



KERN HEALTH SYSTEMS

September 22, 2020

Dear Public Policy/Community Advisory Committee Member,

The next Public Policy/Community Advisory Committee (PP/CAC) meeting will take place on Tuesday, September 29, 2020 at 11:00 am.

The meeting will be held via GoToMeeting: <https://global.gotomeeting.com/join/543316053>

You can also dial in using your phone.

United States: [+1 \(408\) 650-3123](tel:+14086503123)

Access Code: 543-316-053

Included in this packet are:

1. Meeting agenda
2. Minutes from the last meeting
3. Membership Enrollment Report - Medi-Cal
4. 2020 2nd Quarter Health Education Report – (Attachment) - Approve
5. Welcome New PP/CAC Committee Members

Action Items:

- 2020 2nd Quarter Grievance Summary Report (Attachment)
- 2020 2nd Quarter Grievance Report (Attachment)
- 2020 Population Needs Assessment (Attachment)
- 2020 2nd Quarter Case Management Report (Attachment)
- 2020 2nd Quarter Disease Management Report (Attachment)

Please review electronic packet of these items before the meeting. A hardcopy will be provided upon request.

If you are not able to join the meeting or if you have any questions, please call me at (661) 664-5536 or send me an e-mail maritzaj@khs-net.com. Thank you for your support.

Sincerely,

Maritza Jimenez

Maritza Jimenez
Marketing & Public Affairs Representative
Kern Health Systems

AGENDA

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

GoToMeeting
Tuesday, September 29, 2020

11:00 A.M.

Please join my meeting from your computer, tablet or smartphone.

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All agenda item supporting documentation is available for public review on the Kern Health Systems website: <https://www.kernfamilyhealthcare.com/about-us/committees/> 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 on the KHS website.

PLEASE REMEMBER TO TURN OFF ALL CELL PHONES, PAGERS OR ELECTRONIC DEVICES DURING MEETINGS.

COMMITTEE TO RECONVENE

Members: Janet Hefner, Jennifer Wood, Jasmine Ochoa, Valerie Rangel, Cecilia Hernandez-Colin, Beatriz Basulto, Jose Sanchez, Tammy Torres, Yadira Ramirez, Caitlin Criswell, Michelle Bravo, Alex Garcia, Quon Louey

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

MEMBER OF THE COMMITTEE 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 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 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!

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])
- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on June 23, 2020 (Attachment) – APPROVE
- CA-4) Membership Enrollment Report - Medi-Cal – (Attachment) – APPROVE
- CA-5) 2020 2nd Quarter Health Education Activities Report – (Attachment) – APPROVE
- 6) Welcome New Committee Members to the Kern Health Systems Public Policy/Community Advisory Committee- RECEIVE AND FILE
- 7) Member Services Report – (Nate Scott – Director of Member Services)
 - a. 2020 2nd Quarter Grievance Summary Report
 - b. 2020 2nd Quarter Grievance Report (Attachments) – APPROVE

- 8) Health Education Report – (Isabel Silva, MPH – Director of Health Education/
Cultural & Linguistics Services)
 - a. 2020 Population Needs Assessment (Attachment)
 - b. Spring 2021 KFHC Member Newsletter (Discussion)
– APPROVE

- 9) Case and Disease Management Report– (Michael Pitts, RN – Director of Case &
Disease Management)
 - a. 2020 2nd Quarter Case Management Report
 - b. 2020 2nd Quarter Disease Management Report
(Attachments) – APPROVE

ADJOURN TO TUESDAY, December 15, 2020 (TBD). IF COMMITTEE,
APPROVES DATE LISTED.

**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 Committee meeting may request assistance at the Kern Health Systems office, 2900 Buck Owens Boulevard, Bakersfield, California 93308 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.

SUMMARY OF PROCEEDINGS

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

GoToMeeting
Tuesday, June 23, 2020
12:00 P.M.

All agenda item supporting documentation is available for public review on the Kern Health Systems website: <https://www.kernfamilyhealthcare.com/about-us/committees/> 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 on the KHS website.

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COMMITTEE RECONVENED

Members Present: Jennifer Wood, Jasmine Ochoa, Valerie Rangel, Beatriz Basulto

Members Absent: Janet Hefner, Cecilia Hernandez-Colin, Jenny Albert

Meeting called to order at 12:07 P.M. by Louie Iturriria, Director of Marketing and Public Relations

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 MEMBER OF THE COMMITTEE 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 CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

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- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on February 25, 2020 (Attachment) – APPROVED
- CA-4) Membership Enrollment Report - Medi-Cal – (Attachment) – APPROVED
- CA-5) KFHC Advertising Campaign Update – Please click on the link below to see a presentation of our Provider Thank You campaign. – APPROVED
<https://my.visme.co/projects/010oq7jr-kfhc-thank-you-providers-2020-campaign>

All Consent Agenda Items Approved (CA-3 through CA-5) Rangel-Wood: All Ayes

- 6) Utilization Management – (Shannon Miller, RN – Director of Utilization Management)
 - a. Respite and Recuperative Care Program – Presentation (**No motion needed**)
- 7) Member Services Report – (Nate Scott – Director of Member Services)
 - a. 2020 1st Quarter Grievance Summary Report
 - b. 2020 1st Quarter Grievance Report
(Attachments) – APPROVED**Rangel-Ochoa: All Ayes**
- 8) Health Education Report – (Isabel Silva, MPH – Director of Health Education/Cultural & Linguistics Services)
 - a. 2020 1st Quarter Health Education Activities Report
 - b. Fall/Winter 2020 KFHC Member Newsletter (Discussion)

- **The Fall/Winter Member newsletter is in development and covers various topics including maternal mental health, opioid abuse, cancer, pain management and positive parenting.**
- **KHS has offered another cycle of school wellness grant funds to public schools in Kern County as well as an internship program for college students. 7 sites have been awarded and represent Bakersfield, Oildale, Delano and Lake Isabella.**
- **KHS has engaged in an asthma pilot with the Central California Asthma Collaborative to provide asthma education through home visits, patient advocacy and care coordination to 40 members. Results of the pilot will be share towards the middle of 2020.**
- **KHS initiated a Member Engagement Pregnancy Project to educate and inform members on the importance of regular and timely prenatal care in hopes of reducing the premature birth rate for the plan. Strategies include personalized pregnancy guides, provider education, and targeted outreach in select areas. A survey is scheduled to be completed in the Fall to evaluate the impact of these engagement strategies.**

(Attachment) – APPROVED
Ochoa-Rangel: All Ayes

- 9) Case Management Overview – (Michael Pitts, RN – Director of Case Management & Disease Management)
 - a. 2020 Case Management Report – Presentation **(No motion needed)**
- 10) Disease Management Report – (Michael Pitts, RN – Director of Case Management & Disease Management)
 - a. 2020 1st Quarter Disease Management Report

CM Department

Staffing: 9 RNs, 7 MSWs, 7 CMAs

Member Selection:

- **ACG Modeler**
- **Internal Referrals**
- **Hospital Discharges**
- **High-Risk SPD Members**

CM Duties:

- **Member Assessment**
- **Care Plan Creation**
- **Advocacy**

- **Care Coordination**

Review of CM Q1 Report

DM Department

- **Review of DM Q1 Report**

(Attachment) – APPROVED

Rangel-Ochoa: All Ayes

MEETING ADJOURNED BY LOUIE ITURRIRIA,
DIRECTOR OF MARKETING AND PUBLIC RELATIONS @ 12:59 P.M.
TO TUESDAY, SEPTEMBER 29, 2020 AT 11:00 A.M.

AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)

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KHS September 2020 ENROLLMENT:**Medi-Cal Enrollment**

As of September 1, 2020, Medi-Cal enrollment is 187,069, which represents an increase of 0.8% from August enrollment.

Seniors and Persons with Disabilities (SPDs)

As of September 1, 2020, SPD enrollment is 14,026, which represents a decrease of 0.3% when compared to August enrollment.

Expanded Eligible Enrollment

As of September 1, 2020, Expansion enrollment is 68,329, which represents an increase of 2.1% from August enrollment.

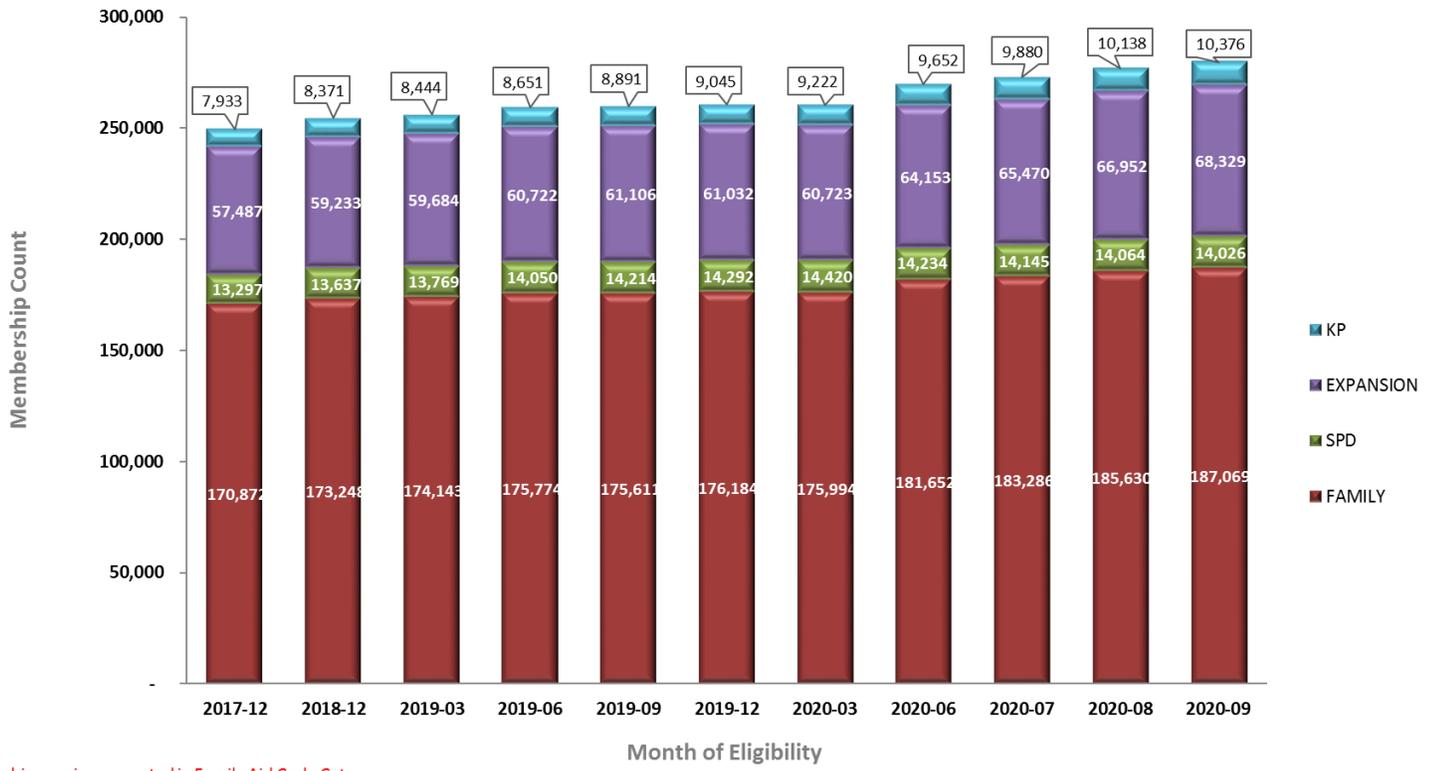
Kaiser Permanente (KP)

As of September 1, 2020, Kaiser enrollment is 10,376 which represents an increase of 2.3% from August enrollment.

Total KHS Medi-Cal Managed Care Enrollment

As of September 1, 2020, total Medi-Cal enrollment is 279,800, which represents an increase of 1.1% from August enrollment.

Membership as of Month of Eligibility	FAMILY	SPD	EXPANSION	KP	BABIES	Member Total
2017-12	170,425	13,297	57,487	7,933	447	249,589
2018-12	172,771	13,637	59,233	8,371	477	254,489
2019-03	173,743	13,769	59,684	8,444	400	256,040
2019-06	175,356	14,050	60,722	8,651	418	259,197
2019-09	175,099	14,214	61,106	8,891	512	259,822
2019-12	175,756	14,292	61,032	9,045	428	260,553
2020-03	175,567	14,420	60,723	9,222	427	260,359
2020-06	181,231	14,234	64,153	9,652	421	269,691
2020-07	182,853	14,145	65,470	9,880	433	272,781
2020-08	185,182	14,064	66,952	10,138	448	276,784
2020-09	186,623	14,026	68,329	10,376	446	279,800



*Babies are incorporated in Family Aid Code Category

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020

Report Date: July 8, 2020

OVERVIEW

Kern Health Systems' Health Education 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.

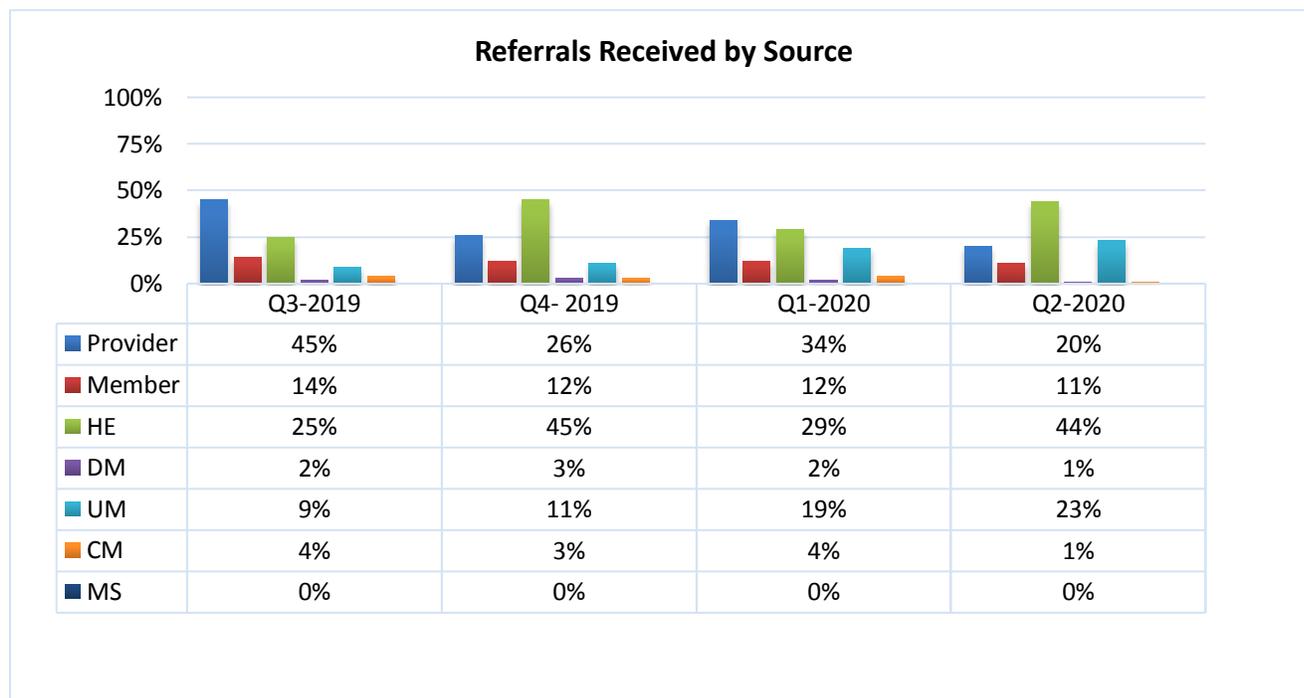
The following pages reflect statistical measurements for the Health Education department detailing the ongoing activity for the 2nd quarter 2020.

