	0	22.6	20.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Nephrology	Pediatric	465	465	0	24.1	22.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Nephrology	Pediatric	425	425	0	12	11
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Nephrology	Pediatric	21	21	0	27.9	25.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Neurology	Adult	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Neurology	Adult	5588	5588	0	2.2	1.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Neurology	Adult	22175	22175	0	9.9	6.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Neurology	Adult	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Neurology	Adult	25065	25065	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Neurology	Adult	49300	49300	0	13.7	12.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Neurology	Adult	16638	16638	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Neurology	Adult	18247	18247	0	8.4	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Neurology	Adult	8356	8356	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Neurology	Adult	7875	7875	0	9	6.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Neurology	Adult	16576	16576	0	18.7	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Neurology	Adult	3427	3427	0	15.8	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Neurology	Adult	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Neurology	Adult	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Neurology	Adult	770	770	0	33.3	30.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Neurology	Adult	185	185	0	23.4	21.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Neurology	Adult	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Neurology	Adult	18951	18951	0	39	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Neurology	Adult	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Neurology	Adult	128	128	0	40.8	37.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Neurology	Adult	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Neurology	Adult	13	13	0	29	26.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Neurology	Adult	237	237	0	38.7	35.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Neurology	Adult	54	54	0	19.5	17.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Neurology	Adult	163	163	0	13.6	12.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Neurology	Adult	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Neurology	Adult	7776	7776	0	17	12.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Neurology	Adult	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Neurology	Adult	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Neurology	Adult	988	988	0	73.2	67.1

DHCS HealthCare Services

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Neurology	Adult	452	452	0	47	43.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Neurology	Adult	6659	6659	0	32.8	30.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Neurology	Adult	49	49	0	44.8	41.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Neurology	Adult	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Neurology	Adult	126	126	0	31	28.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Neurology	Adult	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Neurology	Adult	8518	8518	0	26.8	24.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Neurology	Adult	6172	6172	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Neurology	Adult	4400	4400	0	18	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Neurology	Adult	9632	9632	0	46.1	42.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Neurology	Adult	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Neurology	Adult	425	425	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Neurology	Adult	21	21	0	32.6	29.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Neurology	Pediatric	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Neurology	Pediatric	5588	5588	0	2.2	1.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Neurology	Pediatric	22175	22175	0	9.9	6.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Neurology	Pediatric	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Neurology	Pediatric	25065	25065	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Neurology	Pediatric	49300	49300	0	13.7	12.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Neurology	Pediatric	16638	16638	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Neurology	Pediatric	18247	18247	0	8.4	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Neurology	Pediatric	8356	8356	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Neurology	Pediatric	7875	7875	0	9	6.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Neurology	Pediatric	16576	16576	0	18.7	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Neurology	Pediatric	3427	3427	0	15.8	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Neurology	Pediatric	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Neurology	Pediatric	0	0	527	79.9	73.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Neurology	Pediatric	770	770	0	33.3	30.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Neurology	Pediatric	185	185	0	30.5	28
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Neurology	Pediatric	3317	3317	0	58.1	53.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Neurology	Pediatric	18951	18951	0	39	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Neurology	Pediatric	226	226	0	69.3	63.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Neurology	Pediatric	128	128	0	40.8	37.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Neurology	Pediatric	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Neurology	Pediatric	13	13	0	29	26.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Neurology	Pediatric	237	237	0	38.7	35.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Neurology	Pediatric	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Neurology	Pediatric	163	163	0	13.6	12.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Neurology	Pediatric	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Neurology	Pediatric	7776	7776	0	17	12.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Neurology	Pediatric	1	1	0	59.2	54.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Neurology	Pediatric	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Neurology	Pediatric	988	988	0	73.2	67.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Neurology	Pediatric	452	452	0	47	43.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Neurology	Pediatric	6659	6659	0	32.8	30.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Neurology	Pediatric	49	49	0	44.8	41.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Neurology	Pediatric	1588	1588	0	60.1	55.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Neurology	Pediatric	126	126	0	31	28.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Neurology	Pediatric	1264	1264	0	66.5	61
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Neurology	Pediatric	8518	8518	0	26.8	24.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Neurology	Pediatric	6172	6172	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Neurology	Pediatric	4400	4400	0	43.8	40.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Neurology	Pediatric	9632	9632	0	46.1	42.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Neurology	Pediatric	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Neurology	Pediatric	425	425	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Neurology	Pediatric	21	21	0	32.6	29.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Oncology	Adult	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Oncology	Adult	5588	5588	0	2.5	1.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Oncology	Adult	22175	22175	0	9.9	6.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Oncology	Adult	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Oncology	Adult	25065	25065	0	6.5	6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Oncology	Adult	49300	49300	0	11.7	10.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Oncology	Adult	16638	16638	0	16.9	14.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Oncology	Adult	18247	18247	0	8.4	4.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Oncology	Adult	8356	8356	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Oncology	Adult	7875	7875	0	9.3	5.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Oncology	Adult	16576	16576	0	18.7	16.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Oncology	Adult	3427	3427	0	16.1	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Oncology	Adult	530	530	0	38.2	35.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Oncology	Adult	527	527	0	49.4	45.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Oncology	Adult	770	770	0	33.7	29.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Oncology	Adult	185	185	0	42.6	39.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Oncology	Adult	3317	3317	0	50.7	46.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Oncology	Adult	18951	18951	0	39.3	35.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Oncology	Adult	226	226	0	60.5	55.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Oncology	Adult	128	128	0	40.8	37.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Oncology	Adult	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Oncology	Adult	13	13	0	41.4	38
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Oncology	Adult	237	237	0	21.4	19.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Oncology	Adult	54	54	0	31.6	29
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Oncology	Adult	163	163	0	51.3	47.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Oncology	Adult	1413	1413	0	44.2	40.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Oncology	Adult	7776	7776	0	14.6	10.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Oncology	Adult	1	1	0	56.9	52.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Oncology	Adult	193	193	0	44.7	41
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Oncology	Adult	988	988	0	73.3	66.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Oncology	Adult	452	452	0	47	43.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Oncology	Adult	6659	6659	0	33	29.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Oncology	Adult	49	49	0	44.8	40.9

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Oncology	Adult	1588	1588	0	67.4	61.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Oncology	Adult	126	126	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Oncology	Adult	1264	1264	0	73.6	67.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Oncology	Adult	8518	8518	0	27.2	23.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Oncology	Adult	6172	6172	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Oncology	Adult	4400	4400	0	48.7	44.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Oncology	Adult	9632	9632	0	46.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Oncology	Adult	465	465	0	43.2	39.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Oncology	Adult	425	425	0	47.7	43.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Oncology	Adult	21	21	0	36.1	33.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Oncology	Pediatric	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Oncology	Pediatric	5588	5588	0	4.9	3.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Oncology	Pediatric	22175	22175	0	11.7	7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Oncology	Pediatric	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Oncology	Pediatric	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Oncology	Pediatric	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Oncology	Pediatric	16638	16638	0	16.9	14.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Oncology	Pediatric	18247	18247	0	8.4	4.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Oncology	Pediatric	8356	8356	0	13.9	12.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Oncology	Pediatric	7875	7875	0	7.9	5.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Oncology	Pediatric	16576	16576	0	18.7	16.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Oncology	Pediatric	3427	3427	0	14.2	13.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Oncology	Pediatric	530	530	0	41	37.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Oncology	Pediatric	527	527	0	49.4	45.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Oncology	Pediatric	770	770	0	32	29.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Oncology	Pediatric	185	185	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Oncology	Pediatric	3317	3317	0	50.7	46.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Oncology	Pediatric	18951	18951	0	7.9	7.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Oncology	Pediatric	226	226	0	60.5	55.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Oncology	Pediatric	128	128	0	39	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Oncology	Pediatric	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Oncology	Pediatric	13	13	0	39.1	35.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Oncology	Pediatric	237	237	0	21.4	19.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Oncology	Pediatric	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Oncology	Pediatric	163	163	0	50	45.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Oncology	Pediatric	1413	1413	0	46.4	42.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Oncology	Pediatric	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Oncology	Pediatric	1	1	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Oncology	Pediatric	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Oncology	Pediatric	988	988	0	59.7	54.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Oncology	Pediatric	452	452	0	45	41.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Oncology	Pediatric	6659	6659	0	16.9	15.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Oncology	Pediatric	49	49	0	42.8	39.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Oncology	Pediatric	1588	1588	0	68.9	63.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Oncology	Pediatric	126	126	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Oncology	Pediatric	1264	1264	0	74.9	68.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Oncology	Pediatric	8518	8518	0	25.6	23.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Oncology	Pediatric	6172	6172	0	34.8	31.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Oncology	Pediatric	4400	4400	0	50.5	46.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Oncology	Pediatric	9632	9632	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Oncology	Pediatric	465	465	0	43.2	39.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Oncology	Pediatric	425	425	0	49.5	45.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Oncology	Pediatric	21	21	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Ophthalmology	Adult	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Ophthalmology	Adult	5588	5588	0	2.5	1.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Ophthalmology	Adult	22175	22175	0	9.4	5.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Ophthalmology	Adult	17997	17997	0	3.6	2.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Ophthalmology	Adult	25065	25065	0	9.9	9.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Ophthalmology	Adult	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Ophthalmology	Adult	16638	16638	0	13.6	12.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Ophthalmology	Adult	18247	18247	0	6.2	3.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Ophthalmology	Adult	8356	8356	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Ophthalmology	Adult	7875	7875	0	7.2	5.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Ophthalmology	Adult	16576	16576	0	18.7	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Ophthalmology	Adult	3427	3427	0	14.9	13.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Ophthalmology	Adult	530	530	0	40.5	37.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Ophthalmology	Adult	527	0	527	90.3	73.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Ophthalmology	Adult	770	770	0	32.5	29.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Ophthalmology	Adult	185	185	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Ophthalmology	Adult	3317	3317	0	70	64.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Ophthalmology	Adult	18951	18951	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Ophthalmology	Adult	226	4	222	80.1	72.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Ophthalmology	Adult	128	128	0	40.6	37.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Ophthalmology	Adult	647	647	0	43.5	39.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Ophthalmology	Adult	13	13	0	39.8	36.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Ophthalmology	Adult	237	1	236	78.8	72.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Ophthalmology	Adult	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Ophthalmology	Adult	163	163	0	56.4	51.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Ophthalmology	Adult	1413	1413	0	48.5	44.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Ophthalmology	Adult	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Ophthalmology	Adult	1	1	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Ophthalmology	Adult	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Ophthalmology	Adult	988	988	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Ophthalmology	Adult	452	452	0	47	43.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Ophthalmology	Adult	6659	6659	0	17.8	16.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Ophthalmology	Adult	49	49	0	44.7	40.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Ophthalmology	Adult	1588	1588	0	71.5	63.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Ophthalmology	Adult	126	126	0	69.2	63.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Ophthalmology	Adult	1264	1264	0	72.8	56.3

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Ophthalmology	Adult	8518	8518	0	25.4	23.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Ophthalmology	Adult	6172	6172	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Ophthalmology	Adult	4400	4400	0	50.5	46.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Ophthalmology	Adult	9632	9632	0	29.2	26.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Ophthalmology	Adult	465	465	0	55.6	51
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Ophthalmology	Adult	425	425	0	49.2	45.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Ophthalmology	Adult	21	21	0	33.6	30.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Ophthalmology	Pediatric	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Ophthalmology	Pediatric	5588	5588	0	2.5	1.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Ophthalmology	Pediatric	22175	22175	0	9.4	5.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Ophthalmology	Pediatric	17997	17997	0	3.6	2.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Ophthalmology	Pediatric	25065	25065	0	9.9	9.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Ophthalmology	Pediatric	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Ophthalmology	Pediatric	16638	16638	0	13.6	12.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Ophthalmology	Pediatric	18247	18247	0	6.2	3.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Ophthalmology	Pediatric	8356	8356	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Ophthalmology	Pediatric	7875	7875	0	7.2	5.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Ophthalmology	Pediatric	16576	16576	0	18.7	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Ophthalmology	Pediatric	3427	3427	0	14.9	13.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Ophthalmology	Pediatric	530	530	0	40.5	37.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Ophthalmology	Pediatric	527	0	527	90.3	73.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Ophthalmology	Pediatric	770	770	0	32.5	29.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Ophthalmology	Pediatric	185	185	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Ophthalmology	Pediatric	3317	3317	0	70	64.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Ophthalmology	Pediatric	18951	18951	0	38	34.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Ophthalmology	Pediatric	226	4	222	80.1	72.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Ophthalmology	Pediatric	128	128	0	40.6	37.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Ophthalmology	Pediatric	647	647	0	43.5	39.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Ophthalmology	Pediatric	13	13	0	44.7	41
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Ophthalmology	Pediatric	237	1	236	78.8	72.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Ophthalmology	Pediatric	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Ophthalmology	Pediatric	163	163	0	56.4	51.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Ophthalmology	Pediatric	1413	1413	0	48.5	44.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Ophthalmology	Pediatric	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Ophthalmology	Pediatric	1	1	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Ophthalmology	Pediatric	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Ophthalmology	Pediatric	988	988	0	72.9	66.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Ophthalmology	Pediatric	452	452	0	47	43.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Ophthalmology	Pediatric	6659	6659	0	31.7	29.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Ophthalmology	Pediatric	49	49	0	44.7	40.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Ophthalmology	Pediatric	1588	1588	0	71.5	63.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Ophthalmology	Pediatric	126	126	0	69.2	63.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Ophthalmology	Pediatric	1264	1264	0	72.8	56.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Ophthalmology	Pediatric	8518	8518	0	25.4	23.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Ophthalmology	Pediatric	6172	6172	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Ophthalmology	Pediatric	4400	4400	0	50.5	46.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Ophthalmology	Pediatric	9632	9632	0	45.4	41.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Ophthalmology	Pediatric	465	465	0	55.6	51
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Ophthalmology	Pediatric	425	425	0	49.2	45.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Ophthalmology	Pediatric	21	21	0	39.1	35.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Orthopedic Surgery	Adult	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Orthopedic Surgery	Adult	5588	5588	0	2.4	1.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Orthopedic Surgery	Adult	22175	22175	0	9.7	6.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Orthopedic Surgery	Adult	17997	17997	0	3.8	2.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Orthopedic Surgery	Adult	25065	25065	0	9.9	9.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Orthopedic Surgery	Adult	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Orthopedic Surgery	Adult	16638	16638	0	16.9	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Orthopedic Surgery	Adult	18247	18247	0	8.4	5.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Orthopedic Surgery	Adult	8356	8356	0	15.2	14
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Orthopedic Surgery	Adult	7875	7875	0	8.8	6.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Orthopedic Surgery	Adult	16576	16576	0	18.7	16.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Orthopedic Surgery	Adult	3427	3427	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Orthopedic Surgery	Adult	530	530	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Orthopedic Surgery	Adult	527	527	0	49.5	45.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Orthopedic Surgery	Adult	770	770	0	33.4	30.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Orthopedic Surgery	Adult	185	185	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Orthopedic Surgery	Adult	3317	3317	0	32.6	29.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Orthopedic Surgery	Adult	18951	18951	0	8.1	7.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Orthopedic Surgery	Adult	226	226	0	42.2	38.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Orthopedic Surgery	Adult	128	128	0	40.2	36.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Orthopedic Surgery	Adult	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Orthopedic Surgery	Adult	13	13	0	39.2	36
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Orthopedic Surgery	Adult	237	237	0	21.6	19.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Orthopedic Surgery	Adult	54	54	0	19.5	17.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Orthopedic Surgery	Adult	163	163	0	49.9	45.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Orthopedic Surgery	Adult	1413	1413	0	40.4	37.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Orthopedic Surgery	Adult	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Orthopedic Surgery	Adult	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Orthopedic Surgery	Adult	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Orthopedic Surgery	Adult	988	988	0	59.8	54.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Orthopedic Surgery	Adult	452	452	0	46.4	42.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Orthopedic Surgery	Adult	6659	6659	0	17.1	15.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Orthopedic Surgery	Adult	49	49	0	44.5	40.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Orthopedic Surgery	Adult	1588	1588	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Orthopedic Surgery	Adult	126	126	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Orthopedic Surgery	Adult	1264	1264	0	39.2	36
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Orthopedic Surgery	Adult	8518	8518	0	27	24.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Orthopedic Surgery	Adult	6172	6172	0	35.7	32.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Orthopedic Surgery	Adult	4400	4400	0	18	16.5

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Orthopedic Surgery	Adult	9632	9632	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Orthopedic Surgery	Adult	465	465	0	41.3	37.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Orthopedic Surgery	Adult	425	425	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Orthopedic Surgery	Adult	21	21	0	32.8	30.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Orthopedic Surgery	Pediatric	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Orthopedic Surgery	Pediatric	5588	5588	0	2.4	1.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Orthopedic Surgery	Pediatric	22175	22175	0	9.7	6.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Orthopedic Surgery	Pediatric	17997	17997	0	3.8	2.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Orthopedic Surgery	Pediatric	25065	25065	0	9.9	9.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Orthopedic Surgery	Pediatric	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Orthopedic Surgery	Pediatric	16638	16638	0	16.9	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Orthopedic Surgery	Pediatric	18247	18247	0	8.4	5.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Orthopedic Surgery	Pediatric	8356	8356	0	15.2	14
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Orthopedic Surgery	Pediatric	7875	7875	0	8.8	6.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Orthopedic Surgery	Pediatric	16576	16576	0	18.7	16.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Orthopedic Surgery	Pediatric	3427	3427	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Orthopedic Surgery	Pediatric	530	530	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Orthopedic Surgery	Pediatric	527	527	0	49.5	45.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Orthopedic Surgery	Pediatric	770	770	0	33.4	30.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Orthopedic Surgery	Pediatric	185	185	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Orthopedic Surgery	Pediatric	3317	3317	0	32.6	29.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Orthopedic Surgery	Pediatric	18951	18951	0	8.1	7.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Orthopedic Surgery	Pediatric	226	226	0	42.2	38.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Orthopedic Surgery	Pediatric	128	128	0	40.2	36.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Orthopedic Surgery	Pediatric	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Orthopedic Surgery	Pediatric	13	13	0	39.2	36
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Orthopedic Surgery	Pediatric	237	237	0	21.6	19.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Orthopedic Surgery	Pediatric	54	54	0	19.5	17.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Orthopedic Surgery	Pediatric	163	163	0	49.9	45.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Orthopedic Surgery	Pediatric	1413	1413	0	40.4	37.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Orthopedic Surgery	Pediatric	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Orthopedic Surgery	Pediatric	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Orthopedic Surgery	Pediatric	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Orthopedic Surgery	Pediatric	988	988	0	59.8	54.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Orthopedic Surgery	Pediatric	452	452	0	46.4	42.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Orthopedic Surgery	Pediatric	6659	6659	0	17.1	15.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Orthopedic Surgery	Pediatric	49	49	0	44.5	40.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Orthopedic Surgery	Pediatric	1588	1588	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Orthopedic Surgery	Pediatric	126	126	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Orthopedic Surgery	Pediatric	1264	1264	0	39.2	36
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Orthopedic Surgery	Pediatric	8518	8518	0	27	24.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Orthopedic Surgery	Pediatric	6172	6172	0	35.7	32.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Orthopedic Surgery	Pediatric	4400	4400	0	18	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Orthopedic Surgery	Pediatric	9632	9632	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Orthopedic Surgery	Pediatric	465	465	0	41.3	37.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Orthopedic Surgery	Pediatric	425	425	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Orthopedic Surgery	Pediatric	21	21	0	32.8	30.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Physical Medicine and Rehabilita	Adult	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Physical Medicine and Rehabilita	Adult	5588	5588	0	2.8	2.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Physical Medicine and Rehabilita	Adult	22175	22175	0	9.6	5.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Physical Medicine and Rehabilita	Adult	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Physical Medicine and Rehabilita	Adult	25065	25065	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Physical Medicine and Rehabilita	Adult	49300	49300	0	13.7	12.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Physical Medicine and Rehabilita	Adult	16638	16638	0	15.8	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Physical Medicine and Rehabilita	Adult	18247	18247	0	6	3.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Physical Medicine and Rehabilita	Adult	8356	8356	0	15.4	14.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Physical Medicine and Rehabilita	Adult	7875	7875	0	8.8	6.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Physical Medicine and Rehabilita	Adult	16576	16576	0	18.6	15.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Physical Medicine and Rehabilita	Adult	3427	3427	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Physical Medicine and Rehabilita	Adult	530	530	0	39.4	36.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Physical Medicine and Rehabilita	Adult	527	0	527	89.6	82.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Physical Medicine and Rehabilita	Adult	770	770	0	33.4	30.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Physical Medicine and Rehabilita	Adult	185	185	0	44.8	41.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Physical Medicine and Rehabilita	Adult	3317	3317	0	69.4	63.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Physical Medicine and Rehabilita	Adult	18951	18951	0	39	35.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Physical Medicine and Rehabilita	Adult	226	4	222	79.7	73.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Physical Medicine and Rehabilita	Adult	128	128	0	40.4	37.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Physical Medicine and Rehabilita	Adult	647	647	0	43.5	39.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Physical Medicine and Rehabilita	Adult	13	13	0	43	39.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Physical Medicine and Rehabilita	Adult	237	82	155	77.5	71.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Physical Medicine and Rehabilita	Adult	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Physical Medicine and Rehabilita	Adult	163	163	0	55.7	51.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Physical Medicine and Rehabilita	Adult	1413	1413	0	47.3	43.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Physical Medicine and Rehabilita	Adult	7776	7776	0	17	12.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Physical Medicine and Rehabilita	Adult	1	1	0	59.2	54.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Physical Medicine and Rehabilita	Adult	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Physical Medicine and Rehabilita	Adult	988	988	0	72.9	66.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Physical Medicine and Rehabilita	Adult	452	452	0	46.6	42.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Physical Medicine and Rehabilita	Adult	6659	6659	0	32.8	30.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Physical Medicine and Rehabilita	Adult	49	49	0	44.5	40.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Physical Medicine and Rehabilita	Adult	1588	1588	0	71.2	65.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Physical Medicine and Rehabilita	Adult	126	126	0	67.9	62.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Physical Medicine and Rehabilita	Adult	1264	1240	24	77.4	71
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Physical Medicine and Rehabilita	Adult	8518	8518	0	26.9	24.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Physical Medicine and Rehabilita	Adult	6172	6172	0	36.1	33.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Physical Medicine and Rehabilita	Adult	4400	4400	0	50.5	46.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Physical Medicine and Rehabilita	Adult	9632	9632	0	45.8	42
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Physical Medicine and Rehabilita	Adult	465	465	0	54.8	50.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Physical Medicine and Rehabilita	Adult	425	425	0	48.7	44.7

DHCS

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Physical Medicine and Rehabilita	Adult	21	21	0	37.5	34.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Physical Medicine and Rehabilita	Pediatric	10770	10770	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Physical Medicine and Rehabilita	Pediatric	5588	5588	0	2.8	2.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Physical Medicine and Rehabilita	Pediatric	22175	22175	0	9.6	6.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Physical Medicine and Rehabilita	Pediatric	17997	17997	0	3.2	2.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Physical Medicine and Rehabilita	Pediatric	25065	25065	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Physical Medicine and Rehabilita	Pediatric	49300	49300	0	13.7	12.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Physical Medicine and Rehabilita	Pediatric	16638	16638	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Physical Medicine and Rehabilita	Pediatric	18247	18247	0	7	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Physical Medicine and Rehabilita	Pediatric	8356	8356	0	15.8	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Physical Medicine and Rehabilita	Pediatric	7875	7875	0	9.3	6.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Physical Medicine and Rehabilita	Pediatric	16576	16576	0	18.6	16.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Physical Medicine and Rehabilita	Pediatric	3427	3427	0	16.1	14.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Physical Medicine and Rehabilita	Pediatric	530	530	0	39.4	36.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Physical Medicine and Rehabilita	Pediatric	527	0	527	89.6	82.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Physical Medicine and Rehabilita	Pediatric	770	770	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Physical Medicine and Rehabilita	Pediatric	185	185	0	44.8	41.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Physical Medicine and Rehabilita	Pediatric	3317	3317	0	69.4	63.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Physical Medicine and Rehabilita	Pediatric	18951	18951	0	39.3	36.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Physical Medicine and Rehabilita	Pediatric	226	4	222	79.7	73.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Physical Medicine and Rehabilita	Pediatric	128	128	0	40.8	37.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Physical Medicine and Rehabilita	Pediatric	647	647	0	43.5	39.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Physical Medicine and Rehabilita	Pediatric	13	13	0	43	39.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Physical Medicine and Rehabilita	Pediatric	237	82	155	77.5	71.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Physical Medicine and Rehabilita	Pediatric	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Physical Medicine and Rehabilita	Pediatric	163	163	0	55.7	51.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Physical Medicine and Rehabilita	Pediatric	1413	1413	0	47.3	43.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Physical Medicine and Rehabilita	Pediatric	7776	7776	0	17	12.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Physical Medicine and Rehabilita	Pediatric	1	1	0	59.2	54.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Physical Medicine and Rehabilita	Pediatric	193	193	0	45.1	41.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Physical Medicine and Rehabilita	Pediatric	988	988	0	73.3	67.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Physical Medicine and Rehabilita	Pediatric	452	452	0	47	43.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Physical Medicine and Rehabilita	Pediatric	6659	6659	0	33	30.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Physical Medicine and Rehabilita	Pediatric	49	49	0	44.8	41.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Physical Medicine and Rehabilita	Pediatric	1588	1588	0	71.2	65.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Physical Medicine and Rehabilita	Pediatric	126	126	0	67.9	62.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Physical Medicine and Rehabilita	Pediatric	1264	1240	24	77.4	71
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Physical Medicine and Rehabilita	Pediatric	8518	8518	0	27.2	25
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Physical Medicine and Rehabilita	Pediatric	6172	6172	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Physical Medicine and Rehabilita	Pediatric	4400	4400	0	50.5	46.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Physical Medicine and Rehabilita	Pediatric	9632	9632	0	46.1	42.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Physical Medicine and Rehabilita	Pediatric	465	465	0	54.8	50.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Physical Medicine and Rehabilita	Pediatric	425	425	0	48.7	44.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Physical Medicine and Rehabilita	Pediatric	21	21	0	37.5	34.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Psychiatry	Adult	10770	10770	0	27.4	19.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Psychiatry	Adult	5588	5588	0	2	1.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Psychiatry	Adult	22175	22175	0	4.4	2.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Psychiatry	Adult	17997	17997	0	3.2	2.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Psychiatry	Adult	25065	25065	0	7.4	6.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Psychiatry	Adult	49300	49300	0	8.1	6.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Psychiatry	Adult	16638	16638	0	15.6	13.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Psychiatry	Adult	18247	18247	0	3.2	1.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Psychiatry	Adult	8356	8356	0	14.4	13.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Psychiatry	Adult	7875	7875	0	8	4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Psychiatry	Adult	16576	16576	0	12.8	11.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Psychiatry	Adult	3427	3427	0	10.1	9.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Psychiatry	Adult	530	530	0	9.4	8.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Psychiatry	Adult	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Psychiatry	Adult	770	770	0	21.2	19.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Psychiatry	Adult	185	185	0	23.2	21.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Psychiatry	Adult	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Psychiatry	Adult	18951	18951	0	9.2	8.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Psychiatry	Adult	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Psychiatry	Adult	128	128	0	20.2	18.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Psychiatry	Adult	647	647	0	38.7	33.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Psychiatry	Adult	13	13	0	29	26.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Psychiatry	Adult	237	237	0	21.4	19.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Psychiatry	Adult	54	54	0	19	16.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Psychiatry	Adult	163	163	0	13.6	12.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Psychiatry	Adult	1413	1413	0	7.3	6.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Psychiatry	Adult	7776	7776	0	3.8	1.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Psychiatry	Adult	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Psychiatry	Adult	193	193	0	41.8	32.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Psychiatry	Adult	988	988	0	52.4	48.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Psychiatry	Adult	452	452	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Psychiatry	Adult	6659	6659	0	15.6	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Psychiatry	Adult	49	49	0	33.1	30.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Psychiatry	Adult	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Psychiatry	Adult	126	126	0	29.1	26.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Psychiatry	Adult	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Psychiatry	Adult	8518	8518	0	9.6	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Psychiatry	Adult	6172	6172	0	12.1	11.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Psychiatry	Adult	4400	4400	0	17.5	16.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Psychiatry	Adult	9632	9632	0	16.6	15.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Psychiatry	Adult	465	465	0	21	19.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Psychiatry	Adult	425	425	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Psychiatry	Adult	21	21	0	30.4	27.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Psychiatry	Pediatric	10770	10770	0	27.1	20.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Psychiatry	Pediatric	5588	5588	0	2.2	1.7

DHCS HealthCare Services

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Psychiatry	Pediatric	22175	22175	0	5.4	2.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Psychiatry	Pediatric	17997	17997	0	3.3	2.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Psychiatry	Pediatric	25065	25065	0	16.4	15.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Psychiatry	Pediatric	49300	49300	0	23.6	17.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Psychiatry	Pediatric	16638	16638	0	25.6	23.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Psychiatry	Pediatric	18247	18247	0	3.4	2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Psychiatry	Pediatric	8356	8356	0	19.6	18
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Psychiatry	Pediatric	7875	7875	0	9.7	5.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Psychiatry	Pediatric	16576	16576	0	20.9	16.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Psychiatry	Pediatric	3427	3427	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Psychiatry	Pediatric	530	530	0	10.2	9.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Psychiatry	Pediatric	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Psychiatry	Pediatric	770	770	0	22.9	21
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Psychiatry	Pediatric	185	185	0	22.5	20.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Psychiatry	Pediatric	3317	3317	0	7.8	7.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Psychiatry	Pediatric	18951	18951	0	10.8	9.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Psychiatry	Pediatric	226	226	0	17.6	16.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Psychiatry	Pediatric	128	128	0	17.4	16
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Psychiatry	Pediatric	647	647	0	38.8	33.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Psychiatry	Pediatric	13	13	0	24.1	22.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Psychiatry	Pediatric	237	237	0	20.4	18.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Psychiatry	Pediatric	54	54	0	19.4	17
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Psychiatry	Pediatric	163	163	0	13.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Psychiatry	Pediatric	1413	1413	0	7.6	7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Psychiatry	Pediatric	7776	7776	0	4.2	2.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Psychiatry	Pediatric	1	1	0	26.9	24.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Psychiatry	Pediatric	193	193	0	40.5	31.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Psychiatry	Pediatric	988	988	0	39.9	36.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Psychiatry	Pediatric	452	452	0	15.7	14.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Psychiatry	Pediatric	6659	6659	0	14.7	13.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Psychiatry	Pediatric	49	49	0	26.7	24.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Psychiatry	Pediatric	1588	1588	0	14.9	13.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Psychiatry	Pediatric	126	126	0	24.2	22.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Psychiatry	Pediatric	1264	1264	0	26.2	24.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Psychiatry	Pediatric	8518	8518	0	10.2	9.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Psychiatry	Pediatric	6172	6172	0	14.6	13.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Psychiatry	Pediatric	4400	4400	0	19.3	16.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Psychiatry	Pediatric	9632	9632	0	16	14.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Psychiatry	Pediatric	465	465	0	23.7	21.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Psychiatry	Pediatric	425	425	0	15.2	14
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Psychiatry	Pediatric	21	21	0	27.2	25
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Pulmonology	Adult	10770	10770	0	30.4	27.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Pulmonology	Adult	5588	5588	0	1.7	1.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Pulmonology	Adult	22175	22175	0	8.3	4.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Pulmonology	Adult	17997	17997	0	3.2	2.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Pulmonology	Adult	25065	25065	0	9.9	8.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Pulmonology	Adult	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Pulmonology	Adult	16638	16638	0	15.8	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Pulmonology	Adult	18247	18247	0	5.6	3.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Pulmonology	Adult	8356	8356	0	15.1	13.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Pulmonology	Adult	7875	7875	0	9	6.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Pulmonology	Adult	16576	16576	0	18.5	14.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Pulmonology	Adult	3427	3427	0	15.9	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Pulmonology	Adult	530	530	0	36.3	33.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Pulmonology	Adult	527	527	0	27.3	25.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Pulmonology	Adult	770	770	0	33.6	30.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Pulmonology	Adult	185	185	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Pulmonology	Adult	3317	3317	0	4.5	4.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Pulmonology	Adult	18951	18951	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Pulmonology	Adult	226	226	0	17.3	15.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Pulmonology	Adult	128	128	0	40.1	36.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Pulmonology	Adult	647	647	0	43.5	38.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Pulmonology	Adult	13	13	0	39.1	35.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Pulmonology	Adult	237	237	0	50.4	46.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Pulmonology	Adult	54	54	0	19.5	17.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Pulmonology	Adult	163	163	0	49.9	45.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Pulmonology	Adult	1413	1413	0	40.4	37.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Pulmonology	Adult	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Pulmonology	Adult	1	1	0	28.6	26.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Pulmonology	Adult	193	193	0	45.1	41.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Pulmonology	Adult	988	988	0	59.8	54.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Pulmonology	Adult	452	452	0	46.4	42.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Pulmonology	Adult	6659	6659	0	17	15.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Pulmonology	Adult	49	49	0	44.5	40.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Pulmonology	Adult	1588	1588	0	14.8	13.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Pulmonology	Adult	126	126	0	51.8	47.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Pulmonology	Adult	1264	1264	0	25.8	23.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Pulmonology	Adult	8518	8518	0	27.1	24.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Pulmonology	Adult	6172	6172	0	35.7	32.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Pulmonology	Adult	4400	4400	0	18	16.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Pulmonology	Adult	9632	9632	0	28.5	26.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Pulmonology	Adult	465	465	0	47.4	43.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Pulmonology	Adult	425	425	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Pulmonology	Adult	21	21	0	32.7	30
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Arvin, CA	93203	Pulmonology	Pediatric	10770	10770	0	30.4	27.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93301	Pulmonology	Pediatric	5588	5588	0	1.7	1.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93304	Pulmonology	Pediatric	22175	22175	0	8.3	4.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93305	Pulmonology	Pediatric	17997	17997	0	3.2	2.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93306	Pulmonology	Pediatric	25065	25065	0	9.9	8.8

DHCS HealthCare Services

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93307	Pulmonology	Pediatric	49300	49300	0	14	12.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93308	Pulmonology	Pediatric	16638	16638	0	15.8	14.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93309	Pulmonology	Pediatric	18247	18247	0	5.6	3.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93311	Pulmonology	Pediatric	8356	8356	0	15.1	13.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93312	Pulmonology	Pediatric	7875	7875	0	9	6.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93313	Pulmonology	Pediatric	16576	16576	0	18.5	14.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bakersfield, CA	93314	Pulmonology	Pediatric	3427	3427	0	15.9	14.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Bodfish, CA	93205	Pulmonology	Pediatric	530	530	0	41	37.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Boron, CA	93516	Pulmonology	Pediatric	527	0	527	90.3	82.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Buttonwillow, CA	93206	Pulmonology	Pediatric	770	770	0	33.6	30.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Caliente, CA	93518	Pulmonology	Pediatric	185	185	0	45.7	41.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	California City, CA	93505	Pulmonology	Pediatric	3317	3317	0	70	64.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Delano, CA	93215	Pulmonology	Pediatric	18951	18951	0	8	7.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Edwards, CA	93523	Pulmonology	Pediatric	226	4	222	80.1	73.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Fellows, CA	93224	Pulmonology	Pediatric	128	128	0	40.1	36.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Frazier Park, CA	93225	Pulmonology	Pediatric	647	647	0	43.5	38.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Glennville, CA	93226	Pulmonology	Pediatric	13	13	0	39.1	35.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Inyokern, CA	93527	Pulmonology	Pediatric	237	1	236	78.8	72.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Keene, CA	93531	Pulmonology	Pediatric	54	54	0	33.7	30.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Kernville, CA	93238	Pulmonology	Pediatric	163	163	0	57.2	52
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lake Isabella, CA	93240	Pulmonology	Pediatric	1413	1413	0	48.8	44.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lamont, CA	93241	Pulmonology	Pediatric	7776	7776	0	17.5	12.4
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lancaster, CA	93536	Pulmonology	Pediatric	1	1	0	59.6	54.7
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lebec, CA	93243	Pulmonology	Pediatric	193	193	0	45.1	41.1
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Lost Hills, CA	93249	Pulmonology	Pediatric	988	988	0	59.8	54.9
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Maricopa, CA	93252	Pulmonology	Pediatric	452	452	0	46.4	42.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Farland, CA	93250	Pulmonology	Pediatric	6659	6659	0	17	15.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Pulmonology	Pediatric	49	49	0	44.5	40.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Mojave, CA	93501	Pulmonology	Pediatric	1588	1588	0	71.5	65.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Onyx, CA	93255	Pulmonology	Pediatric	126	126	0	69.2	63.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Rosamond, CA	93560	Pulmonology	Pediatric	1264	1240	24	77.4	71
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Shafter, CA	93263	Pulmonology	Pediatric	8518	8518	0	27.1	24.6
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Taft, CA	93268	Pulmonology	Pediatric	6172	6172	0	35.7	32.8
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Tehachapi, CA	93561	Pulmonology	Pediatric	4400	4400	0	50.5	46.3
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wasco, CA	93280	Pulmonology	Pediatric	9632	9632	0	28.5	26.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Weldon, CA	93283	Pulmonology	Pediatric	465	465	0	56.2	51.2
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Wofford Heights, CA	93285	Pulmonology	Pediatric	425	425	0	50	45.5
Exhibit B-2: Core Specialists	Kern Health Systems	Kern	Woody, CA	93287	Pulmonology	Pediatric	21	21	0	32.7	30
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Arvin, CA	93203	OB/GYN Specialty Care	Adult	10770	10770	0	21.8	19.6
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93301	OB/GYN Specialty Care	Adult	5588	5588	0	1.6	1.2
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93304	OB/GYN Specialty Care	Adult	22175	22175	0	5	2.7
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93305	OB/GYN Specialty Care	Adult	17997	17997	0	3.2	1.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93306	OB/GYN Specialty Care	Adult	25065	25065	0	9.9	8.8
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93307	OB/GYN Specialty Care	Adult	49300	49300	0	8.2	7.6
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93308	OB/GYN Specialty Care	Adult	16638	16638	0	15.6	14.3
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93309	OB/GYN Specialty Care	Adult	18247	18247	0	3.2	1.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93311	OB/GYN Specialty Care	Adult	8356	8356	0	14.4	13.2
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93312	OB/GYN Specialty Care	Adult	7875	7875	0	9	5.4
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93313	OB/GYN Specialty Care	Adult	16576	16576	0	12.8	11.8
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93314	OB/GYN Specialty Care	Adult	3427	3427	0	9.9	9.1
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bodfish, CA	93205	OB/GYN Specialty Care	Adult	530	530	0	41	37.2
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Boron, CA	93516	OB/GYN Specialty Care	Adult	527	527	0	49.4	44.7
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Buttonwillow, CA	93206	OB/GYN Specialty Care	Adult	770	770	0	21.1	19.4
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Caliente, CA	93518	OB/GYN Specialty Care	Adult	185	185	0	38	34.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	California City, CA	93505	OB/GYN Specialty Care	Adult	3317	3317	0	45.7	38.1
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Delano, CA	93215	OB/GYN Specialty Care	Adult	18951	18951	0	7.9	7.3
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Edwards, CA	93523	OB/GYN Specialty Care	Adult	226	226	0	46.3	40.4
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Fellows, CA	93224	OB/GYN Specialty Care	Adult	128	128	0	20.2	18.6
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Frazier Park, CA	93225	OB/GYN Specialty Care	Adult	647	647	0	36.1	33.1
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Glennville, CA	93226	OB/GYN Specialty Care	Adult	13	13	0	39	35.8
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Inyokern, CA	93527	OB/GYN Specialty Care	Adult	237	237	0	21.4	19.7
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Keene, CA	93531	OB/GYN Specialty Care	Adult	54	54	0	17.4	16
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Kernville, CA	93238	OB/GYN Specialty Care	Adult	163	163	0	50	45.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Lake Isabella, CA	93240	OB/GYN Specialty Care	Adult	1413	1413	0	46.4	42.3
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Lamont, CA	93241	OB/GYN Specialty Care	Adult	7776	7776	0	3.8	1.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Lancaster, CA	93536	OB/GYN Specialty Care	Adult	1	1	0	36.9	32
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Lebec, CA	93243	OB/GYN Specialty Care	Adult	193	193	0	31.5	28.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Lost Hills, CA	93249	OB/GYN Specialty Care	Adult	988	988	0	52.2	47.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Maricopa, CA	93252	OB/GYN Specialty Care	Adult	452	452	0	16.2	14.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Mc Farland, CA	93250	OB/GYN Specialty Care	Adult	6659	6659	0	14.4	13.2
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Mc Kittrick, CA	93251	OB/GYN Specialty Care	Adult	49	49	0	32.8	30.1
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Mojave, CA	93501	OB/GYN Specialty Care	Adult	1588	1588	0	46.5	38.8
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Onyx, CA	93255	OB/GYN Specialty Care	Adult	126	126	0	43.5	39.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Rosamond, CA	93560	OB/GYN Specialty Care	Adult	1264	1264	0	30.3	25.3
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Shafter, CA	93263	OB/GYN Specialty Care	Adult	8518	8518	0	9.2	8.5
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Taft, CA	93268	OB/GYN Specialty Care	Adult	6172	6172	0	12.1	11.1
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Tehachapi, CA	93561	OB/GYN Specialty Care	Adult	4400	4400	0	32.9	30.2
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Wasco, CA	93280	OB/GYN Specialty Care	Adult	9632	9632	0	15.9	14.6
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Weldon, CA	93283	OB/GYN Specialty Care	Adult	465	465	0	43.2	39.6
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Wofford Heights, CA	93285	OB/GYN Specialty Care	Adult	425	425	0	49.5	45.3
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Woody, CA	93287	OB/GYN Specialty Care	Adult	21	21	0	32.6	29.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Arvin, CA	93203	OB/GYN Specialty Care	Pediatric	10770	10770	0	21.8	19.6
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93301	OB/GYN Specialty Care	Pediatric	5588	5588	0	1.6	1.2
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93304	OB/GYN Specialty Care	Pediatric	22175	22175	0	5	2.7
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93305	OB/GYN Specialty Care	Pediatric	17997	17997	0	3.2	1.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93306	OB/GYN Specialty Care	Pediatric	25065	25065	0	9.9	8.8
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93307	OB/GYN Specialty Care	Pediatric	49300	49300	0	8.2	7.6
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93308	OB/GYN Specialty Care	Pediatric	16638	16638	0	15.6	14.3
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93309	OB/GYN Specialty Care	Pediatric	18247	18247	0	3.4	2.3

