

AGENDA

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
4th Floor - Kern River Room
Bakersfield, California 93308

Regular Meeting
Tuesday, February 25, 2020

12:00 P.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Boulevard, 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.

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, Jenny Albert.

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 November 26, 2019 (Attachment) – APPROVE
- CA-4) Membership Enrollment Report - Medi-Cal – (Attachment) – APPROVE
- CA-5) 2020 Health Education, Cultural and Linguistics Work Plan
- CA-6) 2019 Health Education, Cultural and Linguistic Work Plan Evaluation
- 7) Member Services Report – (Nate Scott – Director of Member Services)
 - a. 2019 4th Quarter Grievance Summary Report
 - b. 2019 4th Quarter Grievance Report
(Attachments) – APPROVE
- 8) Marketing Report – (Louis Iturriria – Director of Marketing)
 - a. KFHC Member Notice
(Attachment) – APPROVE
- 9) Health Education Report – (Isabel Silva, MPH – Director of Health Education/
Cultural & Linguistics Services)
 - a. 2019 4th Quarter Health Education Activities Report
 - b. Spring 2020 Newsletter (Review)
(Attachment) – APPROVE

- 10) Disease Management Reports – (Michael Pitts, RN – Deputy Director of Health Services)
 - a. Diabetes Prevention Program (Presentation)
 - b. 2019 4th Quarter Disease Management Report (Attachments) – APPROVE

ADJOURN TO TUESDAY, May 26, 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
Kern River Room
Bakersfield, California 93308

Regular Meeting
Tuesday, November 26, 2019
12:00 P.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 2900 Buck Owens Boulevard, 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.

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

COMMITTEE RECONVENED

Members Present: Janet Hefner, Jennifer Wood, Jasmine Ochoa, Beatriz Basulto

Members Absent: Valerie Rangel, Cecilia Hernandez-Colin, Jenny Albert

Meeting called to order at 12:13 P.M. by Louie Iturriria, Director of Marketing and Member Services

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 BOARD 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 BOARD 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]) **NO ONE HEARD.**
- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on August 13, 2019 (Attachment) – APPROVED
- CA-4) Membership Enrollment Report - Medi-Cal – (Attachment) – APPROVED

**All Consent Agenda Items Approved (CA-3 through CA-4)
Hefner-Ochoa: All Ayes**

- 5) Member Services Report – (Nate Scott – Director of Member Services)
a. 2019 3rd Quarter Grievance Summary Report
b. 2019 3rd Quarter Grievance Report – **Jennifer Wood asked why there are such a high number of Kaiser Grievances that were closed in favor of member, when KHS did not. Nate will contact Kaiser for a response, and report back at the next meeting.**
(Attachments) – APPROVED
Wood-Hefner: All Ayes
- 6) Health Education Report – (Isabel Silva, MPH – Director of Health Education/Cultural & Linguistics Services)
a. 2019 3rd Quarter Health Education Activities Report
(Attachment) – APPROVED
b. Fall 2019 Member Newsletter (Discussion) – **Jennifer Wood suggested to add the Healthy Grow Initiative to the newsletter.**
c. Spring 2020 Member Newsletter (Discussion)
Ochoa-Wood: All Ayes

- **Isabel shared the requirements of the 2020 Population Needs Assessment (PNA) and Action Plan which has replaced Group Needs Assessment per KHS' contract with DHCS. Committee members will be solicited for feedback in 2020 regarding the PNA findings and the Action Plan.**
- 7) Disease Management Reports – (Michael Pitts, RN – Deputy Director of Health Services)
- a. 2019 3rd Quarter Disease Management Report
(Attachment) – APPROVED
Wood-Basulto: All Ayes

MEETING ADJOURNED BY LOUIE ITURRIRIA,
DIRECTOR OF MARKETING AND PUBLIC RELATIONS @ 12:53 P.M.
TO TUESDAY, FEBRUARY 25, 2020 AT 12:00 P.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 Board of Directors 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.

KHS FEBRUARY 2020 ENROLLMENT:

Medi-Cal Enrollment

As of February 1, 2020, Medi-Cal enrollment is 173,924 which represents an increase of 0.01% from January enrollment.

Seniors and Persons with Disabilities (SPDs)

As of February 1, 2020, SPD enrollment is 14,015, which represents a decrease of 0.1% from January enrollment.

Expanded Eligible Enrollment

As of February 1, 2020, Expansion enrollment is 60,505 which represents an increase of 0.3% from January enrollment.

Kaiser Permanente (KP)