Respectfully submitted,
Isabel Silva, MPH, CHES
Director of Health Education, Cultural and Linguistic Services

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020

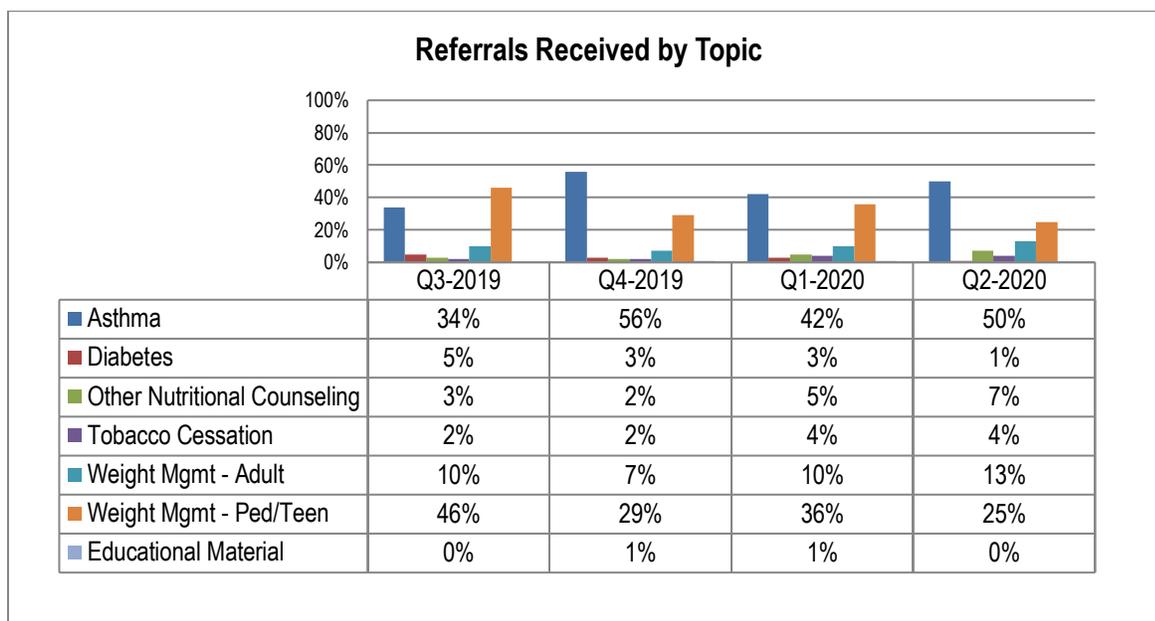
REFERRALS FOR HEALTH EDUCATION SERVICES

The Health Education Department (HE) receives referrals from various sources. Internal referrals are received from the Kern Health Systems (KHS) Utilization Management (UM), Disease Management (DM), Case Management (CM), Member Services (MS), and Member Portal. Externally, KHS providers submit referrals for health education services according to the member's diagnosis and members can also self-refer for health education services through the Member Portal or by calling Member Services.

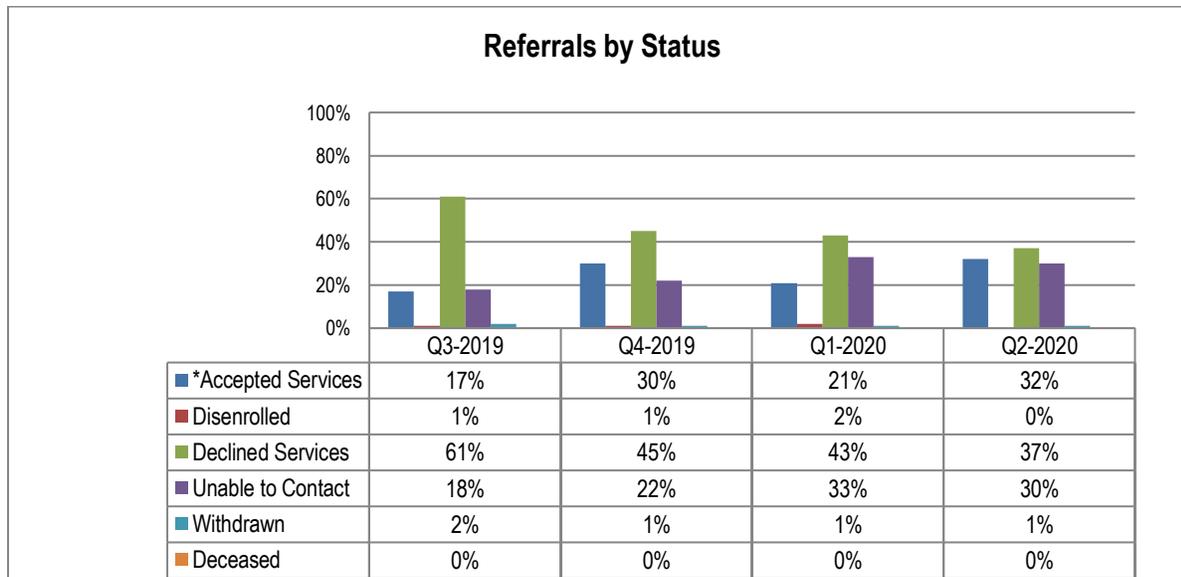


During this quarter, 697 referrals were received which is a 5% decrease in comparison to the previous quarter.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020



The HE department receives referrals for various health conditions. This quarter, referrals for Ped/Teen weight management education decreased from 36% to 25% due to a decrease in provider referrals.



The rate of members who accepted to receive health education services increased from 21% in the 1st quarter to 32% in the 2nd quarter of 2020.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020

HEALTH EDUCATION SERVICE PROVIDERS

The HE department offers various types of services through KHS or through community partnerships. These services are currently being provided in a virtual setting or have been placed on hold due to COVID-19.

Kern Family Health Care (KFHC):

- Healthy Eating and Active Lifestyle Workshop
 - Intro to Gardening
 - Rethink Your Drink
 - Funxercise
 - Healthy Cooking
- Breathe Well Asthma Workshop

Bakersfield Memorial Hospital (BMH):

- Diabetes Management Classes (English and Spanish)
- Heart Healthy Classes
- Individual Nutrition Counseling
- Small Steps to a Healthy Weight Classes (English and Spanish)

Clinica Sierra Vista (CSV) WIC:

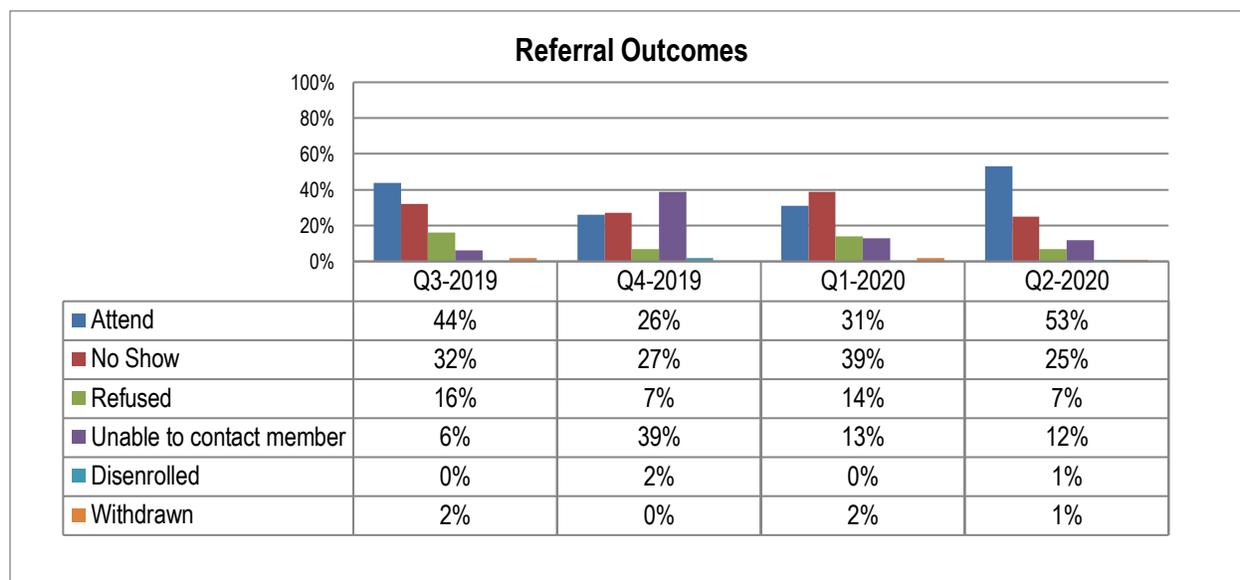
- Diabetes Management Classes
- Heart Healthy Classes

California Smokers' Helpline (CSH):

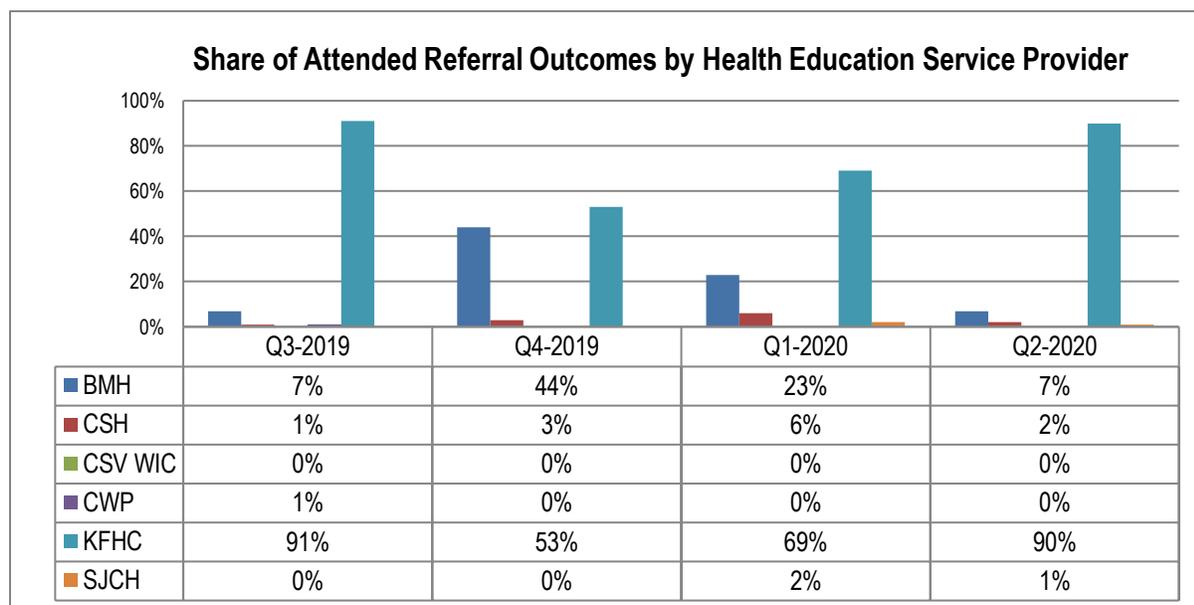
- Telephone Smoking Cessation Counseling

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020

REFERRAL OUTCOMES



During this quarter, the rate of members who received health education services out of all members who accepted services increased from 31% to 53%.

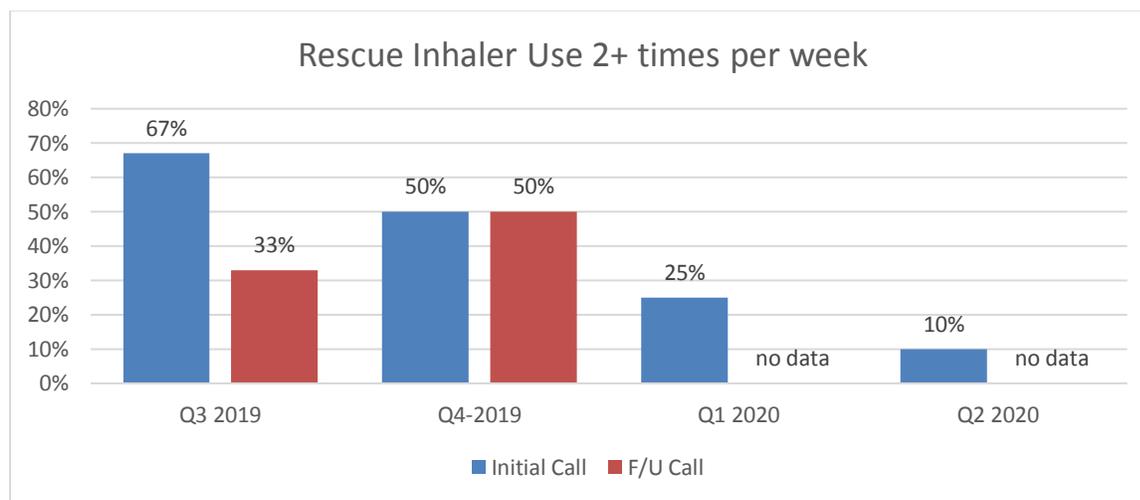
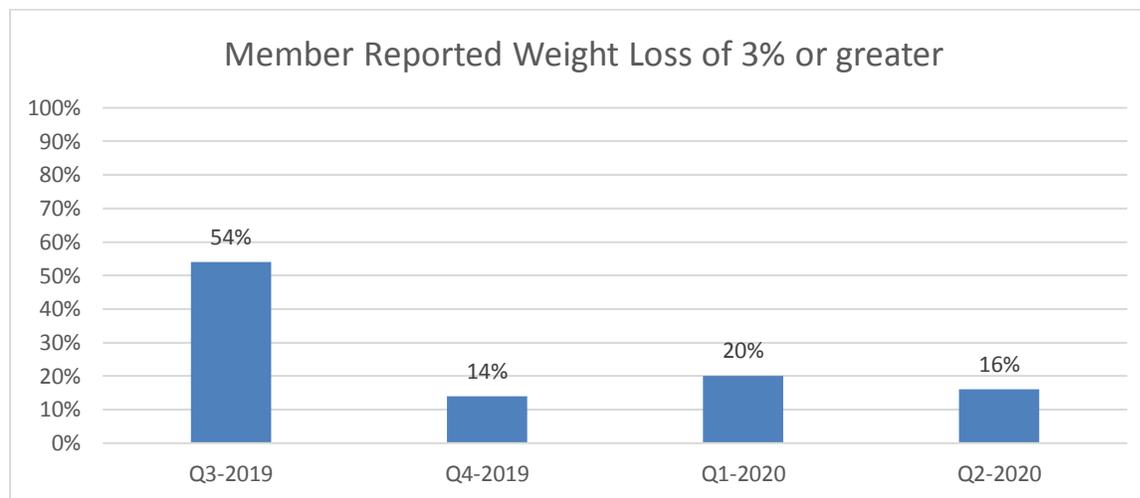


Services through KFHC demonstrates to be the largest share of referral outcomes. This quarter KFHC showed an increase from 69% in the 1st quarter to 90% in the 2nd quarter of 2020.