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93311	OB/GYN Specialty Care	Pediatric	8356	8356	0	14.4	13.2
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93312	OB/GYN Specialty Care	Pediatric	7875	7875	0	9	5.4
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93313	OB/GYN Specialty Care	Pediatric	16576	16576	0	12.8	11.8
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bakersfield, CA	93314	OB/GYN Specialty Care	Pediatric	3427	3427	0	9.9	9.1
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Bodfish, CA	93205	OB/GYN Specialty Care	Pediatric	530	530	0	41	37.2
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Boron, CA	93516	OB/GYN Specialty Care	Pediatric	527	527	0	49.4	44.7
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Buttonwillow, CA	93206	OB/GYN Specialty Care	Pediatric	770	770	0	21.1	19.4
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Caliente, CA	93518	OB/GYN Specialty Care	Pediatric	185	185	0	38	34.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	California City, CA	93505	OB/GYN Specialty Care	Pediatric	3317	3317	0	45.7	38.1
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Delano, CA	93215	OB/GYN Specialty Care	Pediatric	18951	18951	0	7.9	7.3
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Edwards, CA	93523	OB/GYN Specialty Care	Pediatric	226	226	0	46.3	40.4
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Fellows, CA	93224	OB/GYN Specialty Care	Pediatric	128	128	0	20.2	18.6
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Frazier Park, CA	93225	OB/GYN Specialty Care	Pediatric	647	647	0	36.1	33.1
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Glennville, CA	93226	OB/GYN Specialty Care	Pediatric	13	13	0	39	35.8
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Inyokern, CA	93527	OB/GYN Specialty Care	Pediatric	237	237	0	21.4	19.7
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Keene, CA	93531	OB/GYN Specialty Care	Pediatric	54	54	0	17.4	16
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Kernville, CA	93238	OB/GYN Specialty Care	Pediatric	163	163	0	50	45.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Lake Isabella, CA	93240	OB/GYN Specialty Care	Pediatric	1413	1413	0	46.4	42.3
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Lamont, CA	93241	OB/GYN Specialty Care	Pediatric	7776	7776	0	3.8	1.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Lancaster, CA	93536	OB/GYN Specialty Care	Pediatric	1	1	0	36.9	32
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Lebec, CA	93243	OB/GYN Specialty Care	Pediatric	193	193	0	31.5	28.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Lost Hills, CA	93249	OB/GYN Specialty Care	Pediatric	988	988	0	52.2	47.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Maricopa, CA	93252	OB/GYN Specialty Care	Pediatric	452	452	0	16.2	14.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Mc Farland, CA	93250	OB/GYN Specialty Care	Pediatric	6659	6659	0	14.4	13.2
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Mc Kittrick, CA	93251	OB/GYN Specialty Care	Pediatric	49	49	0	32.8	30.1
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Mojave, CA	93501	OB/GYN Specialty Care	Pediatric	1588	1588	0	46.5	38.8
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Onyx, CA	93255	OB/GYN Specialty Care	Pediatric	126	126	0	43.5	39.9
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Rosamond, CA	93560	OB/GYN Specialty Care	Pediatric	1264	1264	0	30.3	25.3
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Shafter, CA	93263	OB/GYN Specialty Care	Pediatric	8518	8518	0	9.2	8.5
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Taft, CA	93268	OB/GYN Specialty Care	Pediatric	6172	6172	0	12.1	11.1
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Tehachapi, CA	93561	OB/GYN Specialty Care	Pediatric	4400	4400	0	32.9	30.2
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Wasco, CA	93280	OB/GYN Specialty Care	Pediatric	9632	9632	0	15.9	14.6
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Weldon, CA	93283	OB/GYN Specialty Care	Pediatric	465	465	0	43.2	39.6
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Wofford Heights, CA	93285	OB/GYN Specialty Care	Pediatric	425	425	0	49.5	45.3
Exhibit B-3b: Specialty Care OB/GY	Kern Health Systems	Kern	Woody, CA	93287	OB/GYN Specialty Care	Pediatric	21	21	0	32.6	29.9
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Arvin, CA	93203	Mental Health (non-psychiatry) C	Adult	10770	10770	0	19.4	17.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93301	Mental Health (non-psychiatry) C	Adult	5588	5588	0	1.4	1.2
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93304	Mental Health (non-psychiatry) C	Adult	22175	22175	0	3.3	2.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93305	Mental Health (non-psychiatry) C	Adult	17997	17997	0	4.3	2.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93306	Mental Health (non-psychiatry) C	Adult	25065	25065	0	9.9	9.1
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93307	Mental Health (non-psychiatry) C	Adult	49300	49300	0	19.2	17.6
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93308	Mental Health (non-psychiatry) C	Adult	16638	16638	0	20.4	18.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93309	Mental Health (non-psychiatry) C	Adult	18247	18247	0	4.2	2.6
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93311	Mental Health (non-psychiatry) C	Adult	8356	8356	0	18.6	17.1
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93312	Mental Health (non-psychiatry) C	Adult	7875	7875	0	8.6	4.3
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93313	Mental Health (non-psychiatry) C	Adult	16576	16576	0	17.7	16.3
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93314	Mental Health (non-psychiatry) C	Adult	3427	3427	0	12.1	11.1
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bodfish, CA	93205	Mental Health (non-psychiatry) C	Adult	530	530	0	10.2	9.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Boron, CA	93516	Mental Health (non-psychiatry) C	Adult	527	527	0	27.3	25.1
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Buttonwillow, CA	93206	Mental Health (non-psychiatry) C	Adult	770	770	0	17.3	15.9
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Caliente, CA	93518	Mental Health (non-psychiatry) C	Adult	185	185	0	22.1	20.3
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	California City, CA	93505	Mental Health (non-psychiatry) C	Adult	3317	3317	0	7.8	7.2
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Delano, CA	93215	Mental Health (non-psychiatry) C	Adult	18951	18951	0	10.5	9.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Edwards, CA	93523	Mental Health (non-psychiatry) C	Adult	226	226	0	17.6	16.2
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Fellows, CA	93224	Mental Health (non-psychiatry) C	Adult	128	128	0	17.4	16
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Frazier Park, CA	93225	Mental Health (non-psychiatry) C	Adult	647	647	0	15.7	14.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Glennville, CA	93226	Mental Health (non-psychiatry) C	Adult	13	13	0	19.6	18
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Inyokern, CA	93527	Mental Health (non-psychiatry) C	Adult	237	237	0	20.4	18.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Keene, CA	93531	Mental Health (non-psychiatry) C	Adult	54	54	0	16.1	14.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Kernville, CA	93238	Mental Health (non-psychiatry) C	Adult	163	163	0	5.4	5
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Lake Isabella, CA	93240	Mental Health (non-psychiatry) C	Adult	1413	1413	0	7.6	7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Lamont, CA	93241	Mental Health (non-psychiatry) C	Adult	7776	7776	0	10.3	7.3
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Lancaster, CA	93536	Mental Health (non-psychiatry) C	Adult	1	1	0	26.9	24.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Lebec, CA	93243	Mental Health (non-psychiatry) C	Adult	193	193	0	19.5	17.9
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Lost Hills, CA	93249	Mental Health (non-psychiatry) C	Adult	988	988	0	39.9	36.6
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Maricopa, CA	93252	Mental Health (non-psychiatry) C	Adult	452	452	0	15.7	14.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Mc Farland, CA	93250	Mental Health (non-psychiatry) C	Adult	6659	6659	0	14.7	13.5
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Mental Health (non-psychiatry) C	Adult	49	49	0	19.9	18.3
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Mojave, CA	93501	Mental Health (non-psychiatry) C	Adult	1588	1588	0	14.9	13.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Onyx, CA	93255	Mental Health (non-psychiatry) C	Adult	126	126	0	23.7	21.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Rosamond, CA	93560	Mental Health (non-psychiatry) C	Adult	1264	1264	0	24.4	21.9
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Shafter, CA	93263	Mental Health (non-psychiatry) C	Adult	8518	8518	0	10.2	9.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Taft, CA	93268	Mental Health (non-psychiatry) C	Adult	6172	6172	0	14.6	13.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Tehachapi, CA	93561	Mental Health (non-psychiatry) C	Adult	4400	4400	0	16.3	15
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Wasco, CA	93280	Mental Health (non-psychiatry) C	Adult	9632	9632	0	16	14.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Weldon, CA	93283	Mental Health (non-psychiatry) C	Adult	465	465	0	23.7	21.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Wofford Heights, CA	93285	Mental Health (non-psychiatry) C	Adult	425	425	0	9.4	8.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Woody, CA	93287	Mental Health (non-psychiatry) C	Adult	21	21	0	23.7	21.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Arvin, CA	93203	Mental Health (non-psychiatry) C	Pediatric	10770	10770	0	19.4	17.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93301	Mental Health (non-psychiatry) C	Pediatric	5588	5588	0	1.4	1.2
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93304	Mental Health (non-psychiatry) C	Pediatric	22175	22175	0	3.3	2.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93305	Mental Health (non-psychiatry) C	Pediatric	17997	17997	0	4.3	2.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93306	Mental Health (non-psychiatry) C	Pediatric	25065	25065	0	9.9	9.1
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93307	Mental Health (non-psychiatry) C	Pediatric	49300	49300	0	19.2	17.6
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93308	Mental Health (non-psychiatry) C	Pediatric	16638	16638	0	20.4	18.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93309	Mental Health (non-psychiatry) C	Pediatric	18247	18247	0	4.2	2.6
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93311	Mental Health (non-psychiatry) C	Pediatric	8356	8356	0	18.6	17.1
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93312	Mental Health (non-psychiatry) C	Pediatric	7875	7875	0	8.6	4.3
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93313	Mental Health (non-psychiatry) C	Pediatric	16576	16576	0	17.7	16.3

DHCS

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bakersfield, CA	93314	Mental Health (non-psychiatry) C	Pediatric	3427	3427	0	12.1	11.1
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Bodfish, CA	93205	Mental Health (non-psychiatry) C	Pediatric	530	530	0	10.2	9.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Boron, CA	93516	Mental Health (non-psychiatry) C	Pediatric	527	527	0	27.3	25.1
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Buttonwillow, CA	93206	Mental Health (non-psychiatry) C	Pediatric	770	770	0	17.3	15.9
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Caliente, CA	93518	Mental Health (non-psychiatry) C	Pediatric	185	185	0	22.1	20.3
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	California City, CA	93505	Mental Health (non-psychiatry) C	Pediatric	3317	3317	0	7.8	7.2
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Delano, CA	93215	Mental Health (non-psychiatry) C	Pediatric	18951	18951	0	10.5	9.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Edwards, CA	93523	Mental Health (non-psychiatry) C	Pediatric	226	226	0	17.6	16.2
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Fellows, CA	93224	Mental Health (non-psychiatry) C	Pediatric	128	128	0	17.4	16
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Frazier Park, CA	93225	Mental Health (non-psychiatry) C	Pediatric	647	647	0	15.7	14.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Glennville, CA	93226	Mental Health (non-psychiatry) C	Pediatric	13	13	0	19.6	18
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Inyokern, CA	93527	Mental Health (non-psychiatry) C	Pediatric	237	237	0	20.4	18.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Keene, CA	93531	Mental Health (non-psychiatry) C	Pediatric	54	54	0	16.1	14.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Kernville, CA	93238	Mental Health (non-psychiatry) C	Pediatric	163	163	0	5.4	5
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Lake Isabella, CA	93240	Mental Health (non-psychiatry) C	Pediatric	1413	1413	0	7.6	7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Lamont, CA	93241	Mental Health (non-psychiatry) C	Pediatric	7776	7776	0	10.3	7.3
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Lancaster, CA	93536	Mental Health (non-psychiatry) C	Pediatric	1	1	0	26.9	24.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Lebec, CA	93243	Mental Health (non-psychiatry) C	Pediatric	193	193	0	19.5	17.9
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Lost Hills, CA	93249	Mental Health (non-psychiatry) C	Pediatric	988	988	0	39.9	36.6
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Maricopa, CA	93252	Mental Health (non-psychiatry) C	Pediatric	452	452	0	15.7	14.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Mc Farland, CA	93250	Mental Health (non-psychiatry) C	Pediatric	6659	6659	0	14.7	13.5
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Mental Health (non-psychiatry) C	Pediatric	49	49	0	19.9	18.3
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Mojave, CA	93501	Mental Health (non-psychiatry) C	Pediatric	1588	1588	0	14.9	13.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Onyx, CA	93255	Mental Health (non-psychiatry) C	Pediatric	126	126	0	23.7	21.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Rosamond, CA	93560	Mental Health (non-psychiatry) C	Pediatric	1264	1264	0	24.4	21.9
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Shafter, CA	93263	Mental Health (non-psychiatry) C	Pediatric	8518	8518	0	10.2	9.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Taft, CA	93268	Mental Health (non-psychiatry) C	Pediatric	6172	6172	0	14.6	13.4
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Tehachapi, CA	93561	Mental Health (non-psychiatry) C	Pediatric	4400	4400	0	16.3	15
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Wasco, CA	93280	Mental Health (non-psychiatry) C	Pediatric	9632	9632	0	16	14.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Weldon, CA	93283	Mental Health (non-psychiatry) C	Pediatric	465	465	0	23.7	21.8
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Wofford Heights, CA	93285	Mental Health (non-psychiatry) C	Pediatric	425	425	0	9.4	8.7
Exhibit B-5: Mental Health Outpatie	Kern Health Systems	Kern	Woody, CA	93287	Mental Health (non-psychiatry) C	Pediatric	21	21	0	23.7	21.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Arvin, CA	93203	Hospital	N/A	10770	10742	28	30.4	27.9
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93301	Hospital	N/A	5588	5588	0	1.7	1.3
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93304	Hospital	N/A	22175	22175	0	8.3	5.2
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93305	Hospital	N/A	17997	17997	0	3.8	2.6
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93306	Hospital	N/A	25065	25065	0	9.9	9.1
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93307	Hospital	N/A	49300	49300	0	14	12.9
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93308	Hospital	N/A	16638	16638	0	14.1	13
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93309	Hospital	N/A	18247	18247	0	7.2	4.2
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93311	Hospital	N/A	8356	8356	0	15.1	13.9
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93312	Hospital	N/A	7875	7875	0	9	6.4
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93313	Hospital	N/A	16576	16576	0	18.5	15.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bakersfield, CA	93314	Hospital	N/A	3427	3427	0	15.9	14.6
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Bodfish, CA	93205	Hospital	N/A	530	530	0	9.6	8.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Boron, CA	93516	Hospital	N/A	527	0	527	49.5	45.4
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Buttonwillow, CA	93206	Hospital	N/A	770	719	51	33.6	30.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Caliente, CA	93518	Hospital	N/A	185	185	0	23	21.1
Exhibit B-4: Hospitals	Kern Health Systems	Kern	California City, CA	93505	Hospital	N/A	3317	1223	2094	32.7	30
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Delano, CA	93215	Hospital	N/A	18951	18951	0	7.9	7.3
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Edwards, CA	93523	Hospital	N/A	226	0	226	42.8	39.3
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Fellows, CA	93224	Hospital	N/A	128	0	128	40.1	36.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Frazier Park, CA	93225	Hospital	N/A	647	0	647	43.5	39.9
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Glennville, CA	93226	Hospital	N/A	13	13	0	29	26.6
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Inyokern, CA	93527	Hospital	N/A	237	237	0	21.6	19.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Keene, CA	93531	Hospital	N/A	54	54	0	18.4	16.9
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Kernville, CA	93238	Hospital	N/A	163	163	0	13.5	12.4
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Lake Isabella, CA	93240	Hospital	N/A	1413	1413	0	7.4	6.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Lamont, CA	93241	Hospital	N/A	7776	7776	0	17.5	12.4
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Lancaster, CA	93536	Hospital	N/A	1	1	0	29.4	27
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Lebec, CA	93243	Hospital	N/A	193	0	193	45.1	41.4
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Lost Hills, CA	93249	Hospital	N/A	988	0	988	60	55
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Maricopa, CA	93252	Hospital	N/A	452	0	452	46.4	42.6
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Mc Farland, CA	93250	Hospital	N/A	6659	6659	0	16.9	15.5
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Hospital	N/A	49	0	49	44.5	40.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Mojave, CA	93501	Hospital	N/A	1588	1488	100	33.6	30.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Onyx, CA	93255	Hospital	N/A	126	126	0	29.2	26.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Rosamond, CA	93560	Hospital	N/A	1264	52	1212	40	36.7
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Shafter, CA	93263	Hospital	N/A	8518	8518	0	26.7	24.5
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Taft, CA	93268	Hospital	N/A	6172	369	5803	35.7	32.8
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Tehachapi, CA	93561	Hospital	N/A	4400	4400	0	17	15.6
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Wasco, CA	93280	Hospital	N/A	9632	9632	0	28.6	26.3
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Weldon, CA	93283	Hospital	N/A	465	465	0	21.1	19.4
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Wofford Heights, CA	93285	Hospital	N/A	425	425	0	15.7	14.4
Exhibit B-4: Hospitals	Kern Health Systems	Kern	Woody, CA	93287	Hospital	N/A	21	21	0	30	27.5
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Arvin, CA	93203	Pharmacy	N/A	10770	10770	0	16.6	15.3
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93301	Pharmacy	N/A	5588	5588	0	1.4	1.1
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93304	Pharmacy	N/A	22175	22175	0	2.5	1.6
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93305	Pharmacy	N/A	17997	17997	0	2.8	1.4
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93306	Pharmacy	N/A	25065	25065	0	6.6	6.1
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93307	Pharmacy	N/A	49300	49300	0	6.5	4.8
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93308	Pharmacy	N/A	16638	16638	0	12.2	11.2
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93309	Pharmacy	N/A	18247	18247	0	2.5	1.6
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93311	Pharmacy	N/A	8356	8356	0	11.3	10.4
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93312	Pharmacy	N/A	7875	7875	0	3.4	1.7
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93313	Pharmacy	N/A	16576	16576	0	11.2	10.3
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bakersfield, CA	93314	Pharmacy	N/A	3427	3427	0	9.7	8.9
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Bodfish, CA	93205	Pharmacy	N/A	530	530	0	4.3	4
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Boron, CA	93516	Pharmacy	N/A	527	527	0	26.7	24.5

DHCS HealthCare Services

Accessibility Analysis Template

Attachment A

Exhibit Name	MCP Name	County	City	ZIP Code	Provider Type	Population Served	Total Number of Members	Number of Members with Access	Number of Members without Access	Maximum Time	Maximum Distance
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Buttonwillow, CA	93206	Pharmacy	N/A	770	770	0	20.4	18.7
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Caliente, CA	93518	Pharmacy	N/A	185	185	0	24.2	22.2
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	California City, CA	93505	Pharmacy	N/A	3317	3317	0	5.2	4.8
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Delano, CA	93215	Pharmacy	N/A	18951	18951	0	4.9	4.5
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Edwards, CA	93523	Pharmacy	N/A	226	226	0	16.6	15.3
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Fellows, CA	93224	Pharmacy	N/A	128	128	0	19.8	18.2
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Frazier Park, CA	93225	Pharmacy	N/A	647	647	0	13.4	12.3
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Glennville, CA	93226	Pharmacy	N/A	13	13	0	20.4	18.7
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Inyokern, CA	93527	Pharmacy	N/A	237	237	0	21.8	20
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Keene, CA	93531	Pharmacy	N/A	54	54	0	15.7	14.4
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Kernville, CA	93238	Pharmacy	N/A	163	163	0	8.1	7.5
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Lake Isabella, CA	93240	Pharmacy	N/A	1413	1413	0	3	2.8
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Lamont, CA	93241	Pharmacy	N/A	7776	7776	0	3.8	1.9
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Lancaster, CA	93536	Pharmacy	N/A	1	1	0	24.5	22.5
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Lebec, CA	93243	Pharmacy	N/A	193	193	0	12.6	11.6
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Lost Hills, CA	93249	Pharmacy	N/A	988	988	0	30.8	28.3
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Maricopa, CA	93252	Pharmacy	N/A	452	452	0	15.9	14.6
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Mc Farland, CA	93250	Pharmacy	N/A	6659	6659	0	10.8	9.9
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Mc Kittrick, CA	93251	Pharmacy	N/A	49	49	0	27.7	25.4
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Mojave, CA	93501	Pharmacy	N/A	1588	1588	0	13.2	12.1
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Onyx, CA	93255	Pharmacy	N/A	126	126	0	27.6	25.3
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Rosamond, CA	93560	Pharmacy	N/A	1264	1264	0	16.3	15
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Shafter, CA	93263	Pharmacy	N/A	8518	8518	0	9	8.3
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Taft, CA	93268	Pharmacy	N/A	6172	6172	0	13.2	12.1
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Tehachapi, CA	93561	Pharmacy	N/A	4400	4400	0	14	12.9
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Wasco, CA	93280	Pharmacy	N/A	9632	9632	0	15.6	14.3
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Weldon, CA	93283	Pharmacy	N/A	465	465	0	21	19.3
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Wofford Heights, CA	93285	Pharmacy	N/A	425	425	0	9.4	8.7
Exhibit B-6: Pharmacies	Kern Health Systems	Kern	Woody, CA	93287	Pharmacy	N/A	21	21	0	25	23

PCP, Adult (10 Miles, 30 Minutes)

B-1.Adult PCP

341 providers at 129 locations

- ■ All providers
- ○ 10 mile radius

B-1. PCP, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-1.Adult PCP

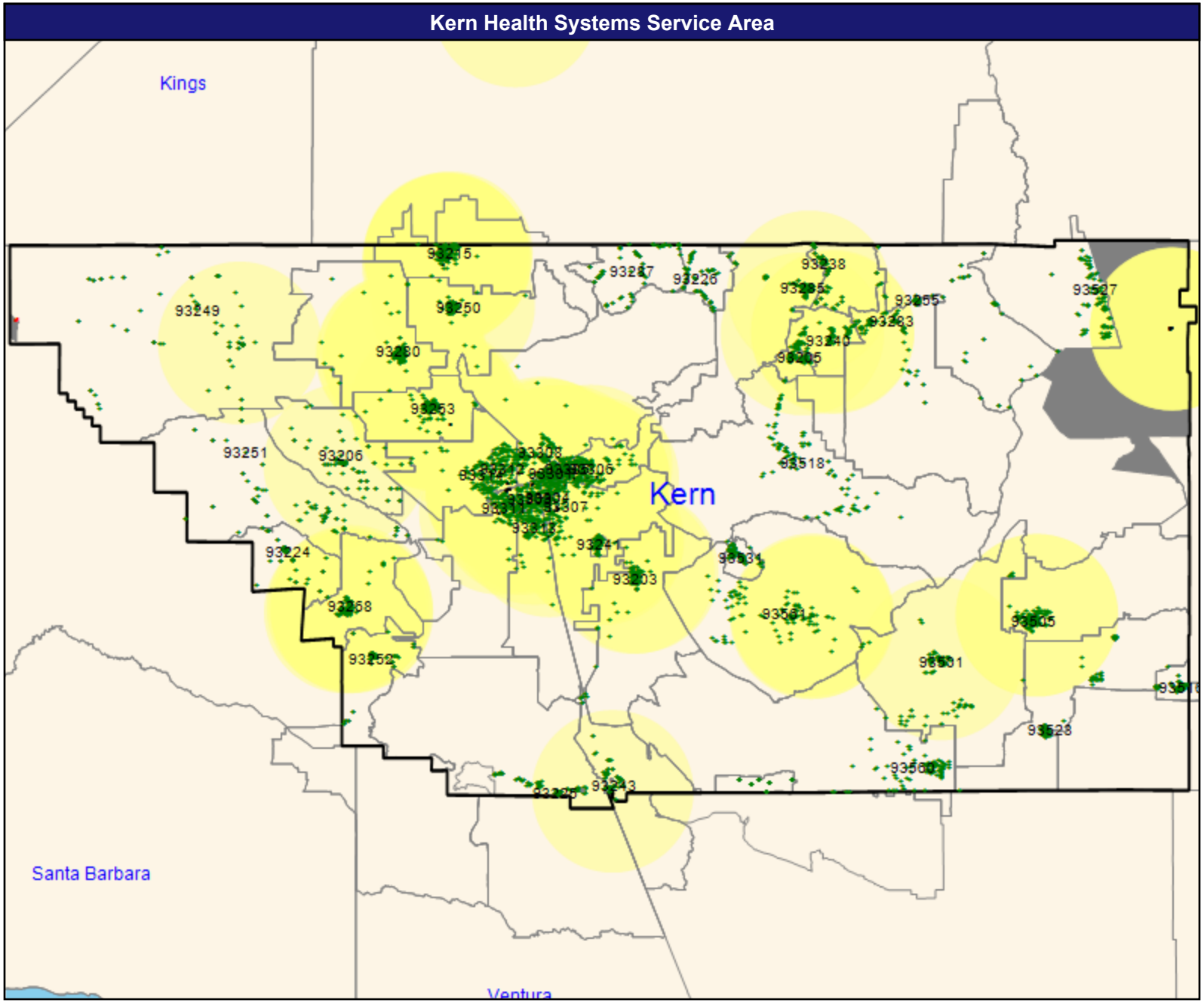
4,300 member locations

- ◆ With access (4,297)
- ● Without access (3)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-1.Adult PCP) provider in 10 miles or 30 minutes

17.79 miles



Primary Care, Pediatric (10 Miles or 30 Minutes)

B-1.Pediatric PCP

363 providers at 131 locations

- ■ All providers
- ○ 10 mile radius

B-1. PCP, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-1.Pediatric PCP

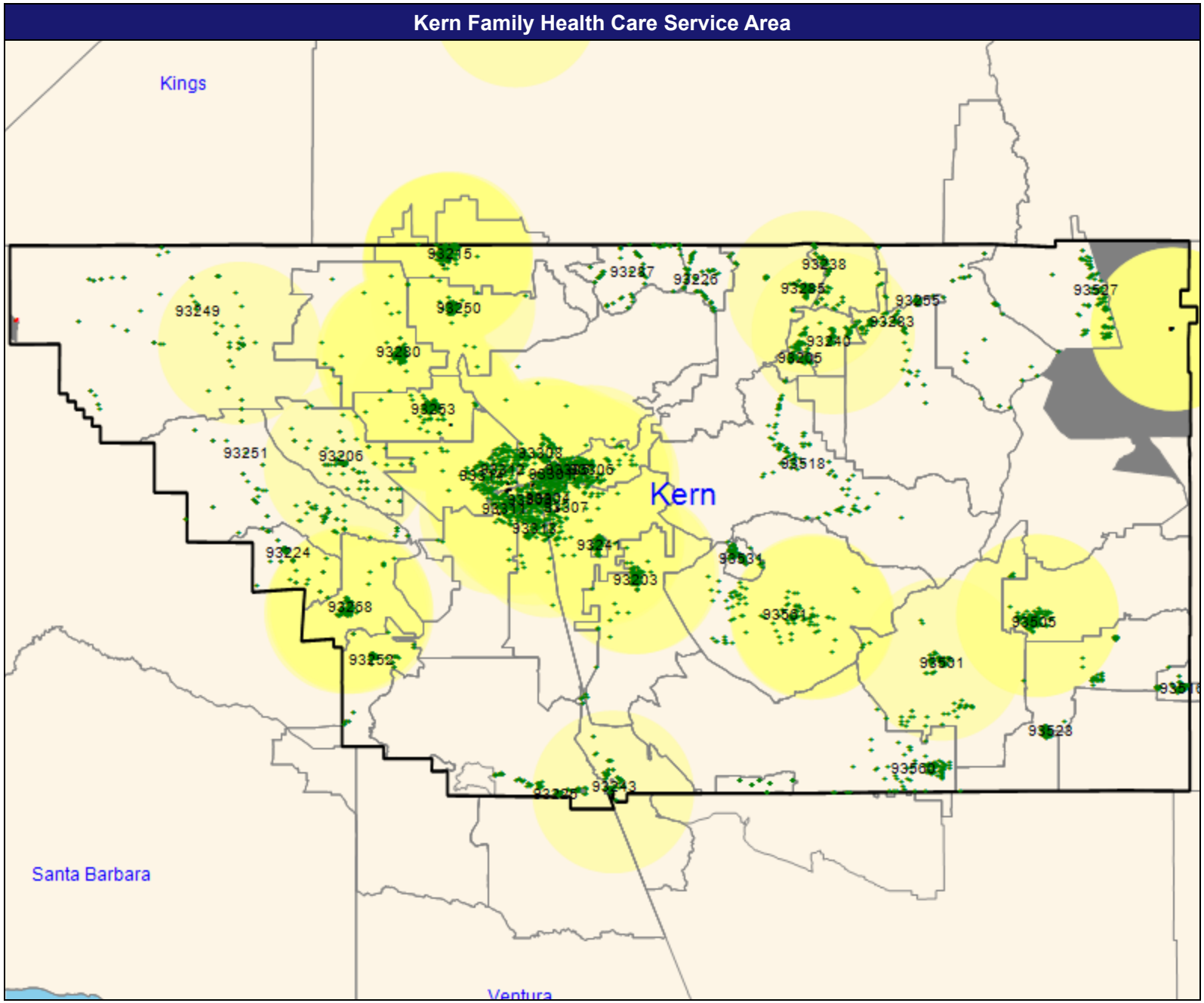
4,300 member locations

- ◆ With access (4,297)
- ● Without access (3)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-1.Pediatric PCP) provider in 10 miles or 30 minutes

17.79 miles



Cardiology, Adult (45 Miles, 75 Minutes)

B-2. Cardiology, Adult

43 providers at 36 locations

- ■ All providers
- ○ 45 mile radius

B-2. Cardiology, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Cardiology, Adult

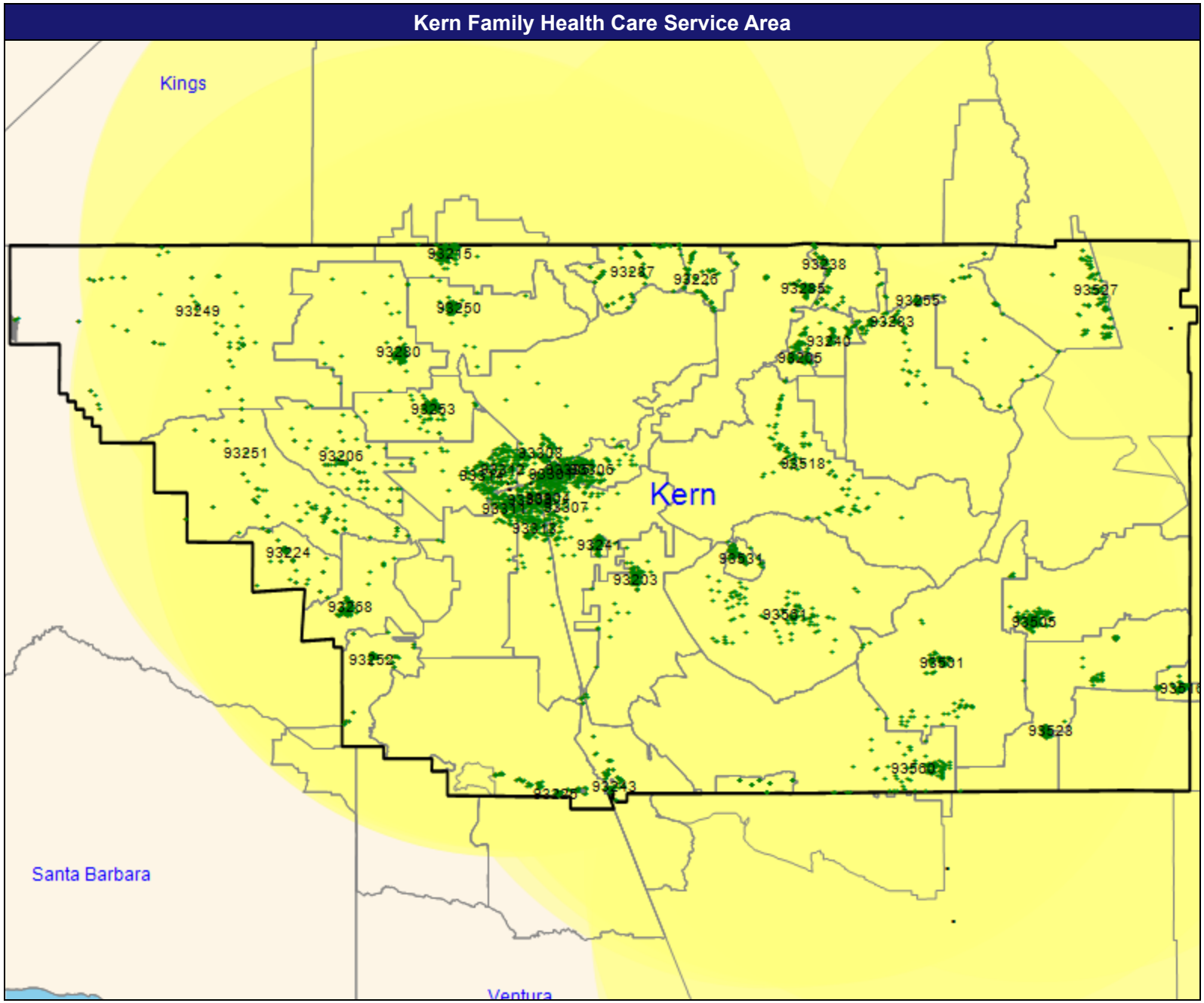
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Cardiology, Adult) provider in 45 miles or 75 minutes

17.79 miles



Cardiology, Pediatric (45 Miles, 75 Minutes)

B-2. Cardiology, Pediatric

35 providers at 25 locations

- ■ All providers
- ○ 45 mile radius

B-2. Cardiology, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Cardiology, Pediatric

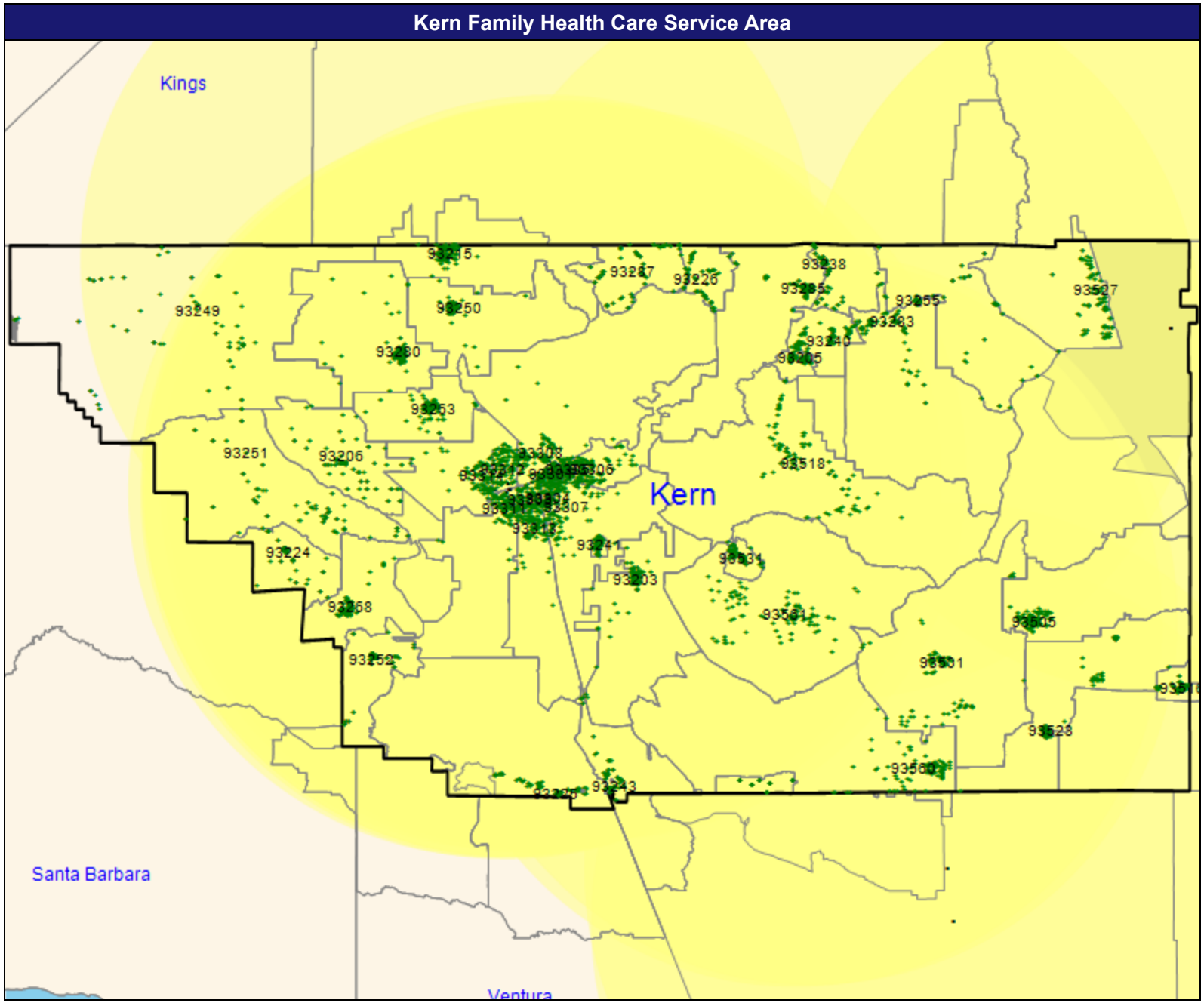
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Cardiology, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Dermatology, Adult (45 Miles, 75 Minutes)

B-2. Dermatology, Adult

25 providers at 13 locations

- ■ All providers
- ○ 45 mile radius

B-2. Dermatology, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Dermatology, Adult

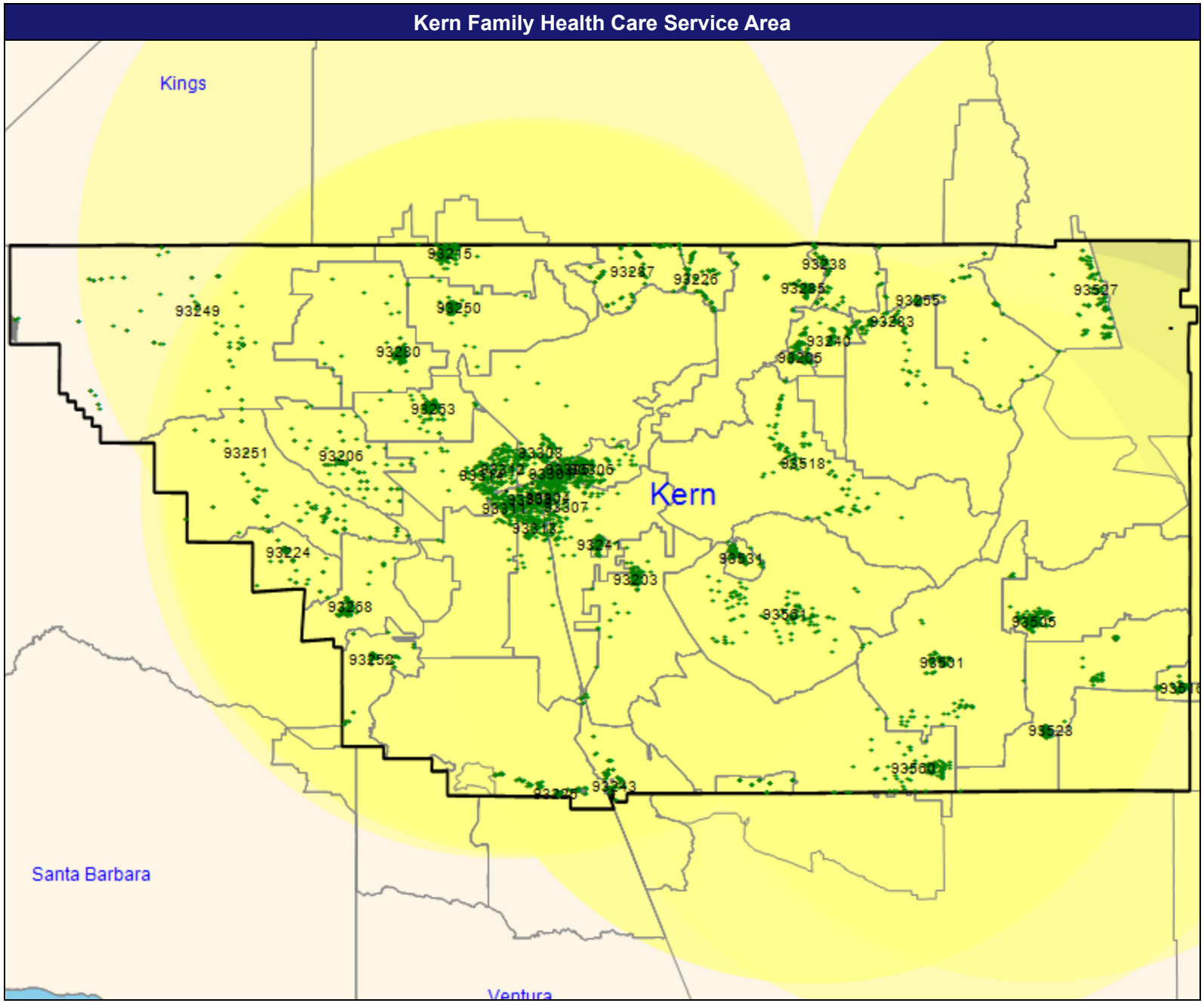
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Dermatology, Adult) provider in 45 miles or 75 minutes

17.79 miles



Dermatology, Pediatric (45 Miles, 75 Minutes)

April 28, 2021

B-2. Dermatology, Pediatric

22 providers at 11 locations

- ■ All providers
- ○ 45 mile radius

B-2. Dermatology, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Dermatology, Pediatric

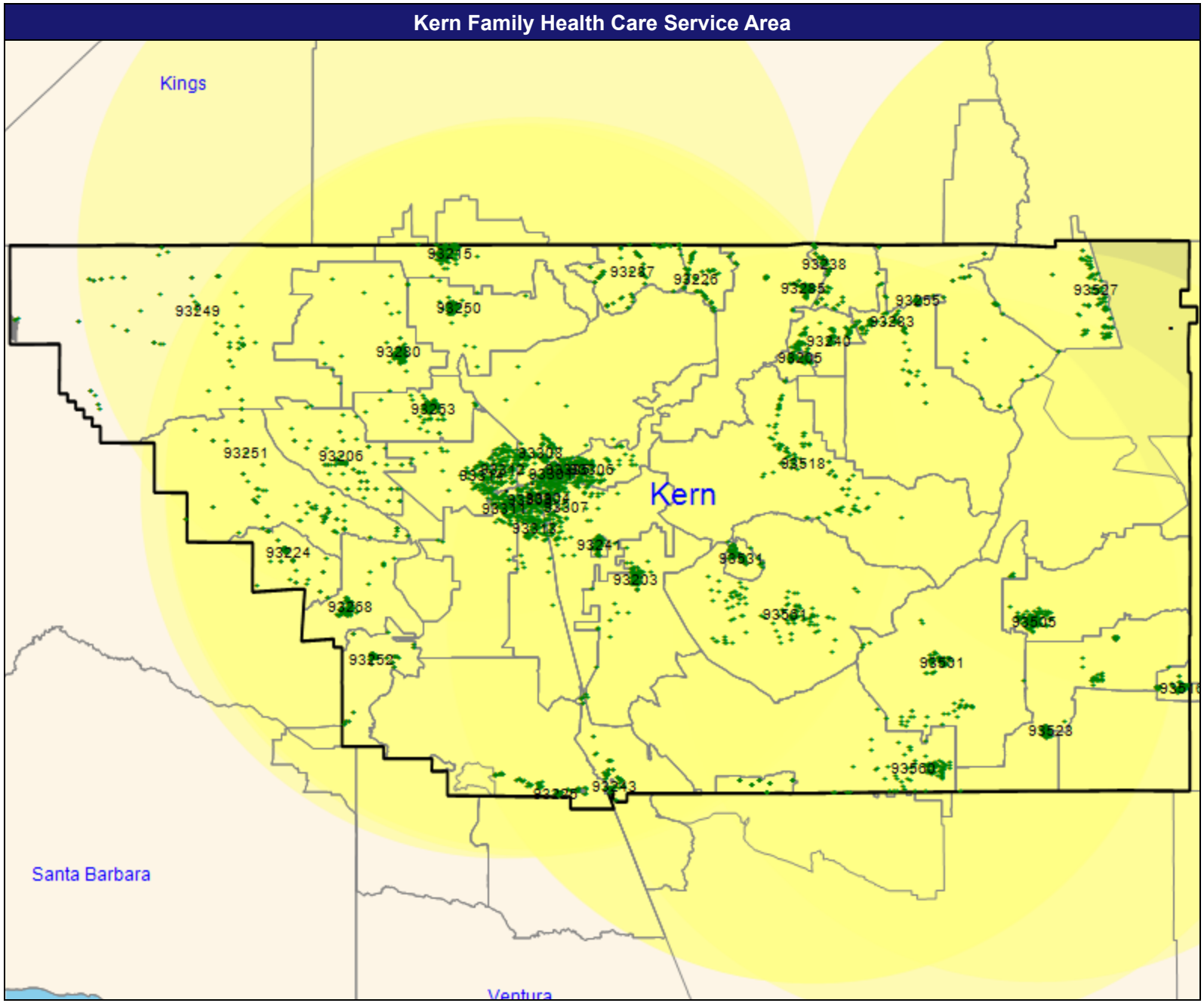
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Dermatology, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Endocrinology, Adult (45 Miles, 75 Minutes)

B-2. Endocrinology, Adult

20 providers at 19 locations

- ■ All providers
- ○ 45 mile radius

B-2. Endocrinology, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Endocrinology, Adult

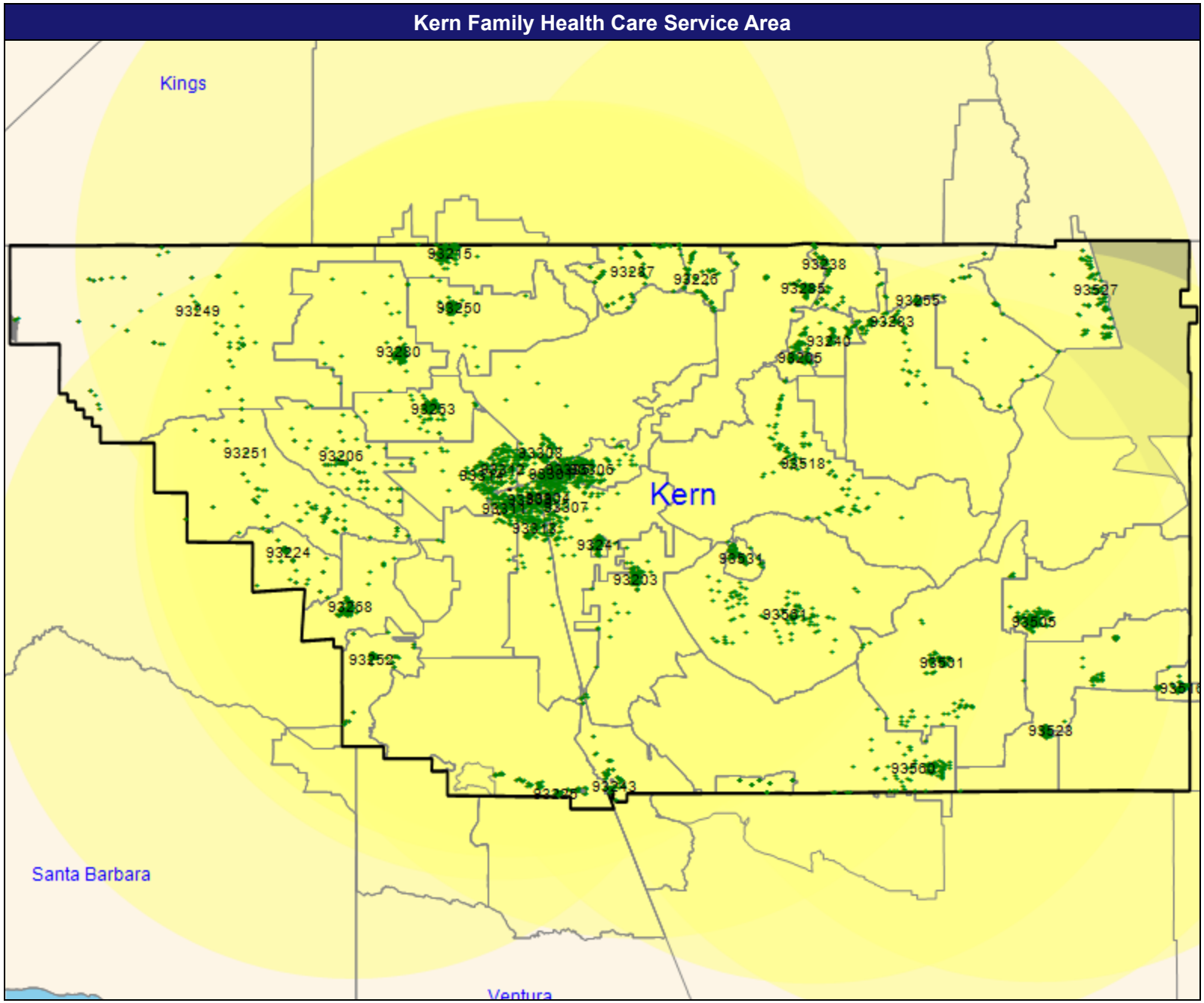
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Endocrinology, Adult) provider in 45 miles or 75 minutes

17.79 miles



Endocrinology, Pediatric (45 Miles, 75 Minutes)

B-2. Endocrinology, Pediatric

13 providers at 18 locations

- ■ All providers
- ○ 45 mile radius

B-2. Endocrinology, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Endocrinology, Pediatric

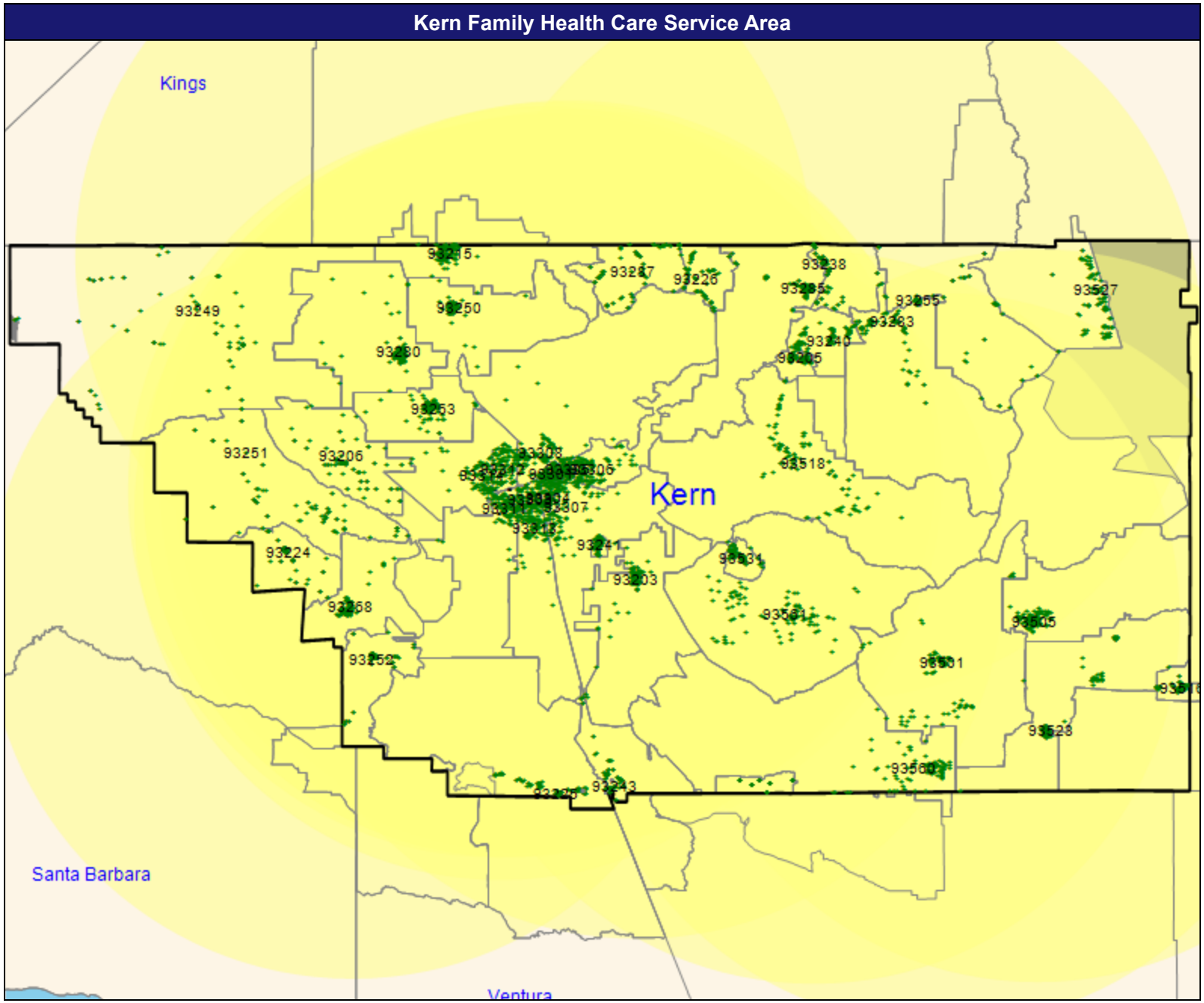
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Endocrinology, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Gastroenterology, Adult (45 Minutes, 75 Miles)

B-2. Gastro, Adult

16 providers at 13 locations

- ■ All providers
- ○ 45 mile radius

B-2. Gastro, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Gastro, Adult

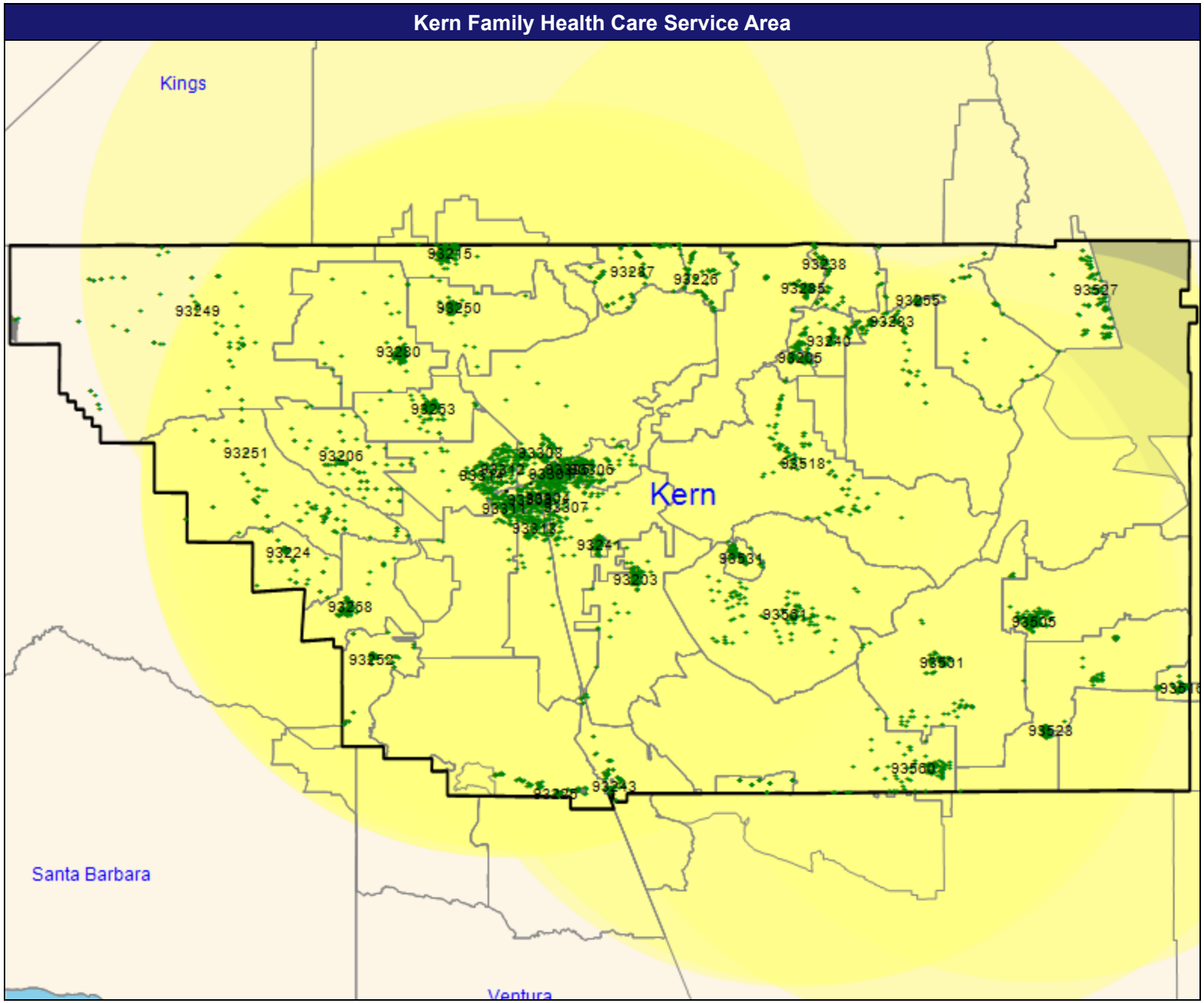
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Gastro, Adult) provider in 45 miles or 75 minutes

17.79 miles



Gastroenterology, Pediatric (45 Miles, 75 Minutes)

B-2. Gastro, Pediatric

17 providers at 14 locations

- ■ All providers
- ○ 45 mile radius

B-2. Gastro, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Gastro, Pediatric

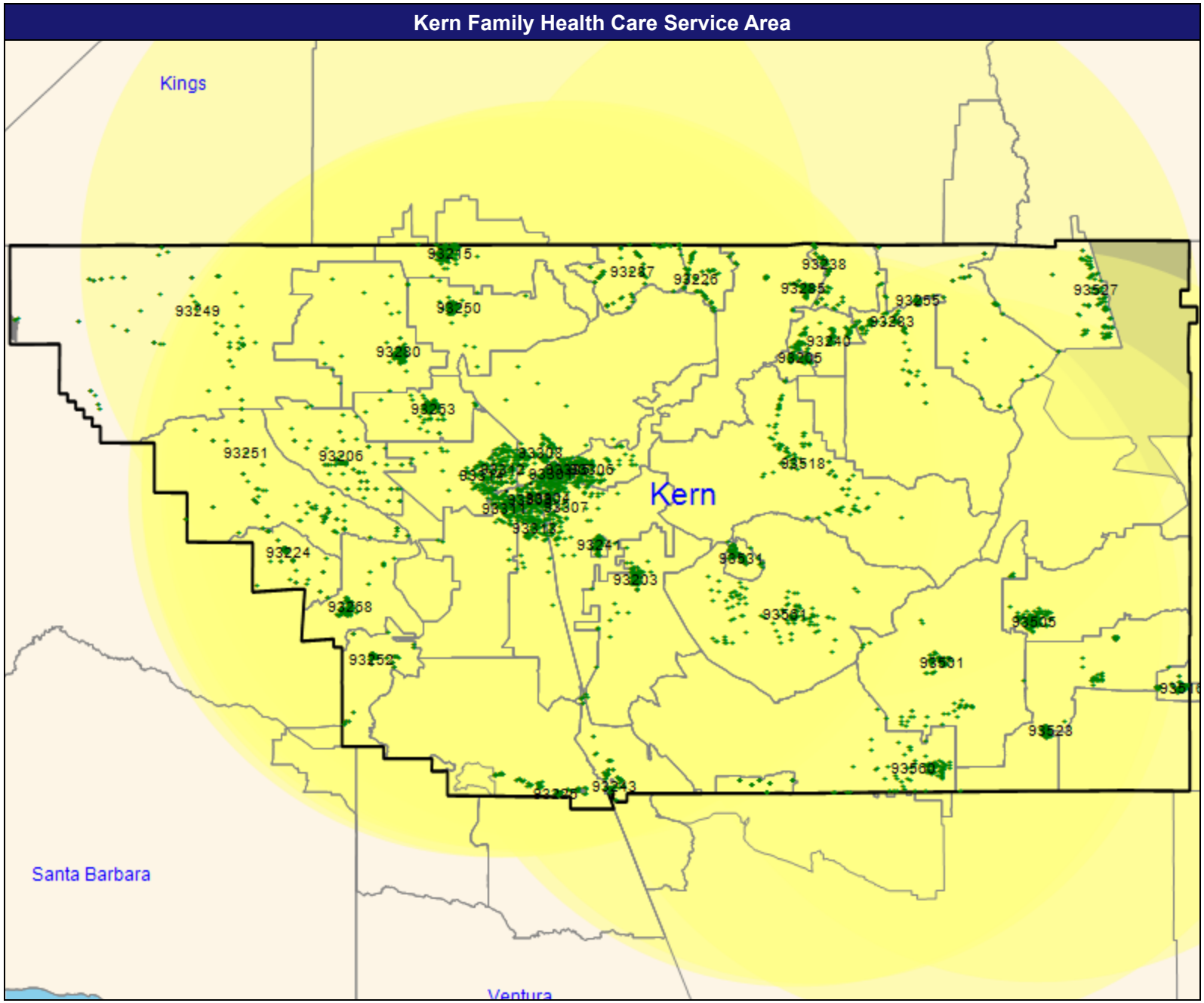
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Gastro, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



General Surgery, Adult (45 Miles, 75 Minutes)

B-2. General Surgery, Adult

85 providers at 44 locations

- ■ All providers
- ○ 45 mile radius

B-2. General Surgery, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. General Surgery, Adult

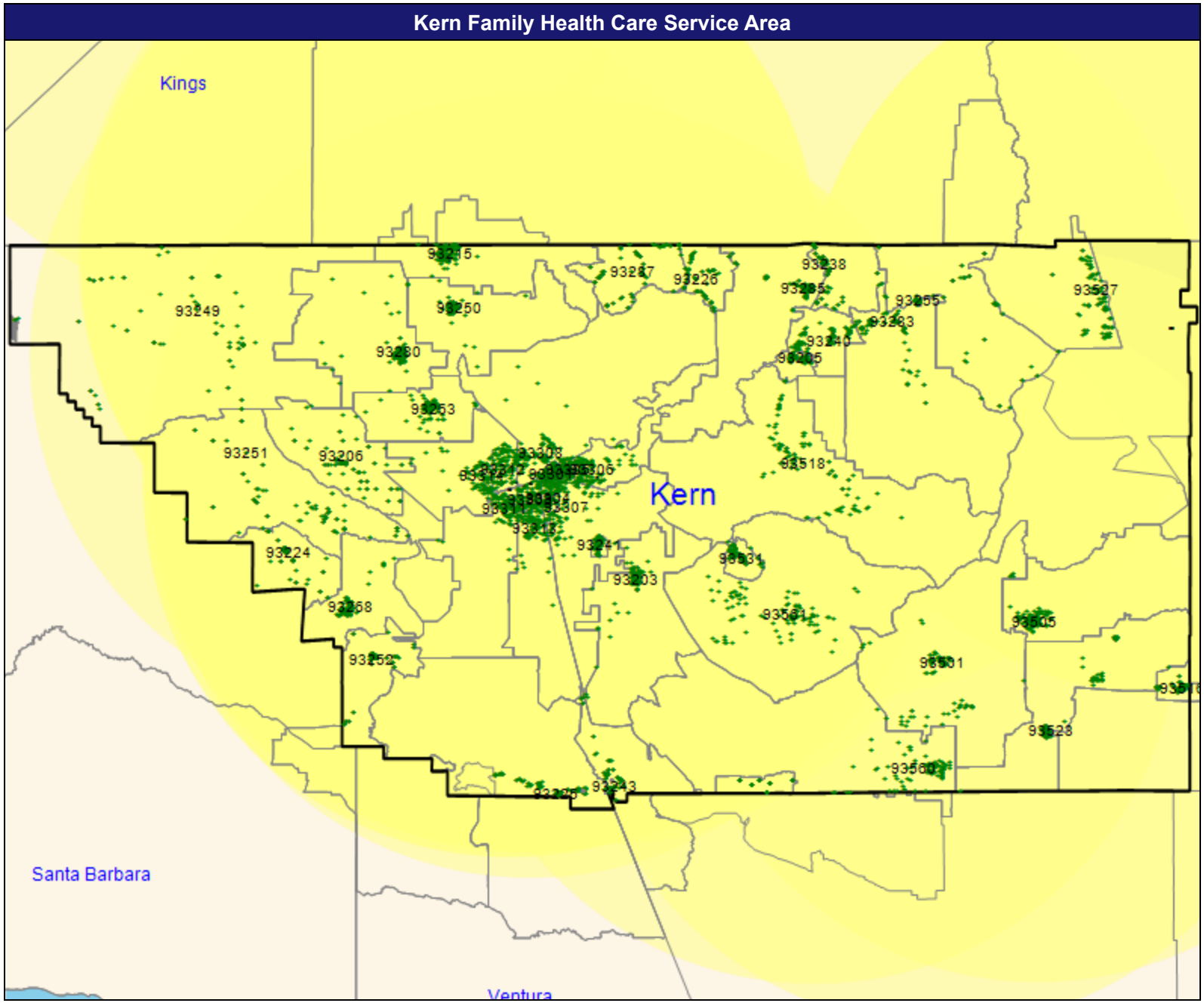
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. General Surgery, Adult) provider in 45 miles or 75 minutes

17.79 miles



General Surgery, Pediatric

B-2. General Surgery, Pediatric

83 providers at 41 locations

- ■ All providers
- ○ 45 mile radius

B-2. General Surgery, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. General Surgery, Pediatric

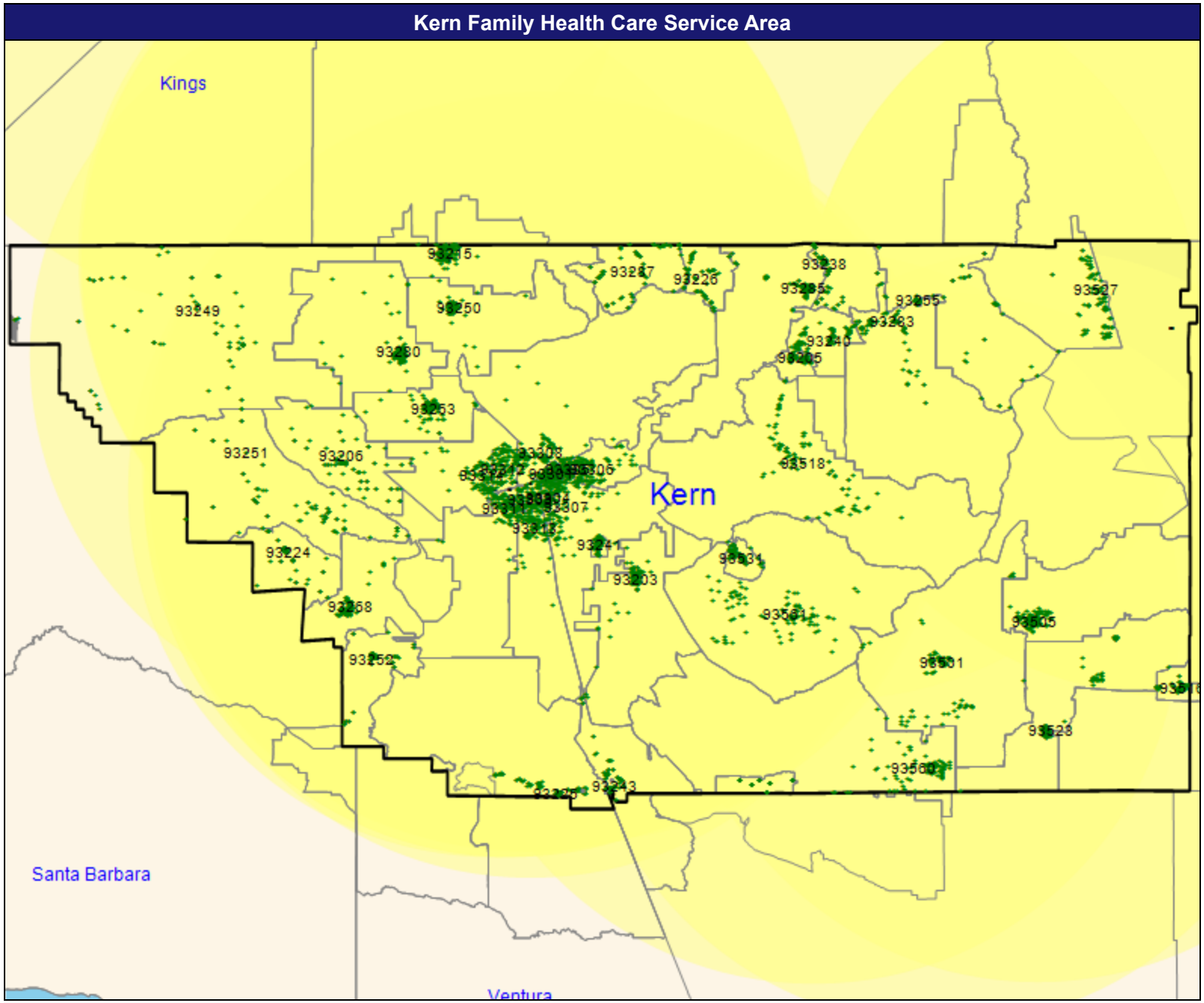
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. General Surgery, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Hematology, Adult (45 Miles, 75 Minutes)

B-2. Hem, Adult

14 providers at 7 locations

- ■ All providers
- ○ 45 mile radius

B-2. Hem, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Hem, Adult

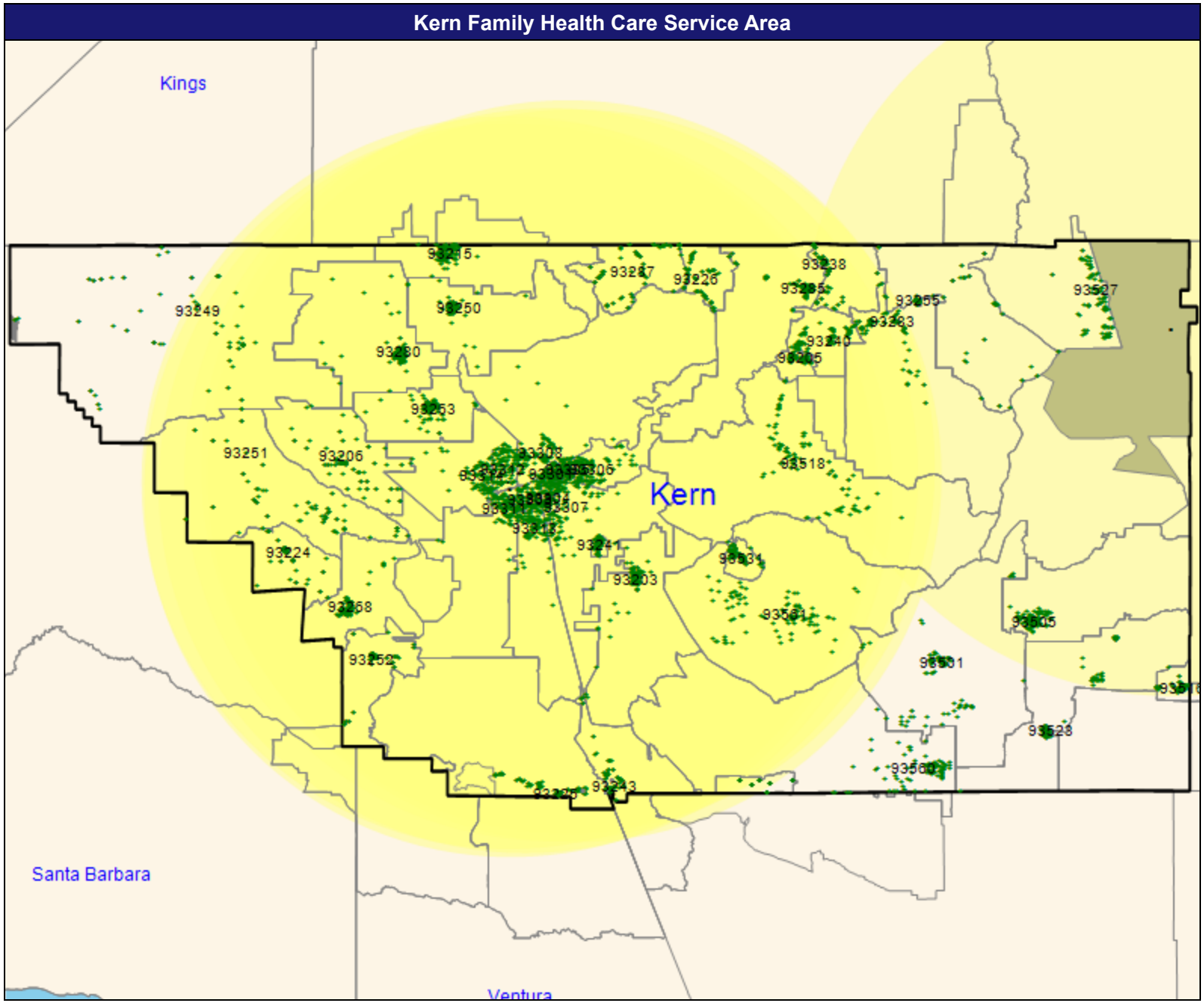
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Hem, Adult) provider in 45 miles or 75 minutes

17.79 miles



Hematology, Pediatric (45 Miles, 75 Minutes)

B-2. Hem, Pediatric

12 providers at 7 locations

- ■ All providers
- ○ 45 mile radius

B-2. Hem, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Hem, Pediatric

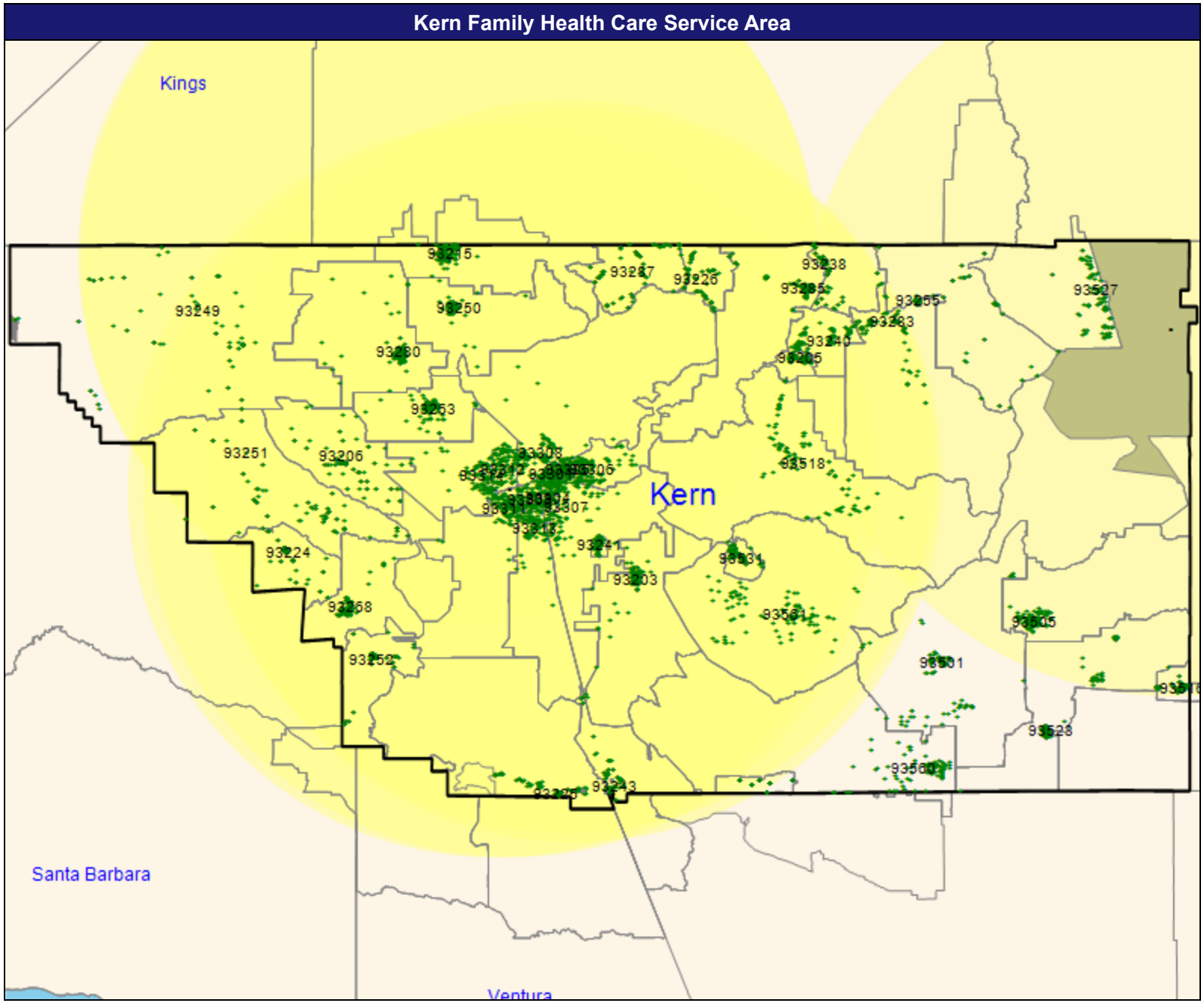
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Hem, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



HIV/AIDS Specialists/Infectious Diseases, Adult (45 Miles, 75 Minutes)