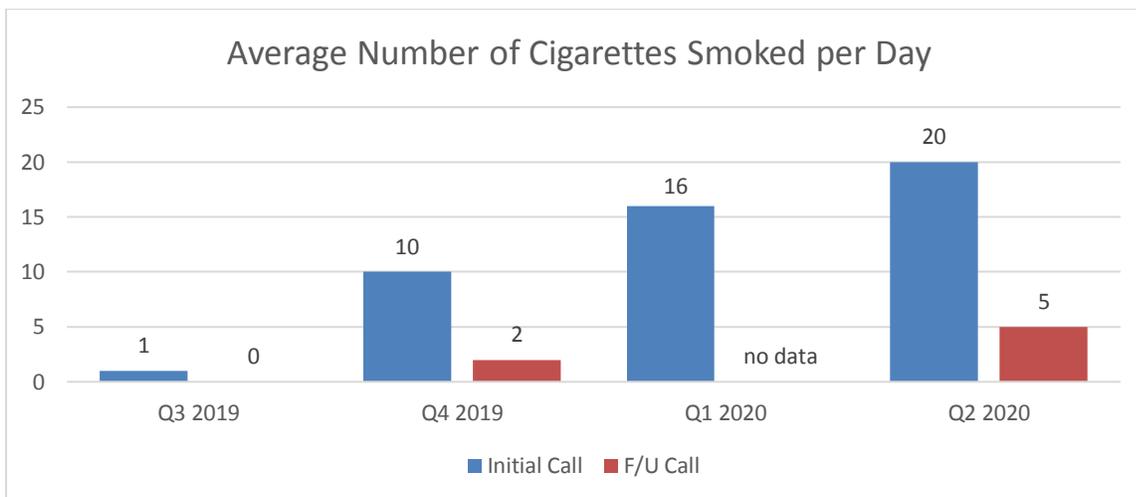
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020

Effectiveness of Health Education Services

To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call was conducted on members who received services during the prior quarter. Of the 34 members who participated in the 3 month follow up call, 25 received weight management education and 9 received smoking cessation education. There were zero members who received asthma management education who participated in the 3 month follow up call. All findings are based on self-reported data from the member.

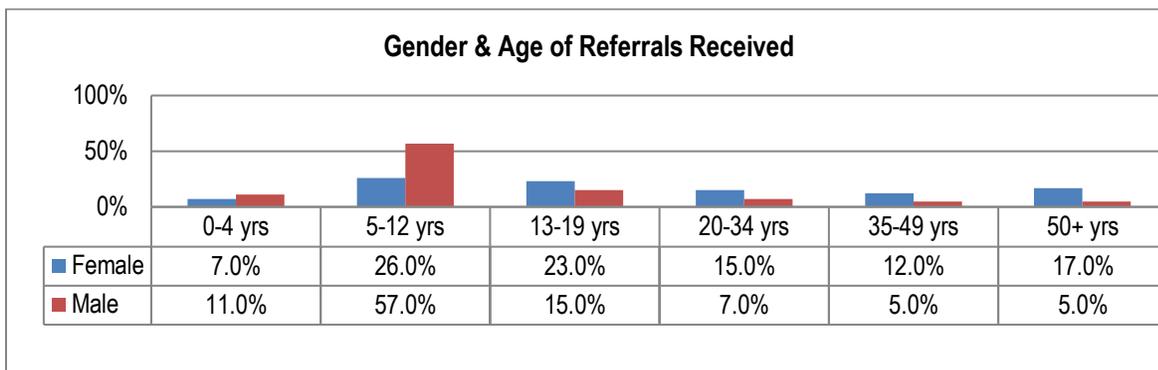


KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020



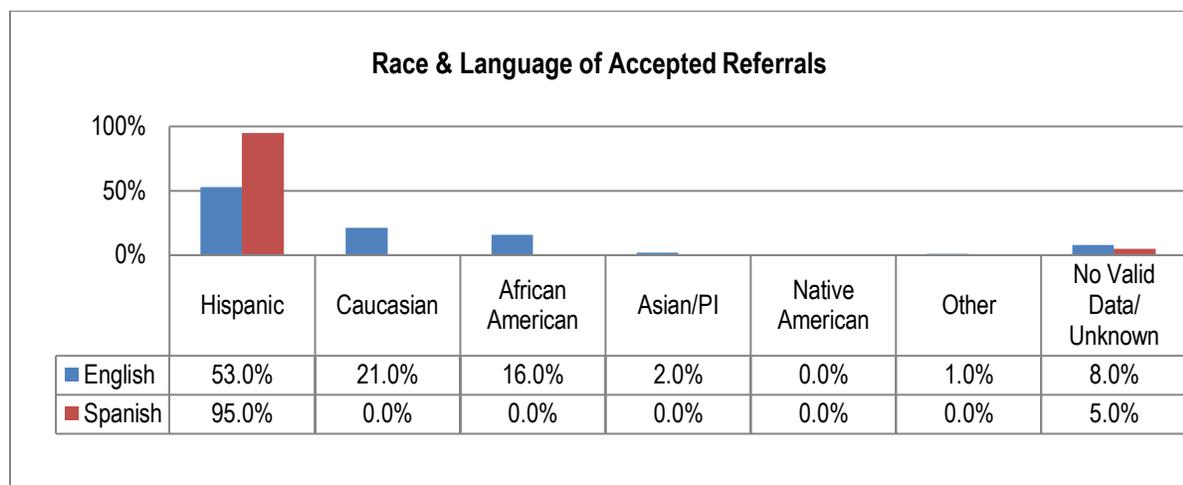
Demographics of Members

KHS’ provides services to a culturally and linguistically diverse member population. KHS’ language threshold is English and Spanish and all services and materials are available in these languages.



Out of the members who were referred for health education services, the largest gender-age groups were male ages 5-12 years and female ages 5-12 years.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020



A breakdown of member classifications by race and language preferences revealed that the majority of members who accepted services are Hispanic and the majority preferred to speak Spanish.

Referrals Accepted by Top Bakersfield Zip Codes			
Q3-2019	Q4-2019	Q1-2020	Q2-2020
93307	93307	93307	93307
93304	93306	93306	93306
93306	93304	93304	93304
93305	93305	93309	93308
93309	93308	93305	93309

KHS serves members in the Kern County area. During this quarter, 84% of the members who accepted services reside in Bakersfield and the highest concentration of members were in the 93307 area.

Referrals Accepted by Top Outlying Areas			
Q3-2019	Q4-2019	Q1-2020	Q2-2020
Arvin	Arvin	Delano	Delano
Delano	Delano	McFarland	Lamont
Shafter	Shafter	Tehachapi	Arvin
Wasco	Lamont	Lamont	Shafter
Lamont	Wasco	Arvin	Tehachapi

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020

Additionally, 16% of the members who accepted services reside in the outlying areas of Kern County and the highest concentration of members reside in Delano.

Health Education Mailings

In addition to referrals, 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 was not able to provide material by mail due to COVID-19. Members were directed to access digital information available on the Kern Family Health Care website.

Educational Mailings				
	Q3-2019	Q4-2019	Q1-2020	Q2-2020
Anemia	2	0	0	0
Asthma	648	459	305	0
High Cholesterol	11	4	6	0
Diabetes	45	30	20	0
Gestational Diabetes	1	1	2	0
High Blood Pressure	4	4	13	0
COPD	0	1	2	0
Postpartum Care	602	263	564	0
Prenatal Care	283	23	120	0
Smoking Cessation	12	15	12	0
Weight Management	370	223	357	0
WIC	157	41	245	0
Total	2,137	1,064	1,646	0

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020

INTERPRETER REQUESTS

Face-to-Face Interpreter Requests

During this quarter, there were 124 requests for face-to-face interpreting services received, which was a decrease in comparison to the previous quarter. KHS employs qualified staff interpreters in Spanish and contracts with the interpreting vendor, CommGap. During this quarter, the majority of these requests were for a Spanish interpreter.

Top Languages Requested			
Q3-2019	Q4-2019	Q1-2020	Q2-2020
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Mandarin	Mandarin	Arabic
Cantonese	Arabic	Arabic	Cantonese
Mandarin	Cantonese	Cantonese	Vietnamese
	Vietnamese	Persian	

Telephonic Interpreter Requests

During this quarter, there were 919 requests for telephonic interpreting services through KHS' interpreting vendor, Language Line Solutions, which was an increase in comparison to the previous quarter. During this quarter, the majority of these requests were for a Spanish interpreter.

Top Languages Requested			
Q3-2019	Q4-2019	Q1-2020	Q2-2020
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic
Mandarin	Tagalog	Mandarin	Tagalog
Tagalog	Vietnamese	Tagalog	Vietnamese

American Sign Language (ASL) Requests

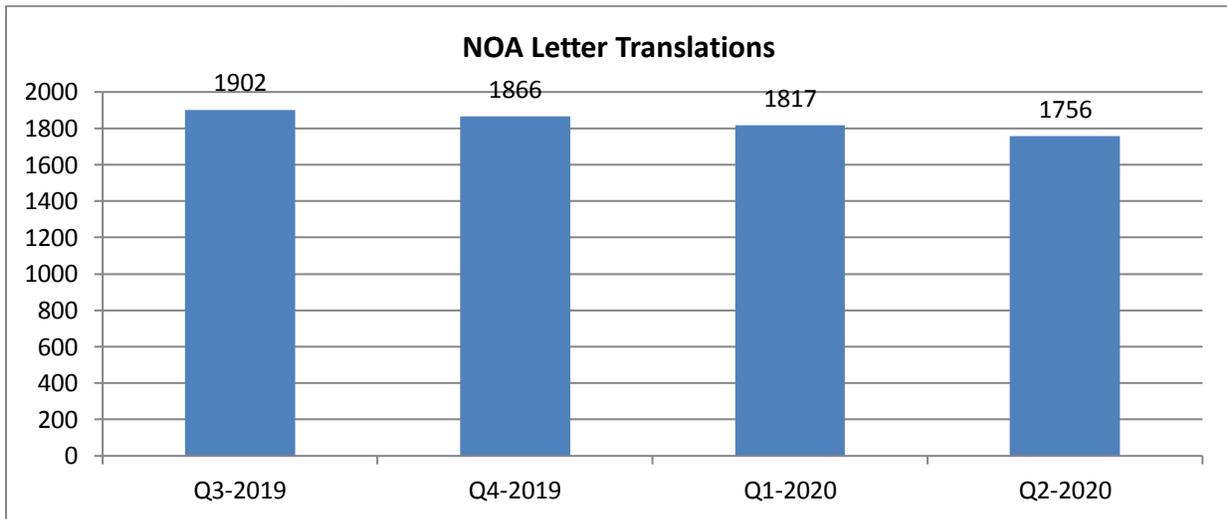
During this quarter, there were a total of 40 requests received for an American Sign Language interpreter, which was a decrease in comparison to the previous quarter.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Second Quarter 2020



DOCUMENT TRANSLATIONS

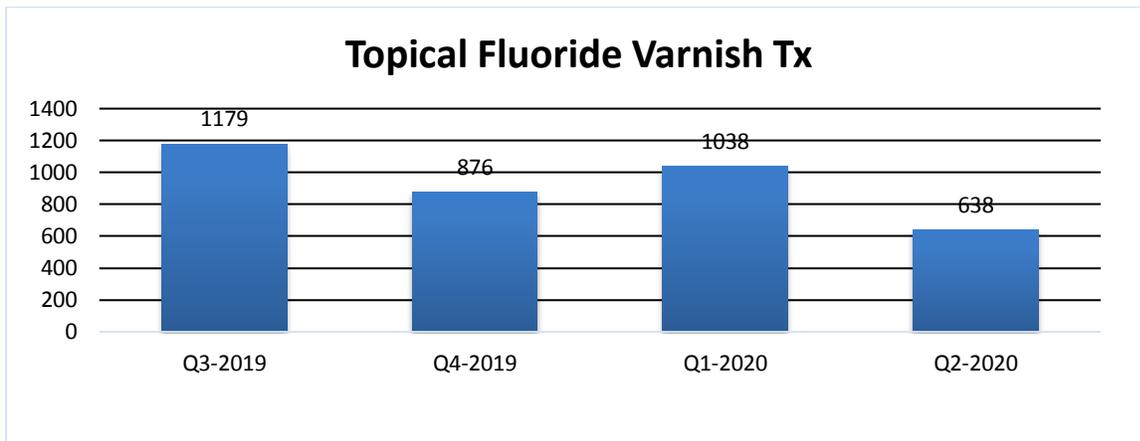
The Health Education department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 1,756 Notice of Action letters were translated in-house into Spanish for the UM and Pharmacy departments.



TOPICAL FLUORIDE VARNISH TREATMENTS

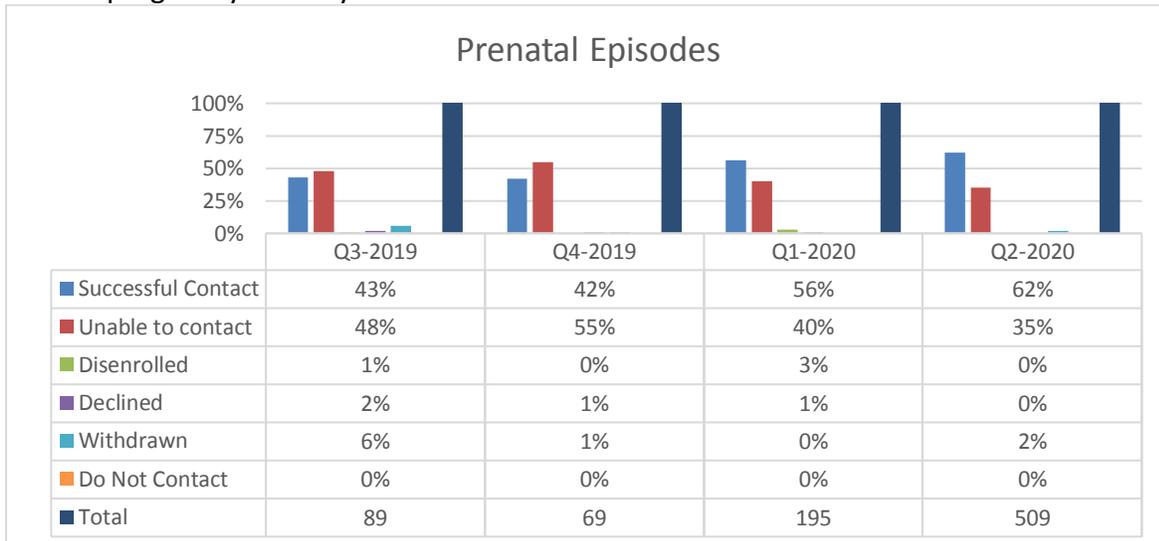
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.

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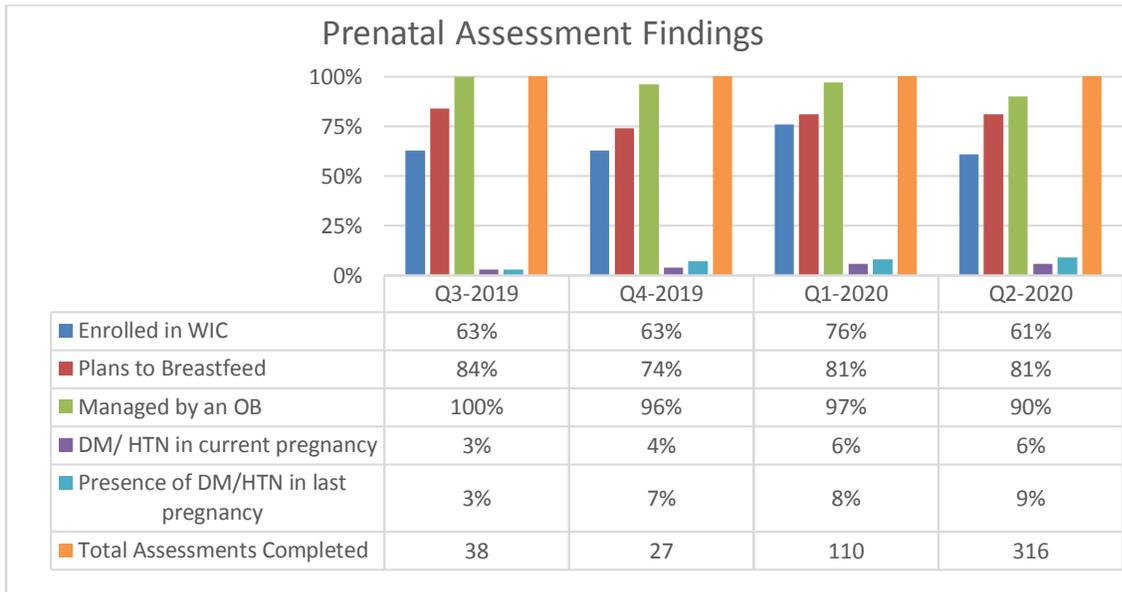
PERINATAL OUTREACH AND EDUCATION

The HE department performs outreach education calls to all members identified as being pregnant in the 1st trimester, a pregnant teen (under age 18), or postpartum due to a C-section or teen pregnancy delivery.