B-2. HIV, Adult

9 providers at 15 locations

- ■ All providers
- ○ 45 mile radius

B-2. HIV, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. HIV, Adult

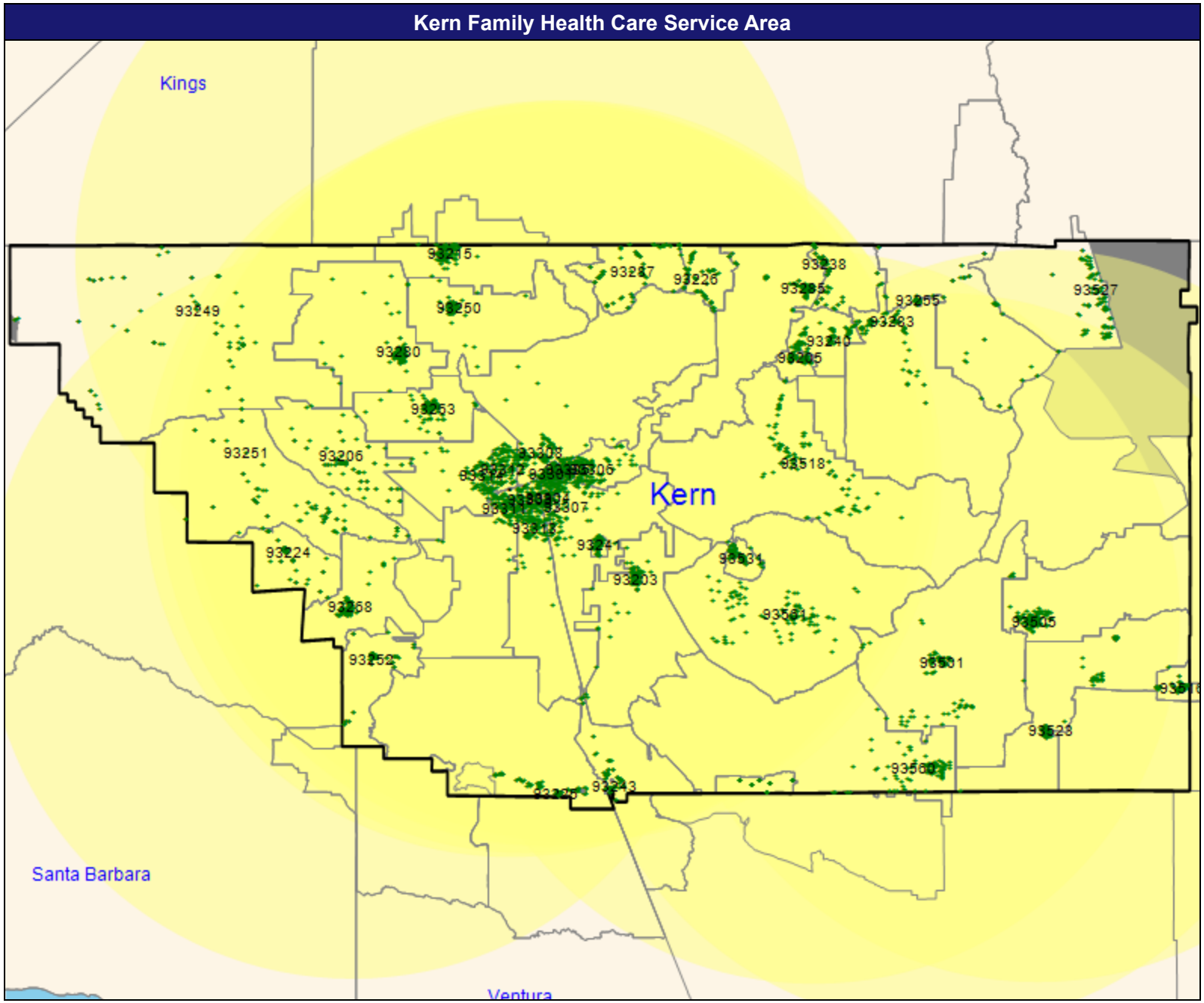
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. HIV, Adult) provider in 45 miles or 75 minutes

17.79 miles



HIV/AIDS Specialists/Infectious Diseases, Pediatric (45 Miles, 75 Minutes)

B-2. HIV, Pediatric

12 providers at 13 locations

- ■ All providers
- ○ 45 mile radius

B-2. HIV, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. HIV, Pediatric

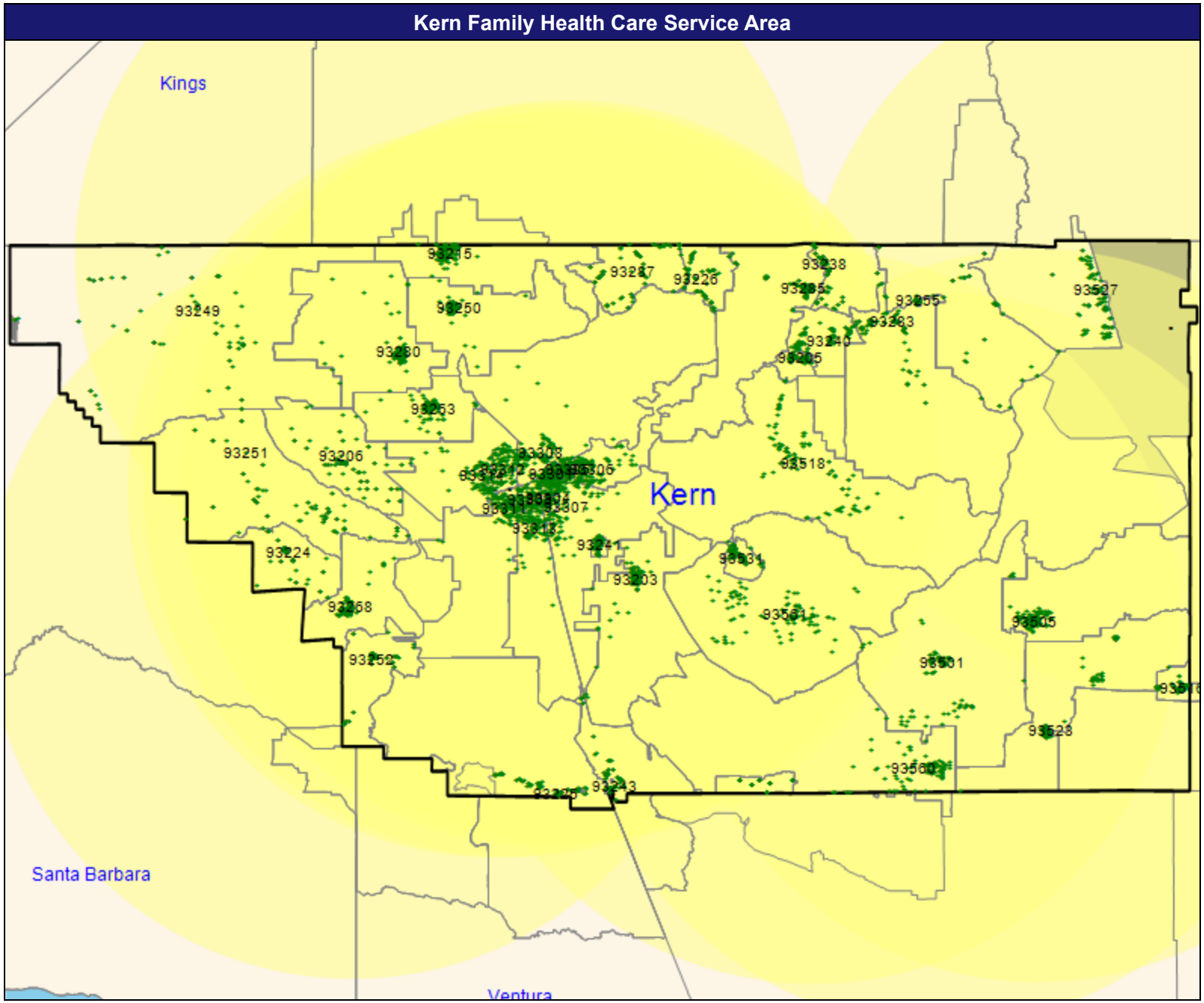
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. HIV, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Nephrology, Adult (45 Minutes, 75 Miles)

B-2. Neph, Adult

20 providers at 23 locations

- ■ All providers
- ○ 45 mile radius

B-2. Neph, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Neph, Adult

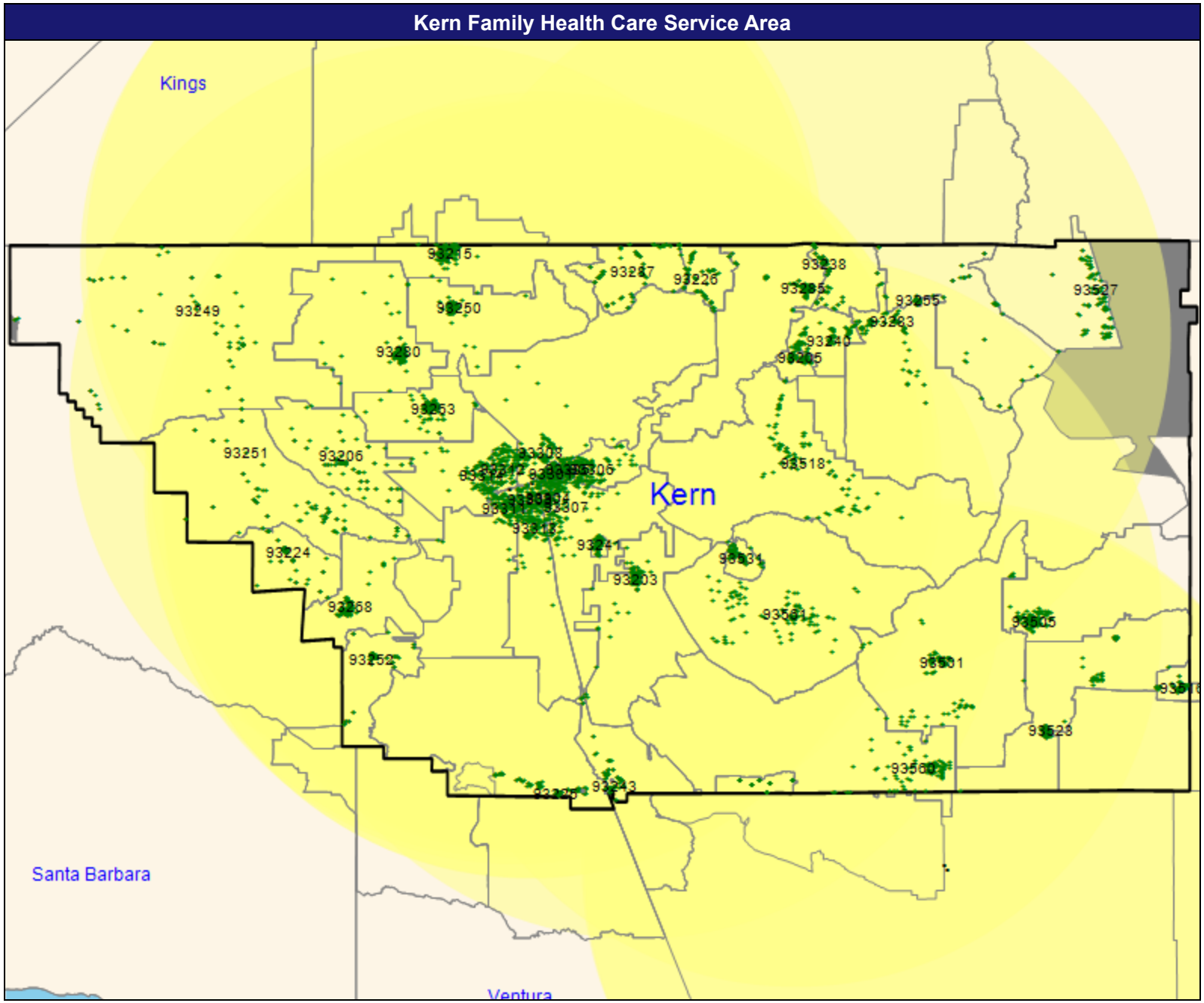
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Neph, Adult) provider in 45 miles or 75 minutes

17.79 miles



Nephrology, Pediatric (45 Minutes, 75 Miles)

B-2. Neph, Pediatric

13 providers at 19 locations

- ■ All providers
- ○ 45 mile radius

B-2. Neph, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Neph, Pediatric

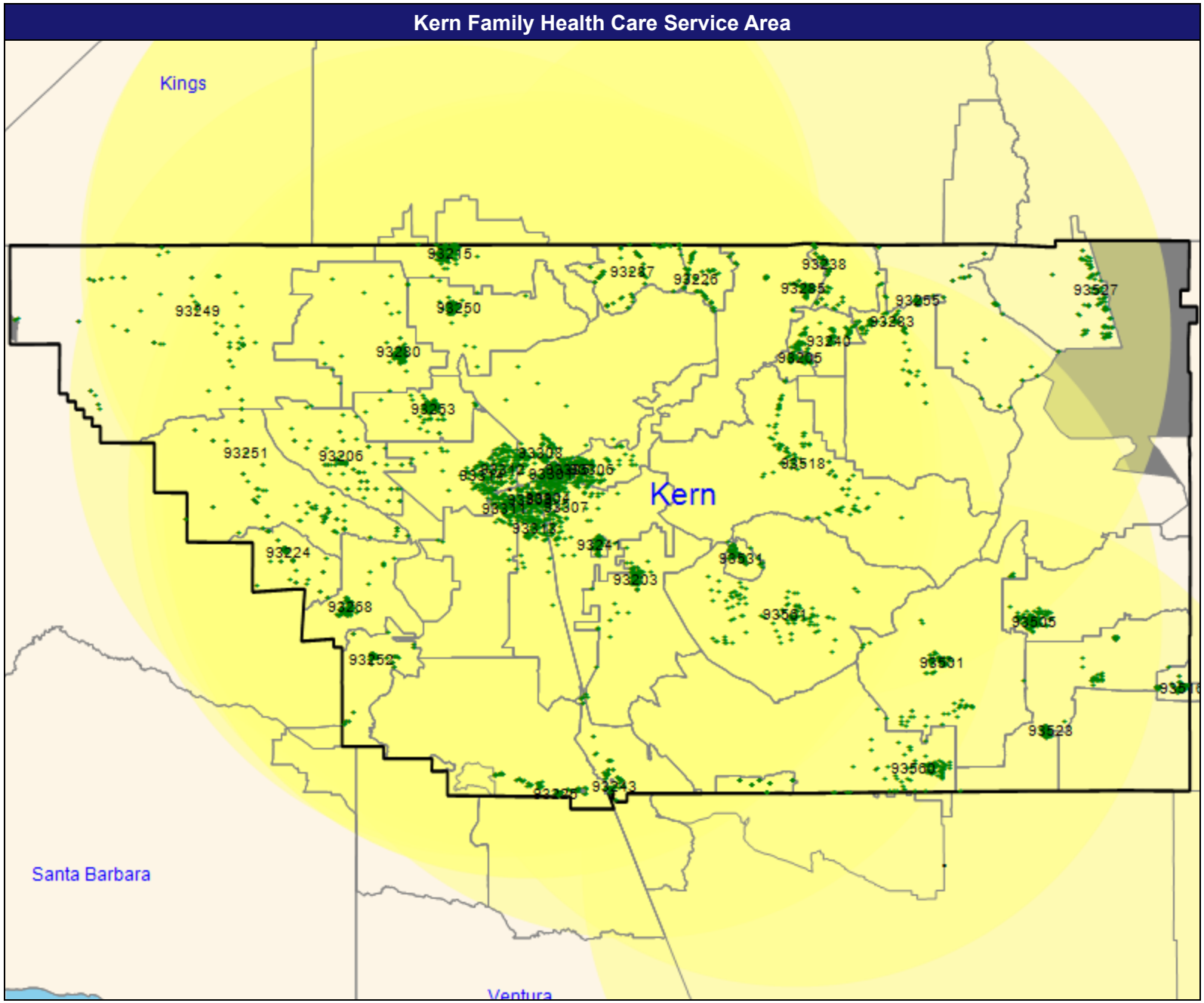
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Neph, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Neurology, Adult (45 Miles, 75 Minutes)

B-2. Neuro, Adult

23 providers at 15 locations

- ■ All providers
- ○ 45 mile radius

B-2. Neuro, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Neuro, Adult

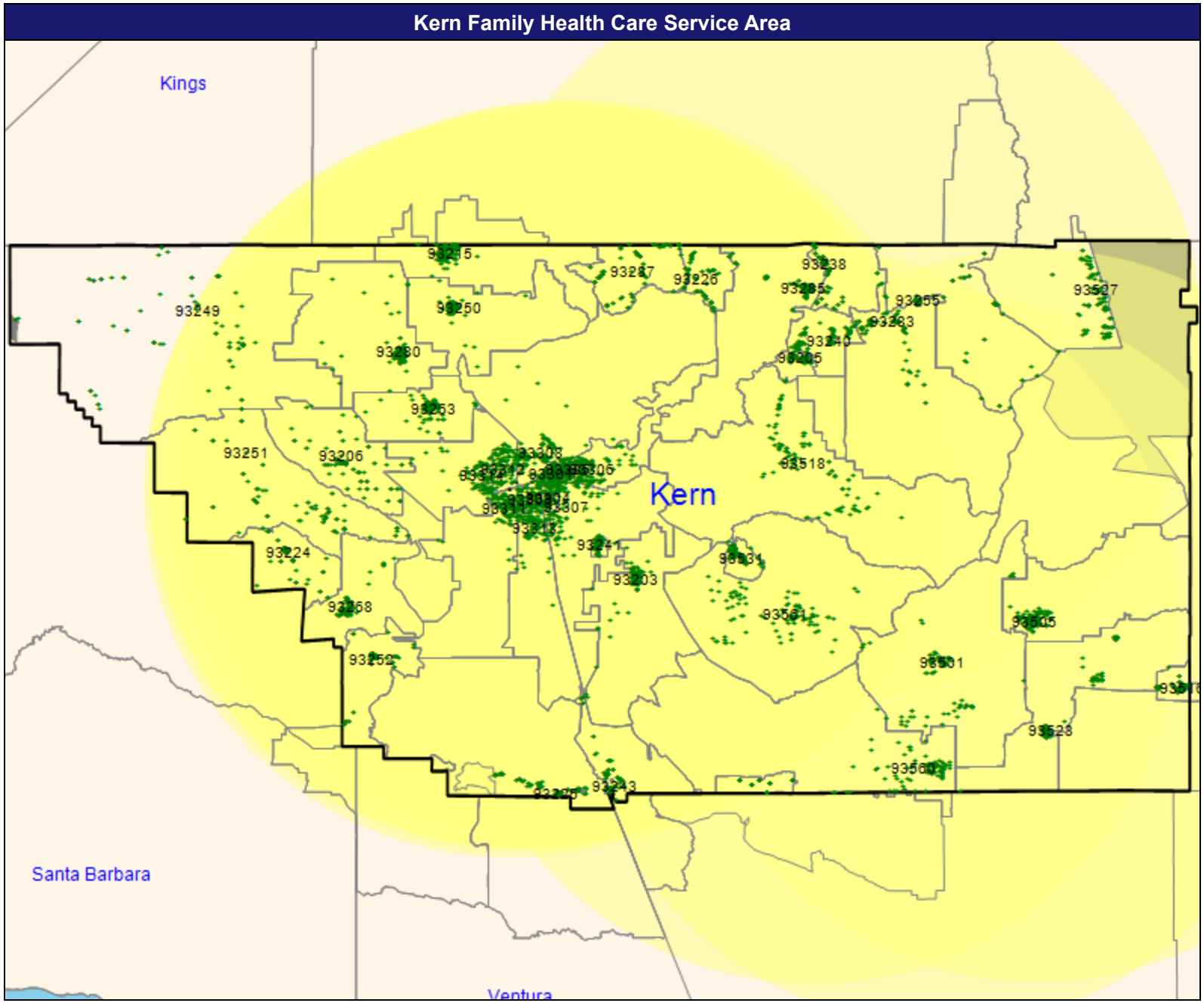
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Neuro, Adult) provider in 45 miles or 75 minutes

17.79 miles



Neurology, Pediatric (45 Miles, 75 Minutes)

B-2. Neuro, Pediatric

20 providers at 11 locations

- ■ All providers
- ○ 45 mile radius

B-2. Neuro, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Neuro, Pediatric

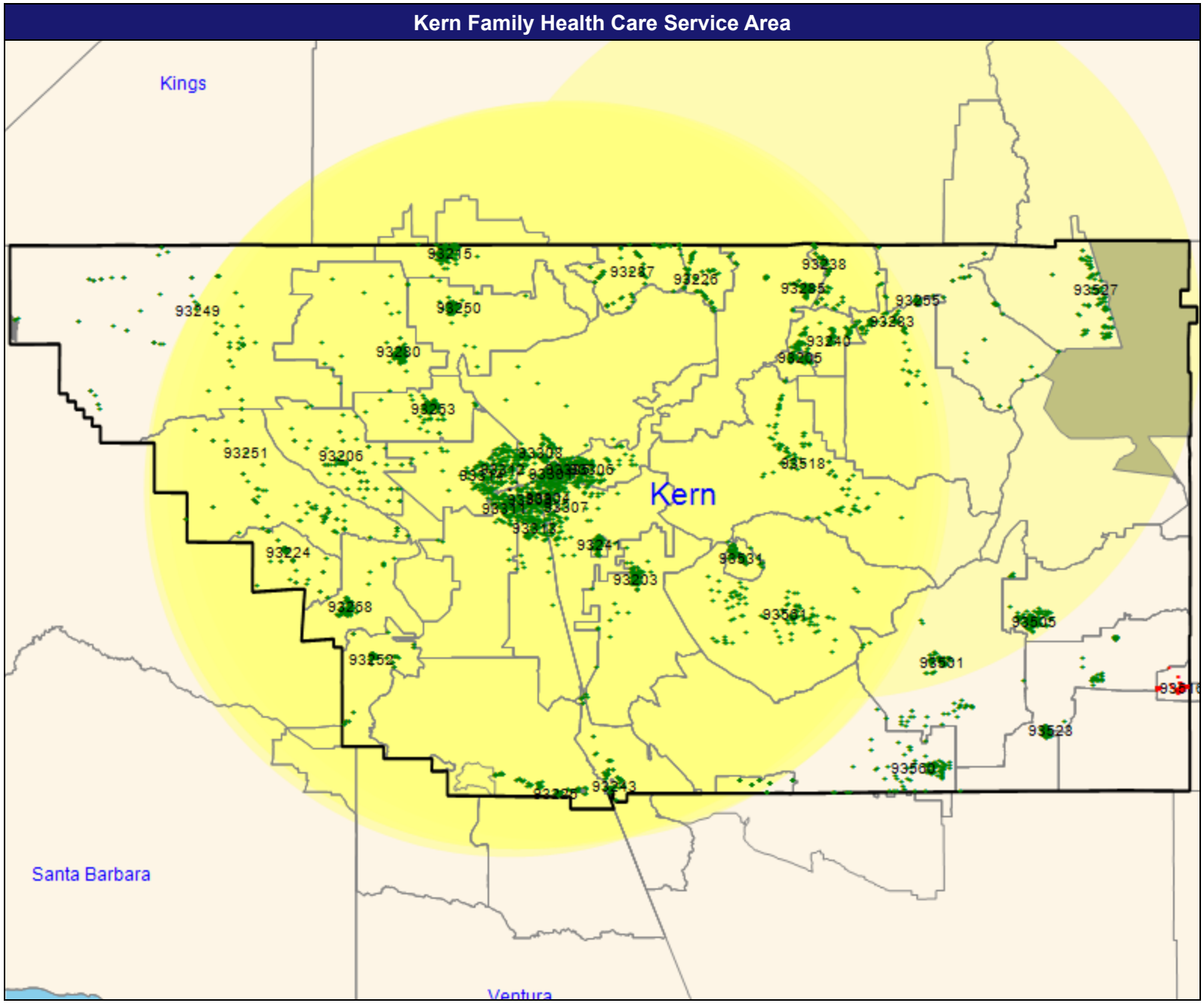
4,300 member locations

- ◆ With access (4,200)
- ● Without access (100)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Neuro, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Oncology, Adult (45 Miles, 75 Minutes)

B-2. Onc, Adult

18 providers at 10 locations

- ■ All providers
- ○ 45 mile radius

B-2. Onc, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Onc, Adult

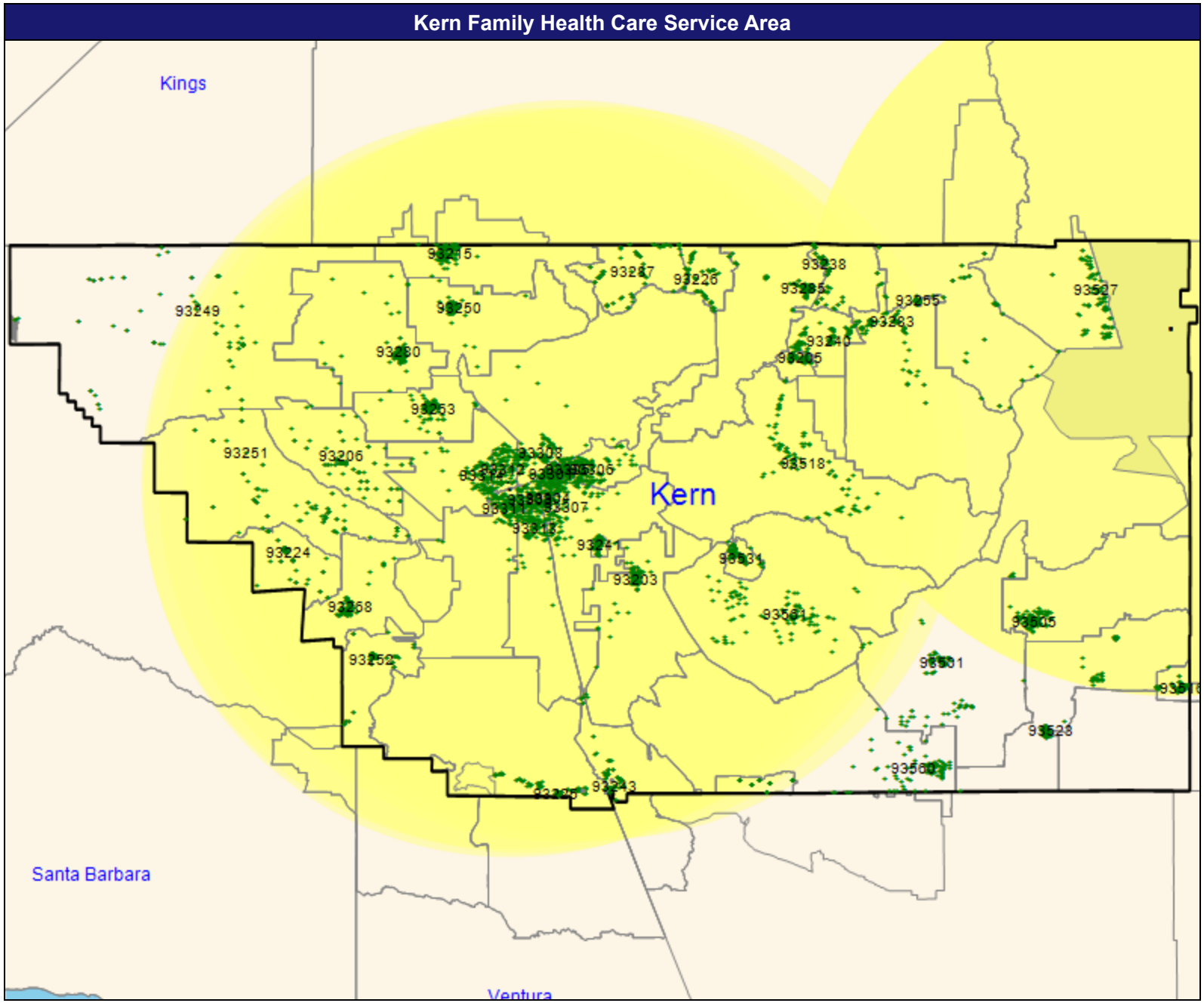
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Onc, Adult) provider in 45 miles or 75 minutes

17.79 miles



Oncology, Pediatric (45 Miles, 75 Minutes)

B-2. Onc, Pediatric

15 providers at 10 locations

- ■ All providers
- ○ 45 mile radius

B-2. Onc, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Onc, Pediatric

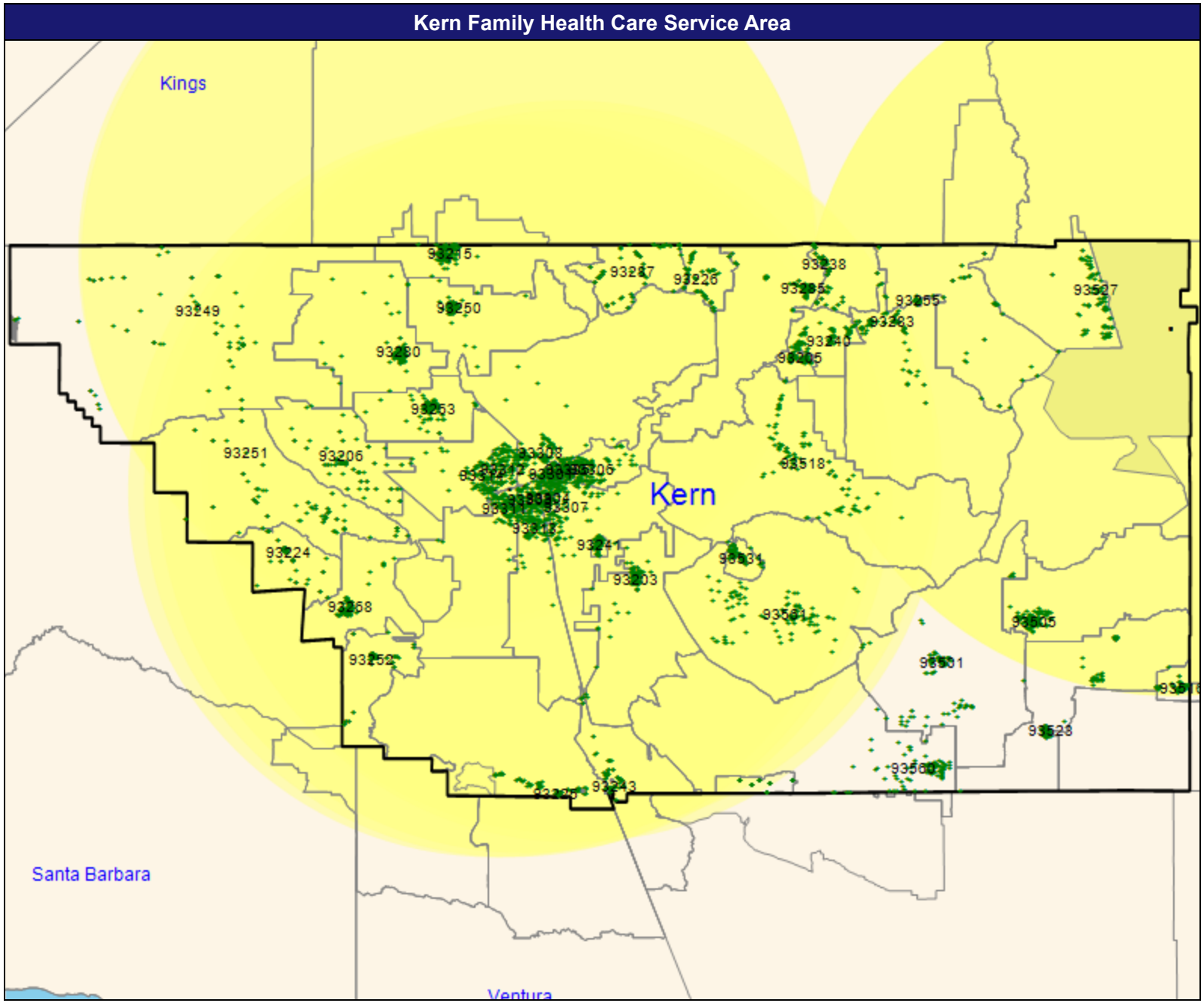
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Onc, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Ophthalmology, Adult (45 Miles, 75 Minutes)

B-2. Ophth, Adult

29 providers at 14 locations

- ■ All providers
- ○ 45 mile radius

B-2. Ophth, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Ophth, Adult

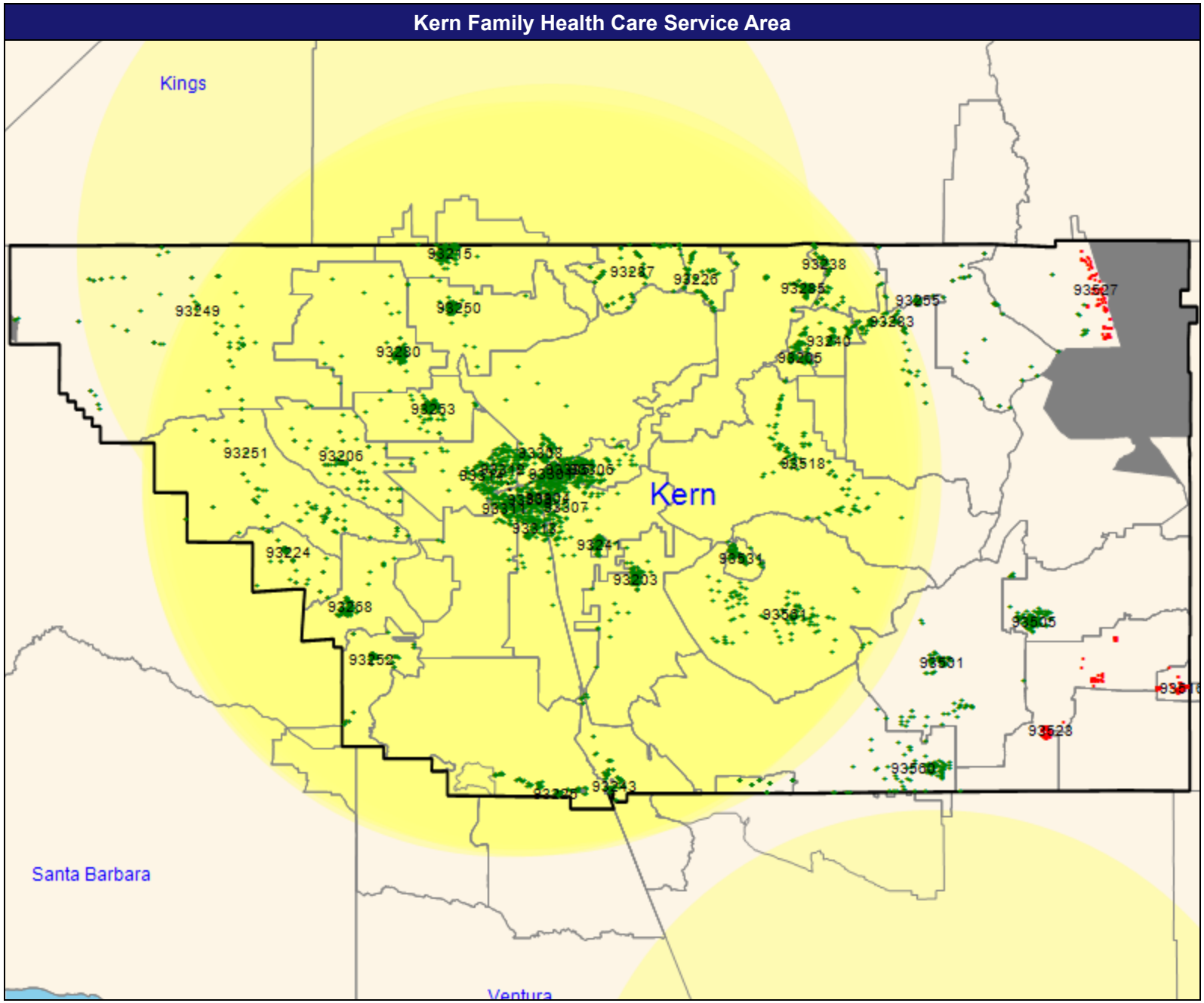
4,300 member locations

- ◆ With access (4,011)
- ● Without access (289)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Ophth, Adult) provider in 45 miles or 75 minutes

17.79 miles



Ophthalmology, Pediatric (45 Miles, 75 Minutes)

B-2. Ophth, Pediatric

28 providers at 12 locations

- ■ All providers
- ○ 45 mile radius

B-2. Ophth, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Ophth, Pediatric

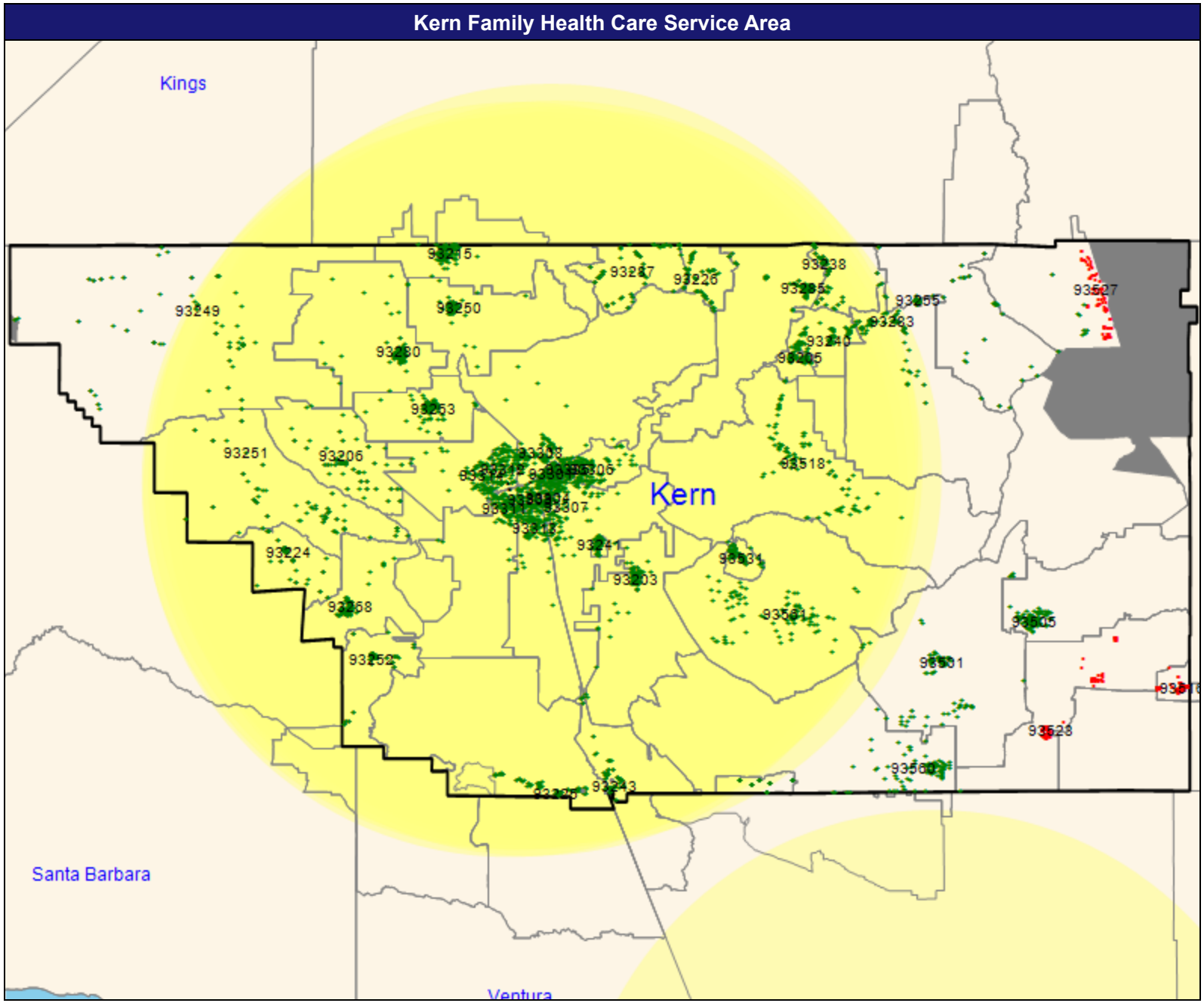
4,300 member locations

- ◆ With access (4,011)
- ● Without access (289)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Ophth, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Orthopedic Surgery, Adult (45 Miles, 75 Minutes)

B-2. Ortho Surgery, Adult

19 providers at 11 locations

- ■ All providers
- ○ 45 mile radius

B-2. Ortho Surgery, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Ortho Surgery, Adult