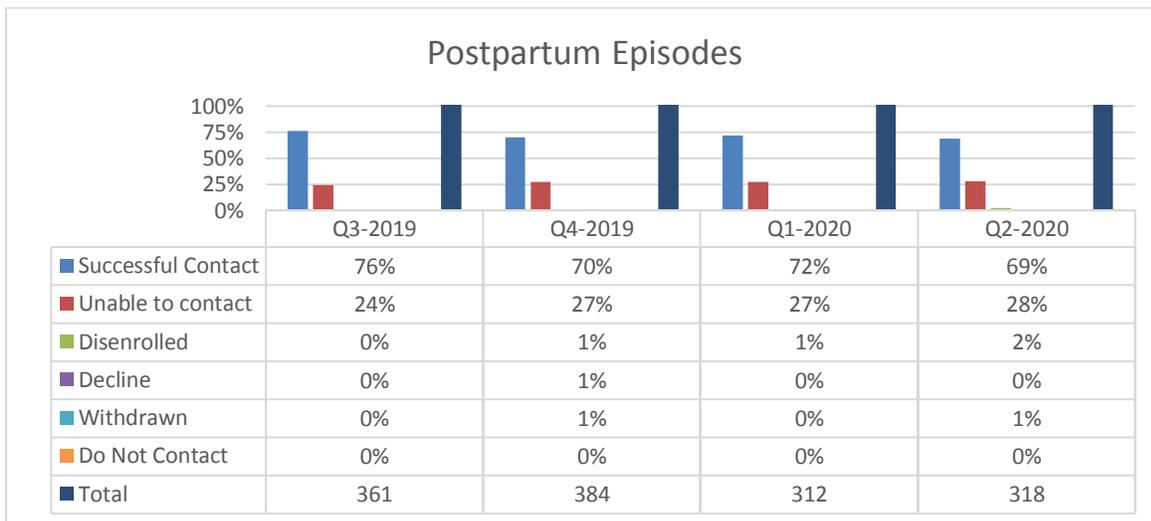


During the 2nd quarter of 2020, 455 episodes for pregnant members were created and the rate of successful contacts increased from 56% to 62%.

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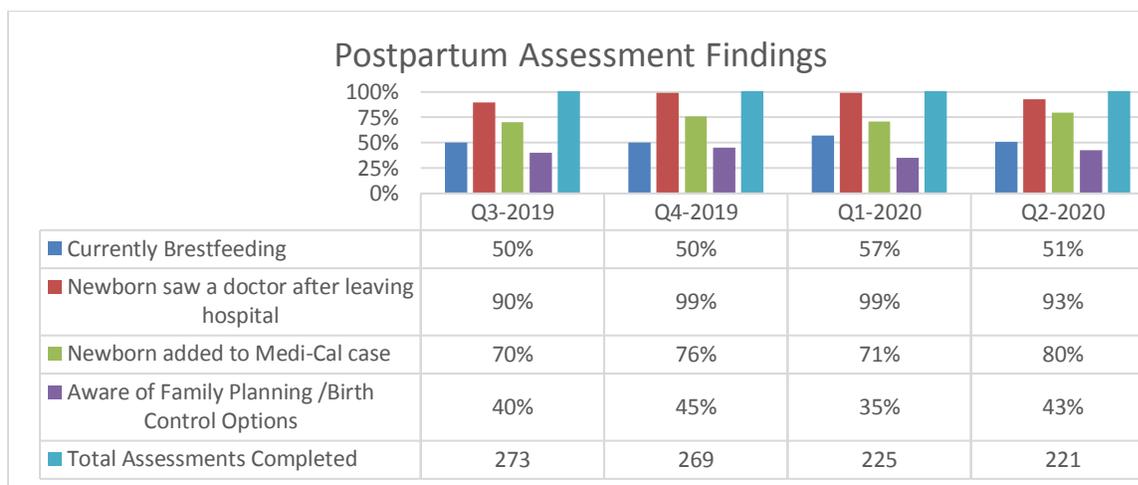


The total prenatal assessments completed increased from 33% in the 1st quarter of 2020 to 53% in the 2nd quarter of 2020.



During the 2nd quarter 2020, 313 postpartum episodes were created and the rate of successfully contacts decreased from 72% to 69%.

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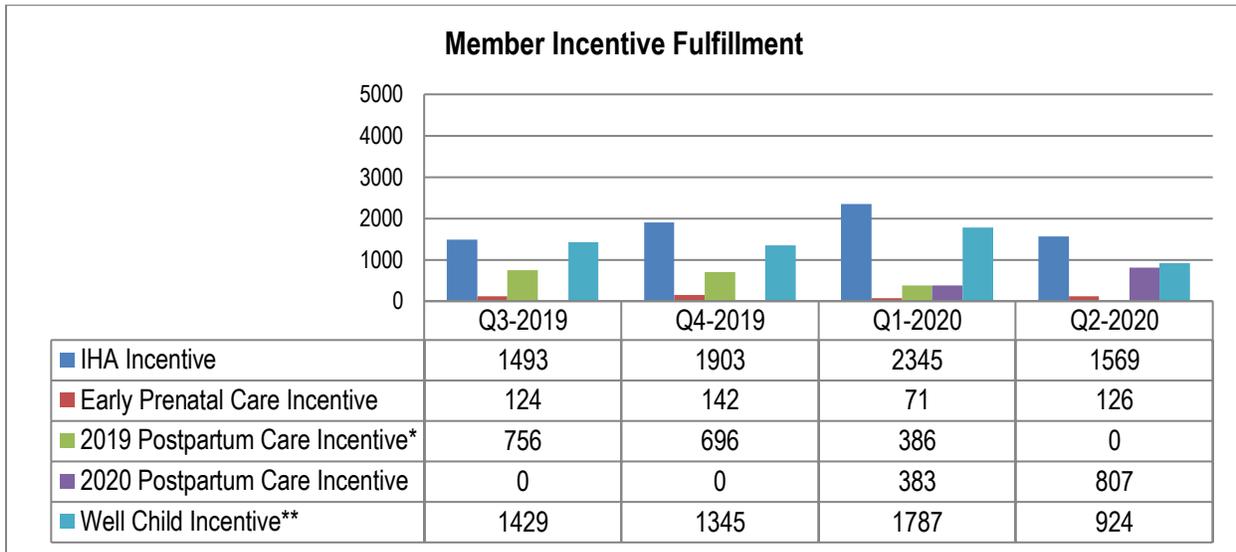
Postpartum assessments completed decreased from 225 assessments in the 1st quarter of 2020 to 221 assessment completed in the 2nd quarter of 2020.

MEMBER WELLNESS BASED INCENTIVES AND CHRONIC CONDITION TOOLS

During the 2nd quarter of 2020, KHS continued to offer wellness based incentives for members. In January 2020, the postpartum care incentive was modified to align with the new MCAS measure where the time frame to complete this visit is now 1-12 weeks following delivery. Additionally, the well child 12-23 months incentive program was discontinued in April and will be replaced with another incentive program that better aligns with the new MCAS measures.

- **Initial Health Assessment (IHA)** – newly enrolled members who complete the IHA visit within 120 days of enrollment are mailed a \$10 gift card.
- **Early Prenatal Care** – pregnant members who complete prenatal care during the 1st trimester will receive a \$30 gift card.
- **2019 Postpartum Care** – members who delivered in 2019 and complete the postpartum visit within 21-56 days following delivery will receive a \$30 gift card.
- **2020 Postpartum Care** – members who delivered in 2020 and complete the postpartum visit within 1-12 weeks following delivery will receive a \$30 gift card.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
 Second Quarter 2020



*Discontinued as of 1/1/2019. Incentives fulfilled due to claims lag.

**Discontinued as of 4/1/2020. Incentives fulfilled due to claims lag.



New Members of the KHS Public Policy/Community Advisory Committee

Background

In August 2020, seven new members were appointed to the Kern Health Systems (KHS) Public Policy/Community Advisory Committee, including:

- Michelle Darlene Bravo – KFHC Member
- Caitlin Criswell – KFHC Member
- Yadira Ramirez – KFHC Member
- Jose Sanchez – KFHC Member
- Tammy Maxine Torres – KFHC Member
- Alex Garcia – Member of the KHS Board of Directors
- Quon Louey – Participating Health Care Provider

Current members of the KHS Public Policy/Community Advisory Committee and KHS Staff would like to welcome our newest members to the Committee. The complete roster of Kern Health Systems Public Policy/Community Advisory Committee members is shown on the enclosed document.

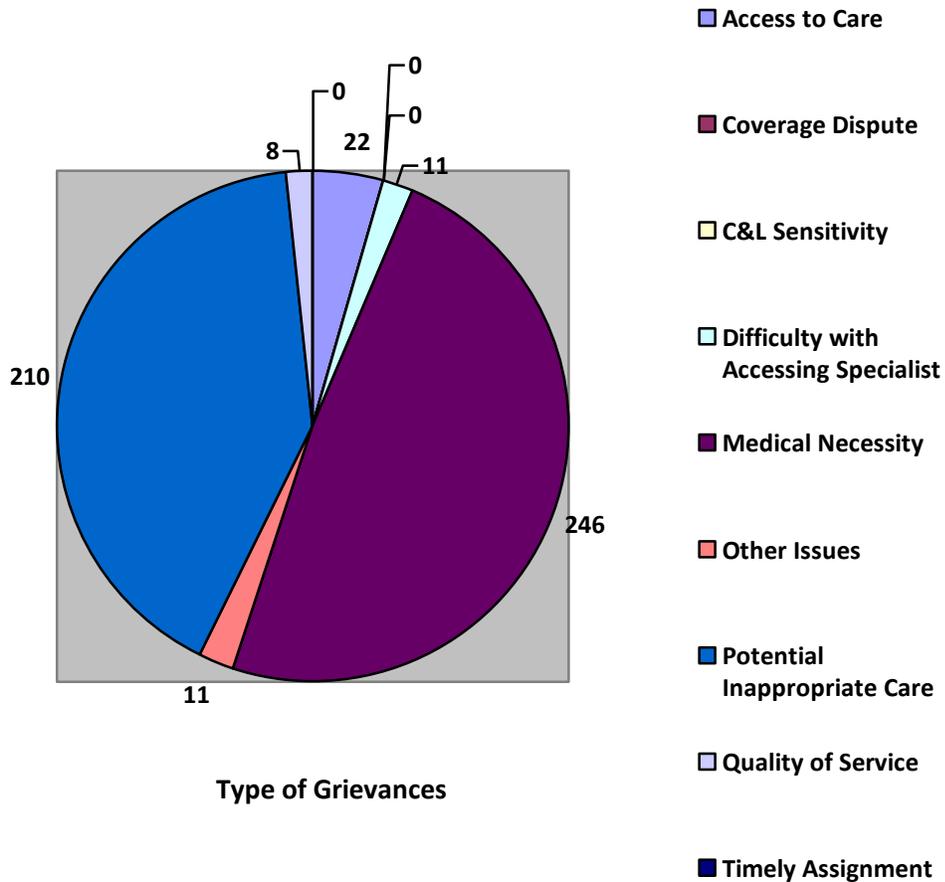
Requested Action

Receive and file.

2020 Public Policy/Community Advisory Committee Roster

First Name	Last Name	Agency	Job Title	Member Since
Members/Subscribers				
Cecilia	Hernandez - Colin		Member	4/1/2008
Beatriz	Basulto		Member	9/11/2014
Jose	Sanchez		Member	8/13/2020
Caitlin	Criswell		Member	8/13/2020
Tammy	Torres		Member	8/13/2020
Yadira	Ramirez		Member	8/13/2020
Michelle	Bravo		Member	8/13/2020
Community Representatives				
Janet	Hefner	The Center for Sexuality & Gender Diversity	Administrative Manager	4/1/2008
Jennifer	Wood-Slayton	Lamont Family Resource Center	Program Director	3/1/2007
Kern County Health Officer or Representative				
Jasmine	Ochoa	KC Department of Public Health	Senior Health Educator/ Project Director	8/13/2019
Kern County Human Services Representative				
Valerie	Rangel	KC Department of Human Services	Program Director	8/13/2019
Kern Health Systems Board Member				
Alex	Garcia		KHS Board Member	8/13/2020
Kern Health Systems Participating Provider				
Quon	Louey	Telehealth Docs	KHS Participating Provider	8/13/2020

Issue	Number	In Favor of Health Plan	Further Review by Quality	In favor of Enrollee	Still under review
Access to care	22	17	0	5	0
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	0	0	0	0	0
Difficulty with accessing specialists	11	6	0	5	0
Medical necessity	246	161	0	85	0
Other issues	11	8	0	3	0
Potential Inappropriate care	210	31	179	0	0
Quality of service	8	6	0	2	0
Timely assignment to provider	0	0	0	0	0



Grievances per 1,000 Members = 1.89

During the second quarter of 2020, there were five hundred and eight formal grievances and appeals received. Two hundred and eighty three cases were closed in favor of the Enrollee; two hundred and twenty five cases were closed in favor of the Plan. Five hundred and eight cases closed within thirty days.

Access to Care

There were twenty two grievances pertaining to access to care. Sixteen cases closed in favor of the Plan. Six 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 their Primary Care Provider (PCP). Eight of the 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 for PCP appointments. Two of the cases closed in favor of the Enrollee after the responses indicated the offices may not have provided appropriate access to care.

Eight members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Five cases closed in favor of the Plan after the responses indicated the members were seen within the appropriate wait time for an appointment or the members were there as a walk-in, which are not held to Access to Care standards. Three cases closed in favor of the Enrollee after the responses indicated the members were not seen within the appropriate wait time for an appointment.

Three members complained about the telephone access with their Primary Care Provider (PCP). All three cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access.

One member complained about a provider not submitting a referral authorization request in a timely manner. This case closed in favor of the Plan after it was determined the referral authorization request was submitted timely.

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

There were no grievances pertaining to Cultural and Linguistic Sensitivity.

Difficulty with Accessing a Specialist

There were eleven grievances pertaining to Difficulty Accessing a Specialist. Six cases closed in favor of the Plan. Five cases closed in favor of the Enrollee. The following is a summary of these issues:

Seven members complained about the lack of available appointments with a specialist. Four 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 for specialty appointments. Three cases closed in favor of the Enrollee after the responses indicated the members may not have been provided appropriate access to care based on the Access to Care Standards for specialty appointments.

Two members complained about the wait time to be seen for a specialist appointment. One case 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. One case closed in favor of the Enrollee after the responses indicated the members may not have been seen within the appropriate wait time for an appointment based on the Access to Care Standards.

One member complained about the physical access with their specialist. The case closed in favor of the Enrollee as a response from the specialty office was not received.

One member complained about the telephone access with a specialist office. The case closed in favor of the Plan after the responses indicated the member was provided with the appropriate telephone access.

Medical Necessity

There were two hundred and forty six appeals pertaining to Medical Necessity. One hundred and sixty one cases were closed in favor of the Plan. Eighty five of the cases closed in favor of the Enrollee. The following is a summary of these issues:

One hundred and ninety four members complained about the denial or modification of a referral authorization request. One hundred and sixteen 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 of the requested specialist or DME item; therefore, the denials were upheld. One case was closed in favor of the Plan and modified. Seventy eight cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned.

Fifty two members complained about the denial or modification of a TAR. Forty five of the 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. Seven cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned.

Other Issues

There were eleven grievances pertaining to Other Issues. Eight cases were closed in favor of the Plan after the responses indicated appropriate service was provided. Three cases closed in favor of the Enrollee after the responses indicated appropriate service may not have received appropriate service may not have been provided.

Potential Inappropriate Care

There were two hundred and ten grievances involving Potential Inappropriate Care issues. These cases were forwarded to Quality Improvement (QI) for their due process. Thirty one cases were closed in favor of the Plan, as it was determined a quality of care issue was not identified. One hundred and seventy nine cases were closed in favor of the Enrollee as a potential quality of care issue was identified and are still under further review with QI.

The following is a summary of these issues:

One hundred and thirty four members complained about the potential inappropriate care received from a Primary Care Provider (PCP). All records and/or responses were sent to QI for further review and investigation. Nineteen cases closed in favor of the Plan as no inappropriate care issue was identified. One hundred and fifteen cases closed in favor of the enrollee as a potential inappropriate care concern was identified and is still under further review with QI.

Fifty six members complained about the potential inappropriate care received from a specialty provider. All records and/or responses were sent to QI for further review and investigation. Eight cases closed in favor of the Plan as no potential inappropriate care issue was identified. Forty eight cases closed in favor of the Enrollee as a potential inappropriate care concern was identified and is still under further review with QI.

Nineteen members complained about the potential inappropriate care received from providers staffed by an urgent care, hospital, or a non-hospital affiliated clinic. All records and/or responses were sent to QI for further review and investigation. Four cases closed in favor of the Plan as no potential inappropriate care issue was identified. Fifteen cases closed in favor of the Enrollee as a potential inappropriate care issue was identified and is still under further review with QI.

One member complained about the potential inappropriate care received from a pharmacy. All records and/or responses were sent to QI for further review and investigation. The case closed in favor of the Enrollee as a potential inappropriate care concern was identified and is still under further review with QI.

Quality of Service

There were eight grievances involving Quality of Service issues. Six of the cases were closed in favor of the Plan. Two of the cases closed in favor of the Enrollee. The following is a summary of these issues:

Eight members complained about the service they received from their providers or non-clinical staff. Six cases closed in favor of the Plan after the response determined the member received appropriate service. Two cases closed in favor of the Enrollee as the response indicated the member may not have received appropriate service.

Timely Assignment to Provider

There were no grievances pertaining to Timely Assignment to Provider received this quarter.

Kaiser Permanente Grievances

During the second quarter of 2020, there were forty grievances and appeals received by KFHC members assigned to Kaiser Permanente. Five cases closed in favor of the Plan. Twenty nine cases were closed in favor of the Enrollee. Six cases are still open and pending closure.

Access to Care

There were six grievances pertaining to Access to Care. The following is a summary of these issues:

Five members complained about the excessive wait time to be seen for an appointment. Four cases closed in favor of the Enrollee. One case is open pending closure.

One member complained about the lack of available appointments with their Primary Care Provider (PCP). The case closed in favor of the Enrollee.

Coverage Dispute

There were ten appeals pertaining to Coverage Dispute. The following is a summary of these issues:

Ten members complained about a service they requested; however, the requests were not covered. Four cases closed in favor of the Plan and the services were not covered. Five of the cases closed in favor of the Enrollee and the services were provided. One case is still open pending closure.

Medical Necessity

There were no cases pertaining to Medical Necessity. The following is a summary of these issues:

Quality of Care

There were twenty four grievances pertaining to quality of care. The following is a summary of these issues:

Nine members complained about the inadequate facilities that are non-access related. Five cases closed in favor of the Enrollee. One case closed in favor of the Plan. Three cases are open pending review of closure.

One member complained about the quality of care they received from a hospital. The case closed in favor of the Enrollee.

Ten members complained about the quality of care they received from a provider. All ten cases are open pending review for closure.

Four members complained about a provider denying treatment. Three cases closed in favor of the Enrollee. One case is open pending review for closure.

Quality of Service

There were no grievances pertaining to a Quality of Service.



2020 2nd Quarter Operational Report

2nd Quarter 2020 Grievance Report

Category	Q2 2020	Status	Issue	Q1 2020	Q4 2019	Q3 2019	Q2 2019
Access to Care	33		Appointment Availability	53	56	34	32
Coverage Dispute	0		Authorizations and Pharmacy	0	0	1	9
Medical Necessity	246		Questioning denial of service	222	187	220	244
Other Issues	11		Miscellaneous	34	14	16	13
Potential Inappropriate Care	210		Questioning services provided. All cases forwarded to Quality Dept.	273	323	66	26
Quality of Service	8		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	2	0	0	1
Total Formal Grievances	508			584	580	337	325
Exempt**	986		Exempt Grievances-	1620	1140	1545	1321
Total Grievances (Formal & Exempt)	1494			2204	1720	1882	1646



Additional Insights-Formal Grievance Detail

Issue	2 nd Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overtured Ruled for Member	Still Under Review
Access to Care	29	20	0	9	0
Coverage Dispute	0	0	0	0	0
Specialist Access	4	3	0	1	0
Medical Necessity	246	150	0	80	16
Other Issues	11	8	0	3	0
Potential Inappropriate Care	210	31	179	0	0
Quality of Service	8	7	0	1	0
Total	508	219	179	94	16

KFHC Population Needs Assessment 28

September 29, 2020

Isabel Silva, MPH, CHES

Director of Health Education, Cultural and Linguistic Services



PNA Goals

The goal of the 2020 KFHC Population Needs Assessment (PNA) is to improve health outcomes for KFHC members and ensure that KFHC is meeting the needs of its members through:

- Identification of member health needs and health disparities;
- Evaluation of current health education, cultural and linguistic, and quality improvement activities and available resources to address identified concerns; and
- Implementation of targeted strategies for health education, cultural and linguistic, and quality improvement programs and services to address member needs.

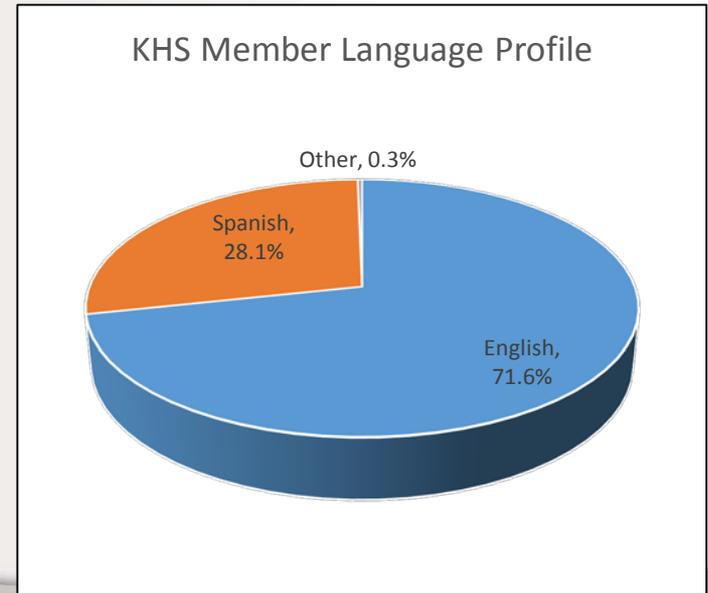
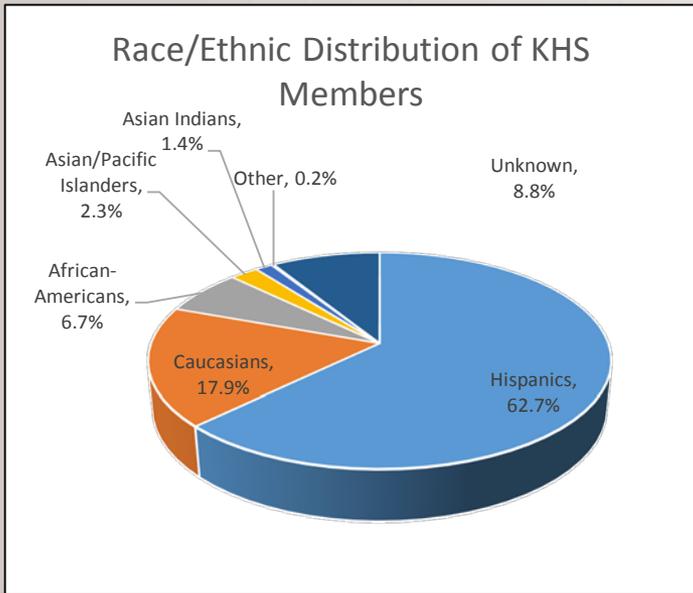
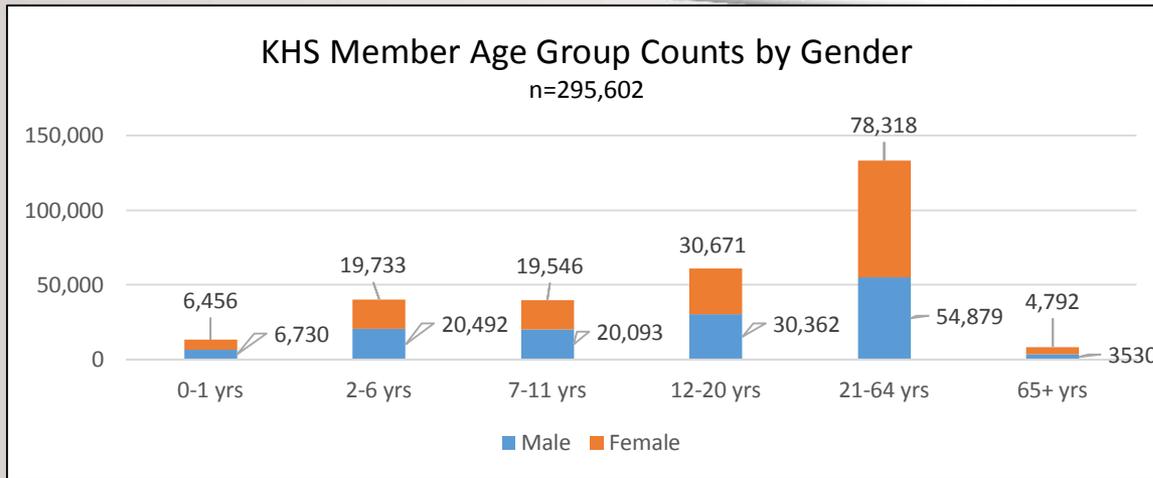


Data Sources

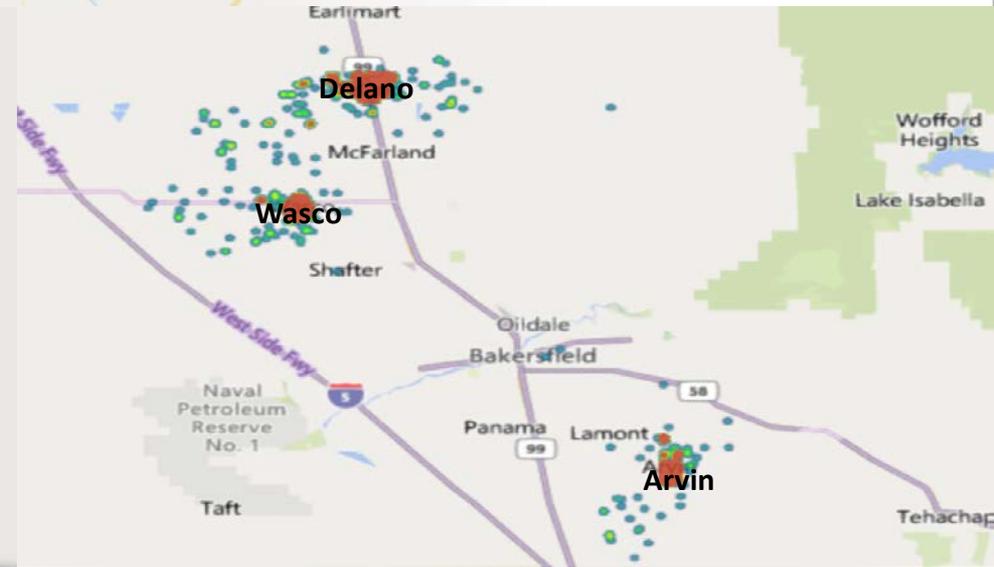
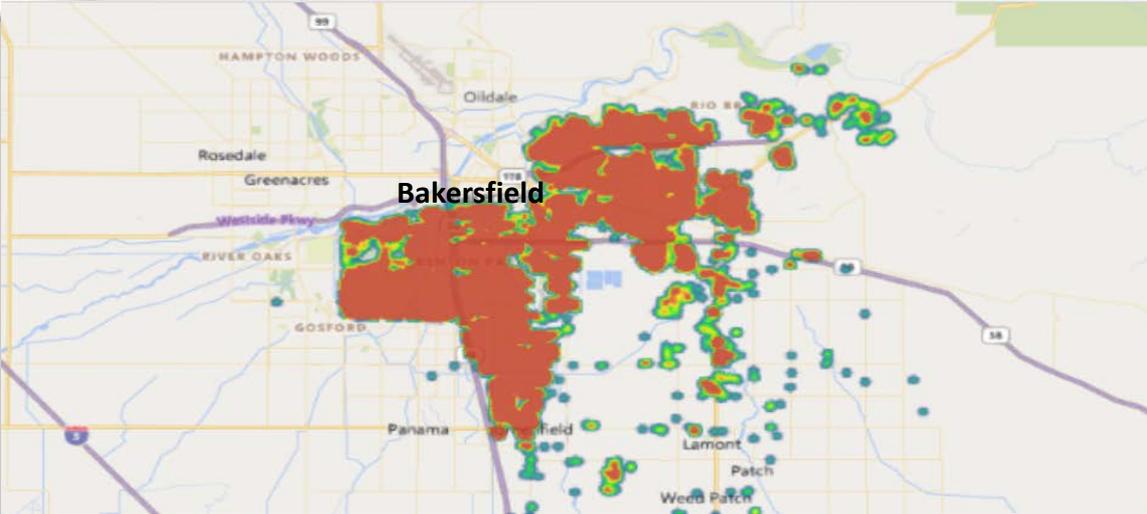
- National, State and County
- Consumer Assessment of Healthcare Providers & Systems Survey
- Department of Health Care Services (DHCS) Health Disparities
- DHCS Managed Care Accountability Sets
- 2016 KFHC Group Needs Assessment
- Claims, Pharmacy, Eligibility
- Member Satisfaction Survey
- Population Analysis Reports
- Departmental Reports
- Advice Nurse Line Reports
- Public Policy/Community Advisory Committee Survey