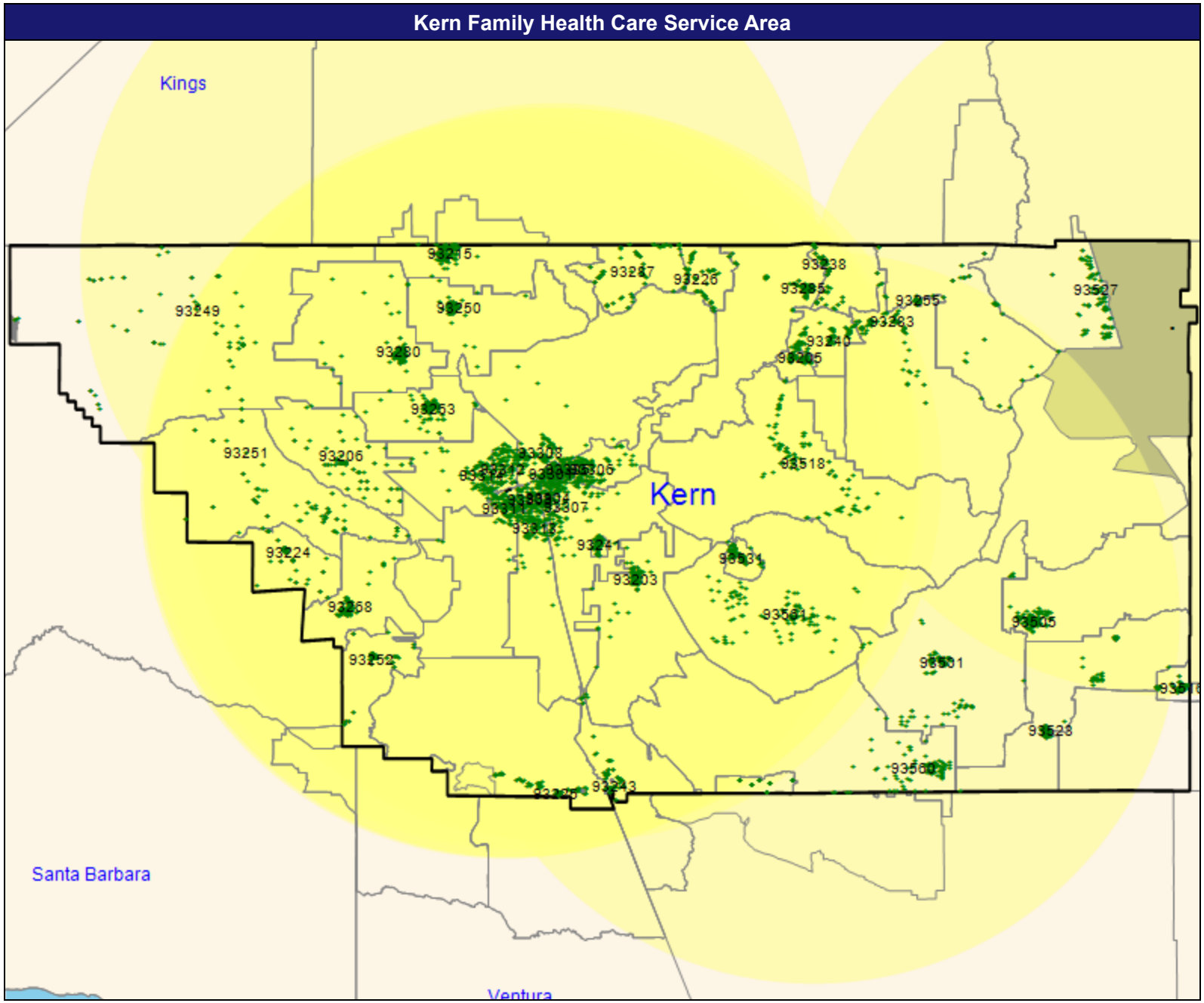
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Ortho Surgery, Adult) provider in 45 miles or 75 minutes

17.79 miles



Orthopedic Surgery, Pediatric (45 Miles, 75 Minutes)

B-2. Ortho Surgery, Pediatric

19 providers at 11 locations

- ■ All providers
- ○ 45 mile radius

B-2. Ortho Surgery, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Ortho Surgery, Pediatric

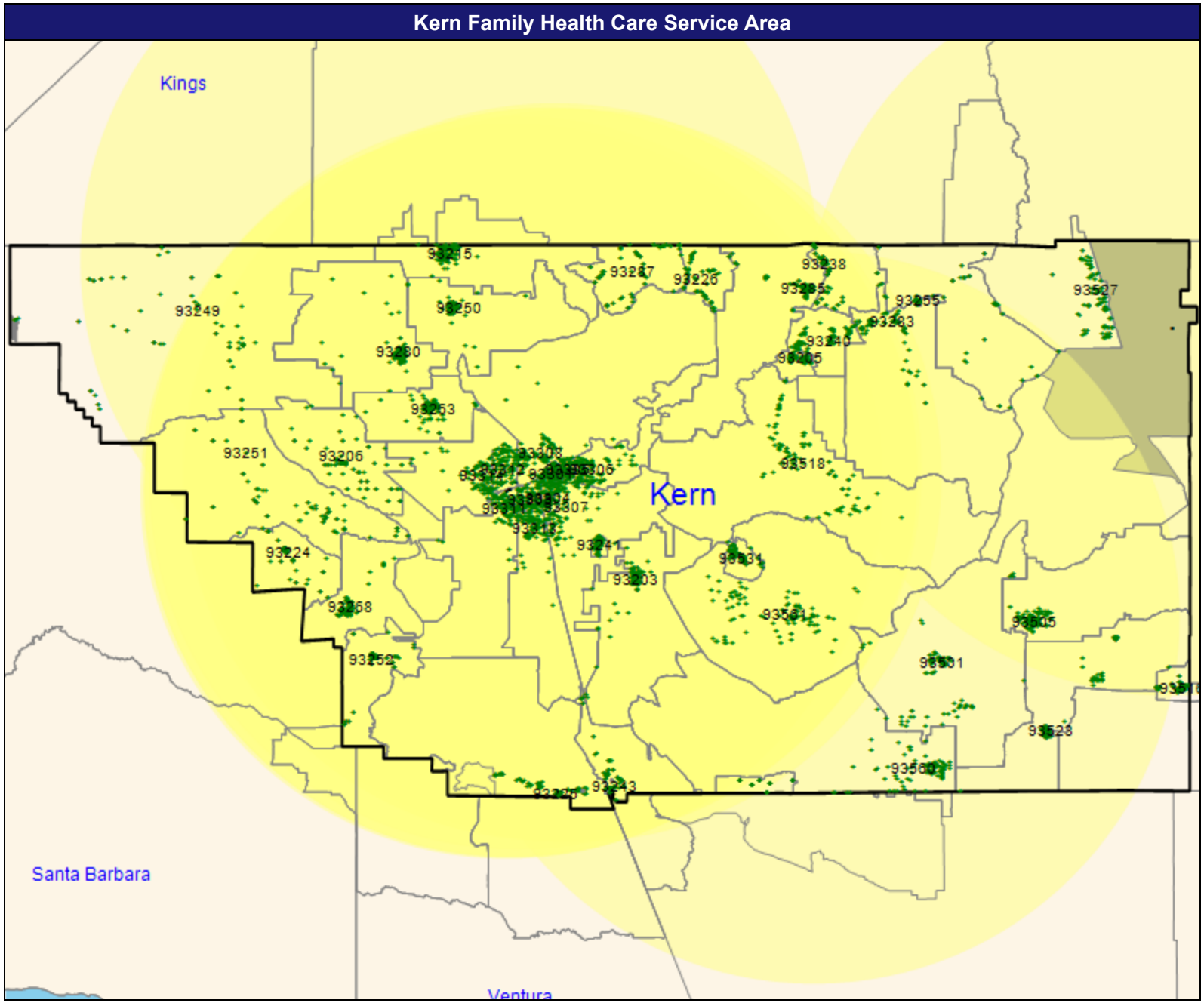
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Ortho Surgery, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Otolaryngology, Adult (45 Miles, 75 Minutes)

B-2. ENT, Adult

7 providers at 10 locations

- ■ All providers
- ○ 45 mile radius

B-2. ENT, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. ENT, Adult

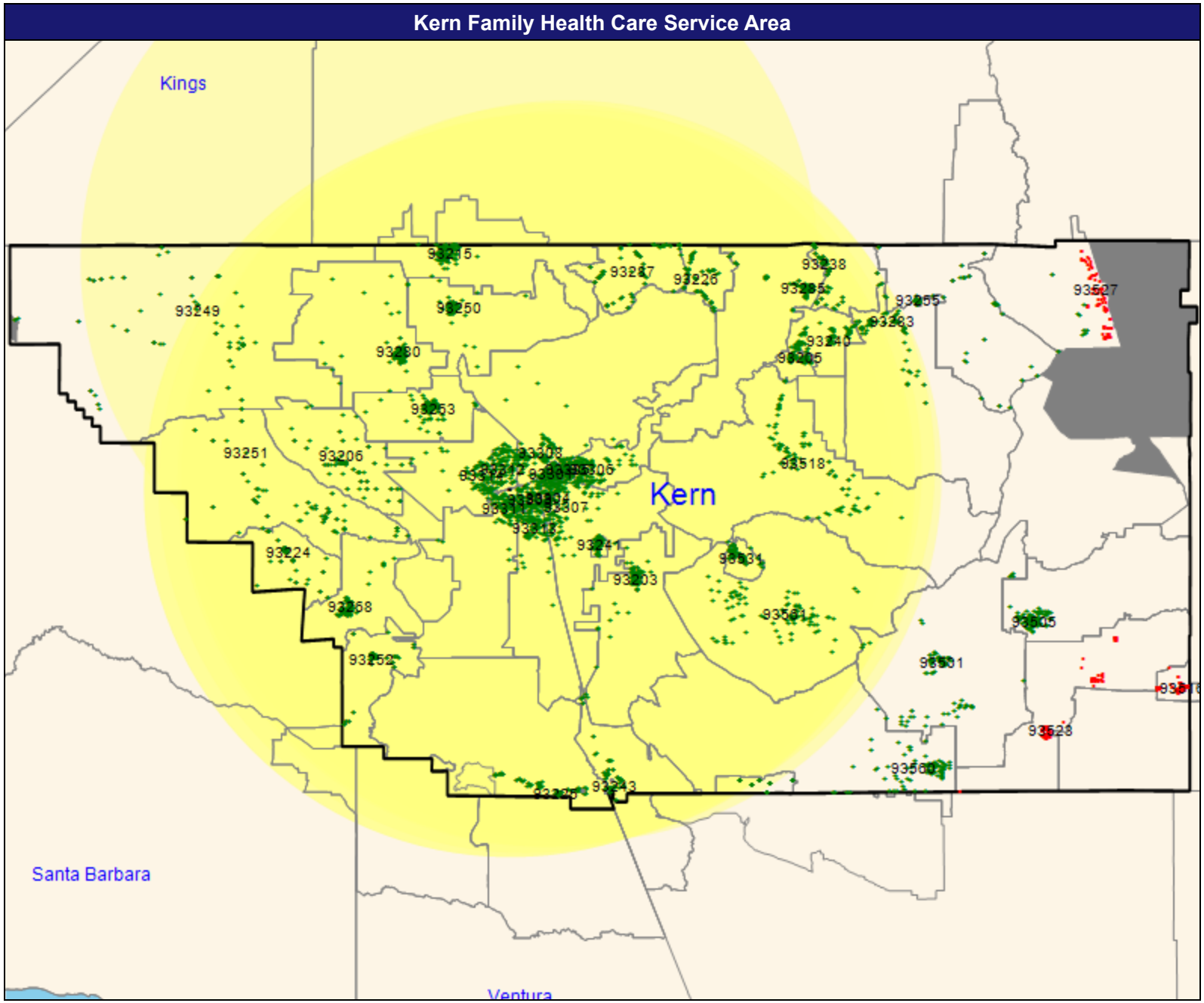
4,300 member locations

- ◆ With access (4,010)
- ● Without access (290)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. ENT, Adult) provider in 45 miles or 75 minutes

17.79 miles



Otolaryngology, Pediatric (45 Miles, 75 Minutes)

B-2. ENT, Pediatric

9 providers at 10 locations

- ■ All providers
- ○ 45 mile radius

B-2. ENT, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. ENT, Pediatric

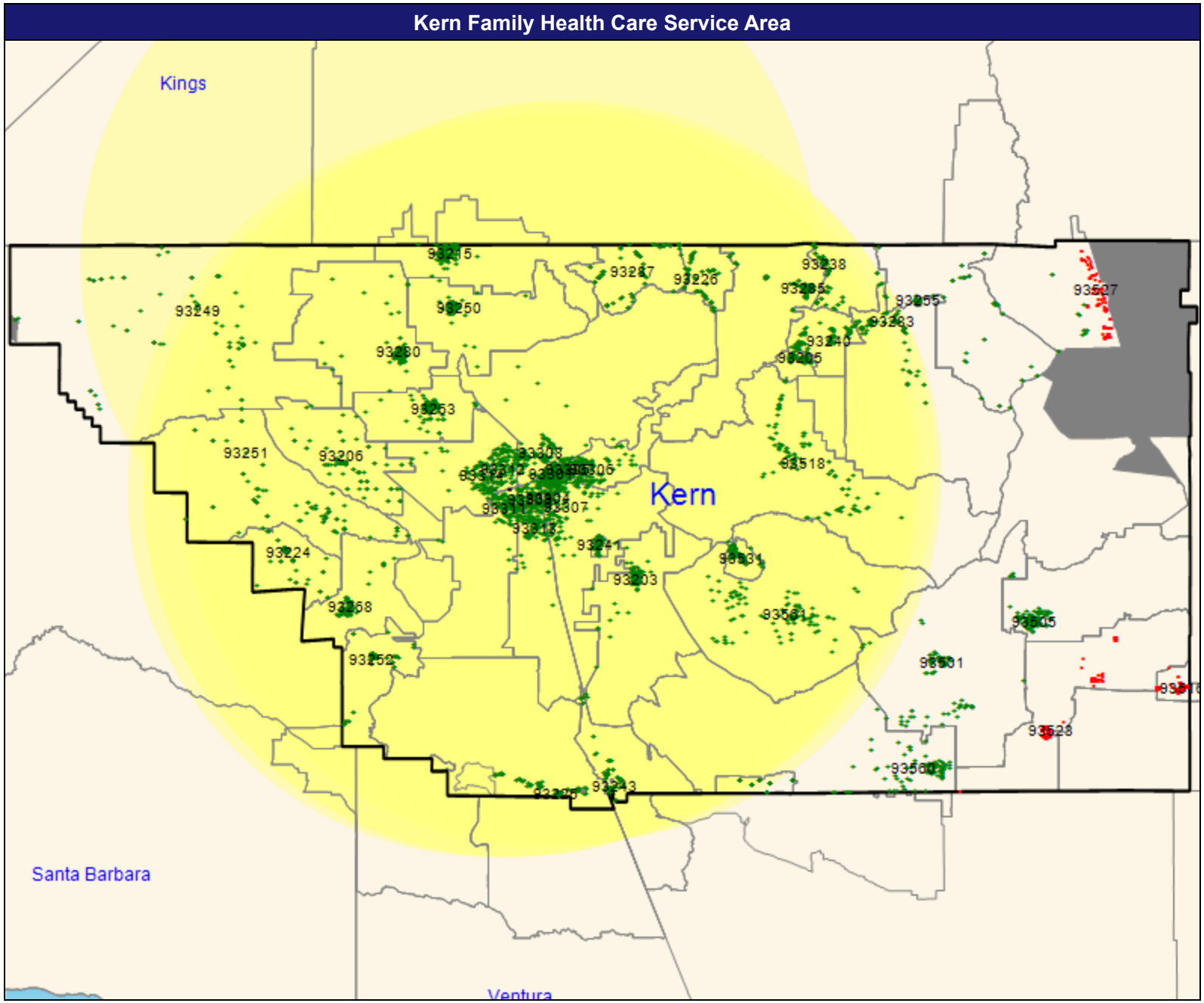
4,300 member locations

- ◆ With access (4,010)
- ● Without access (290)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. ENT, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Physical Medicine and Rehabilitation, Adult (45 Miles, 75 Minutes)

B-2. Physical Med, Adult

18 providers at 11 locations

- ■ All providers
- ○ 45 mile radius

B-2. Physical Med, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Physical Med, Adult

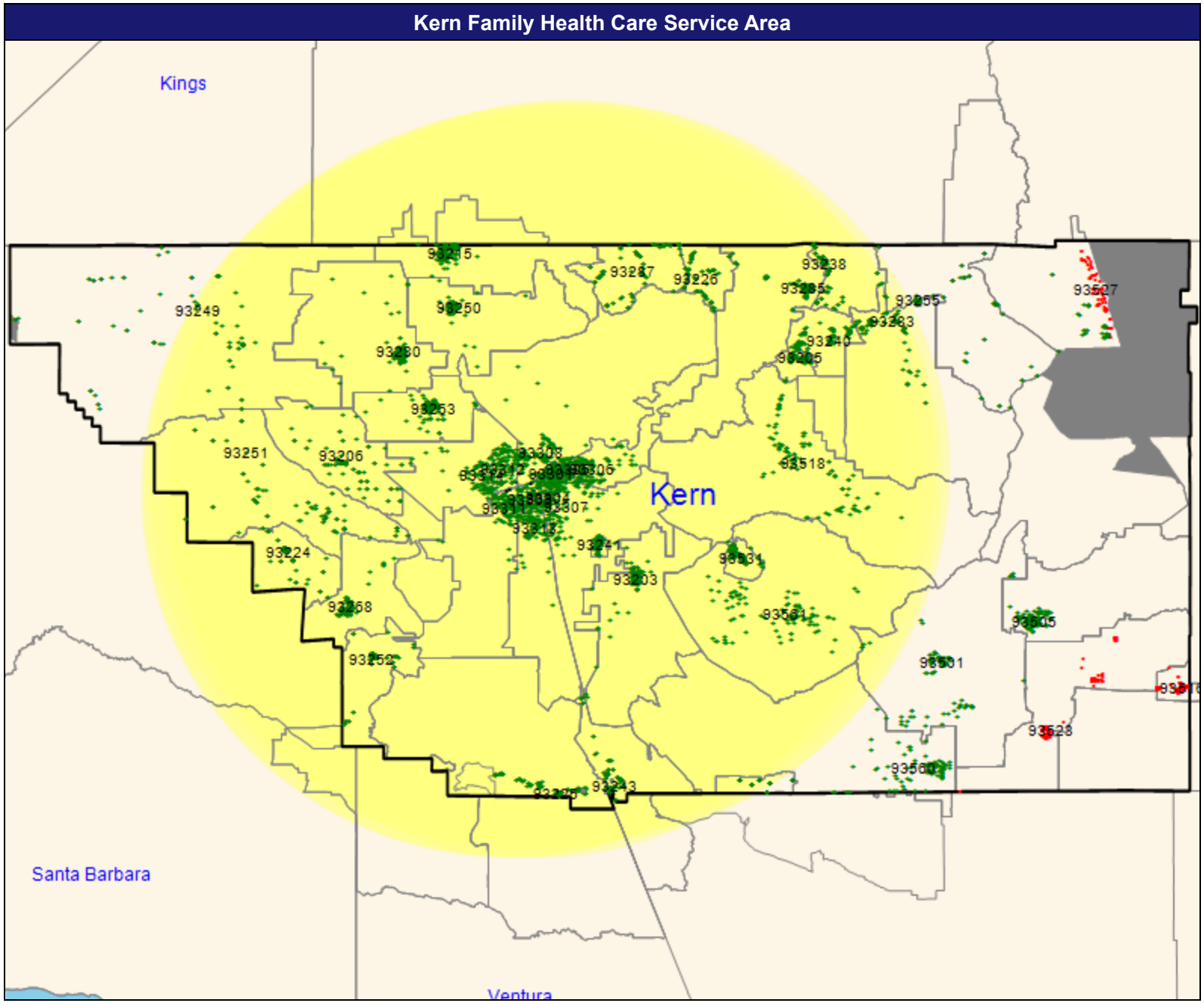
4,300 member locations

- ◆ With access (4,029)
- ● Without access (271)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Physical Med, Adult) provider in 45 miles or 75 minutes

17.79 miles



Physical Medicine and Rehabilitation, Adult No LAGS (45 Miles, 75 Minutes)

B-2. Physical Med, Adult - No LAGS

9 providers at 10 locations

- ■ All providers
- ○ 45 mile radius

B-2. Physical Med, Adult - No LAGS - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Physical Med, Adult - No LAGS

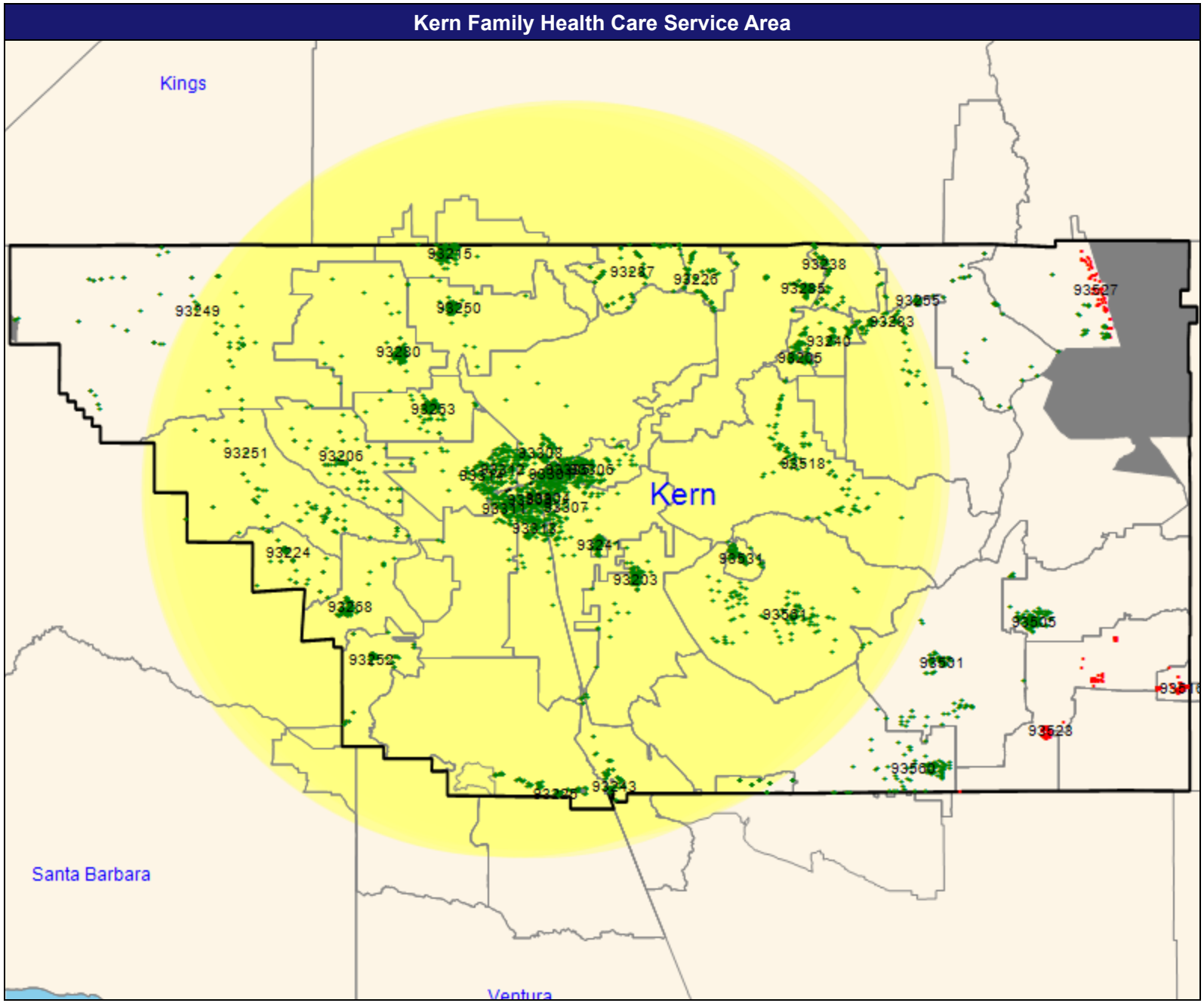
4,300 member locations

- ◆ With access (4,029)
- ● Without access (271)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Physical Med, Adult - No LAGS) provider in 45 miles or 75 minutes

17.79 miles



Physical Medicine and Rehabilitation, Pediatric (45 Miles, 75 Minutes)

B-2. Physical Med, Pediatric

7 providers at 7 locations

- ■ All providers
- ○ 45 mile radius

B-2. Physical Med, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Physical Med, Pediatric

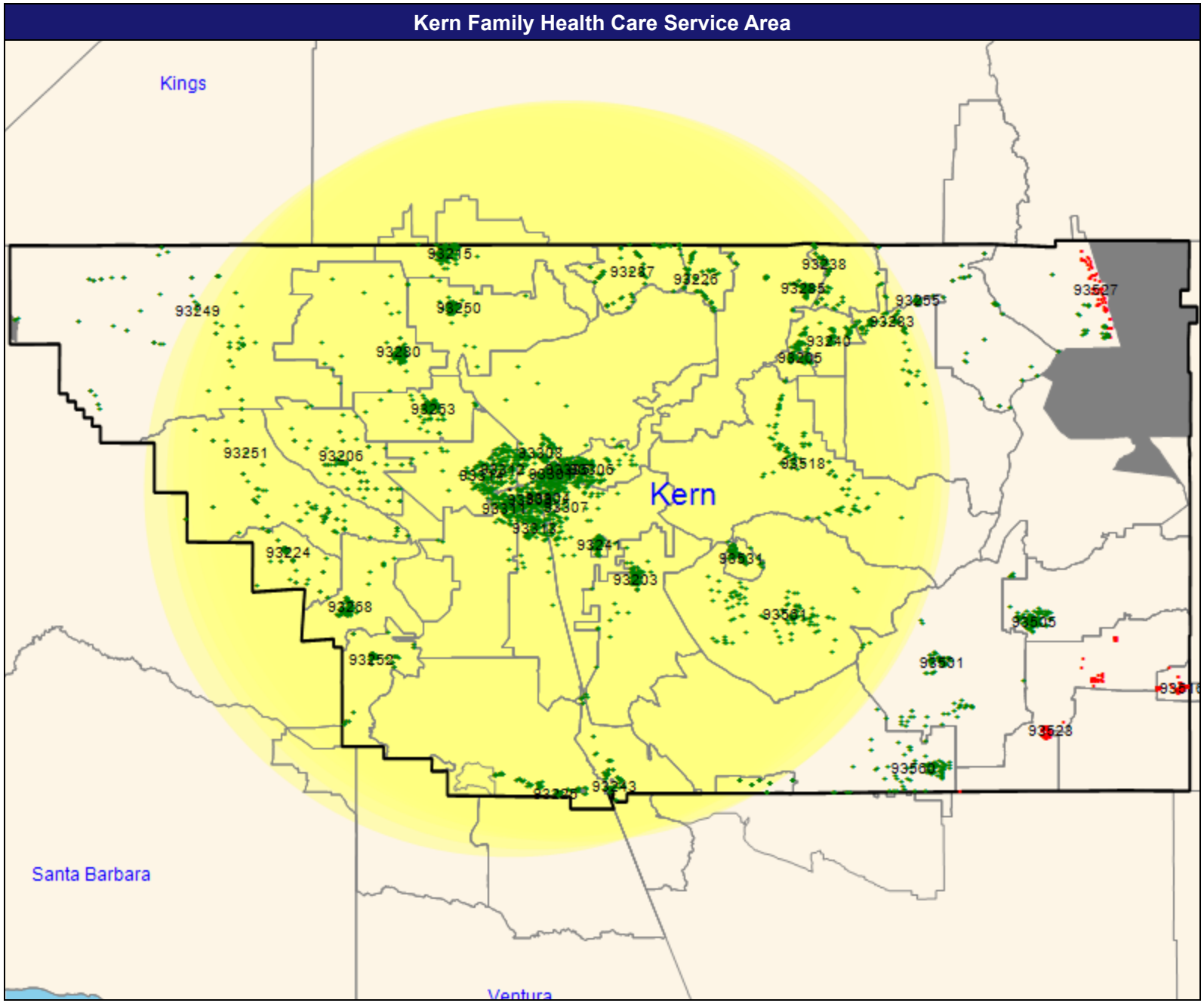
4,300 member locations

- ◆ With access (4,029)
- ● Without access (271)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Physical Med, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Physical Medicine and Rehabilitation, Pediatric No LAGS (45 Miles, 75 Minutes)

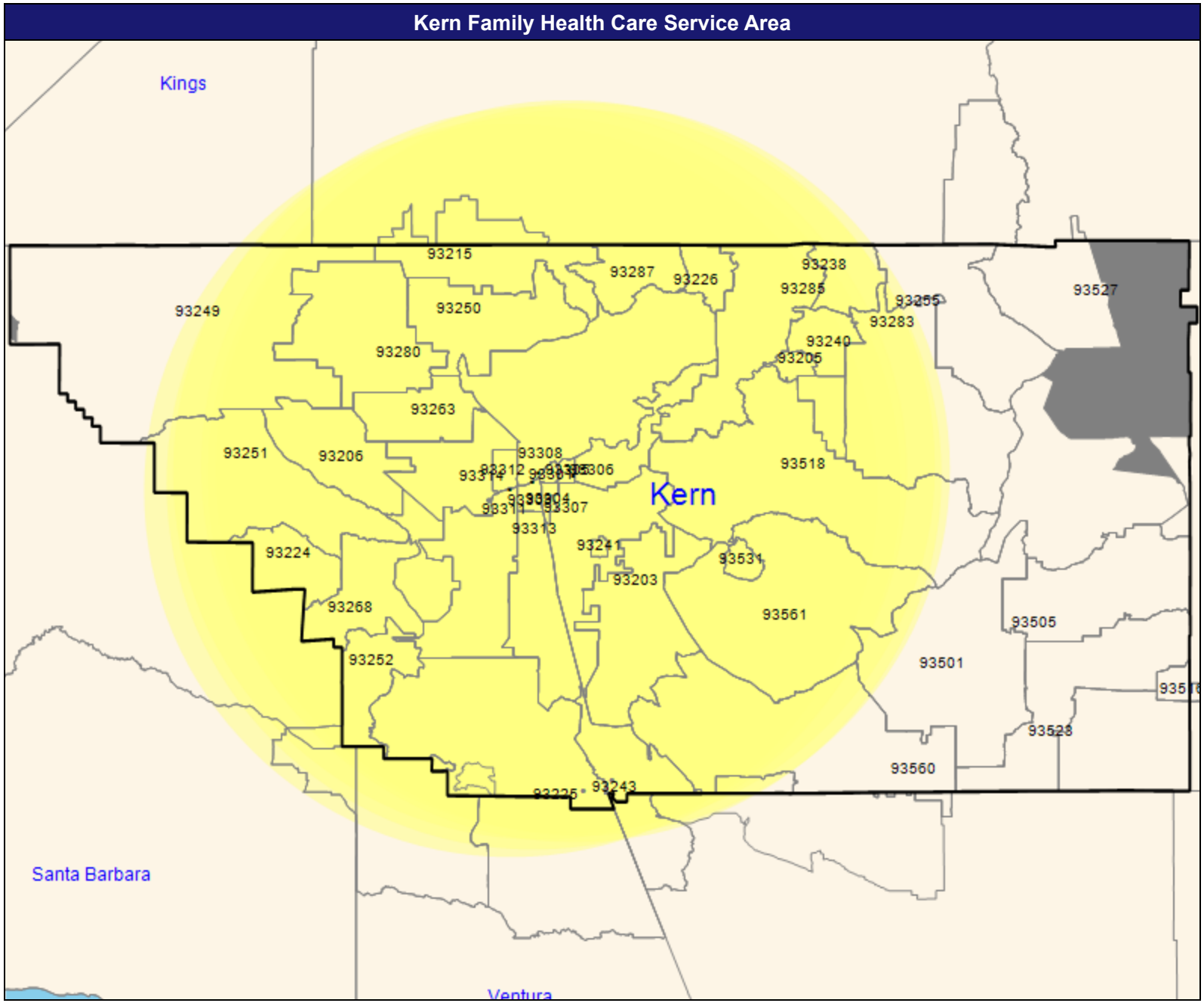
B-2. Physical Med, Pediatric - No LAGS

5 providers at 6 locations

■ All providers

○ 45 mile radius

17.79 miles



Psychiatry, Adult (45 Miles, 75 Minutes)

B-2. Psych, Adult

36 providers at 30 locations

- ■ All providers
- ○ 45 mile radius

B-2. Psych, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Psych, Adult

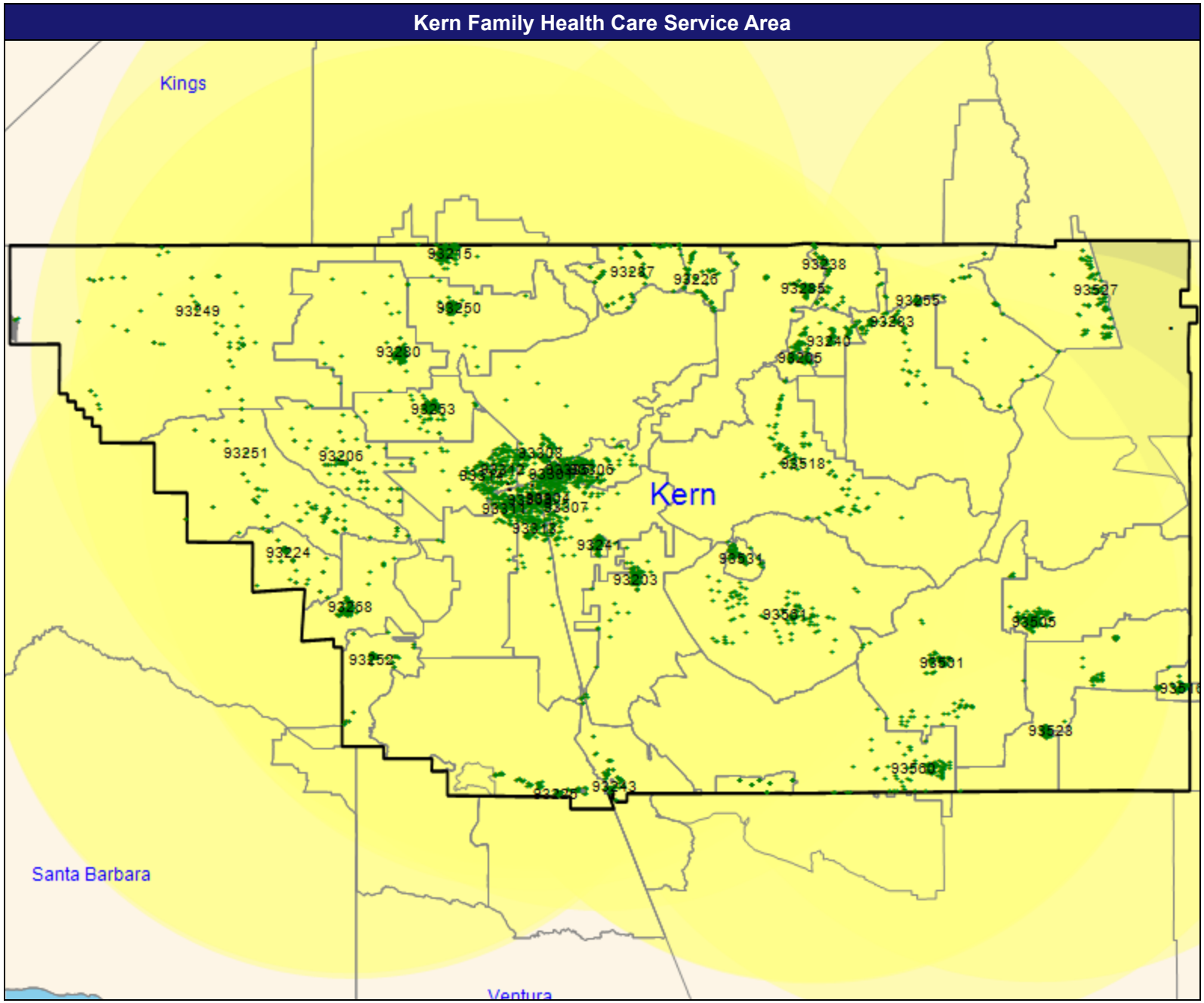
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Psych, Adult) provider in 45 miles or 75 minutes

17.79 miles



Psychiatry, Pediatric (45 Miles, 75 Minutes)

B-2. Psych, Pediatric

27 providers at 26 locations

- ■ All providers
- ○ 45 mile radius

B-2. Psych, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Psych, Pediatric

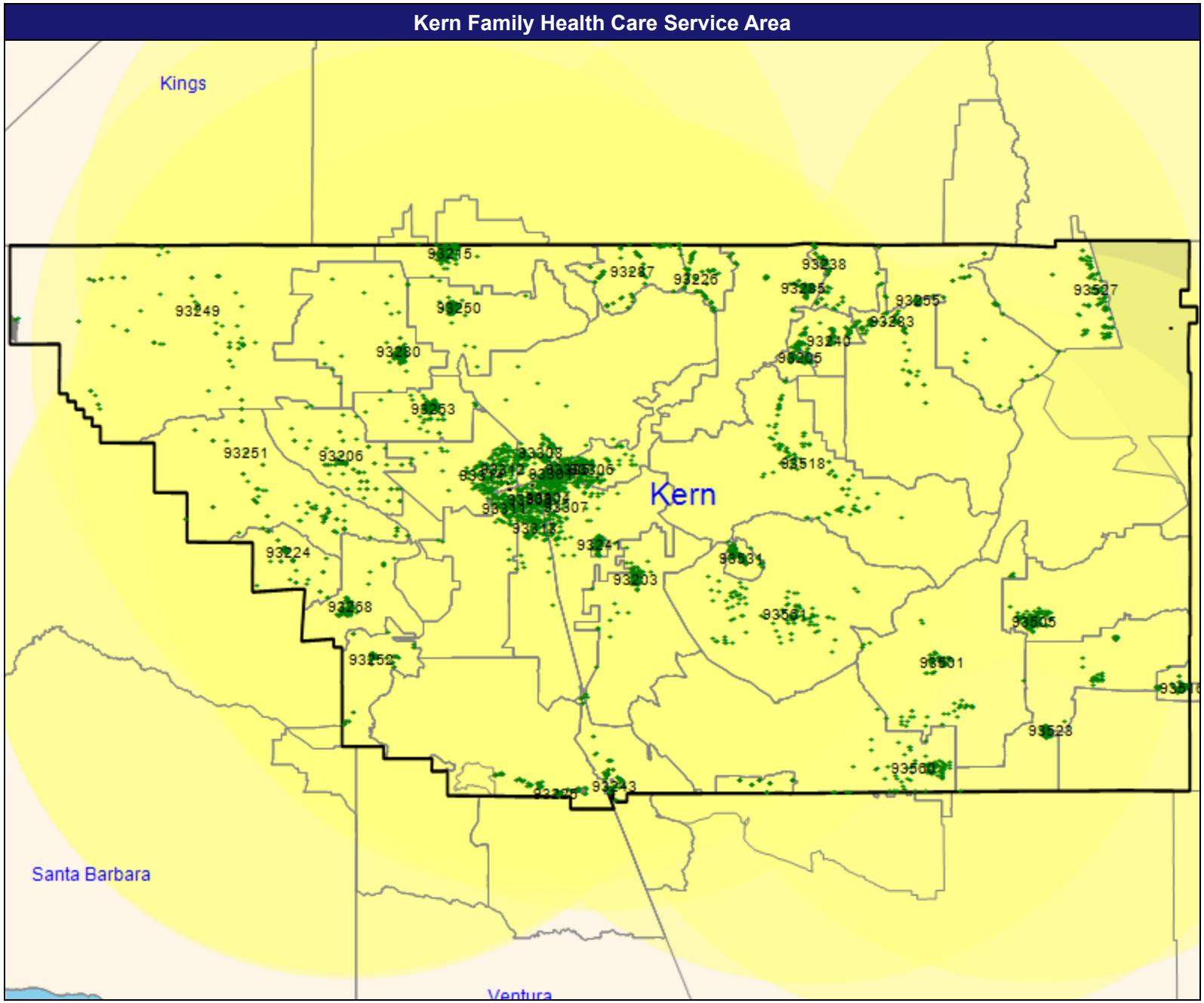
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Psych, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Pulmonology, Adult (45 Miles, 75 Minutes)