Membership



Geographic Densities

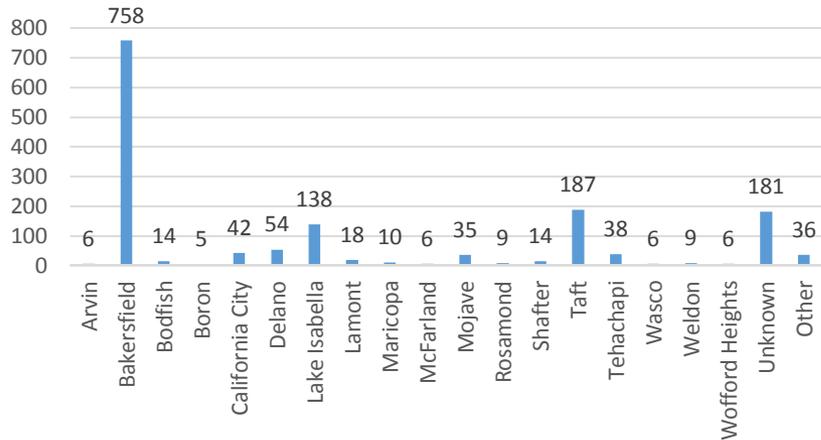


Special Populations

- Lesbian, Gay, Bisexual, Transgender (LGBT):
 - 5.3% of CA's adult population identifies as a LGBT and 23% have an annual income <\$24,000. 10% of LGBT adults in California resided in the Southern/Central Farm regions. KFHC estimates a quarter to a third of this population may be enrolled in our plan.
- Seniors and Persons with Disabilities (SPD)
 - 16,078 SPD members (5% of KFHC membership)

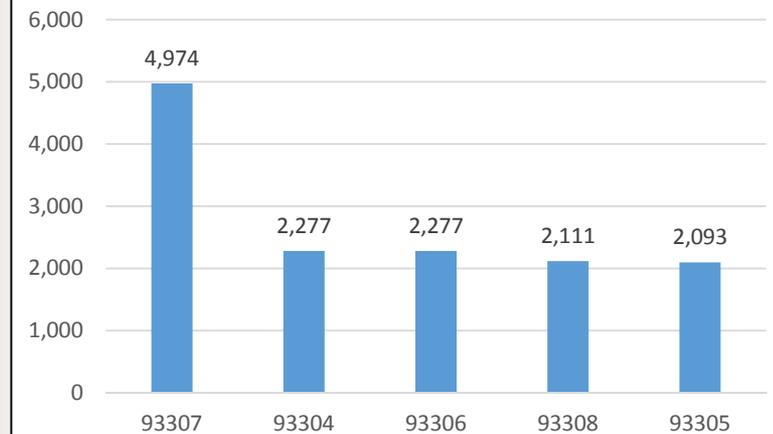
KHS Homeless Population Demographics

n= 1,572



HHP Population Demographics

n=25,206



Top Diagnoses among KHS Members

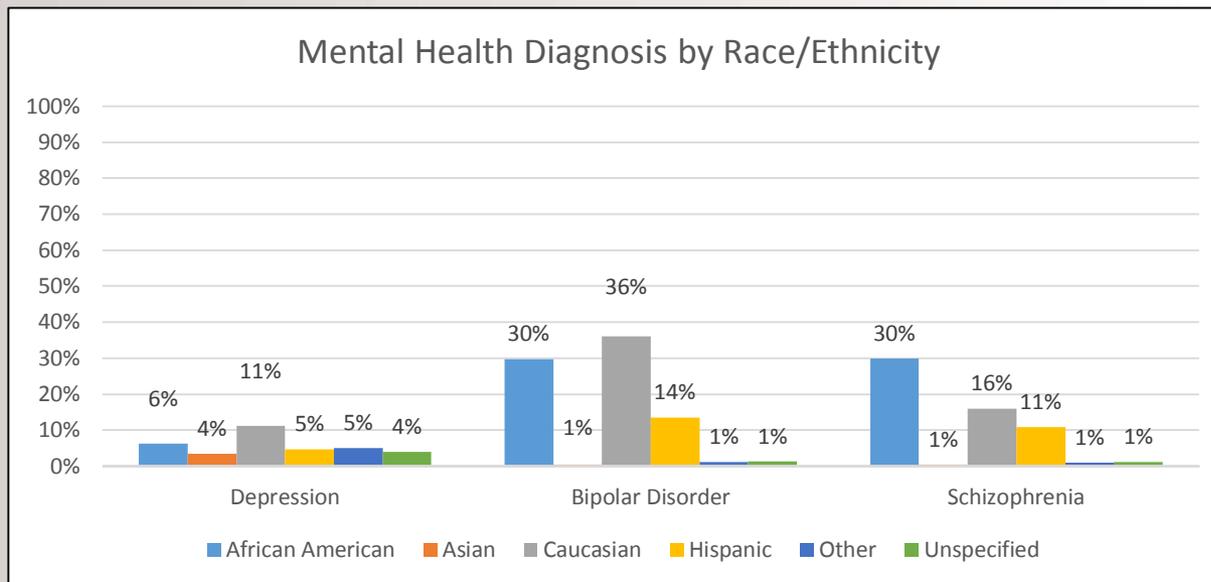
34

Age Group	ED	INPATIENT	OUTPATIENT	UC
0-11 Years	<ul style="list-style-type: none"> • Upper respiratory and viral infections • Fever • Cough 	<ul style="list-style-type: none"> • Bronchiolitis • Appendicitis • Neonatal jaundice • Asthma 	<ul style="list-style-type: none"> • Upper respiratory and viral infections • Routine child health exam • Fever 	<ul style="list-style-type: none"> • Upper respiratory infections • Pharyngitis • Fever
12-20 Years	<ul style="list-style-type: none"> • Upper respiratory infections • Urinary tract infection • Headache 	<ul style="list-style-type: none"> • Appendicitis • Sepsis 	<ul style="list-style-type: none"> • Abdominal and pelvic pain • Upper respiratory infection • Headache 	<ul style="list-style-type: none"> • Upper respiratory infections • Pharyngitis • Urinary tract infection
21-64 Years	<ul style="list-style-type: none"> • Urinary tract infection • Headache • Chest pain 	<ul style="list-style-type: none"> • Sepsis • Hypertensive heart disease • Kidney failure 	<ul style="list-style-type: none"> • Diabetes T2 • Hypertension • Urinary tract infection 	<ul style="list-style-type: none"> • Upper respiratory infection • Pharyngitis • Urinary tract infection
65+ Years	<ul style="list-style-type: none"> • Urinary tract infection • Chronic pain • Low back pain 	<ul style="list-style-type: none"> • Sepsis • COPD • Hypertension 	<ul style="list-style-type: none"> • Heart disease • Low back pain • Hypertension 	<ul style="list-style-type: none"> • Hypertension • Upper respiratory infection • Bronchitis
SPDs	<ul style="list-style-type: none"> • Urinary tract infection • Throat and chest pain • Abdominal and pelvic pain 	<ul style="list-style-type: none"> • Sepsis • Pneumonia • Kidney failure 	<ul style="list-style-type: none"> • Chronic kidney disease • Diabetes T2 • Hypertension 	<ul style="list-style-type: none"> • Hypertension • Developmental disorders • Low back pain

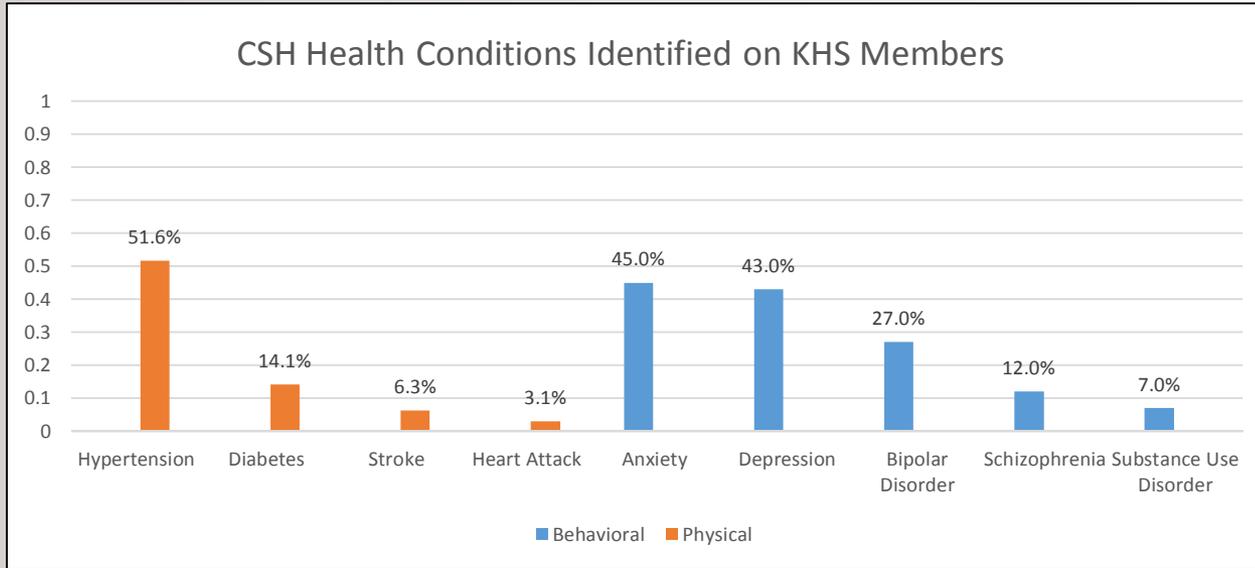


Mental Health

- Members with a diagnosis of depression, bipolar disorder or schizophrenia were more likely to be English speaking, female, and between the ages of 19-35 years.
- Caucasian members were more likely to be diagnosed with depression and bipolar disorder whereas African Americans were more likely to be diagnosed with schizophrenia.



Tobacco Use

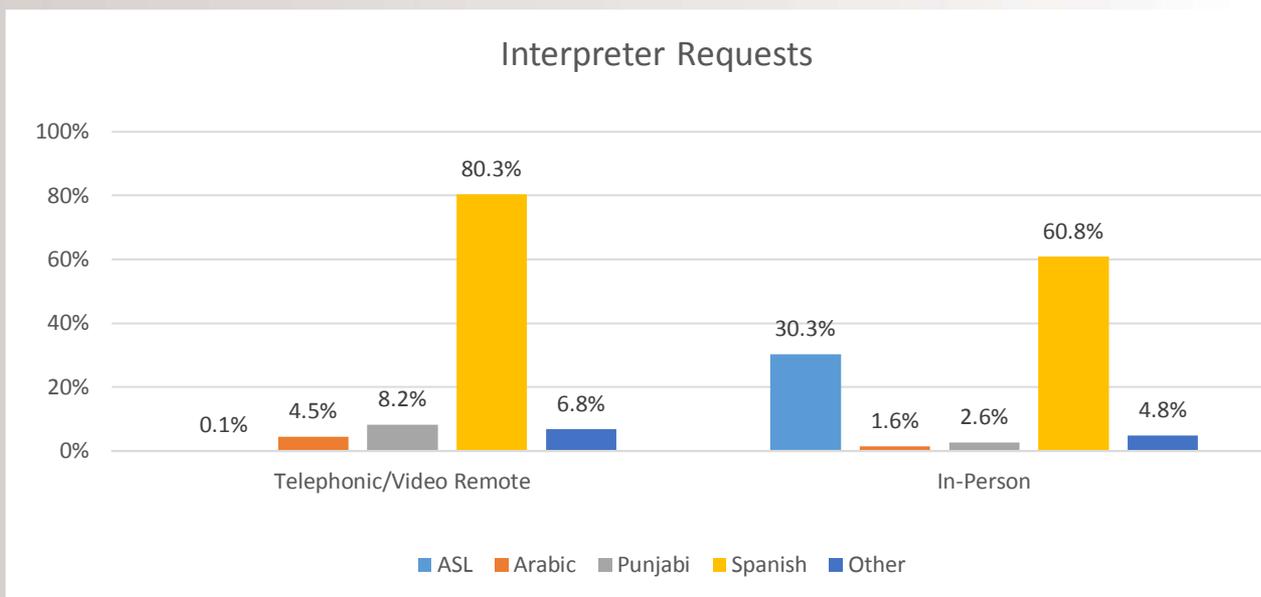


Measure	Question	2019 KHS HSAG CAHPS Child Rate	2019 KHS HSAG CAHPS Adult Rate	2019 KHS Adult Rate	2019 KHS Adult Benchmark
Medical Assistance with Smoking and Tobacco Use Cessation	Advising Smokers and Tobacco Users to Quit	N/A	N/A	73.8%	76.5%
	Discussing Cessation Medications	N/A	N/A	44.0%	52.0%
	Discussing Cessation Strategies	N/A	N/A	37.4%	45.9%



Interpreter Requests

- KHS threshold languages continue to be English and Spanish
- In 2019, there was:
 - 30% increase in requests for ASL interpreters
 - 59% increase in requests for telephonic interpreters
 - 39% increase in requests for in-person interpreters



Pediatric Preventive Care ³⁸

PEDIATRIC PREVENTIVE CARE						
MEASURE	Caucasian	American Indian/ Alaska Native	Asian	African American	Hispanic	Native Hawaiian/Other Pacific Islander
Children's Access to Primary care 12-24 months old	82.9%	100.0%	94.2%	80.9%	91.7%	N/A
Children's Access to Primary care 2-6 year olds	73.3%	76.0%	84.2%	66.1%	82.7%	100.0%
Children's Access to Primary care 7-11 year olds	74.3%	63.2%	85.1%	64.8%	82.1%	100.0%
Children's Access to Primary care 12-19 year olds	73.3%	66.7%	77.1%	69.9%	80.0%	73.3%
Childhood Immunizations	50.00%	N/A	83.33%	40.91%	71.54%	N/A
Immunizations for Adolescents	36.96%	N/A	44.44%	31.25%	41.87%	N/A
Well Child Visits for 3-6 year olds	60.0%	N/A	57.1%	63.0%	66.0%	N/A
Nutrition Counseling	57.1%	0.0%	50.0%	83.3%	71.9%	N/A
Physical Activity Counseling	53.1%	0.0%	50.0%	66.7%	68.1%	N/A



Gap Analysis - Opportunities

PP/CAC Survey:

- Improve member awareness and understanding of their medical benefits and how to access these services.
- Reassess length of time to for members to obtain approval for medications and authorizations.
- Improve member health literacy on understanding health plan and medical terminology by creating easy to understand materials and incorporating a glossary of terms.
- Encourage providers to spend more time listening, affirming and being attentive to member needs during visits.
- Expand transportation services, particularly in rural areas.

Cultural and Linguistic Services:

- Research effective ways to promote services to identified ethnic/cultural groups
- Engage community liaisons, gatekeepers, or organizations that can help KHS connect and communicate
- Identify geographic concentration areas of residence for members within identified ethnic/cultural groups



Objective 1

- By May 2023, there will be a 5% increase in the percentage of newly enrolled members and members aged 0-15 months, 3-6 years and 12-21 years accessing preventive care services as measured by the W15, W34 and AWC MCAS measures and KHS' IHA Completion rate.
- **Key Strategies:**
 - Implement a member rewards program and obtain feedback
 - Use technology to communicate gaps in care to members
 - Partner with schools, providers and community groups to bridge gaps in services

Objective 2

- By June 2021, increase the percentage of African American members who receive all recommended childhood immunizations by the age of 2 years from 41% to 46%.
- **Key Strategies:**
 - Partner with local community groups to encourage and educate parents
 - Use outreach material tailored to connect with African American members
 - Generate analytic reports on neighborhoods that have high concentrations of members who identify as African American for focused member and provider outreach
 - Coordinate messaging on childhood immunizations during national observances



Thank you!

Questions?

isabelc@khs-net.com

661-664-5117



KERN HEALTH SYSTEMS
CASE MANAGEMENT DEPARTMENT MONTHLY REPORT

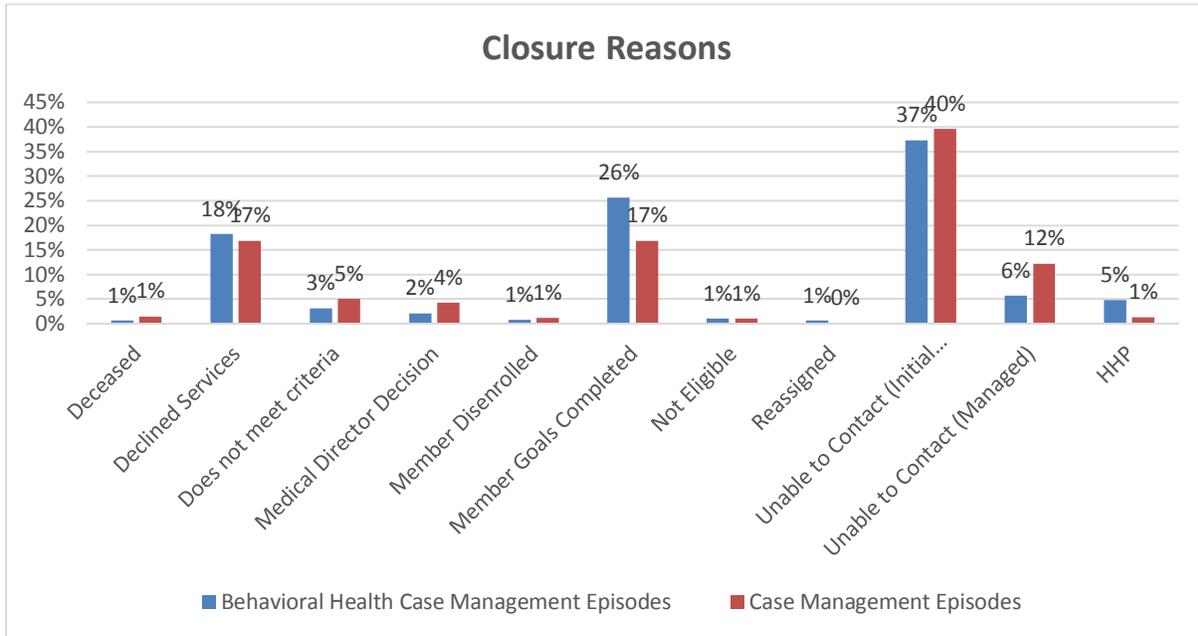
Report Date: July 9th, 2020

Reporting Period: April 1st, 2020- June 30th, 2020

During the months of April thru June, a total of 1,392 members were managed by the Case Management Department.

Episode Type	Closed Episodes	Open Episodes	Referral Episodes	Total
Case Management	685	139	5	829
Behavioral Health Case Management	480	80	3	563

Episode Source other than ACG Modeler	Behavioral Health Management Episodes	Percentage	Case Management Episodes	Percentage
All Internally Generated Complex Case Management	11	3%	112	35%
All Internally Generated Disease Management	1	0%	2	1%
All Internally Generated Grievance	3	1%	7	2%
All Internally Generated Hospital Discharge	1	0%	18	6%
All Internally Generated Medical Director	1	0%	21	7%
All Internally Generated Member Request	7	2%	8	2%
All Internally Generated UM Generated	7	2%	8	2%
CEG Modeler	0	0%	1	0%
BH Mental Health	8	2%	0	0%
CM DM HE Facility Based Social Worker	3	1%	0	0%
CM DM HE Health Education	5	1%	1	0%
CM DM HE Member Services	14	4%	11	3%
CM DM HE Provider	4	1%	5	2%
CM DM High ER Utilizer	99	26%	0	0%
Critical High Risk SPD	3	1%	0	0%
DM HE Social Worker Case Management	3	1%	4	1%
HE Postpartum Claim	4	1%	0	0%
HE Prenatal Claim	7	2%	0	0%



Members Closed and Referred to HHP	Behavioral Health Case Management Episodes	Case Management Episodes
HHP	2	9

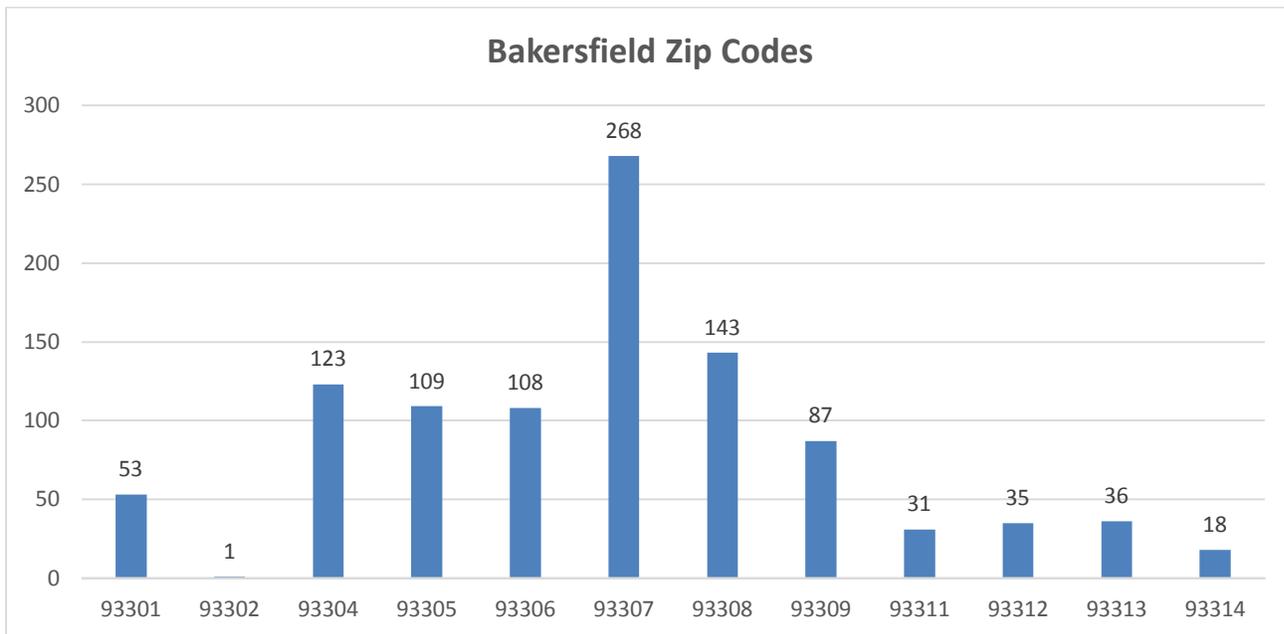
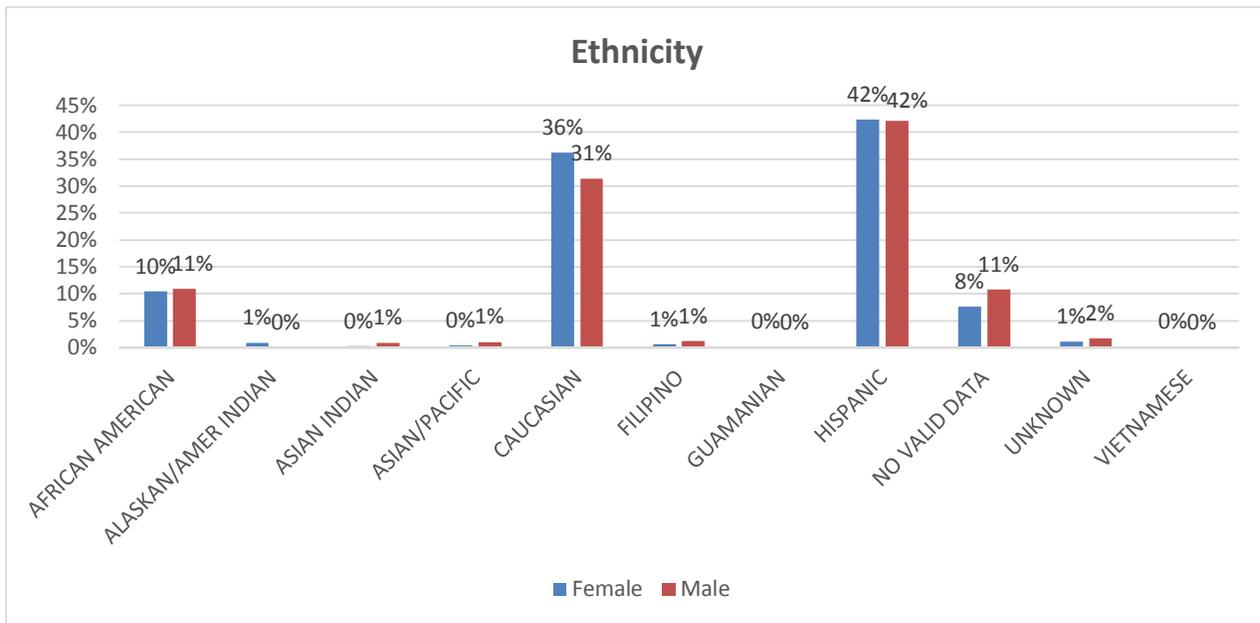
Closed Episodes with Admits within 30 days after Closure	Total
Behavioral Health Case Management	15
Case Management	50
Percentage of closed cases Readmitted	3%

Assessments/Plan of Care	Behavioral Health Case Management Episodes	Case Management Episodes	Total
Assessments	76	129	205
Plan of Care	75	133	208

During the months of April thru June, 95% of the members managed were 65 years of age or younger.

Age	<18	18-40	41-65	>65	Total
Case Management	34	168	577	50	829
Behavioral Case Management	55	190	298	20	563

Of the 1,392 members managed during the months of April thru June, the majority of members were female at 59%. The majority of members' ethnicity was Hispanic at 42%.



Outlying Areas

City	Total
ARVIN	28
BODFISH	7
BORON	2
BUTTONWILLOW	3
CALIF CITY	16
DELANO	68
FRAZIER PARK	5
INYOKERN	2
KINGMAN	1
LAKE ISABELLA	17
LAMONT	30
LANCASTER	3
MARICOPA	1
MARTINEZ	1
MC FARLAND	15
MC KITTRICK	1
MCFARLAND	1
MERCED	1
MOJAVE	14
N/A	14
NORTH EDWARDS	3
ONYX	1
ROSAMOND	5
SAN JOSE	1
SANTA MARIA	1
SANTA ROSA	1
SHAFTER	27
STOCKTON	1
TAFT	42
TEHACHAPI	36
WASCO	20
WELDON	7
WOFFORD HTS	5

Notes Completed

Note Source	Behavioral Case Management Episodes	Case Management Episodes
Activity Note	996	1259
Add Episode Note	42	71
Care Plan Problem Note	168	612
Change Status Note	1439	1639
Edit Episode Note	21	102
Episode Note	94	213
Goals	265	510
Interventions	279	515

Letters

Letter Template	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Letter English	16	27
Appointment Letter Spanish	4	15
Consent Form English	3	8
Consent Form Spanish	1	5
Discharge English	95	156
Discharge Spanish	15	50
Educational Material	22	29
Mental Health Alert to PCP	1	0
Suicide Hospital Letter to MD	1	0
Unable to Contact	334	475
Welcome Letter Bilingual	75	149

Activities Completed

Activities Completed	Total
CMA's	2,215
Nurses	1,160
Social Workers	714

Activity Type

Activity Type	Behavioral Health Case Management Episodes	Case Management Episodes
Education	161	166
Fax	82	133
Letter Contact	314	558
Member Services	21	27
Phone Call	1,113	1,565

Activity Name

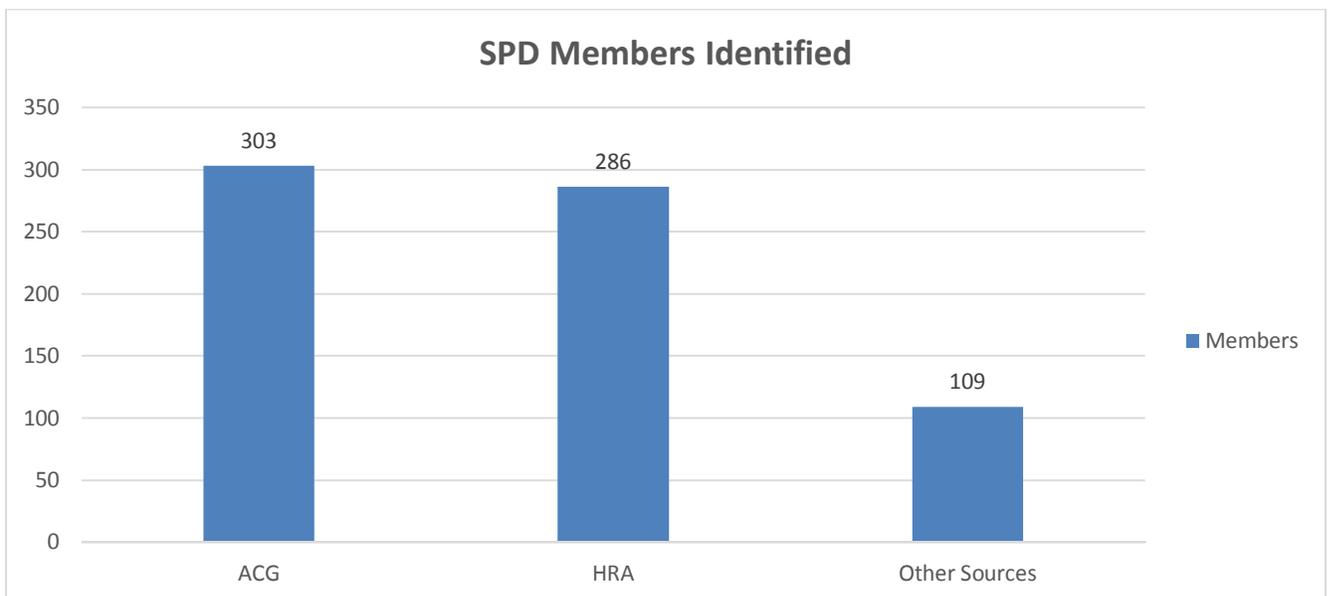
Activity Name	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Reminder Calls	26	36
Centric Appointment	2	4
Close Episode for UTC	24	21
Community Resources	14	3
Contact Member	204	192
Contact Pharmacy	8	21
Contact Provider	110	256
COVID-19 Education	206	296
Create Work Item	27	28
Educate the member on advanced care documents.	0	1
HHP	5	0
Homeless	0	2
ICT	9	8
Incoming Call	0	6
Inpatient Discharge Follow Up	30	113
Language Line	90	147
Mail Appointment Letter	20	27
Mail Authorization	0	1
Mail Consent Letter	3	14
Mail Discharge Letter	112	194
Mail Educational Material	67	116
Mail Pill Box	1	4
Mail Pocket Calendars	2	5
Mail Provider Directory	1	3
Mail Unable to contact letter	68	143
Mail Urgent Care Pamphlet	5	0
Mail Welcome Letter	3	15
Medication Review	0	2
Mental Health Alert to PCP	1	0

Plan of care	75	116	48
Provided Information	0	15	
Request Medical Records	21	62	
Return Mail	6	5	
Schedule Physician Appointment	28	44	
Transportation	4	11	
Verbal consent to be received	519	538	

Seniors and Persons with Disabilities (SPDs):

SPD Members are identified for Complex Case Management through use of the John Hopkins Predictive Modeler, through Health Risk Assessments and other sources including member requests and outside and internal requests. The SPD population represents a total of 50 percent of the Complex Group from April thru June 2020.

The John Hopkins Predictive Modeler identified SPD's represent 43% percent of the Complex Group from April thru June 2020. HRA identified SPD members represent 41% and other sources of SPD members represent 16%.