B-2. Pulm, Adult

16 providers at 22 locations

- ■ All providers
- ○ 45 mile radius

B-2. Pulm, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Pulm, Adult

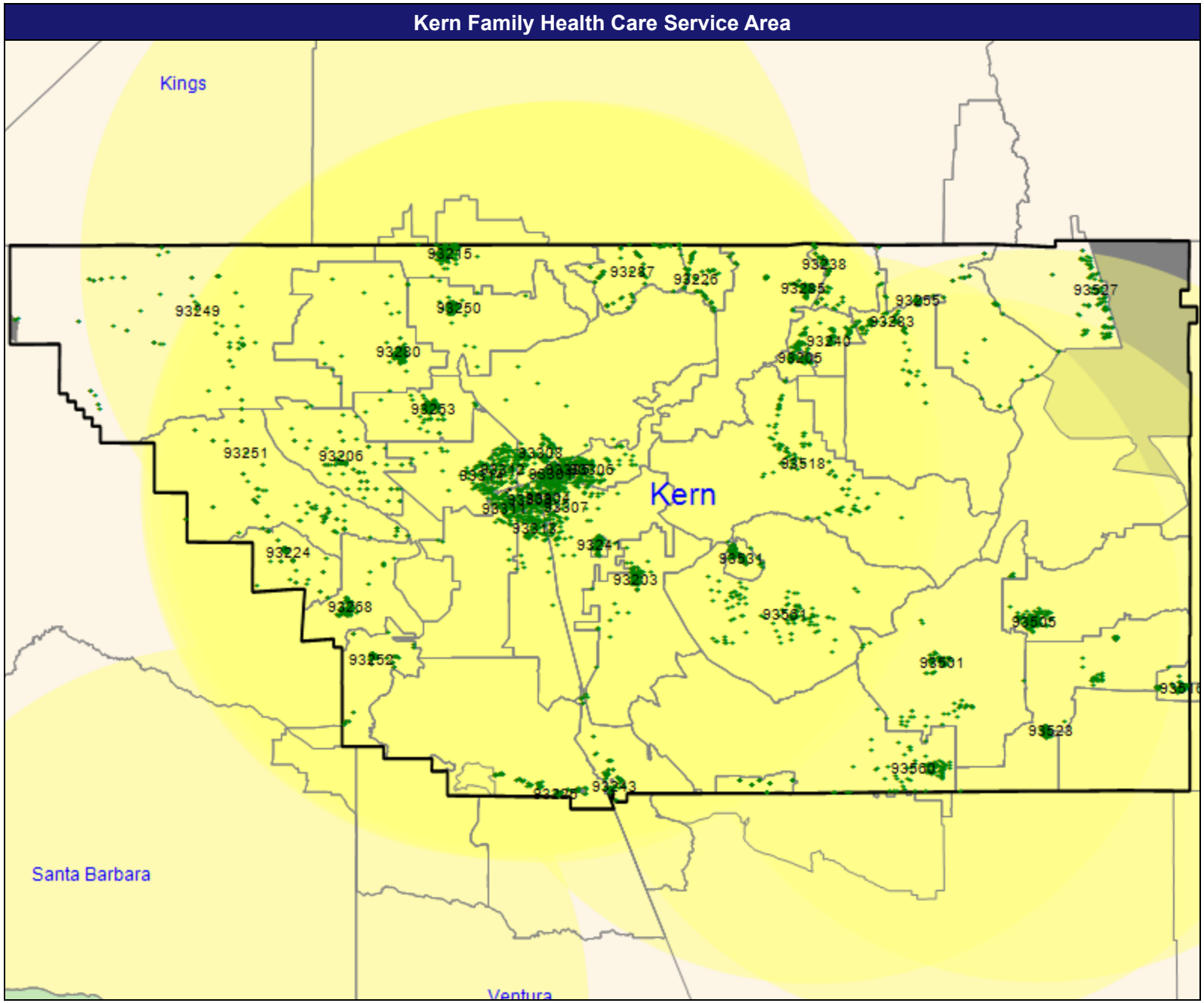
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Pulm, Adult) provider in 45 miles or 75 minutes

17.79 miles



Pulmonology, Pediatric (45 Miles, 75 Minutes)

B-2. Pulm, Pediatric

11 providers at 18 locations

- ■ All providers
- ○ 45 mile radius

B-2. Pulm, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-2. Pulm, Pediatric

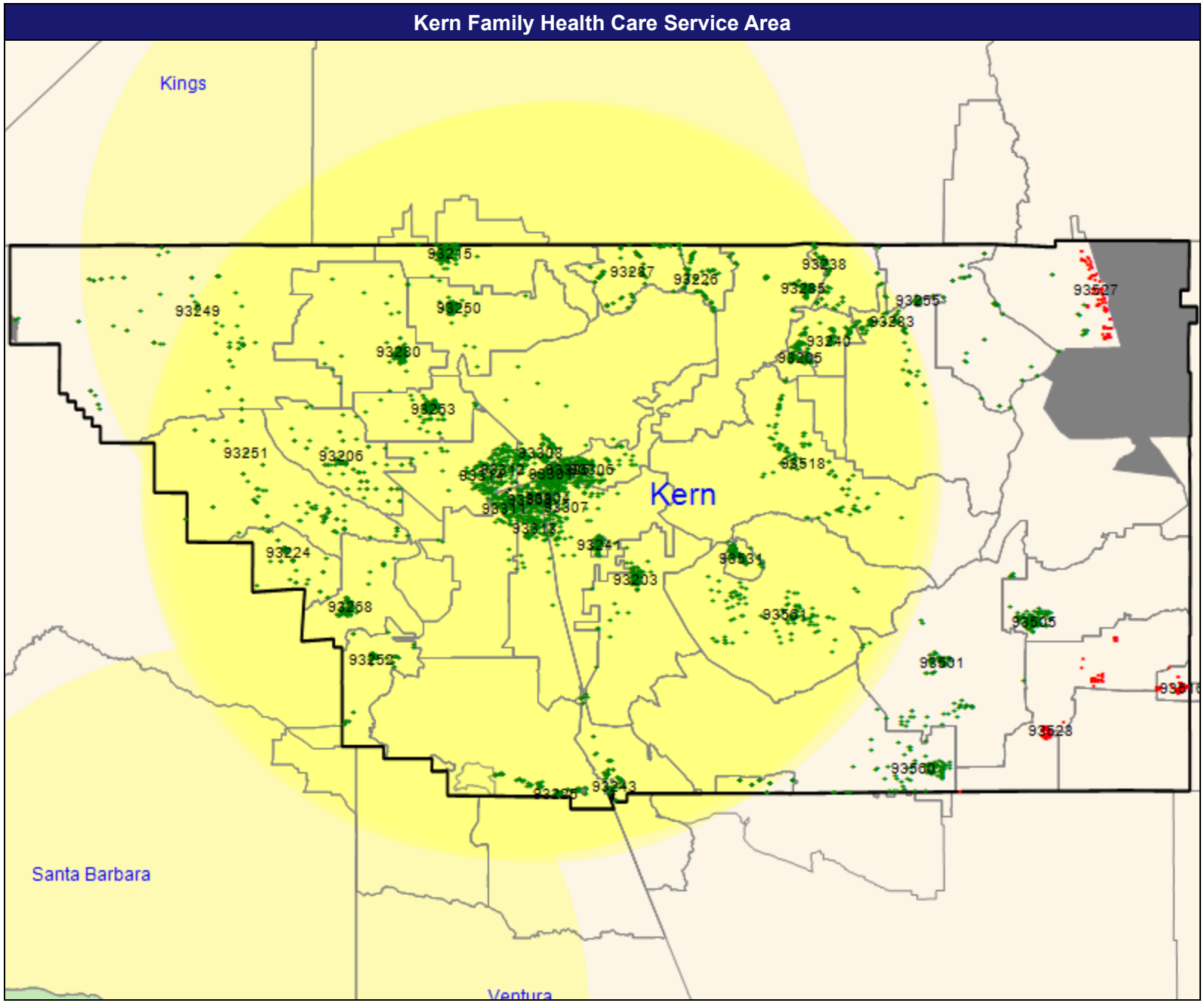
4,300 member locations

- ◆ With access (4,010)
- ● Without access (290)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-2. Pulm, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



OBGYN Specialty Care, Adult (45 Minutes, 75 Miles)

B-3. OBGYN Spec, Adult

68 providers at 52 locations

- ■ All providers
- ○ 45 mile radius

B-3. OBGYN Spec, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-3. OBGYN Spec, Adult

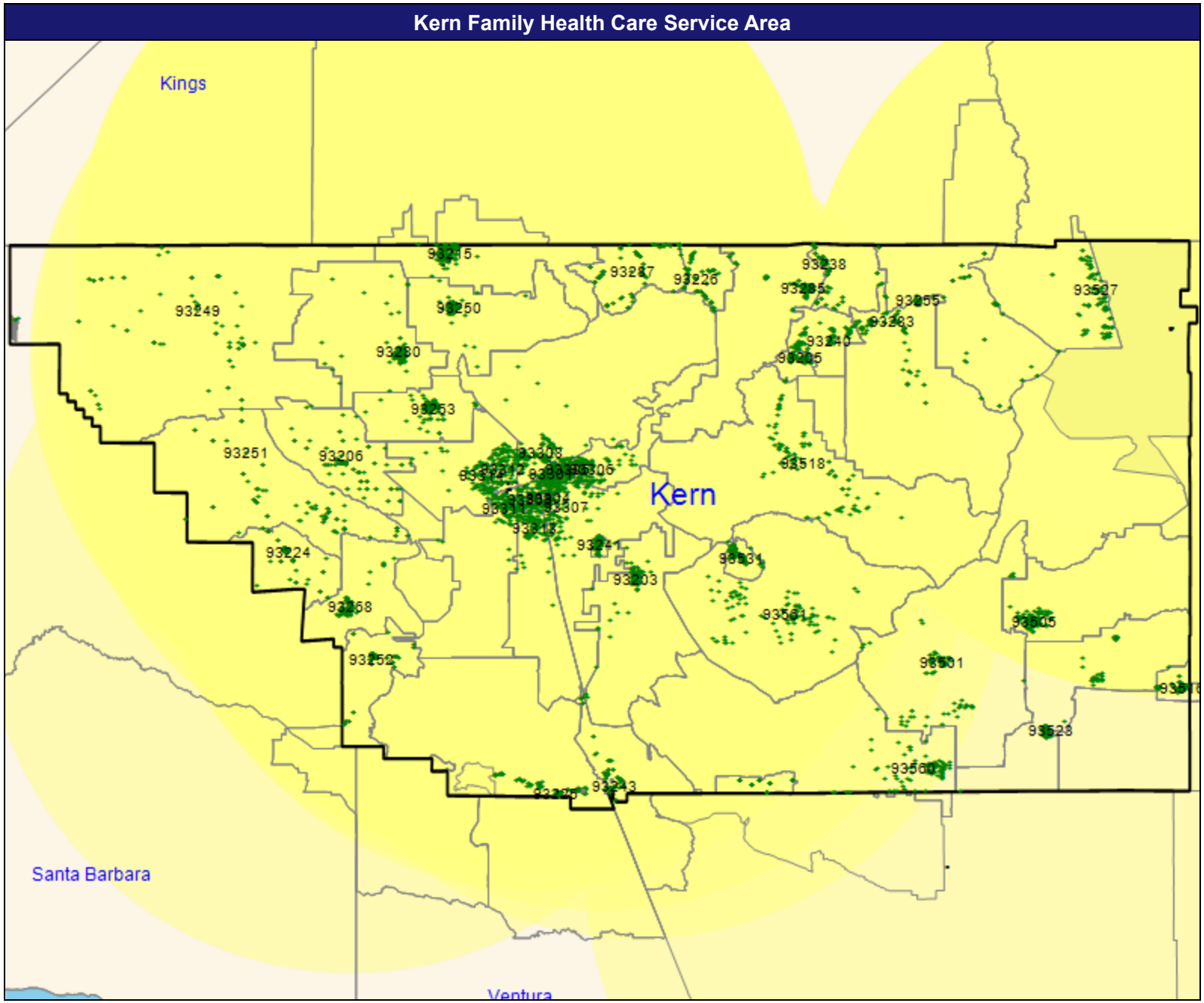
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-3. OBGYN Spec, Adult) provider in 45 miles or 75 minutes

17.79 miles



OBGYN Specialty, Pedaitric (45 Miles, 75 Minutes)

B-3. OBGYN Spec, Pediatric

66 providers at 51 locations

- ■ All providers
- ○ 45 mile radius

B-3. OBGYN Spec, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-3. OBGYN Spec, Pediatric

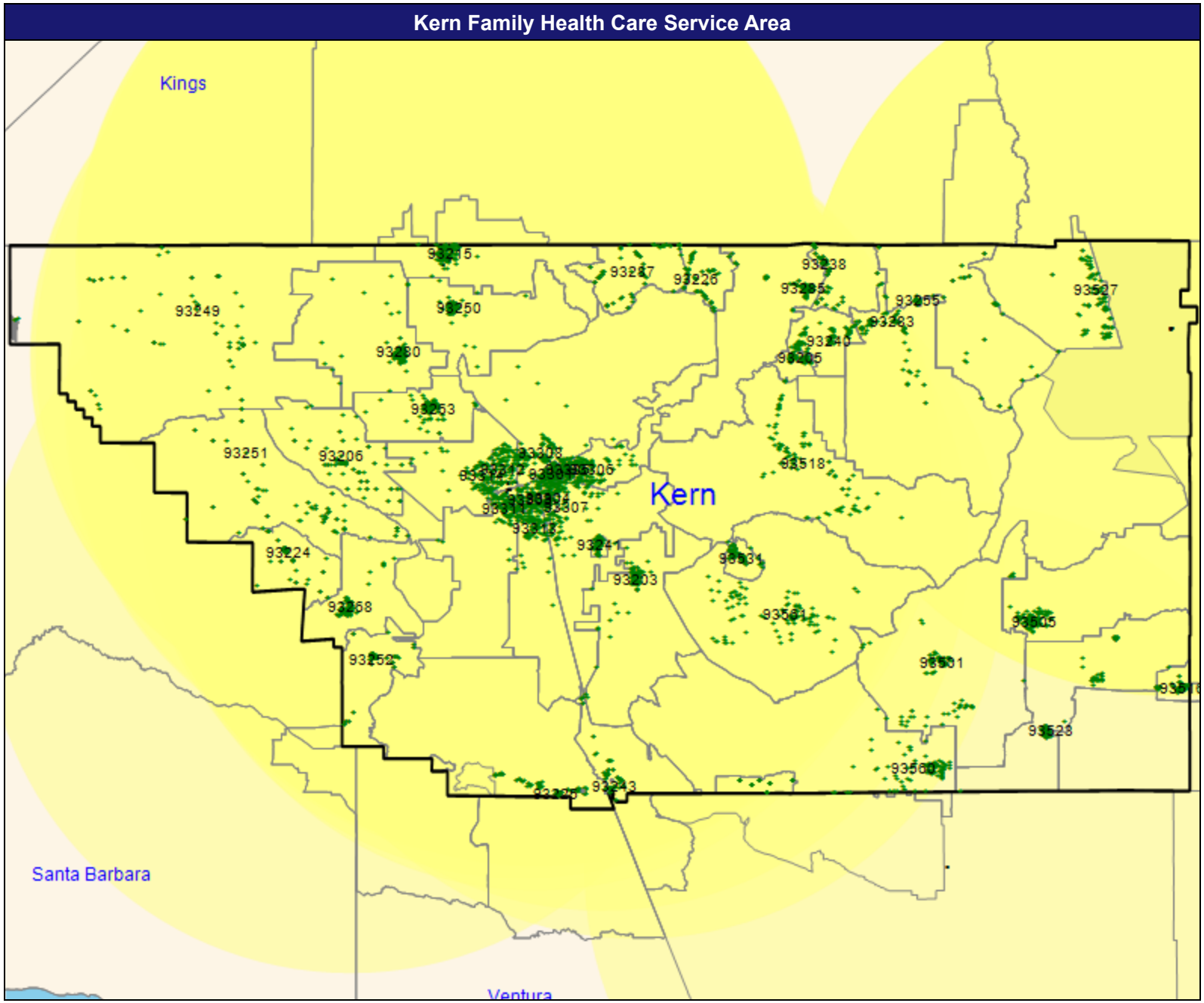
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-3. OBGYN Spec, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Hospitals (15 Miles, 30 Minutes)

B-4. Hospitals

18 providers at 18 locations

- ■ All providers
- ○ 15 mile radius

B-4. Hospitals - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-4. Hospitals

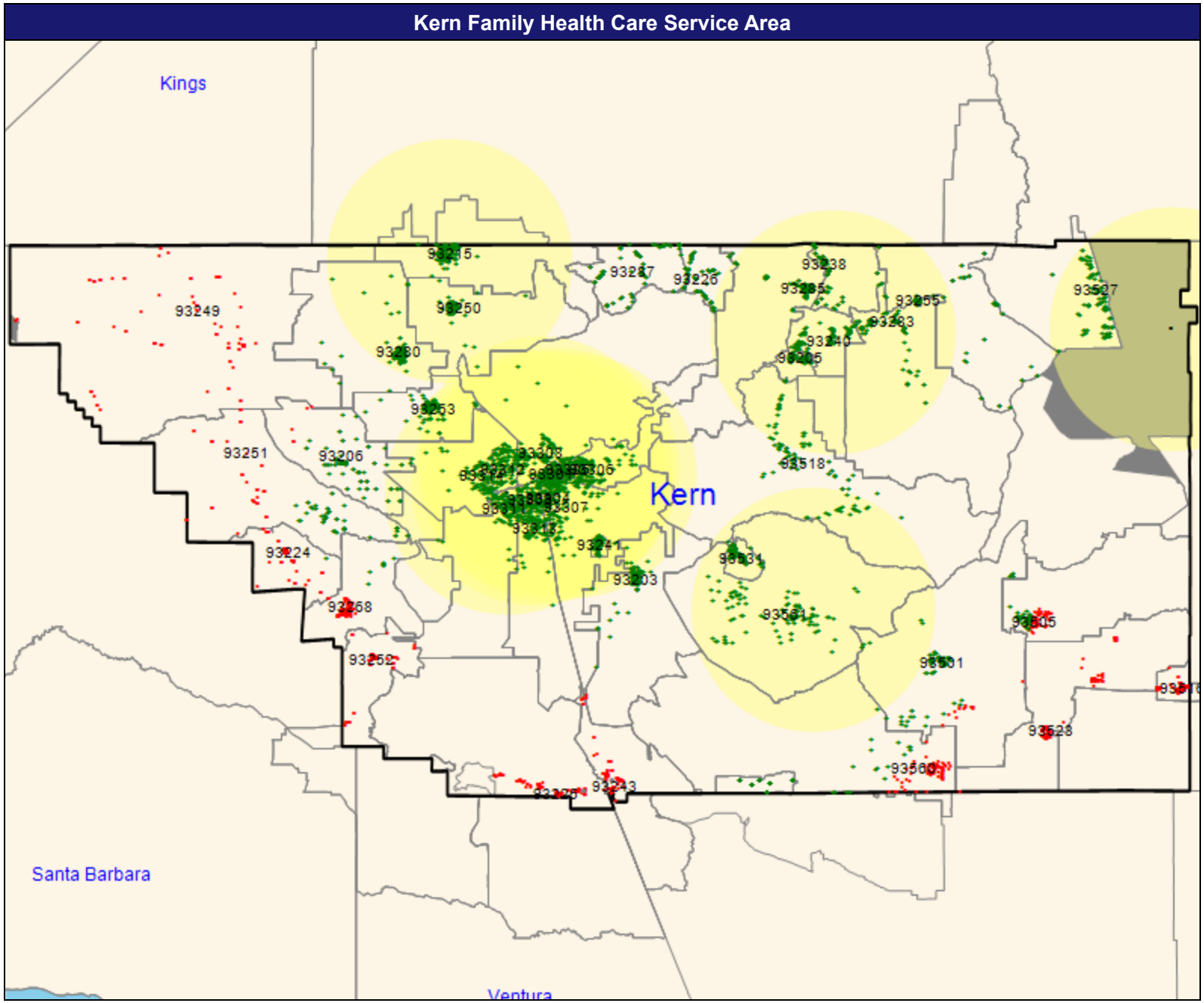
4,300 member locations

- ◆ With access (3,302)
- ● Without access (998)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-4. Hospitals) provider in 15 miles or 30 minutes

17.79 miles



Mental Health, Adult (45 Miles, 75 Minutes)

B-5. Mental Health, Adult

83 providers at 67 locations

- ■ All providers
- ○ 45 mile radius

B-5. Mental Health, Adult - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-5. Mental Health, Adult

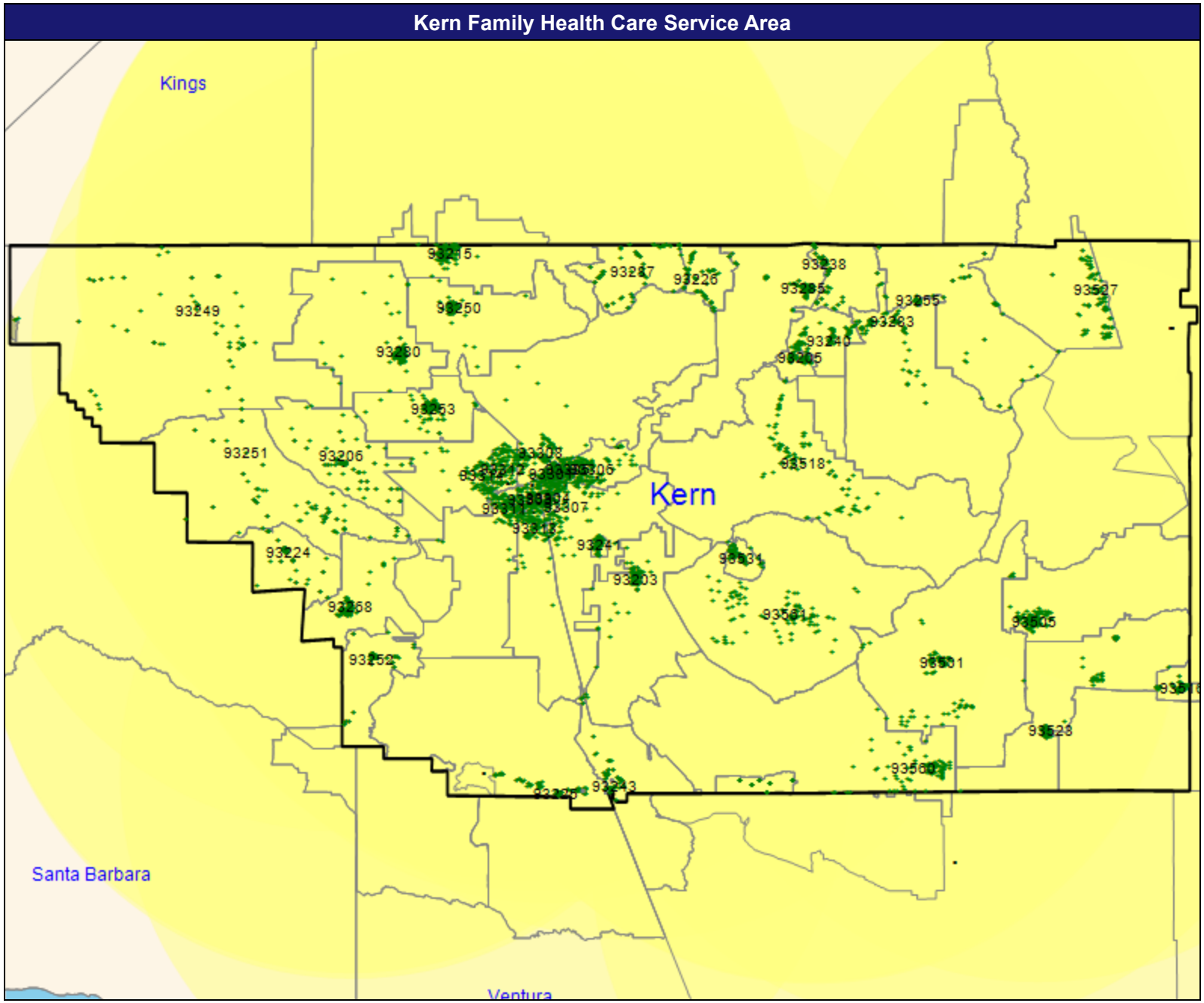
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-5. Mental Health, Adult) provider in 45 miles or 75 minutes

17.79 miles



Mental Health, Pediatric (45 Miles, 75 Minutes)

B-5. Mental Health, Pediatric

77 providers at 67 locations

- ■ All providers
- ○ 45 mile radius

B-5. Mental Health, Pediatric - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-5. Mental Health, Pediatric

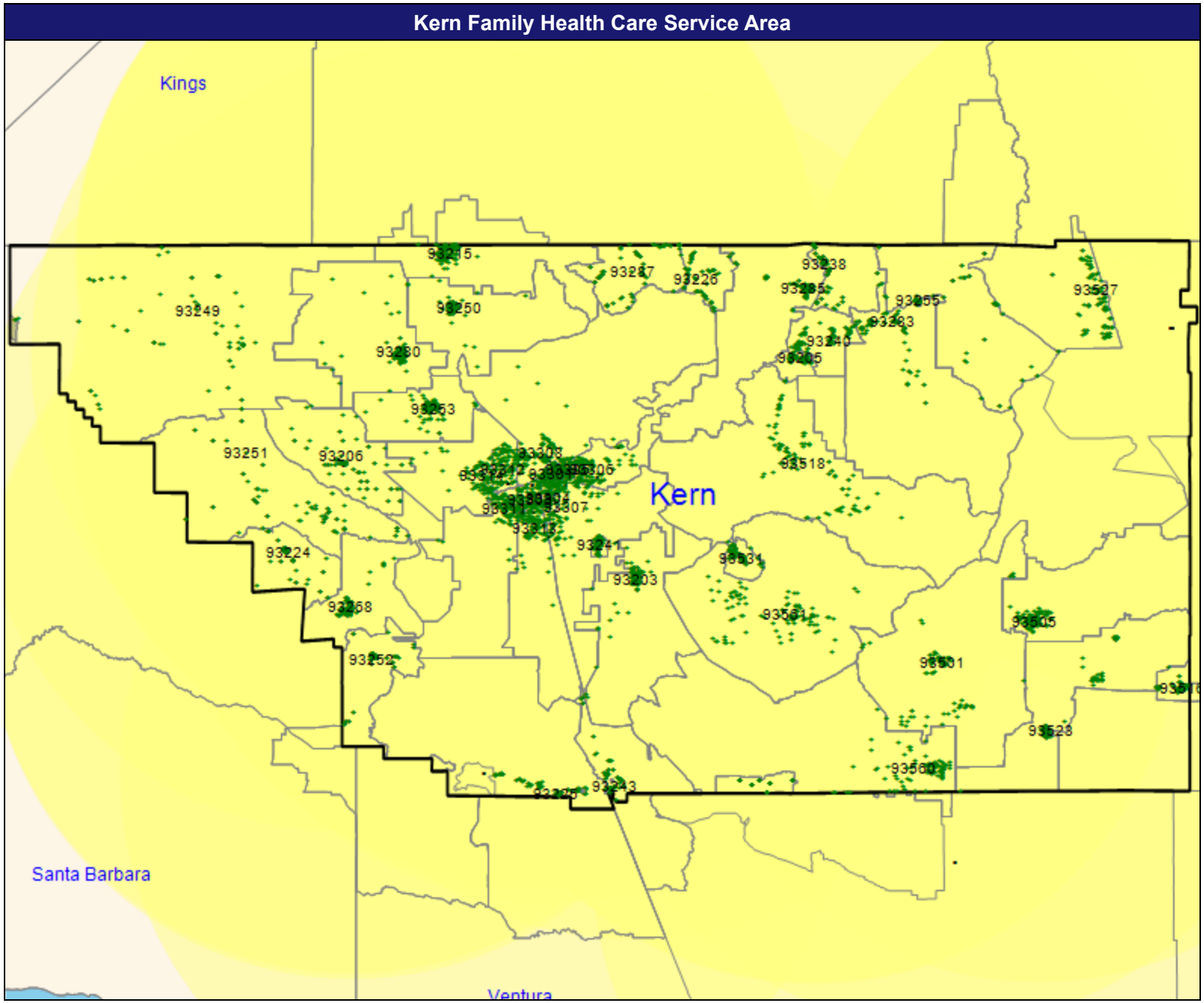
4,300 member locations

- ◆ With access (4,300)
- ● Without access (0)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-5. Mental Health, Pediatric) provider in 45 miles or 75 minutes

17.79 miles



Pharmacy (10 Miles, 30 Minutes)

B-6. Pharmacy

142 providers at 140 locations

- ■ All providers
- ○ 10 mile radius

B-6. Pharmacy - 100PTS

Employee Group

Membership - 100PTS

Provider Group

B-6. Pharmacy

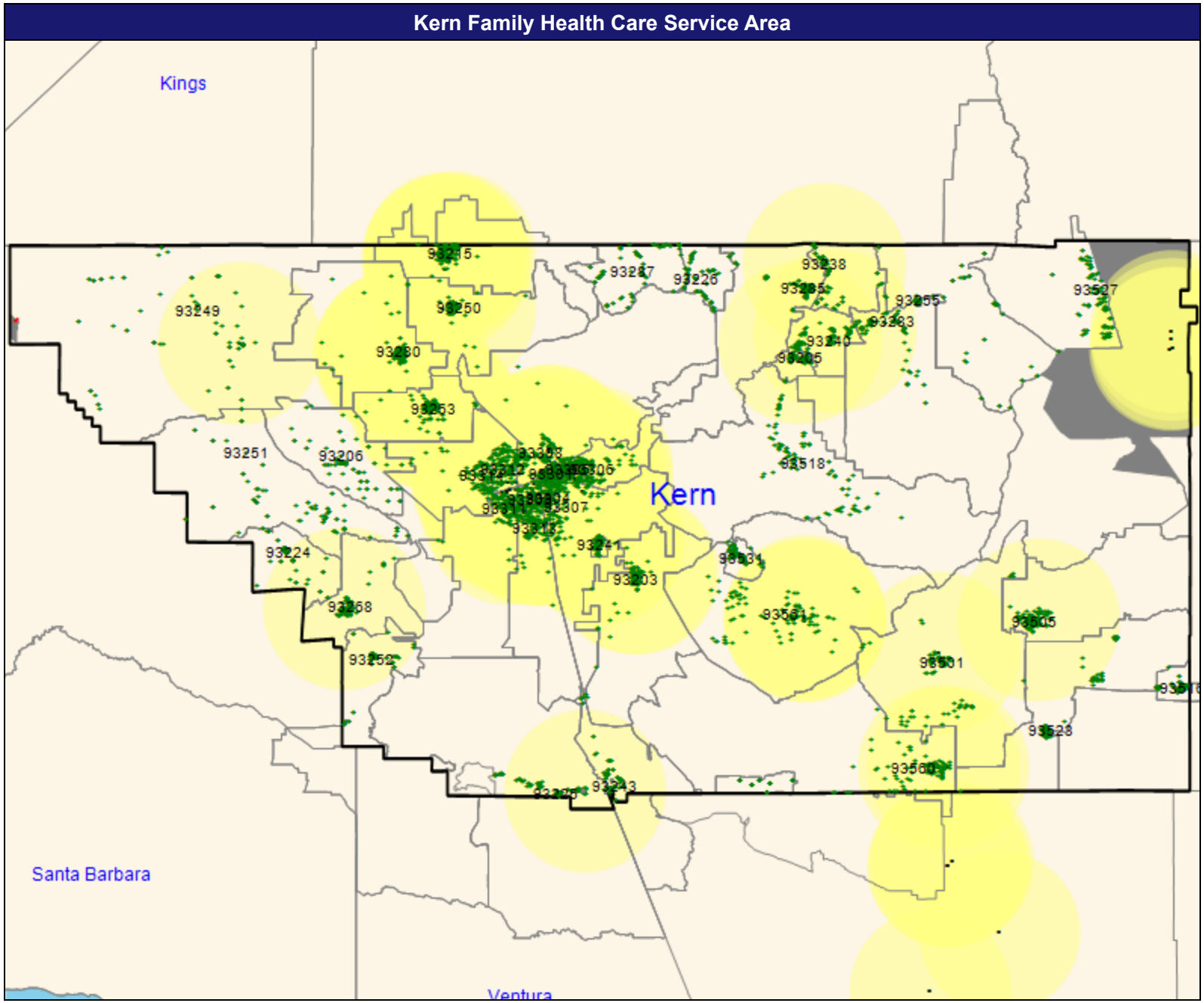
4,300 member locations

- ◆ With access (4,297)
- ● Without access (3)

The Access Standard is defined as (Membership - 100PTS) members accessing:

1 (B-6. Pharmacy) provider in 10 miles or 30 minutes

17.79 miles



Disease Management Quarterly Report

2nd Quarter, 2021

DISEASE MANAGEMENT DEPARTMENT OVERVIEW:

The Disease Management Department conducts outreach calls to members to assist and educate them in the self-management of their medical condition. The four nurses and four diabetes paraprofessionals perform assessments, coordinate care, monitor and evaluates medical services for members with an emphasis on quality of care, continuity of services, and cost-effectiveness. The two program areas of the Disease Management Department are Diabetes and Hypertension and Asthma.

EXECUTIVE SUMMARY:

During the 2nd quarter 2021, the Disease Management Department conduced 6,624 telephone calls to members, successfully completing a total of 3,748.

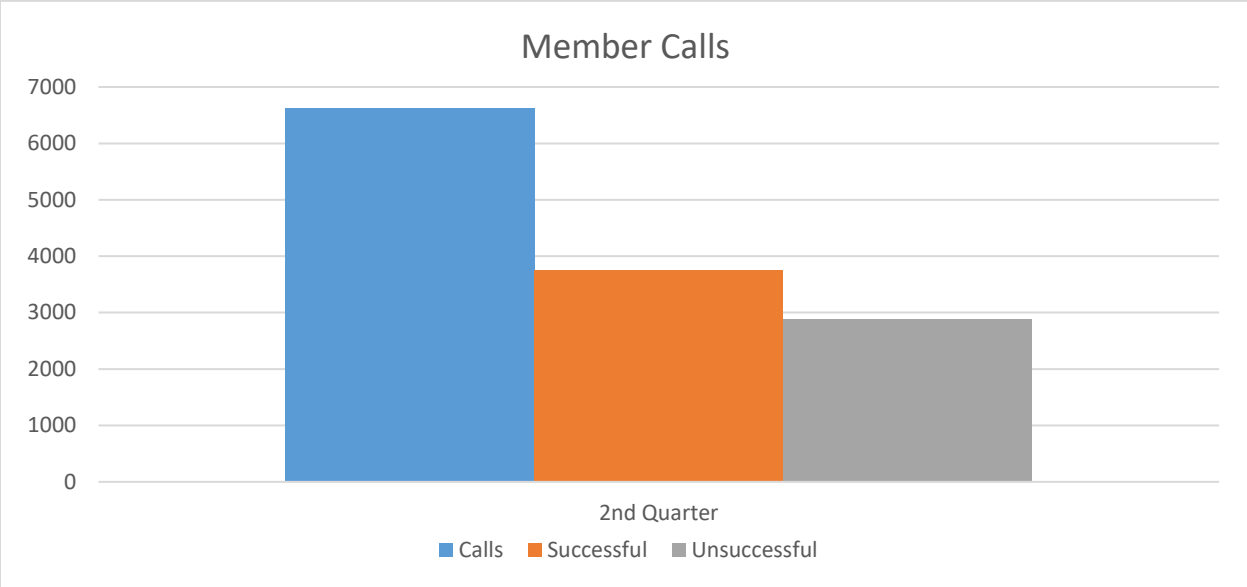
Of the 3,748 members reached, 711 were new and a Diabetes and/or Asthma assessment was completed. 47 of the members who accepted the Disease Management program successfully completed their goals and their Plans of Care were closed.

Diabetes eye exams were scheduled for 108 members and 86 members were referred to the Kern Medical Diabetes clinic. Educational material was mailed to 313 members who declined any of the offered services.

The remote Diabetes Prevention Program was launched in early February. This year-long program consists of 26 classes and with the first 16 classes completed at the end of June, 36 members remain enrolled.

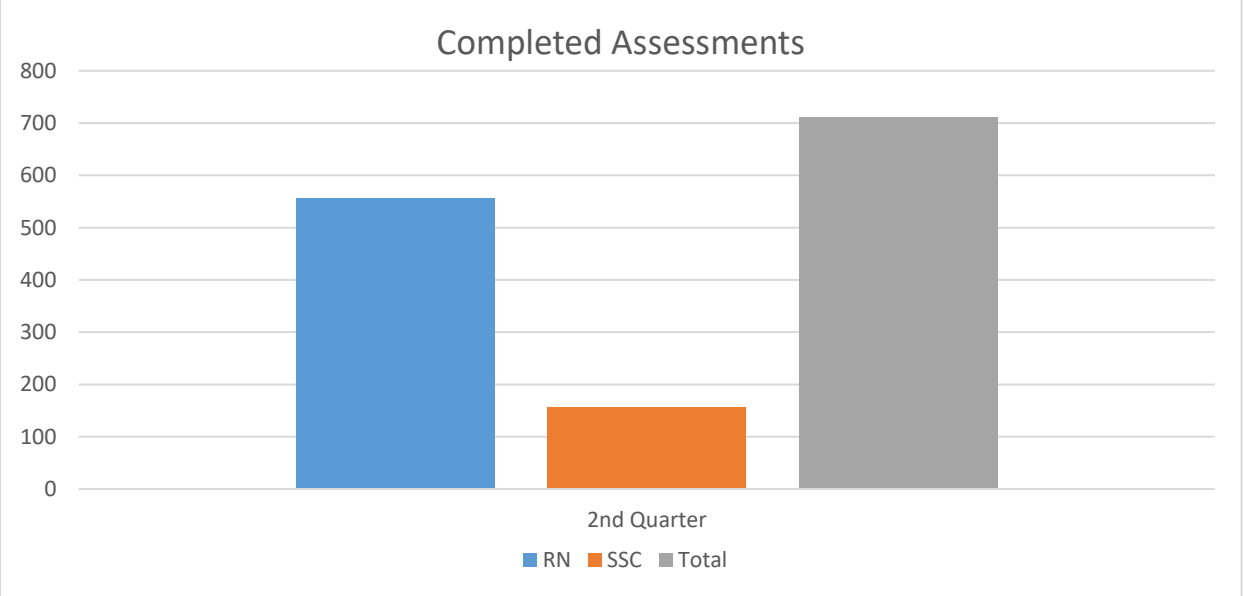
Telephone Calls: A total of 6,624 calls were made by the DM staff during the 2nd Quarter, 2021.

Member Calls Attempted	Successful Calls	Unsuccessful Calls	Total Member Calls	% Contacted
RN	1,755	1,700	3,455	51%
SSC	1,993	1,176	3,169	63%
Total	**3,748**	**2,876**	**6,624**	**57%**



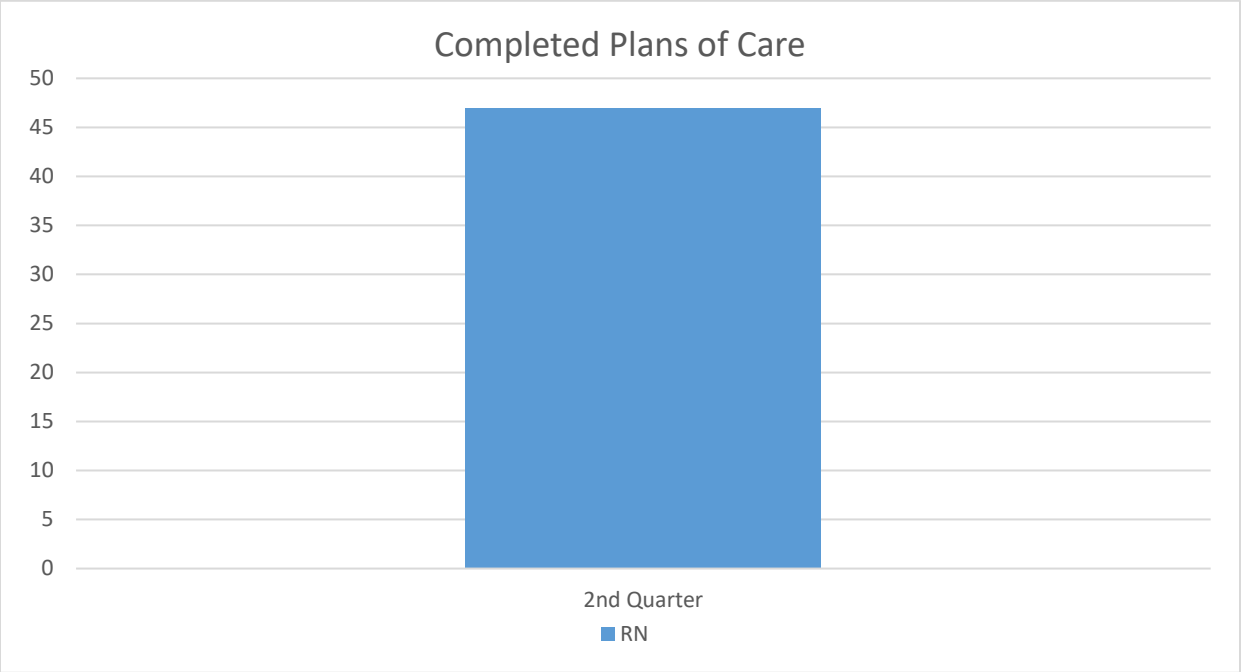
New Assessments Completed.

RN	SSC	Total
555	156	711



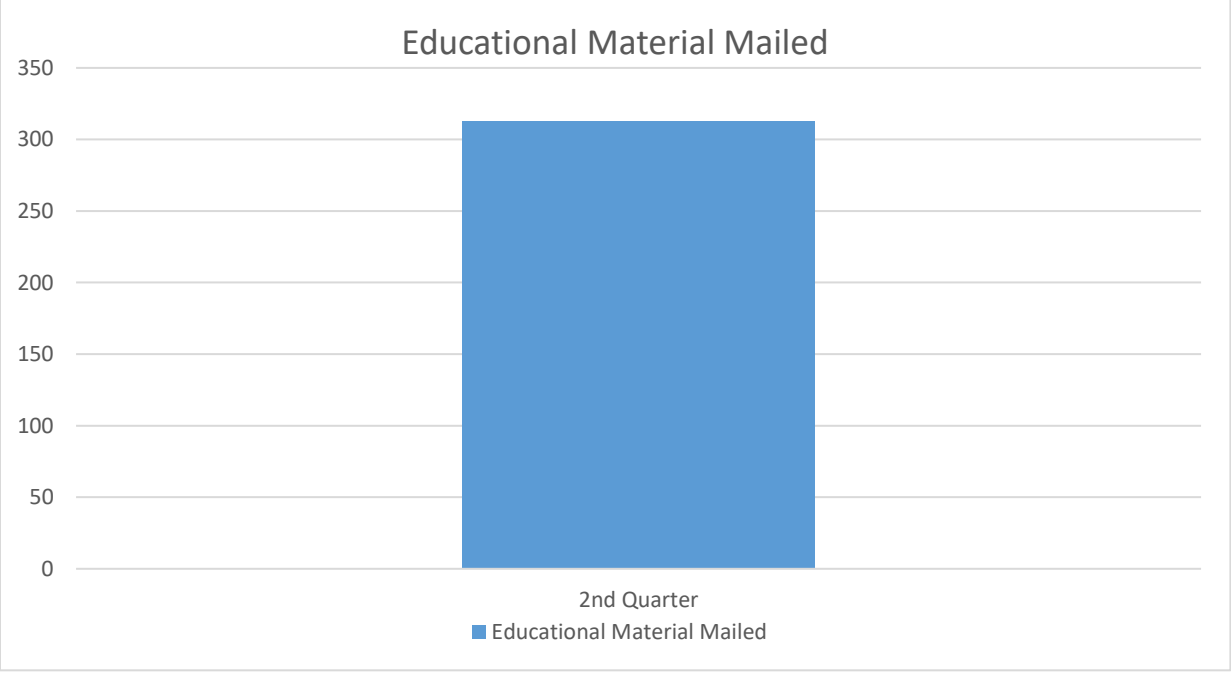
Plans of Care Completed & Closed.

RN
47



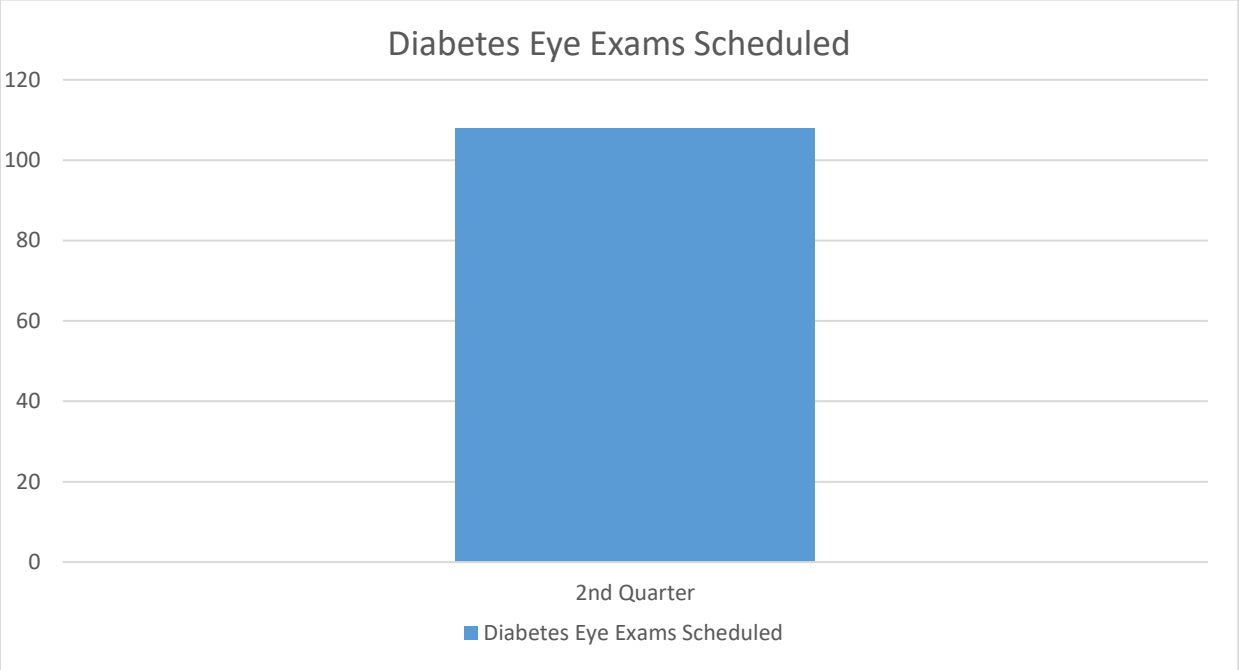
Educational Material Mailed.

313



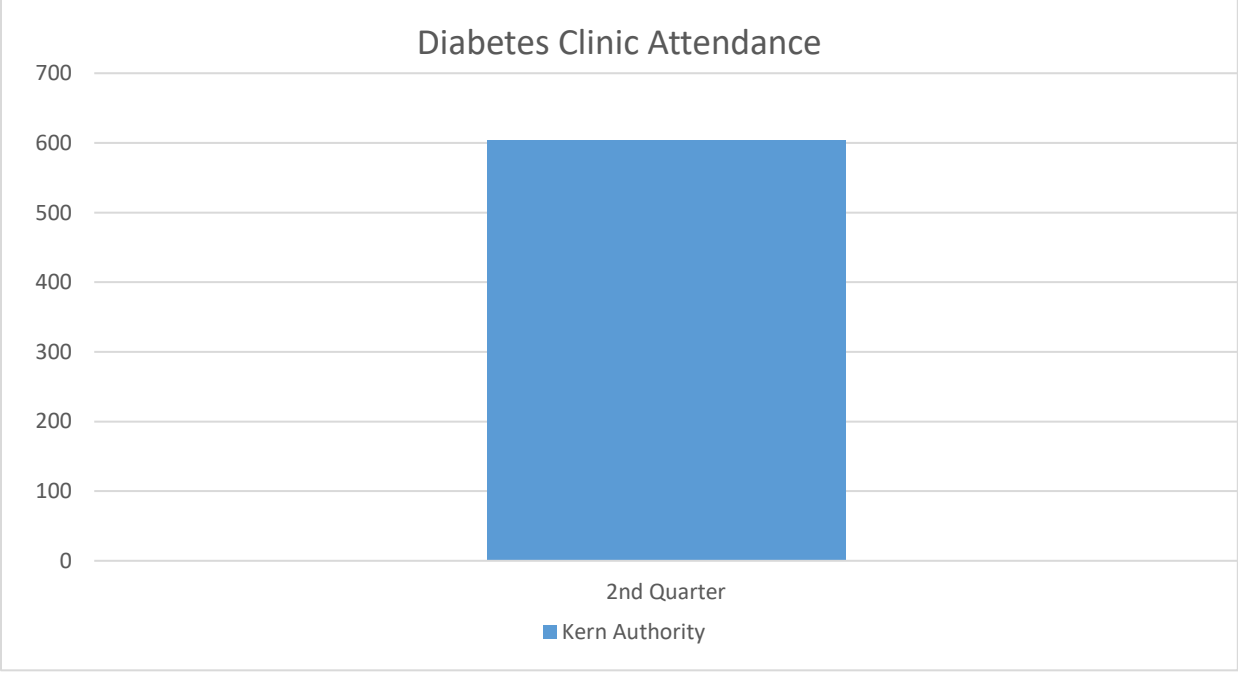
Diabetes Eye Exams Scheduled.

108



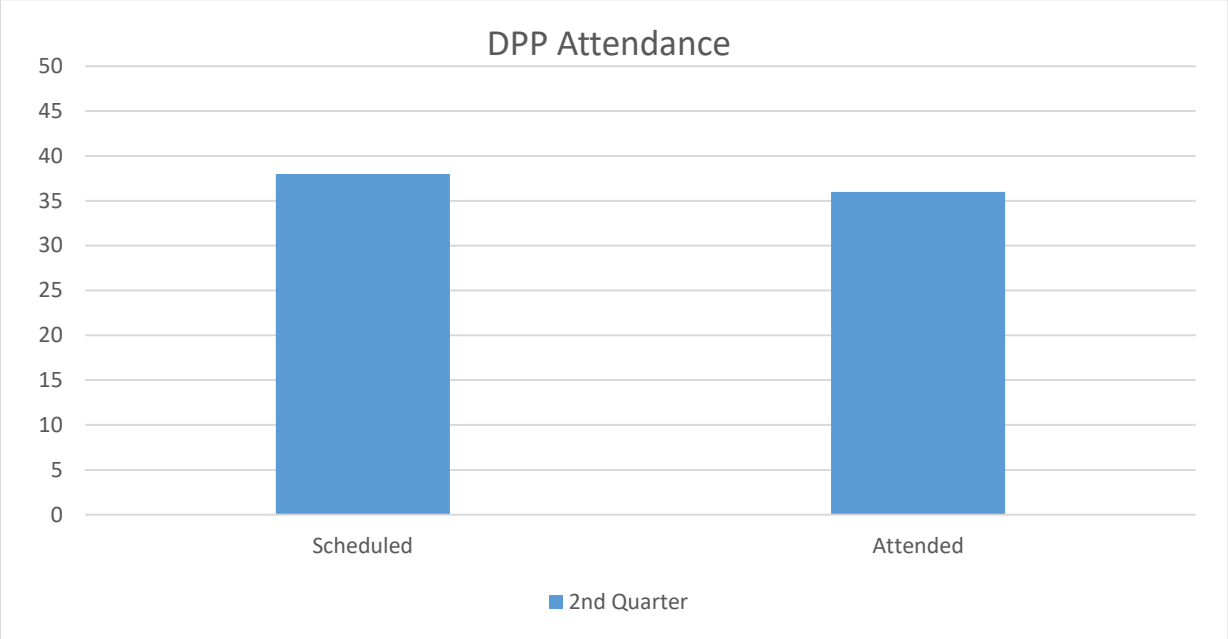
Diabetes Clinic Attendance.

Kern Authority
603



Diabetes Prevention Program: The Disease Management Department launched their 2nd DPP cohort on February, 2nd, 2021. These classes are held remotely until such time that we are able to resume face-to-face meetings. A total of 90 members accepted the invitation to participate and 51 members attended the first session. Of the 38 members enrolled on April 30th, 36 members remained enrolled in the program at the end of June.

Sessions Scheduled to Attend	Remaining Participants (End June)
38	36



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Potential Inappropriate Care Issues				POLICY #: 2.70-I	
DEPARTMENT: Quality Improvement					
Effective Date: 7/21/2020	Review/Revised Date:	DMHC		PAC	X
		DHCS		QI/UM COMMITTEE	X
		BOD	X	FINANCE COMMITTEE	

_____ Date _____
Douglas A. Hayward
Chief Executive Officer

_____ Date _____
Chief Medical Officer

_____ Date _____
Chief Health Services Officer

_____ Date _____
Chief Network Administration Officer

_____ Date _____
Director of Compliance

_____ Date _____
Director of Member Services

_____ Date _____
Director of Quality Improvement

RELATED POLICIES:
2.04-P Provider Disciplinary Action
4.40-P Corrective Action Plans
5.01-P KHS Member Grievance and Appeals
5.01-I KHS Member Grievance and Appeals

IMPACTED DEPARTMENTS:
All Departments

DEFINITIONS:

Complaint: A complaint is the same as a Grievance. Where the ~~MCP~~ KHS is unable to distinguish between a Grievance and an inquiry, it shall be considered a Grievance.

Corrective Action Plan (CAP): This is a plan approved by the Chief Medical Officer to prevent a quality issue from occurring again in the future. A CAP is an agreement between the provider and KHS that describes the problem and appropriate measures to achieve resolution. ~~A CAP includes the goals, objectives, desired outcomes, timeframes, persons responsible, follow-up, and CAP evaluation.~~ If the CAP includes reassignment of patients, the CMO or his/her designee notifies the Chief ~~Executive Officer (CEO)~~Network Administration Officer to coordinate patient panel changes.

Grievance: A Grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, and the beneficiary's right to dispute an extension of time proposed by the ~~MCP~~ KHS to make an authorization decision.

Potential Inappropriate Care (PIC): This is the term Department of Health Care Services (DHCS) has identified for a Potential Quality of Care issue. They define it as a grievance related to the overuse, underuse, or misuse of health care services.[1] It is a possible adverse variation from expected clinician performance, clinical care, or outcome of care. PICs require investigation to determine if an actual quality issue or opportunity for improvement exists.

Quality of Care (QOC) issue: This is an adverse deviation from expected clinical care or outcome of care as validated through investigation and as part of the PIC process.

Screening Process: This process includes a complete review of the referral. The QI RN assigned to the episode will determine if further investigation is warranted based on the data gathered in the PIC Referral.

PURPOSE
To provide a defined method for identifying and processing PIC issues, to determine opportunities for improvement in delivery of health care to Kern Health System members, and to direct appropriate follow up actions based upon investigative outcomes, risk and severity.

POLICY AND PROCEDURES:

I. All PIC referrals are screened by a QI RN to validate that a PIC issue exists.
   A. Cases are reviewed using professionally recognized, evidence-based standards of care to assess care provided.

[1] DHCS Managed Care Program Data (MCPD) Primary Care Provider Assignment (PCPA) Technical Documentation, March 27, 2020, version 1.3

II. PIC Sources for Identification include, but are not limited to, the following sources:

A. Information gathered through Utilization Management;
B. Referrals from any health plan staff;
C. Facility site reviews;
D. Claims and encounter data;
E. Pharmacy utilization data;
F. Managed Care Accountability Set (MCAS) medical record abstraction process;
G. Medical Record Audits
H. Complaints/Grievances and Appeals from members
I. Providers or other health care organizations

III. Pic referral submission

A. May be reported by any of the following:
   1. Any KHS staff member via the Potential Inappropriate Care (PIC) ~~Quality Incident~~ Referral Form ~~(~~[Appendix A)~~]~~;
   2. Any KHS member, member of the community, or provider can call 661.632.1590 (Bakersfield) or 800.391.2000 (outside of Bakersfield), or they can complete the ~~g~~Grievance form located ~~at KHS Grievance Form~~on KHS' public website and submit it via mail~~,~~ or ~~they can submit a Grievance~~ online ~~at Online Grievance Submission~~.

B. PIC Referrals from the KHS Grievance Team
   1. Grievances received by the Grievance Team are reviewed by a Grievance Coordinator (GC) who makes an initial classification of the ~~g~~Grievance. See KHS Policy 5.01-P, KHS Member Grievance and Appeals, for classification types.
   2. Once the GC makes an initial classification, it is distributed to the Grievance Committee for review along with a copy of the original Ggrievance. Processing of Ggrievances follows the timeframes identified in KHS Policy 5.01-P, KHS Member Grievance and Appeals.
   ~~2.~~3. A QI RN ~~is included in the~~on the Grievance Committee~~,~~ also~~,~~ ~~and they~~ reviews the original Ggrievance and classification. The QI RN ~~responds~~ reports~~back~~ to the Grievance Committee ~~with~~ whether they agree with the original classification or whether they have determined it to be a different classification.
   ~~3.~~4. Grievances classified as a PIC are entered into KHS' medical management system. The assessment covers all information on the PIC Notification Referral Form (see Appendix A). Once the referral is submitted in KHS' Medical Management System, an episode is created and moved into a work queue for a QI RN to begin the investigation process. ~~Grievances classified as a PIC are entered into KHS' notification system along with a copy of the original Ggrievance and, PIC Notification Referral Form **(see Appendix A)** and sent to the QI PIC Team. The QI Senior Support Clerk (SCC) retrieves the notification and any other documents included with the Ggrievance and saves them into a QI folder.~~

IV. PIC REVIEW PROCESS

A. All PIC referrals received by the QI department will include an investigation of existing clinical documentation that can be used to determine if a QOC issue exists. A QI RN will screen the PIC referral and determine if any additional records need to be requested or if the clinical information needed to determine if a QOC issue is present are already available (e.g. through Utilization Management, Case Management, Health Homes, etc.). If additional medical records are needed, the QI RN will identify what records are needed and notify the SCC to initiate the records request.

1. The ~~SCC~~ QI RN uses the PIC Medical Records Request Form in Appendix B.
   a. When this form is completed and sent to the provider, the ~~SSC~~ QI RN will upload the form into KHS' Medical Management System.
   b. If there has been no response from the provider within ~~2 weeks~~10 business days of the 1st request, the ~~SSC~~ QI RN will request records a second time.
   c. The ~~SCC~~ QI RN will also notify the Provider Network Management (PNM) representative assigned to the provider ~~via KHS' notification system~~ and include a copy of the records request form to assist with obtaining the requested records.
2. If there has been no response from the provider within ~~2 weeks~~5 business days of the 2nd request, the ~~SSC~~ QI RN will notify the ~~Medical Director~~Chief Medical Officer (CMO) or their designee for a final outcome based on the information available. This will be documented in KHS' Medical Management System.
3. When indicated, a referral to or coordination with KHS's other medical management programs such as, Case Management, Disease Management and Health Homes will be made to coordinate care for complex or challenging member issues.

B. Once the records have been received, they are uploaded into KHS' Medical Management System for review by the assigned QI RN. After investigation by the QI RN, a summary of the review is created using the SBAR format (Situation, Background, Assessment, and Recommendation) and presented to the ~~Medical Director~~CMO or their designee for review and determination in KHS'~~s~~ Medical Management System.
   1. If there is no evidence that a QOC issue exists, the QI RN documents a summary in SBAR format and closes the episode as a Level 0 – No Quality of Care Concern.
   2. Any referral with a QOC issue identified is referred to the ~~Medical Director~~CMO or their designee.

C. The ~~Medical Director~~CMO or their designee reviews the documentation within KHS' Medical Management System for the indicated PIC issue and documents the final determination of existence of a QOC and the PIC Severity Level.
   1. The M~~m~~edical D~~d~~irector documents follow up actions appropriate for the needed improvement and coordinates those items with the QI RN.

D. PIC Severity Level
   1. The PIC severity level is determined by the ~~Medical Director~~CMO or their designee following their investigation. The exception to this is Level 0 when it is determined through the screening process completed by a QI RN. Based on the outcome of the review, the episode is designated with a Severity Level of one of the following levels:
      - Level 0 = No Quality of Care Concern
        - The PIC is then closed.
      - Level 1 = Potential for Harm
        - Follow-up = Track and trend the particular area of concern for the specific provider, and the ~~Medical Director~~CMO or their designee or their designee

may provide additional actions that are individualized to the specific case or provider.

- Level 2 = Actual Harm
  - Follow-up = Implement a Corrective Action Plan plus direction from ~~Medical Director~~CMO or their designee or their designee ~~which~~ that is individualized to the specific case or provider.
- Level 3 = Actual Morbidity or Mortality Failure
  - Follow-up = Implement a Corrective Action Plan plus direction from ~~Medical Director~~CMO or their designee or their designee ~~which~~ that is individualized to the specific case or provider.

2. Copies of all written correspondence and pertinent documents are filed in KHS'~~s~~ Medical Management system.

E. The ~~Medical Director~~CMO or their designee will request written information or clarification from the provider for Levels 2 and 3 regarding the issue in question. All QOC issues are tracked for re-credentialing purposes. Input regarding QOC episodes is presented to the Physician Advisory Committee for consideration in re-credentialing providers or recommending other actions.

1. If the contracted provider fails to respond to the ~~Medical Director~~CMO or their designee's correspondence within 2 weeks of sending the request, the provider will be referred to the Chief Medical Officer (CMO). The CMO will coordinate with the Provider Network Management Department as needed.

F. Corrective Action Plan

~~See *KHS Policy 4.40-P Corrective Action Plan.*~~

1. The ~~Medical Director~~CMO or their designee determines if a CAP is needed. The response to the CAP is expected within 30 calendar days of sending the CAP requirement to the provider.~~,~~ ~~and .~~ ~~is responsible for the creation of the CAP, however, the CEO and Medical Director must approve the CAP. The provider must sign the receipt and acceptance of the CAP and return it to KHS within 5 business days of receipt.~~ ~~A CAP includes the goals, objectives, desired outcomes, time frames, persons responsible, follow-up, and CAP evaluation. The time frame for clinicians to respond to a CAP is 30 calendar days. If the CAP is not received by KHS by day 31, the QI RN will contact the provider. A 15 day extension may be granted for reasonable concerns.~~
2. Responses from the provider to a CAP issued are reviewed by the CMO or their designee. That physician makes the determination for acceptance of the CAP as completed. If a CAP response is not accepted, the CMO provides a written response to the provider with input and additional instruction for CAP completion.

~~1.~~3. If the CAP has not been received by day ~~46~~31, the case is forwarded to the CMO for further determination, including possible review by the Physician Advisory Committee (PAC). Upon completion, the CAP will be reviewed by the ~~Medical Director~~CMO or their designee

~~2.~~4. The CMO or their designee completes the plan portion of the CAP form (Appendix C). The CAP may include but is not limited to:

i. Required attendance at continuing education programs applicable to the issue identified and approved by KHS;
ii. Required training/re-training and/or certification/re-certification for performance of those procedures that require specific training and professional certification;
iii. Track and trend analysis of the adverse quality issues identified in the clinician's practice patterns and
iv. In-service training for clinicians and/or their staff.

G. Tracking and Trending

1. Tracking and trending is performed to ensure that an identified QOC has been resolved. This is also done to identify any continuing patterns of concerns and opportunities for improvement.
2. The ~~Medical Director~~CMO or their designee requesting the tracking and trending identifies and documents the specific areas for focus. The standard period of time to track and trend is 6 months unless otherwise specified by the ~~Medical Director~~CMO or their designee. All cases selected for tracking and trending are logged by the QI SSC into KHS'~~s~~ Medical Management System as well as tracked on a spreadsheet. ~~All notifications that are identified as a PIC for tracking and trending are monitored, at a minimum, on a monthly basis and referred to the Medical Director when there is an aberrant trend for review and further direction.~~
~~2.~~3. When a new PIC referral is received, the assigned QI RN reviews the Track and Trend log to see if the provider in the new referral is on active track and trending. If the provider is on the active list, the QI RN notes that in their investigative review and includes that information in the referral to the Medical Director. All PIC referrals in which the provider is on the active Track and Trend log are referred to the CMO or their designee for PIC Severity Level determination and instructions for any follow up actions.

~~H. A report is run within the first week following the report month for all active track and trend cases. New PIC activity is summarized by the QI Lead RN or their designee and presented to the Medical Director for review and direction.~~

H. Providers with no further QOC occurrences during the duration of time they are actively tracked and trended are moved to the inactive Track and Trend log. Extension of active track and trending occurs at the direction of the CMO or their designee and as a result of their review of new QOC issues presented to them.

~~I. After reviewing the active track and trending cases, the Medical Director makes a decision to:~~

~~I. Stop tracking and trending and close the case due to the identified quality of care issue has been corrected~~

~~Continue tracking and trending for 6 months~~

I. ~~The Medical Director will review the trends and identify any adjustments to track and trending needed.~~ Provider-specific trends will be reported to Provider Network Management for inclusion in the re-credentialing process.

V. DELEGATION

A. KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. KHS will communicate the policy requirements to all delegated entities and subcontractors. KHS will ensure that all of their own policies and procedures, as well as the policies, procedures, and practices of any delegates, sub plans, contracted providers, or subcontracted Independent Physician Associations or medical groups, comply with these requirements and those located in any applicable APL.

REFERENCES:

Policy 2.04-P Provider Disciplinary Action
Policy 2.26-I Hospital Re-admissions – Quality of Care Issues (retired policy)
Policy 4.40-P Corrective Action Plans
Policy 5.1-I KHS Member Grievance and Appeals
Policy 5.01-P KHS Member Grievance and Appeals

APL 17-06, Grievance and Appeal Requirements and Revised Notice Templates and "Your Rights"
Title 22, CCR, Section 53858(e)(2) The immediate submittal of all medical quality of care grievances to the medical director for action.
DHCS Managed Care Program Data (MCPD) Primary Care Provider Assignment (PCPA) Technical Documentation, March 27, 2020, version 1.3

APPENDICES

Appendix A Potential Inappropriate Care (PIC) Referral
Appendix B Medical Record Request Form
~~**Appendix C Corrective Action Plan Form**~~

REVISIONS

May 2021: Clarified time frames throughout the policy to distinguish calendar or business days. Reduced the amount of time response for 2nd request for medical information is due. Changed references to Medical Director to Chief Medical Officer or their designee. Modified who is notified when member re-assignment is planned from the CEO to the Chief Network Administration Officer. Added new Corrective Action Form. **June 2020:** Policy revised to incorporate legal counsel's guidance. Jane Daughenbaugh, Director of Quality Improvement **April 2020** – Policy created Jane Daughenbaugh, Director of Quality Improvement.

Appendix A – PIC Referral Form

Kern Health Systems

Potential Inappropriate Care Referral Form
Confidential Report

OCCURRENCE	
Date of Occurrence: Click here to enter a date.	**QI Referral Date:** Click here to enter a date.
PROVIDER/MEMBER INFORMATION	
Provider First Name: **Provider Last Name:** **Provider NPI Number:** **Street Address1:** **Street Address2:** **City:** **State:** **Zip:** **Phone:** - - **Extension:**	**Member First Name:** **Member Last Name:** **Member ID:** **Street Address1:** **Street Address2:** **City:** **State:** **Zip:** **Phone:** - - **DOB:** ☐ **Male** ☐ **Female**
NARRATIVE DESCRIPTION OF OCCURRENCE (Factual Only)	
Summary of Complaint: **Desired Outcome of Person Filing Grievance:** **Report Prepared by (Name):** **Title:** Select One **Other, Specify:** **Date:** Click here to enter a date. **Date Submitted as PQI to QI Department:** Click here to enter a date. ALL INFORMATION ABOVE MUST BE COMPLETED BEFORE SENDING TO QI DEPT SEND REQUEST TO THE "QI PQOC TEAM" EMAIL DISTRIBUTION	

Appendix B - QI Department PIC Medical Records Request Form

Kern Family Health Care™

DATE: Click here to enter a date.

TO:

COMPANY:

PHONE #:

FROM:

Name

Address: 2900 Buck Owens Blvd, Bakersfield, CA 93308

PHONE:

RE:
DOB:
MBR#:

To Whom It May Concern:

Kern Family Health Care is in the process of reviewing a grievance, regarding the above member. In order to complete our review, we will need the following information: ***All updated medical records from*** Click here to enter a date. ***to current***

*** Please include the following information and forward as soon as possible***

- ☐ **Registration Sheet**
- ☐ **Lab/X-ray Reports**
- ☐ **ER Notes**
- ☐ **History & Physical**
- ☐ **Discharge summary (if inpatient)**
- ☐ **Pathology report(s)**
- ☐ **Nurses Notes**
- ☐ **Op Reports**
- ☐ **Prescriptions**
- ☐ **Physician Orders**
- ☐ **Pre-op work-up**
- ☐ **Other:**
- ☐ **Physician Notes**
- ☐ **Signed Consent forms**
- ☐ **Diagnoses**
- ☐ **Discharge Plan (if inpatient)**
- ☐ **Post-op notes (if inpatient)**

Please return this letter (or copy) with requested information within **10 days**. Thank you for your prompt assistance in this matter.

Mail to: Kern Health Systems or 2900 Buck Owens Blvd Bakersfield, CA 93308 Attn: QI Department

Fax to: Kern Health Systems (661) 473-7575 Attn: QI Department

APPENDIX C – Corrective Action Plan Form

Kern Health Systems
Corrective Action Plan

Date: _____ **Provider Name:** _____

Deficiency #: _____

Deficiency Description (KHS Completes):

Expected Outcomes (KHS Completes):

Actions Taken (Completed by Provider):

Implementation Date (Completed by Provider): _____

Evidence of Completion/Supporting Documentation if Applicable (Completed by Provider):

Provider Signature **Date**

_____ _____

KHS Medical Director Name: _____

☐ Approved ☐ Rejected **Medical Director Signature** _____

Date: _____

Comments:

_____

661-664-5000
661-664-5151

kernhealthsystems.com
2900 Buck Owens Boulevard, Bakersfield, CA 93308-6316

KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Medi-Cal Managed Care Quality and Performance Improvement Program Requirements				POLICY #: 20.50-I	
DEPARTMENT: ~~Health Services -~~ Quality Improvement					
Effective Date: 01/2005	Review/Revised Date: ~~02/08/2018~~	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
Douglas A. Hayward
Chief Executive Officer

_____ Date _____
Chief Medical Officer

_____ Date _____
Chief Operating Officer

_____ Date _____
~~Administrative Director of~~Chief Health Services Officer

_____ Date _____
Director of Quality Improvement

POLICY[1]:

This policy is developed in response to All Plan Letter ~~17-014~~19-017, which delineates the requirements for Quality and Performance Improvement Program requirements of Medi-Cal managed care health plans (MCPs) ~~external reporting of performance measurement results including results of a consumer satisfaction survey~~.

Title 28 of the California Code of Regulations (CCR) section 1300.70, 1 Title 42 of the Code of Federal Regulations (CFR) section 438.330, 2 and KHS' contract with the Department of Health Care Services (DHCS) require that we establish and implement an ongoing Quality Improvement System through which MCPs monitor, evaluate, and take effective action to address any needed improvements in the quality of care delivered to our members.

On an annual basis, KHS reports on a set of required quality performance measures selected by DHCS for the evaluation of health plan performance. This set of performance measures is known as the Managed Care Accountability Set (MCAS). The MCAS measures are comprised of select Centers for Medicare and Medicaid Services' (CMS) Adult and Child Health Care Quality Measures for Medicaid (Adult and Child Core Sets). Many of these measures are also part of National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data Information Set (HEDIS®).

DHCS determines which Core Set measures MCPs must meet the Minimum Performance Level (MPL). The MPL for each required MCAS measure that is also an NCQA measure is the national Medicaid 50th percentile, as reported in NCQA's Quality Compass. When national Medicaid results are not available for a required MCAS measure, DHCS may establish alternative benchmarks. When a MCAS measure is below the MPL, KHS utilizes the Plan Do Study Act (PDSA) tool to test change through rapid-cycle improvement. DHCS determines the number of required PDSAs based on the MCP's overall performance in that Measurement Year (MY). When KHS fail to meet MPLs are subject to sanctions by DHCS and may also be subject to Corrective Action Plans (CAPs) issued by DHCS.

KHS reports MCAS annual performance measures results to DHCS and will produce a Plan-Do-Study-Act (PDSA) Cycle Worksheet for poor performance as applicable. KHS shall use the most current version of DHCS' PDSA worksheet and guidelines. The plan will conduct ongoing performance improvement project (PIPs) and participates in the administration of consumer satisfaction surveys every three years.

PROCEDURES:

1.0 MCAS Performance Measures (MCAS)~~EXTERNAL ACCOUNTABILITY SET (EAS)~~

1.1 ~~Performance Measures~~General Requirements

KHS's primary contact for performance Measurement is the ~~Supervisor~~ Manager of Quality Improvement. Secondary or back-up contact is the Quality Improvement ~~Business Analyst~~Senior Operational Analyst.

The Quality Improvement Department, including the primary and secondary contacts participates in all technical assistance conference calls. Other appropriate subject matter experts from other KHS departments are invited to participate in these calls based on subject matter.

Annually, Kern Health Systems (KHS) collects and reports rates for ~~EAS~~ MCAS ~~Compliance Audit~~measures as defined by DHCS. Currently the Healthcare Effectiveness Data and Information Set (HEDIS) and CMS Adult and Child Core Set of Health Care Quality Measures ~~is~~are used as a standardized method to objectively evaluate delivery of services. KHS also reports rates for any statewide collaborative measure chosen by DHCS when applicable. ~~See Attachment A for the list of all HEDIS and DHCS developed measure required for the current reporting year~~DHCS disseminates the list of MCAS measures for each measurement year. KHS shall use the most current list of measures provided by DHCS.

KHS participates in an annual onsite performance measure validation audit. The audit consists of an assessment of KHS's information system capabilities, followed by an evaluation of KHS's ability to comply with HEDIS and non-HEDIS specifications. The EQRO follows NCQA HEDIS Compliance Audit methodology to assure standardization reporting.

KHS uses the Department of Healthcare Services (DHCS)-selected contractor for conducting the performance measure validations. The Compliance Audits are performed by an External Quality Review Organization (EQRO) at DHCS's expense. Health Services Advisory Group (HSAG) was selected in ~~July 2015~~2020 as the EQRO for the Medi-Cal Managed Care (MCMC) program. The EQRO may conduct the future audits or may subcontract with one or more firms licensed by the National Committee of Quality Assurance (NCQA) to conduct some of the EAS audits.

2.0 ~~EAS~~ MCAS REPORTING REQUIREMENTS

2.1 Calculating and Reporting Rates. KHS will calculate its rates for the required performance measures and these rates will be audited by the EQRO or its subcontractor and reported to DHCS. KHS will report the results for each of the performance measures required while adhering to HEDIS® or other specifications for the reporting year to the EQRO. KHS will follow NCQA's timeline for collecting, calculating, and reporting rates.

2.2 Reporting Units. KHS calculates and reports performance measure rates at the county level.

2.3 Public Reporting of Performance Measurement Results. DHCS will publicly report the audited results of HEDIS® and other performance measure rates for each MCP, along with the Medi-Cal managed care average and comparisons to national data, as applicable, for each DHCS-required performance measure.

3.0 ~~EAS~~ MCAS PERFORMANCE STANDARDS ESTABLISHED by DHCS

3.1 Minimum Performance Levels (MPLs): KHS strives to meet or exceed the DHCS established MPL for each required ~~HEDIS®~~MCAS measure MCPs are accountable to meet. ~~(exempting those measures note by DHCS on the most recent EAS.~~**~~3.2 High Performance Levels (HPLs).~~** **KHS strives to meet the** DHCS established HPL for each required performance measure.

4.0 MCP PERFORMANCE RESULTS and COMPLIANCE

4.1 KHS will submit a PDSA Cycle Worksheet, or an alternative quality improvement project as directed and approved by DHCS, for MCAS measures with rates that do not meet the MPL or are given an audit result of "Not Reportable." The due date is set by DHCS. PDSA Cycle Worksheets to DHCS' quality mailbox at: dhcsquality@dhcs.ca.gov.

~~**HEDIS® PDSAs.** KHS will submit a PDSA Cycle Worksheet (see Attachment B) for measure(s) with a rate that does not meet the MPL or is given an audit result of "Not Reportable.'~~

4.2 Per ~~DHSC~~ DHCS requirements, KHS will not submit a PDSA if:

4.2.1 Significant Changes to Technical Specifications. DHCS does not require MCPs to submit PDSA Cycle Worksheets for measures with significant changes to the technical specifications. DHCS will notify MCPs when a measure is deemed to have

significant changes and, as a result, they are not holding MCPs accountable to meet the MPL for that MY. ~~The MPL is not met in the first year measurement~~

4.2.2 ~~For measures with significant changes to the technical specifications.~~ **Additional Exceptions.** DHCS may also determine that PDSA cycle submissions are not required for reasons in addition to those listed above. DHCS will notify MCPs in instances where it has made such a determination.

~~**4.2.3 Additional Exceptions.** DHCS may also determine that PDSA cycle submissions are not required for reasons in addition to those listed above. DHCS will notify MCPs in instances where it has made such a determination.~~

4.3 PDSA Cycle Submission Requirements (for ~~EAS~~ MCAS measures with rates below the MPLs).

4.3.1 Using the final, audited measurement year rates submitted to the NCQA, DHCS ~~and KHS~~ will identify measures with rates below the MPLs and that require a PDSA Cycle Worksheet.

4.3.2 KHS will complete and submit a PDSA Cycle Worksheet for each measure with a rate below the MPL in accordance with the PDSA instructions (see Attachment B).

4.3.2.1 KHS will conduct ongoing evaluations of their rapid-cycle quality improvement efforts and document the Do, Study, and Act portions of the PDSA Cycle Worksheet once these phases are completed. The DHCS nurse consultant liaison will work with KHS to develop a schedule for submissions and teleconferences to monitor progress over the year.

4.4 MCPs with No Measures with Rates below the MPLs. If KHS's rates for all measures meet or exceed the MPLs, KHS is not required to submit a PDSA Cycle Worksheet for any measures. KHS will continue to evaluate ongoing quality improvement efforts on a quarterly basis and use the PDSA Cycle Worksheet to help guide ongoing, rapid-cycle improvement processes. Evaluation will include but is not limited to indicators with rates that are declining or showing worsening trends. KHS will work proactively to address these indicators.

4.5 Development of PDSA Cycle. PDSA cycle development will include the setting of a Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) objective; establishing measures; selecting, testing and implementing interventions; and spreading changes. The PDSA methodology is a rapid-cycle/continuous quality improvement process designed to perform small tests of change, which allows more flexibility to make adjustments throughout the improvement process. As part of this approach, KHS will perform real-time tracking and evaluation of their interventions.

4.6 Corrective Action Plans (CAPs). A CAP is required and issued by DHCS when multiple indicators have rates below the MPL, or when DHCS determines that a CAP is necessary. CAP requirements may include, but are not limited to:

4.6.1 Triannual reporting of MCAS PDSA Cycle Worksheets with corresponding, continuous, rapid-cycle improvement activities.

4.6.2 Additional PIPs.

4.6.3 Additional technical assistance calls.

4.6.4 In-person meetings between MCP and DHCS executive staff.

4.7 Sanctions. Welfare and Institutions Code section 14197.7 and the MCP contracts authorize DHCS to impose sanctions on MCPs that fail to meet the required MPLs on any of the applicable MCAS measures, in any reporting unit. Sanctions may include

financial penalties or auto-assignment withholds. The level and type of sanction will depend on the number of deficiencies and the severity of the quality issues identified and is determined by DHCS.

4.8 Reporting Requirements.

4.6.1 Medical Director Signature. PDSA Cycle Worksheets must be signed by the KHS's Chief Medical Officer who approved the PDSA cycle prior to ~~it being submitted~~submission to DHCS.

4.6.2 Timeline. DHCS will notify KHS of submission due dates.

4.6.3 Submission. KHS will submit PDSA Cycle Worksheets to DHCS's mailbox at: dhcsquality@dhcs.ca.gov.

5.0 CONSUMER SATISFACTION SURVEYS

Full scope MCPs are required to participate in EQRO conducted member satisfaction surveys at intervals determined by DHCS, as per the contract.

5~~6~~.1 Survey Instrument. DHCS uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS®~~3~~) surveys to assess member satisfaction with MCPs. DHCS may additional customized survey questions, in compliance with NCQA standards, to assess specific problems and/or special populations.