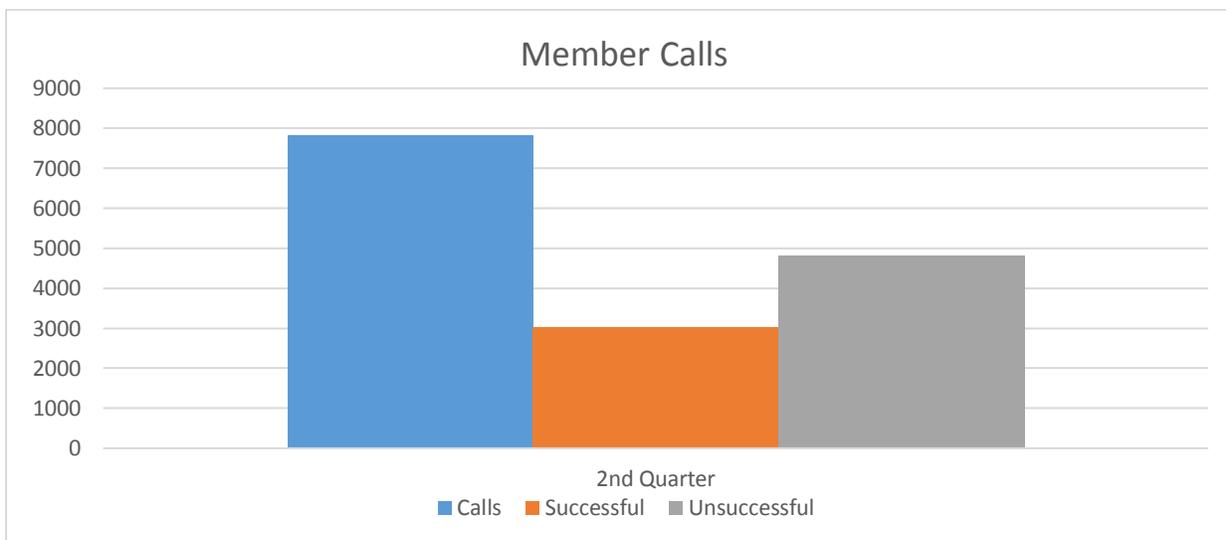


Disease Management Quarterly Report

2nd Quarter, 2020

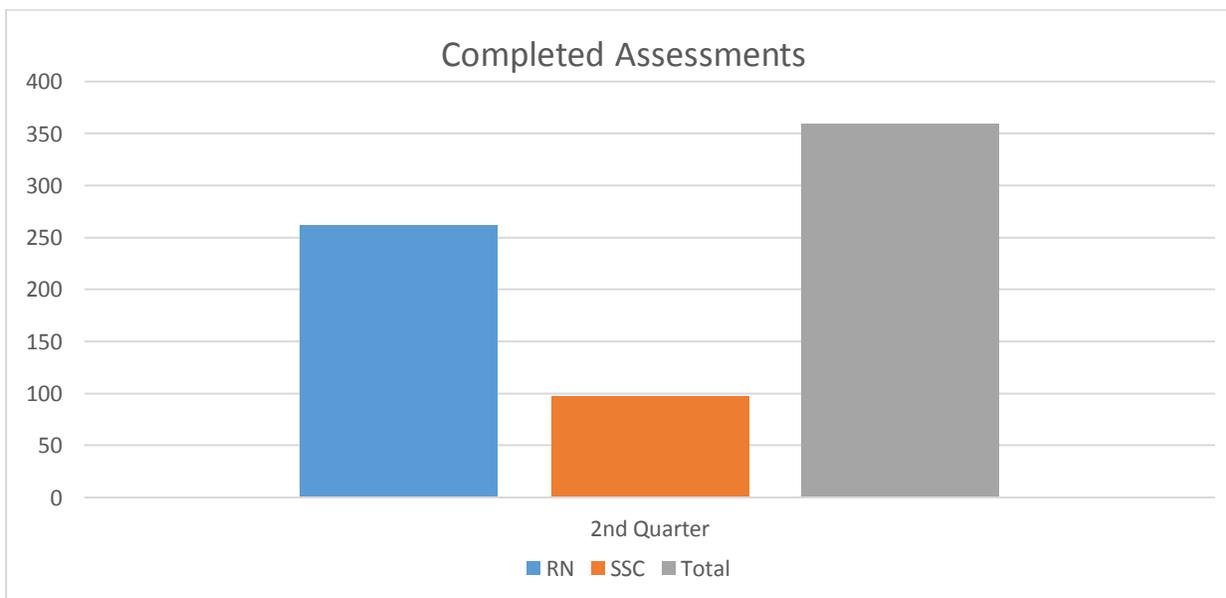
Telephone Calls: A total of 7,836 calls were made by the DM staff during the 2nd Quarter, 2020.

Member Calls Attempted	Successful Calls	Unsuccessful Calls	Total Member Calls	% Contacted
RN	1,664	3,180	4,844	34%
SSC	1,365	1,627	2,992	46%
Total	3,029	4,807	7,836	39%



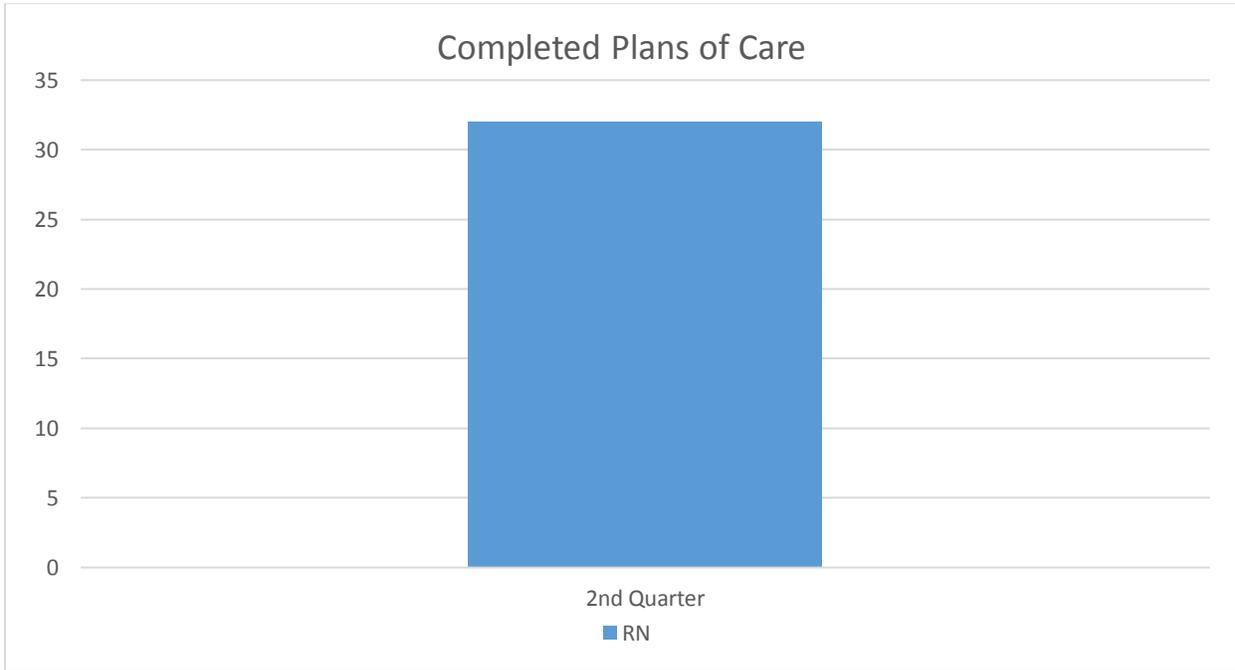
New Assessments Completed.

RN	SSC	Total
262	97	359



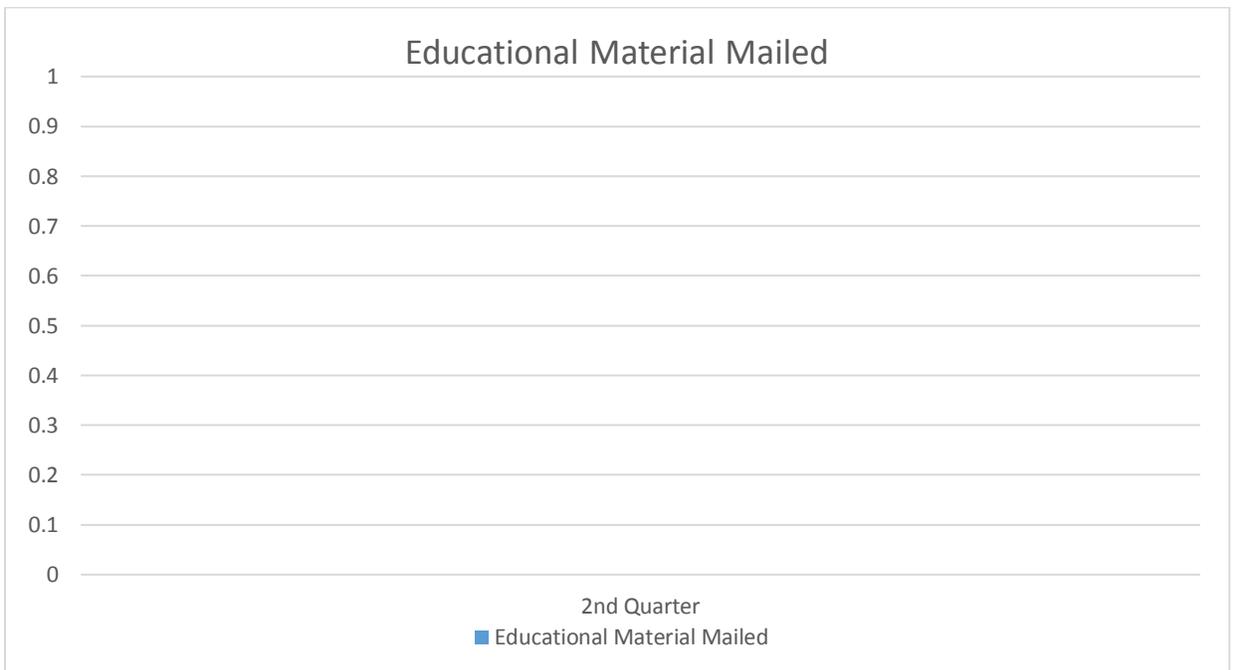
Plans of Care Completed & Closed.

RN
32



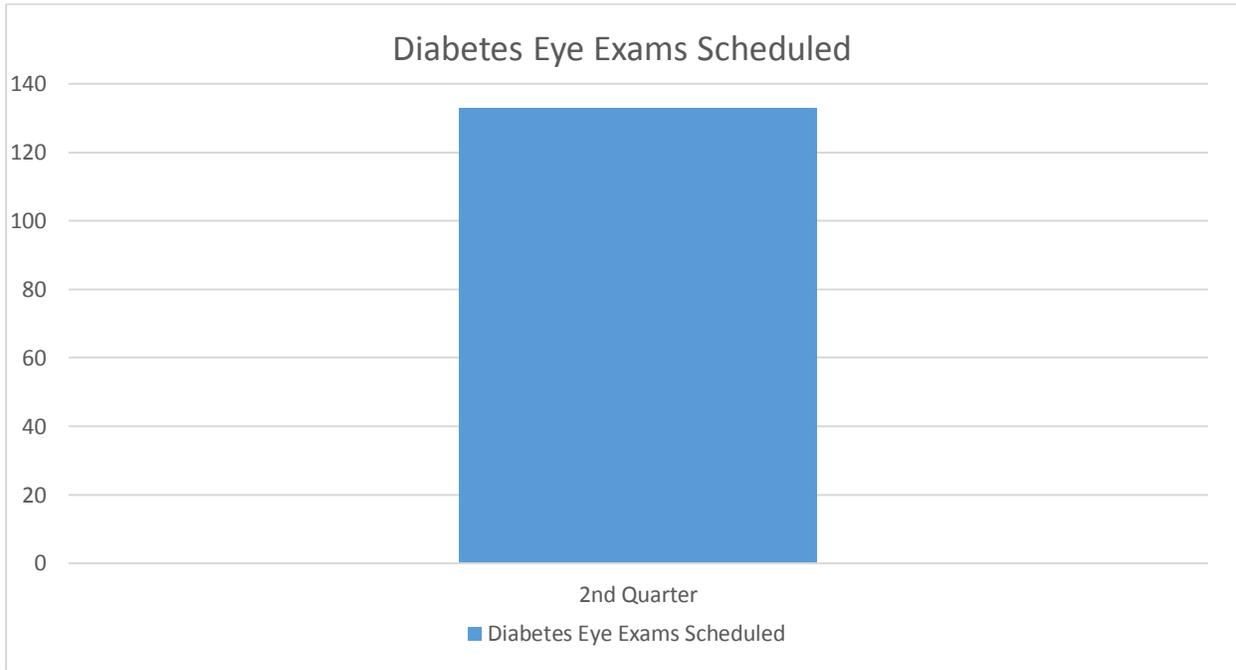
Educational Material Mailed. No educational material being mailed at this time

0



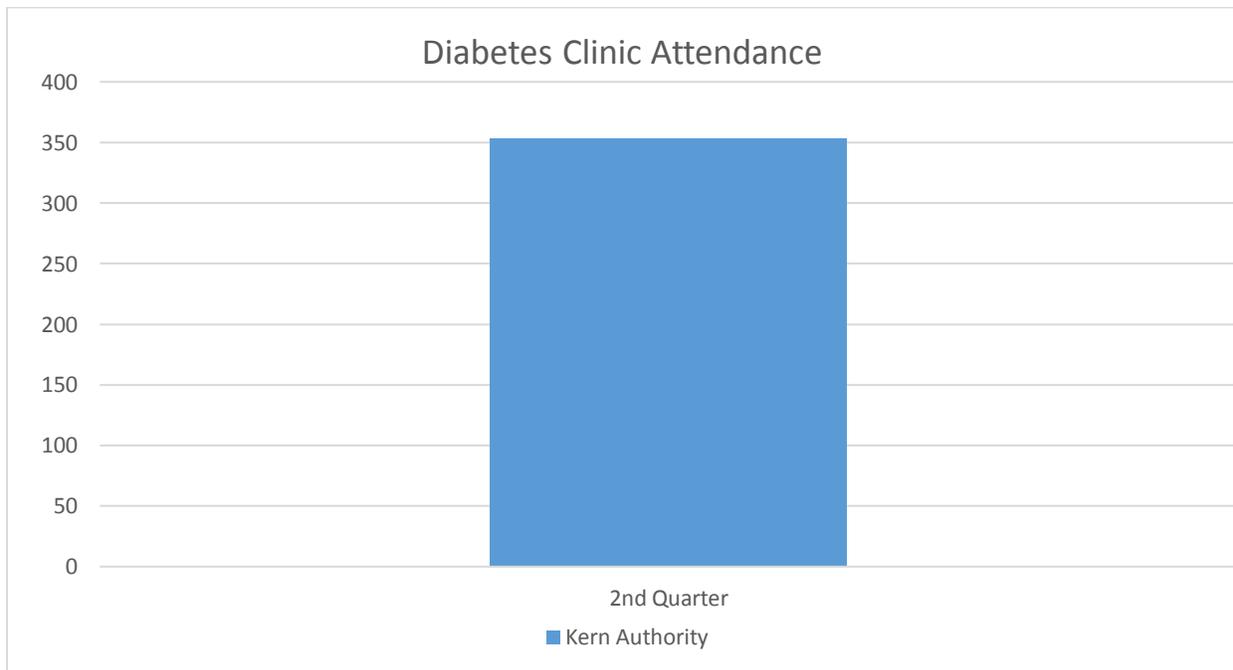
Diabetes Eye Exams Scheduled.

133



Diabetes Clinic Attendance.

Kern Authority
353



Diabetes Prevention Program: The first DPP program was completed at the end of February, 2020. Of the 48 members who attended the first session on March, 4th, 2019, 22 members completed the 26 sessions. The 2nd cohort has been delayed as a result of COVID19.

Sessions Scheduled to Attend (Jan & Feb)	Actual Sessions Attended (Jan & Feb)
0	0