~~6~~5.2 CAHPS® Survey Administration. The EQRO administers the CAHPS® survey every two years for the adult and child Medicaid population and annually for the Children's Health Insurance Program Medicaid population, which includes children with chronic conditions.~~The EQRO administers the CAHPS® survey for the adult Medicaid population every three years and for the Child Health Insurance Program (CHIP) Medicaid population annually. The EQRO will administer the CAHPS and CAHPS CHIP survey in 2016, reflecting members' perceptions of care for a six-month period of time during the prior year.~~

5~~6~~.3 Reporting of Survey Results. In years when DHCS's EQRO administers the CAHPS® surveys, the EQRO will provide a reporting unit-level analysis for each MCP, when applicable, in the CAHPS® Summary Report. Reporting unit-level analysis allows DHCS, MCPs, and other stakeholders to better understand how member satisfaction and MCP services vary among counties/regions.

6~~7~~.0 PIPs.

6~~7~~.1 Number of Required PIPs. MCPs are required to conduct a ~~minimum~~ or participate in a minimum of two PIPs per year.~~.~~ DHCS will provide guidance to each MCP ~~and SHP~~ on topic selection~~ and may require MCPs and SHPs to participate in collaborative discussions~~.

7.2 PIP Topic Selection. MCPs will choose PIP topics in consultation with DHCS. ~~DHCS strongly recommends that PIP topics align with demonstrated areas of poor performance, such as low HEDIS® or CAHPS® scores, and/or DHCS/EQRO recommendations.~~ PIP topics should align with demonstrated areas of poor performance, such as low MCAS or CAHPS® scores, and/or DHCS/EQRO recommendations.

7.3.1 Topic Proposal Timelines and Format. DHCS will notify MCPs of the due date for PIP topic selection and the format to use for selection proposal.

7.3.2 Topic Proposal Submission. Each MCP must submit its completed PIP topic proposal form to DHCS's quality mailbox at dhcsquality@dhcs.ca.gov.

7.3.3 DHCS's Approval of PIP Topic. After receiving an MCP's proposed PIP topic, DHCS will send the MCP a notice of approval, a request for additional information, or suggest that the MCP participate in a technical assistance call with the EQRO.

7.4 PIP Module Submissions. The rapid-cycle PIP process requires the submission of four modules. Module 1 (PIP Initiation) must be submitted to the EQRO and pass prior to submitting Module 2 (Intervention Determination). DHCS' EQRO will conduct technical assistance calls as needed to assist MCPs through the process. The EQRO will review module submissions and provide feedback to MCPs, allowing multiple opportunities to fine-tune Modules 1 and 2. Module 3 is Intervention Testing which utilizes PDSA cycles. This is the longest phase of the four modules. Module 4 concludes the PIP process by summarizing the project. MCPs will have opportunities for technical assistance with both DHCS and the EQRO throughout the entire PIP process.~~The rapid-cycle PIP process requires the submission of five modules. MCPs must submit and pass Module 1 (PIP Initiation) and Module 2 (SMART Aim Data Collection) prior to submitting Module 3 (Intervention Determination). DHCS's EQRO will conduct technical assistance calls to guide MCPs through the process. The EQRO will review module submissions and provide feedback to the MCPs, which will have multiple opportunities to fine-tune Modules 1 through 3. Module 4 is Intervention Testing, utilizing PDSA cycles. This is the longest phase of the five modules. Module 5 concludes the PIP process by summarizing the project. MCPs will have opportunities for technical assistance with both DHCS and the EQRO throughout the entire PIP process.~~

7.5 PIP Duration. DHCS will notify MCPs regarding the length of the PIP cycle. PIPs typically will last approximately 12–18 months, employing a rapid-cycle improvement process to pilot small changes. ~~MCPs that would like to conduct longer PIPs must seek DHCS approval.~~

7.6 Assessment of Results. Upon completion of each PIP, the EQRO provides a confidence level on the validity and reliability of the results.

7.7 Special Considerations.

7.7.1 New MCPs and Existing MCPs Expanding into a New County/Region: DHCS requires new and existing MCPs with new county/regional start-ups to participate on a technical assistance conference call with DHCS and the EQRO to discuss the appropriateness of PIP topics and the timeline for their initial PIP submissions. DHCS and its EQRO may adjust reporting requirements for new and existing MCPs/SHPs with new county start-ups to accommodate the particular circumstances of the MCP's date of start-up in relation to the reporting cycle. MCPs should contact the EQRO or their DHCS Nurse Consultant for step-by-step instructions about the initial PIP process.

7.7.2 **Multiple Counties:** MCPs that serve multiple counties under a single contract may submit a PIP that addresses the same improvement topic in more than one county, provided the targeted improvement is relevant in more than one county covered by the MCP Contract.

7.8 **Communication and Meetings with DHCS and Among MCPs.**

7.8~~7~~.1 Designated Contacts. MCPs must provide DHCS with one primary contact (PIP lead) and at least one backup contact for each PIP who is familiar enough with the

PIP to step in during the PIP lead's absence. Only under certain circumstances will DHCS approve an MCP's request for an extension of time to submit PIP-related documentation due to staff absence. KHS's ~~s~~ designated contact is the QI ~~Supervisor~~ Manager and the ~~HEDIS RN~~ PIP QI RN II.

7.7.2 Technical Assistance. To ensure that PIPs are valid and result in real improvements in the care and services provided to MCP members, DHCS periodically holds technical assistance conference calls for all MCPs to: (1) present changes in methodologies or processes; and, (2) assist MCPs that are having difficulties with a PIP. MCPs are required to participate in these technical assistance calls.

8.0 Focus Studies. DHCS may require MCPs to participate in focus studies of specific quality priority areas by submitting data or participating in surveys.

9.0 ~~Member~~Patient-Level Reporting. MCPs are required to submit patient-level data as specified by the EQRO as part of the performance measurement audit process.~~DHCS requires all full scope MCPs to report member-level data to the EQRO as part of the HEDIS audit process.~~

~~**9.1 Reporting Requirements Impacting Alternative Health Care Services Plans (AHCSPs).** All full scope MCPs will be required to include an AHCSP identifier as part of their member level reporting. AHCSP is defined in California Code of Regulations, Title 22, Section 53810.~~

10.0 ADDRESSES FOR ELECTRONIC SUBMISSIONS:

10.1 EQRO's File Transfer Protocol (FTP) Website. DHCS's EQRO, Health Services Advisory Group (HSAG), uses an FTP website. All current MCPs have identified FTP users who have been assigned user names and passwords by HSAG to access each MCP's specific folder. To establish additional user profiles or remove previous users, MCP staff should contact the EQRO or the MCP's Nurse Consultant.

10.2 DHCS's Submission E-Address. DHCS's quality mailbox: dhcsquality@dhcs.ca.gov.

ATTACHMENTS:

~~❖ Attachment A - *External Accountability Set (EAS) Measures: 2015-2016*~~
~~❖ Attachment B - *PDSA Cycle Worksheet*~~

REFERENCE: APL 19-017
Title 28 of the California Code of Regulations (CCR) section 1300.70, 1
Title 42 of the Code of Federal Regulations (CFR) section 438.330, 2

Revision 2021-0~~7~~3: Updated policy to align with APL 19-017; Updated aspects of MCAS measures' reporting and compliance requirements, CAPs and Sanctions –**Revision 2018-02:** Updated by QI Supervisor to meet APL 17-014 verbiage.

Revision 2017-06: Policy reviewed by Compliance Auditor to comply with APL 16-018. Reviewed by QI Supervisor, no revisions required. Revision **2016-08:** Revisions to conform to APL 15-024, Rename Attachment A and update with final requirements. Add Attachment 2, PDSA Cycle Worksheet.

[1] **Revision 2015-06:** Revisions to conform to APL 14-003. Update Attachment A with 2015-2016 requirements (draft), removed Attachment B and Attachment C. **Revision 2011:** Updated attachment, "Required Hedis Measures for 2010-2011. **Revision 2009-09:** Policy reviewed against MMCD Letter 08-009. **Revision 2005-02:** No revision needed per Quality Improvement Manager. Revision 2004-02: MMCD Letter 03-01 (June 5, 2003)

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
1st Quarter 2021

Report Date: April 17, 2021

OVERVIEW

Kern Health Systems' Health Education (HE) department provides comprehensive, culturally and linguistically competent services to plan members with the intent of promoting healthy behaviors, improving health outcomes, reducing risk for disease and empowering plan members to be active participants in their health care.

The Executive Summary below highlights the larger efforts currently being implemented by the HE department. Following this summary reflects the statistical measurements for the Health Education department detailing the ongoing activity for Q1 2021.

- **Asthma Mitigation Project** – Outreach efforts began in March and are underway to enroll up to 230 members into the program in collaboration with the Central California Asthma Collaborative. Eligible members who participate in this program receive ongoing education and asthma management counseling and up to $140 in gift cards.

- **Baby Steps Program –** The HE department presented this program to the DHCS Women's Health Quality Improvement Collaborative in Q1 2021. Distribution of the member specific perinatal health guides commenced at the end of Q1 2021. An annual survey on member satisfaction with pregnancy care was completed during Q1 2021 and a mid-year follow up survey is planned for Q3 2021. The purpose of the surveys is to obtain member feedback on satisfaction with accessing pregnancy care, the pregnancy rewards program, distribution of the individualized perinatal health guides and to identify areas of opportunity for improvement.

- **Fresh Start Tobacco Cessation Program** – New 4-class series that starts in June and is offered to KFHC members through a virtual platform. Members who participate are eligible to receive up to $130 in gift cards. Classes are available in English and Spanish.

- **2021 Population Needs Assessment** – Updated report and action plan are under development and are due to the DHCS by 6/30/21. Upon approval by DHCS, the HE department will share new findings, the progress made on the 2020-21 action plan and new objectives under the 2021-22 action plan.

- **Member Newsletter -** Fall issue is scheduled to include articles on cancer screenings, childhood development milestones, behavioral health, diabetes, heart health, indoor air quality, COVID-19, pain management, and lead poisoning prevention. The newsletter is scheduled to be delivered to member homes in September/October.

- **School Wellness Grant Program –** The 2019-2020 School Wellness Grant period was extended through June 2021 due to the COVID-19 pandemic and premature closure of the schools. Seven (7) school sites were awarded up to $35,000 in grant funds to implement

programs that would address nutrition, physical activity and social and emotional learning. End of Program Evaluation Reports are currently being reviewed for each of the schools and a presentation on the outcomes of this program will be presented in Q4 2021.

- **Cultural & Linguistic (C&L) Services** – The annual cultural competency staff in-service was initiated in Q2 2021 and the Interpreting Ethics staff in-service for bilingual staff is scheduled for Q4 2021. A new All Plan Policy Letter on Language Thresholds for Medi-Cal Managed Care Health Plans was released by DHCS in Q2 2021 which includes updated requirements for nondiscrimination notices, language access taglines and alternative formats. KHS is currently updating its policies and procedures to ensure alignment by October 2021. The C&L Team is also revising its provider training on effective communication with Limited English Speaking patients and will be starting staff in-services with KHS departments who generate member informing documents in Spanish in an effort to strengthen grammar, spelling and punctuation accuracy and terminology consistency.

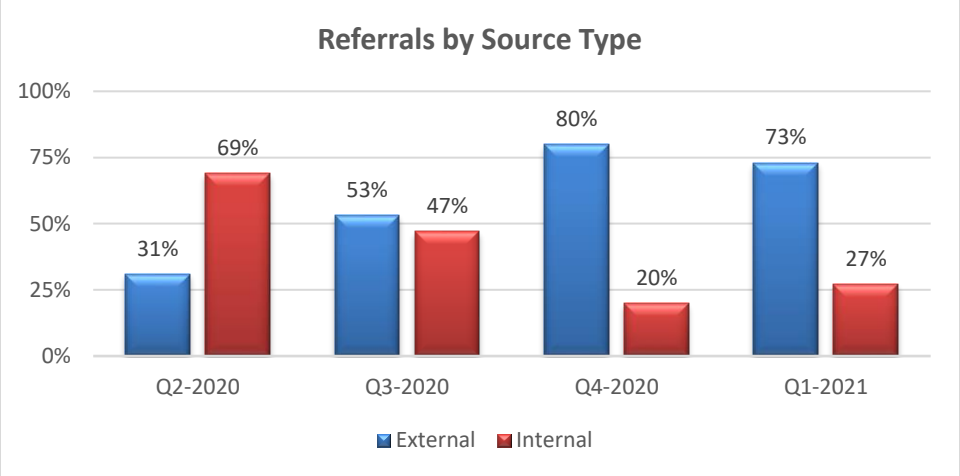
Respectfully submitted,

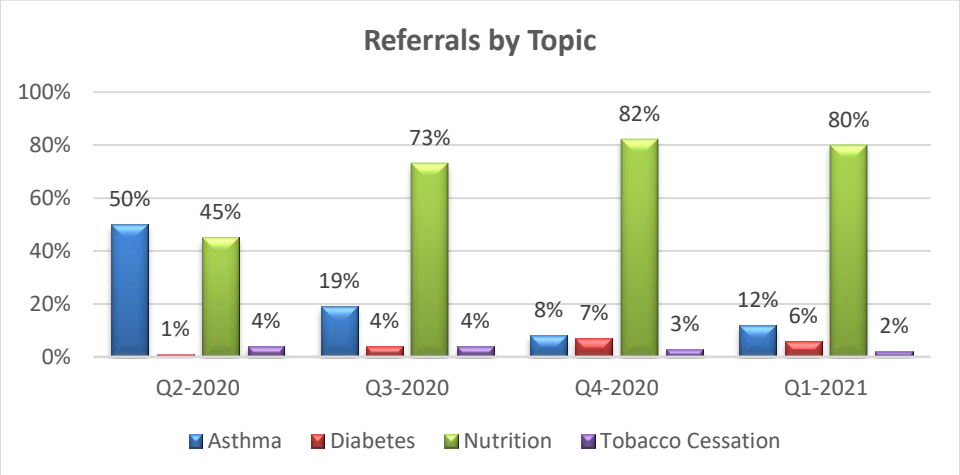
Isabel Silva, MPH, CHES
Director of Health Education, Cultural and Linguistic Services

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
1st Quarter 2021

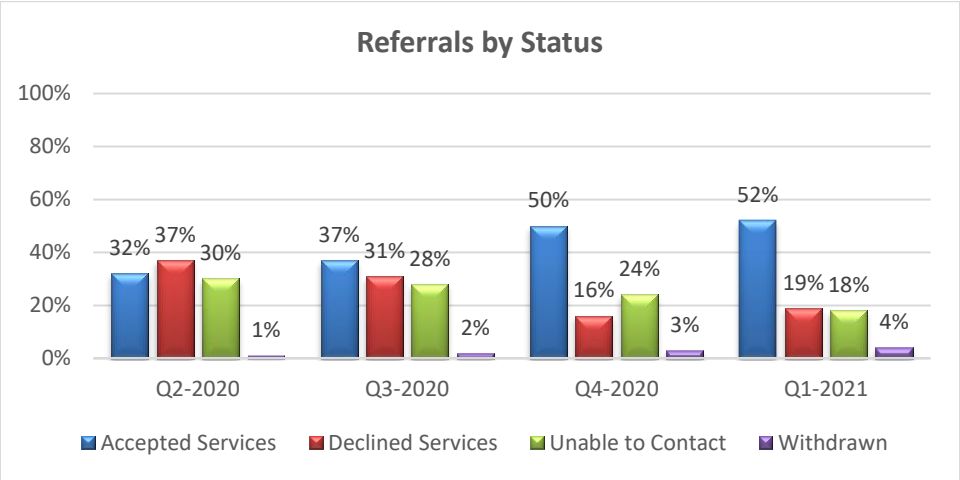
Referrals for Health Education Services:

Kern Health Systems (KHS) Health Education Department (HE) receives referrals from both internal and external sources. Internal referrals are received from KHS' member facing departments such as Utilization Management, Member Services and Case Management. Externally, KHS providers, members and community partners can request health education services by calling KHS or submitting requests through the member or provider portals. During Q1 2021, there were 924 referrals for health education services which is a 31% increase in comparison to the previous quarter. Requests for Nutrition Education continues to be the primary reason for health education services and referrals for Asthma Education increased from 8% to 12% due to the Central California Asthma Collaborative's (CCAC) Asthma Mitigation Project. Additionally, the rate of members who accepted to receive health education services increased from 50% in Q4 2020 to 52% in Q1 2021.



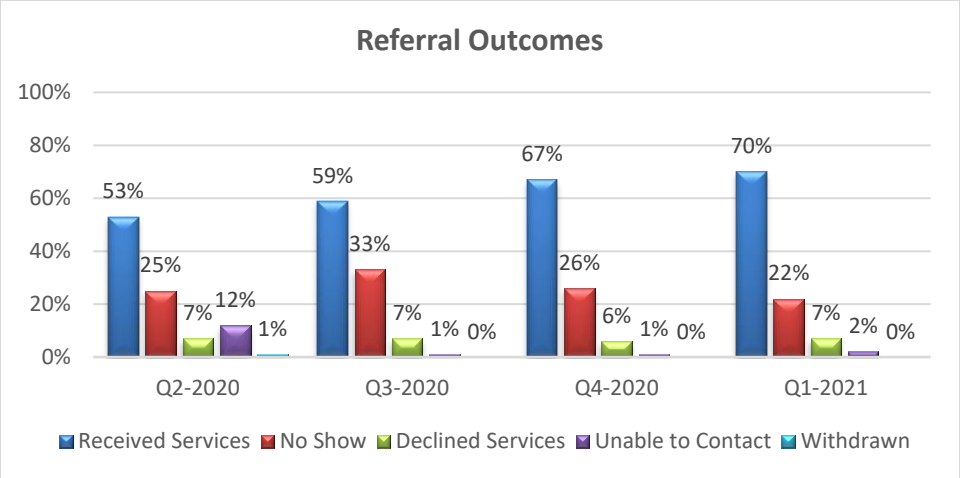


KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
1st Quarter 2021



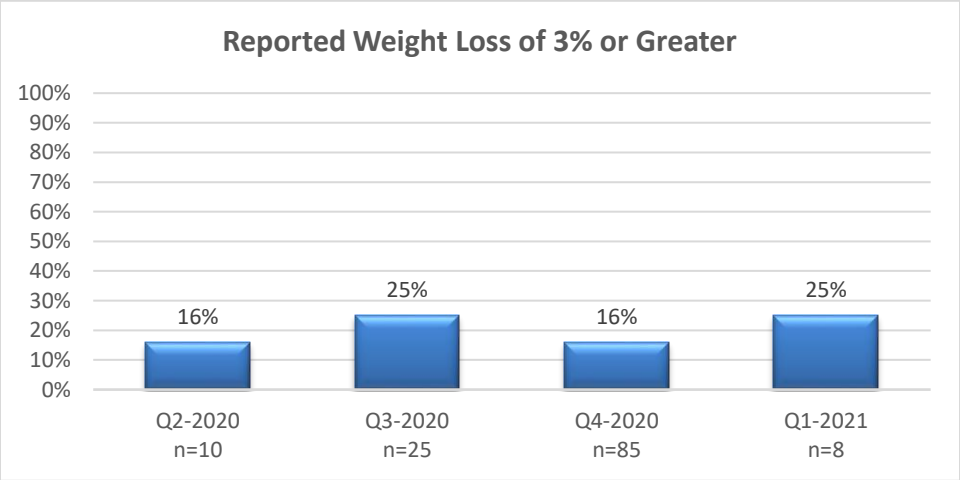
Health Education Referral Outcomes

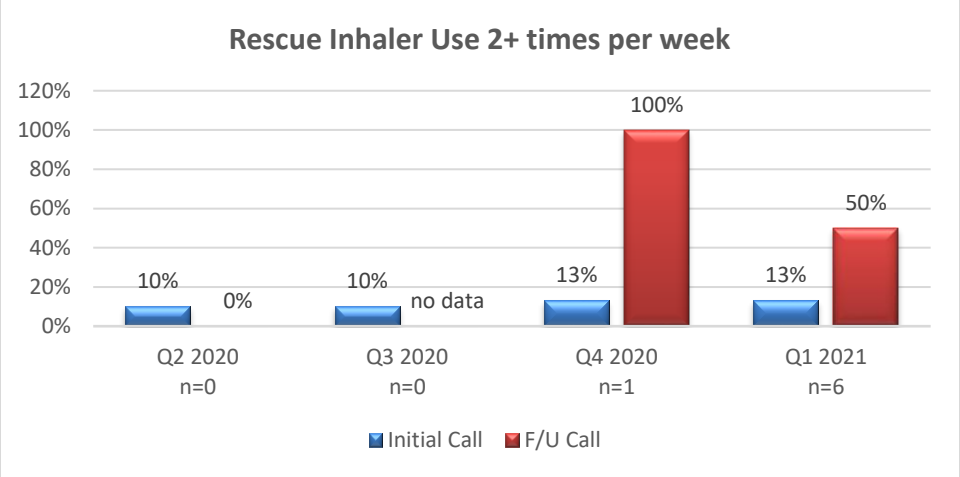
KHS offers various types of services directly through the KHS HE department or through community partnerships. Due to COVID-19, services through Dignity Health's Bakersfield Memorial Hospital (BMH) and Clinica Sierra Vista (CSV) WIC were placed on hold whereas Kern Family Health Care (KFHC) provided services in a virtual setting, the California Smokers Helpline (CSH) continued to offer services by phone and enrollment into the Central California Asthma Collaborative (CCAC) Asthma Mitigation Project commenced. Services through KFHC continues to be the largest share of referral outcomes at 97% for Q1 2021. The rate of members who received health education services increased from 67% in Q4 2020 to 70% in Q1 2021. The rate of members who do not show for services continues to average between a quarter to a third of registrants.

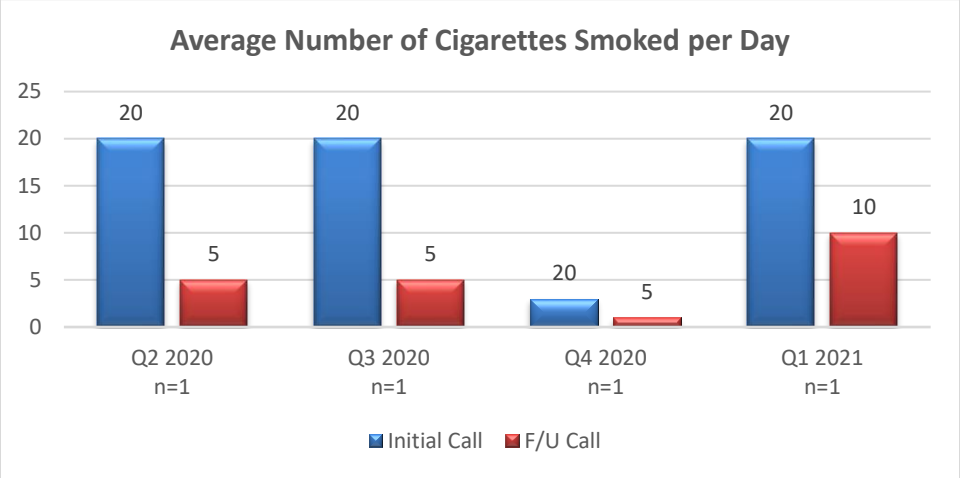


Effectiveness of Health Education Services

To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call is conducted on members who received services during the prior quarter. Of the 15 members who participated in the 3-month follow up call, 8 received Nutrition Education, 1 received Tobacco Cessation and 6 received Asthma Education. All findings are based on self-reported data from the member.

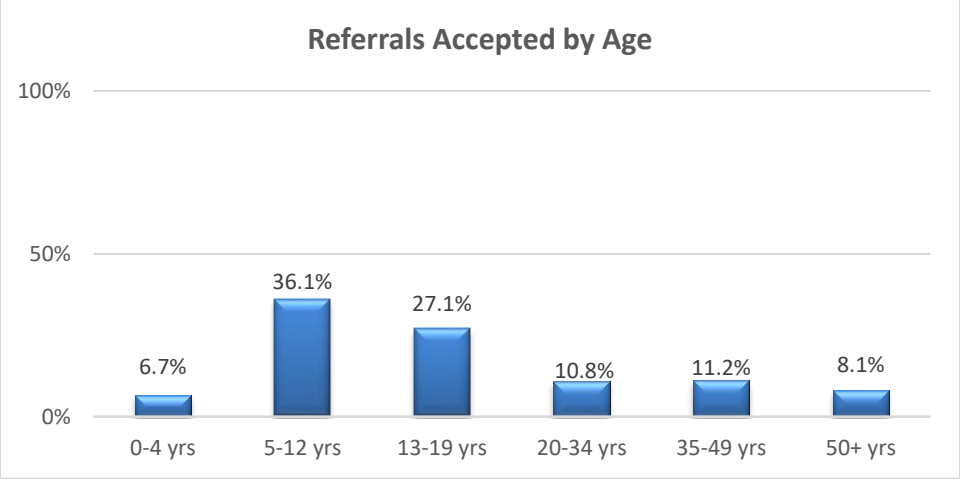


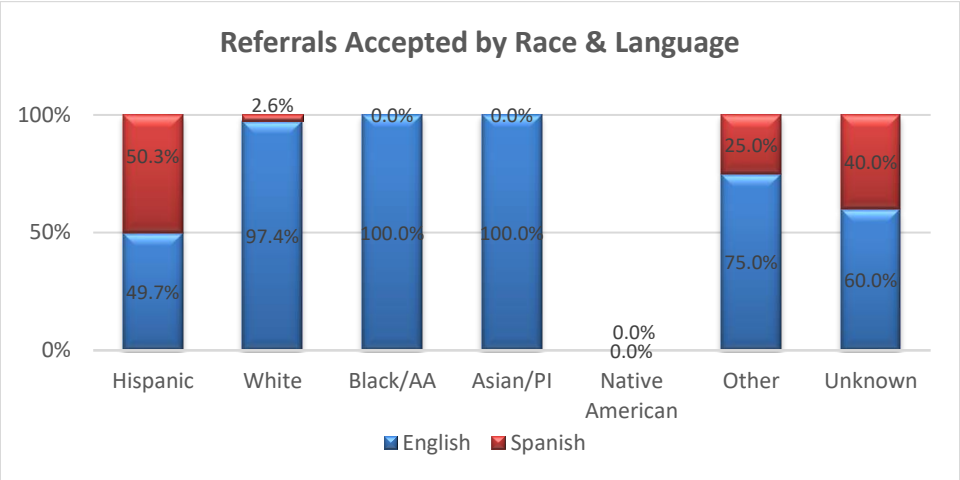




Demographics of Members

KHS' provides services to a culturally and linguistically diverse member population in Kern County. KHS' language threshold is English and Spanish and all services and materials are available in these languages. When non-threshold language requests are received, KHS utilizes professional interpreters to reduce language communication barriers among members. Out of the members who accepted health education services, the largest age groups were 5-12 years followed by 13-19 years. A breakdown of member classifications by race and language preferences revealed that the majority of members who accepted services are Hispanic and preferred to services in Spanish. During this quarter, 79% of the members who accepted services reside in Bakersfield with the highest concentration in the 93307 area. Additionally, 21% of the members who accepted services reside in the outlying areas of Kern County with the highest concentration in Arvin.





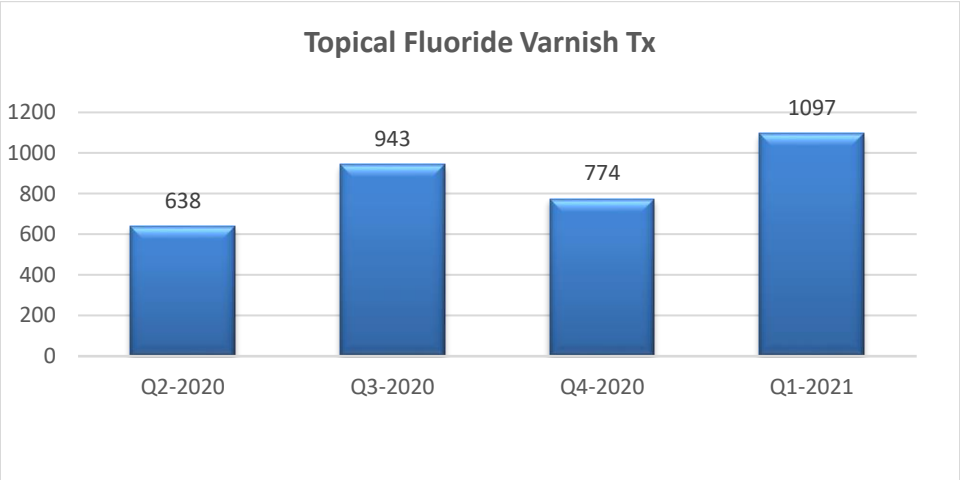
Referrals Accepted by Top Bakersfield Zip Codes			
Q2-2020	**Q3-2020**	**Q4-2020**	**Q1-2021**
93307	93307	93307	93307
93306	93306	93304	93306
93304	93305	93306	93305
Delano	Delano	Arvin	Arvin
Lamont	Wasco	Delano	Lamont
Arvin	Arvin	Lamont	Delano

Health Education Mailings

The HE department mails out a variety of educational material in an effort to assist members with gaining knowledge on their specific diagnosis or health concern. During this quarter, the HE department continued to place educational mailings on hold due to COVID-19 limitations. Members were directed to access digital information available on the Kern Family Health Care website.

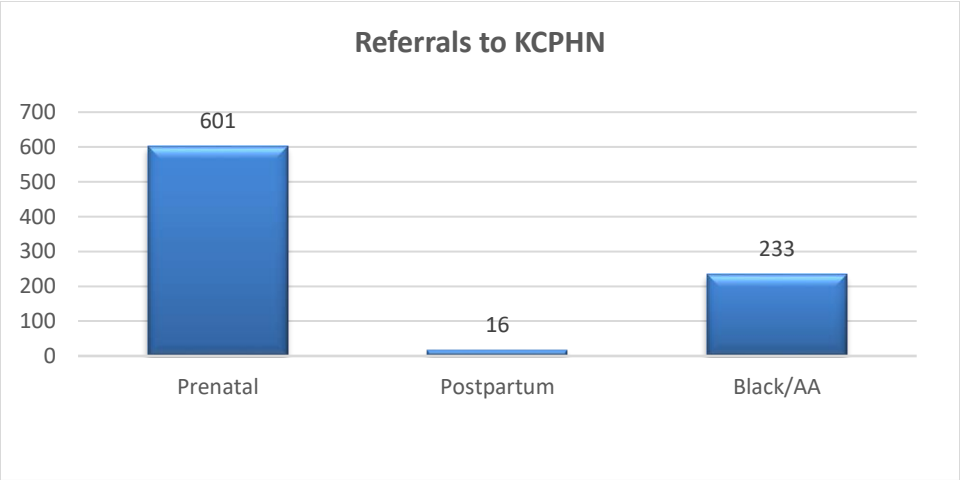
Topical Fluoride Varnish Treatments

Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.



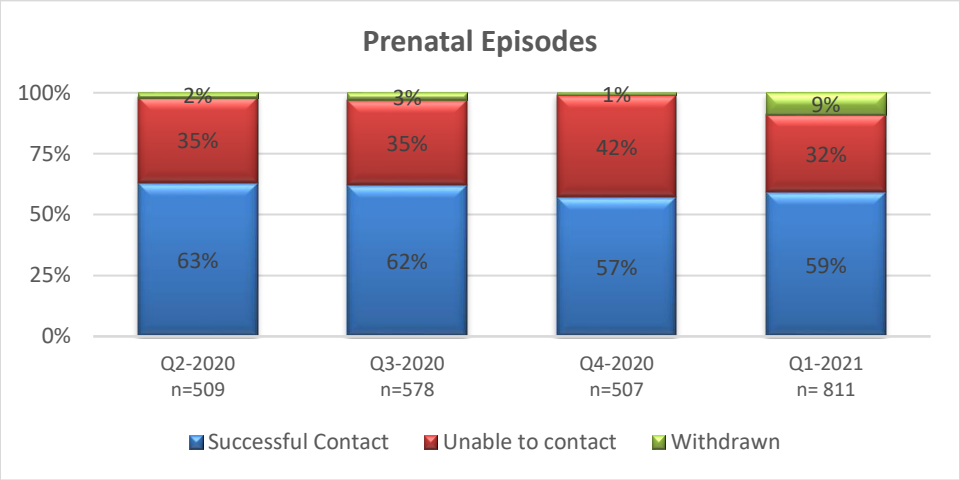
Perinatal Outreach and Education

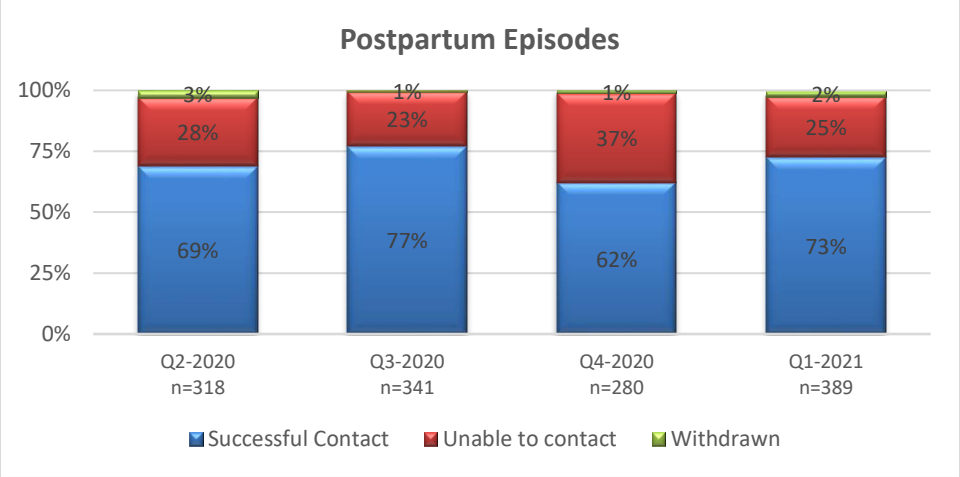
KHS partners with the Kern County Public Health Nursing (KCPHN) division to perform outreach to members residing in the 93308 and 93305 zip codes along with pregnant Black/African American members to encourage timely prenatal and postpartum care. Members who are successfully reached are educated on the importance of timely care and offered enrollment into the KCPHN pregnancy programs such as Black Infant Health. During Q1 2021, KHS referred 233 pregnant and postpartum members to KCPHN; however, due to the staff reassignment to focus on COVID-19 efforts in the county, KCPHN were unable to perform outreach. Outreach efforts are expected to resume in Q2 2021.

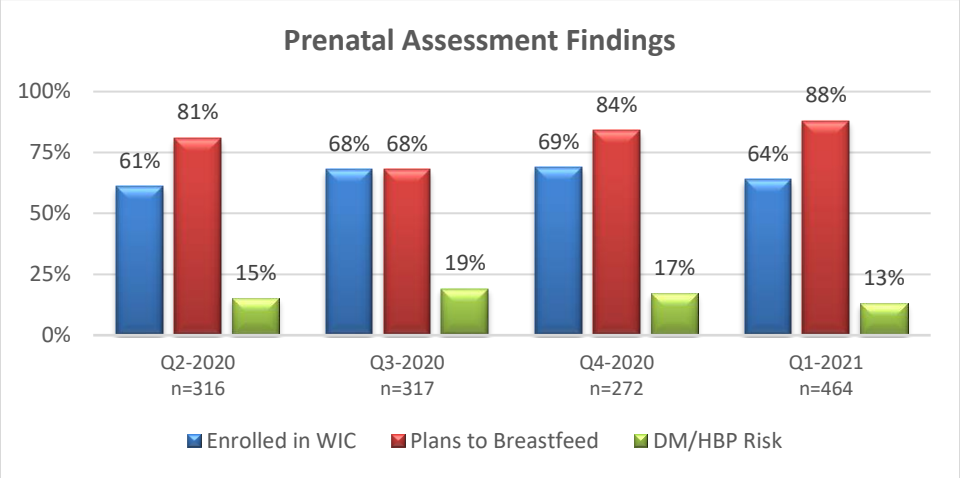


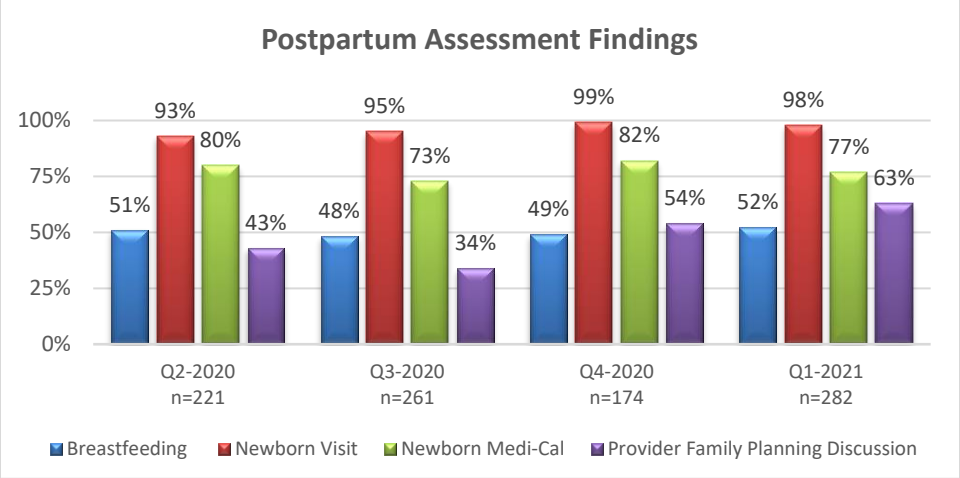
The HE department performs outreach education calls to members with a positive pregnancy test claim, pregnant teens (under age 18), and postpartum members with a Cesarean delivery or teen pregnancy delivery. During the Q1 2021, 811 episodes for pregnant members were completed and the rate of successful contacts increased from 57% to 59%. For postpartum members, 389 episodes were completed, and the rate of successful contacts increased from 62% to 73%. Prenatal assessment findings revealed a 32% increase in members

identified with diabetes or high blood pressure or were at-risk for diabetes or high blood pressure during pregnancy. Postpartum assessment findings revealed an 88% increase in members reporting that they had already discussed their family planning and birth control options with their provider.









Interpreter Requests

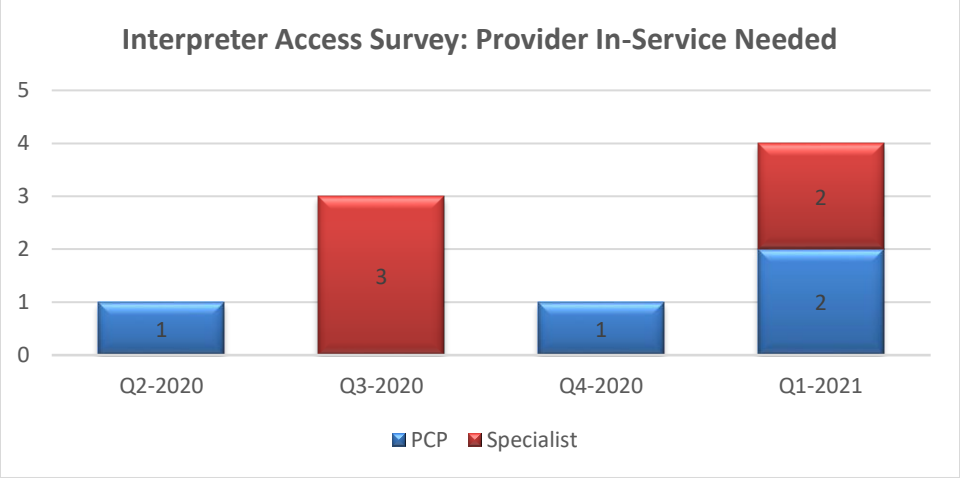
During this quarter, there were 166 requests for Face-to-Face Interpreting, 360 requests for Telephonic Interpreting, no requests for Video Remote Interpreting (VRI) and 126 requests for an American Sign Language (ASL) interpreter.

Top Face-to-Face Interpreting Languages Requested			
Q2-2020	**Q3-2020**	**Q4-2020**	**Q1-2021**
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Cantonese	Cantonese	Mandarin

Top Telephonic Interpreting Languages Requested			
Q2-2020	**Q3-2020**	**Q4-2020**	**Q1-2021**
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic

Interpreter Access Survey Calls

KHS conducts a quarterly Interpreter Access Survey with PCPs and Specialists. A total of 30 providers are contacted of which 15 are PCPs and 15 are Specialists. Of the 30 provider calls conducted in Q1 2021, 2 PCPs and 2 Specialists needed an in-service on accessing appropriate interpreting services for members.



Written Translations

The HE department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 1,820 requests for written translations were received of which 98% were Notice of Action letters translated in-house into Spanish for the UM and Pharmacy departments.