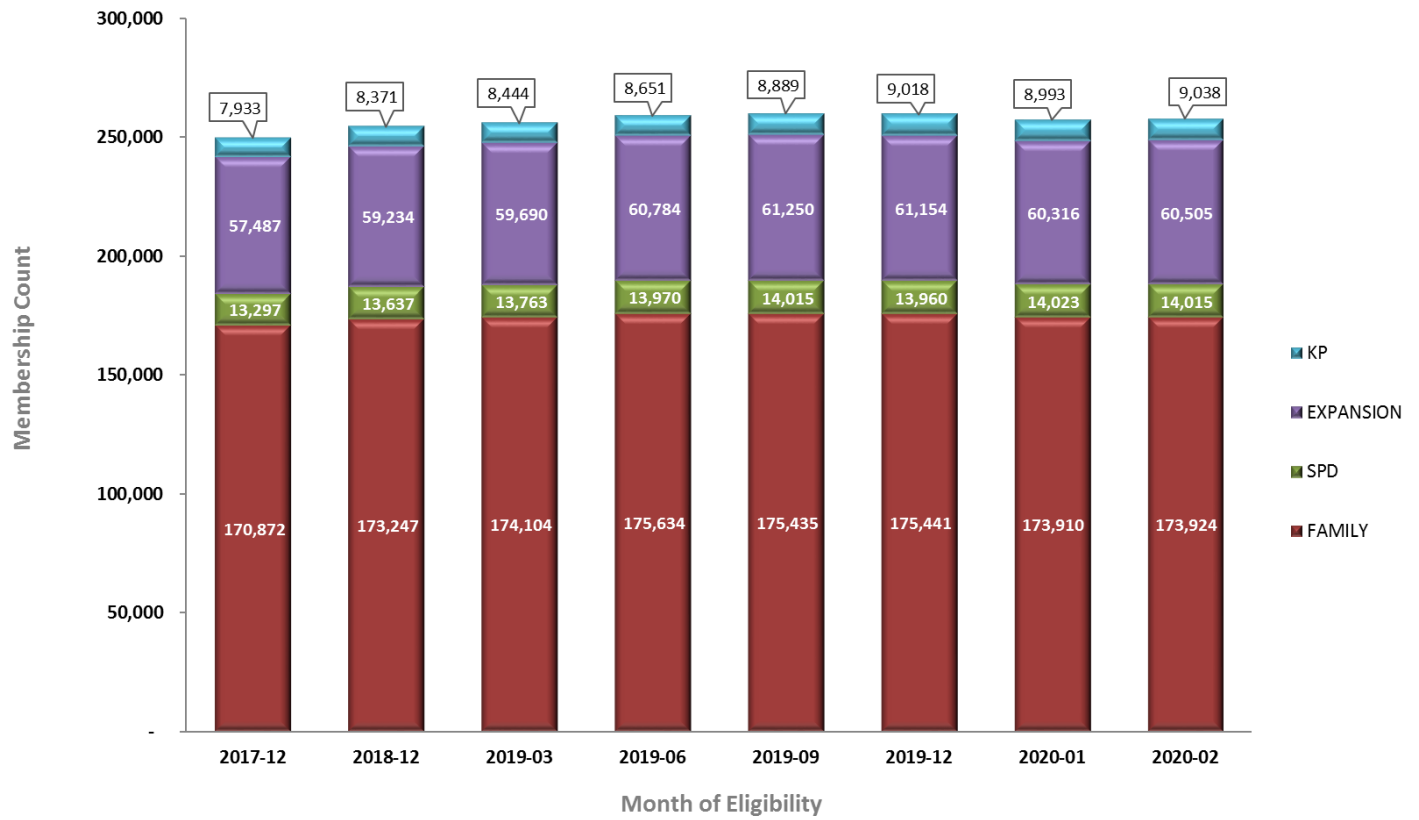
As of February 1, 2020, Kaiser enrollment is 9,038 which represents an increase of 0.5% from January enrollment.

Total KHS Medi-Cal Managed Care Enrollment

As of February 1, 2020, total Medi-Cal enrollment is 257,482 which represents an increase of 0.1% from January enrollment.

| Membership as of Month of Eligibility | FAMILY | SPD | EXPANSION | KP | BABIES | Monthly/Member Months Total |
|--|---------------|------------|------------------|-----------|---------------|------------------------------------|
| 2017-12 | 170,425 | 13,297 | 57,487 | 7,933 | 447 | 249,589 |
| 2018-12 | 172,770 | 13,637 | 59,234 | 8,371 | 477 | 254,489 |
| 2019-03 | 173,705 | 13,763 | 59,690 | 8,444 | 399 | 256,001 |
| 2019-06 | 175,218 | 13,970 | 60,784 | 8,651 | 416 | 259,039 |
| 2019-09 | 174,931 | 14,015 | 61,250 | 8,889 | 504 | 259,589 |
| 2019-12 | 175,022 | 13,960 | 61,154 | 9,018 | 419 | 259,573 |
| 2020-01 | 173,500 | 14,023 | 60,316 | 8,993 | 410 | 257,242 |
| 2020-02 | 173,549 | 14,015 | 60,505 | 9,038 | 375 | 257,482 |

We contacted the Kern County Department of Human Services (DHS) regarding the enrollment decrease since December 2019. Medi-Cal health plans statewide experienced similar decreases. DHS shared that in January they began a new automated discontinuance process when Medi-Cal beneficiaries do not complete the Annual Eligibility Redetermination process. In the past, beneficiaries were manually discontinued and the County had to focus on backlog work. This automated process will lead to more timely discontinuance and allow them to focus on the future.



*Babies are incorporated in Family Aid Code Category

| 2020 Health Education and Cultural and Linguistic Work Plan | | | | |
|---|---|---|------------|--|
| Goals | Objectives | Activities | Timeline | Responsible Department(s) |
| 1 Increase promotion of access to free interpreting services among members and providers. | A. Implement at least one new communication method to promote interpreting services. B. Meet with at least 4 new provider offices to educate on how to access KHS interpreting services and effectively communicate with LEP members. C. Establish a process for requesting use of video remote interpreting services at provider office. | 1. Research and identify other communication modes to promote access to interpreting services. 2. Continue to distribute brochures and posters to provider offices on how to access KHS interpreting services. 3. Post provider bulletins to provider portal on C&L services. 4. Coordinate with PR/QI to conduct provider in-services on process for requesting interpreters and how to effectively communicate with LEP members. 5. Create process for accessing video remote interpreting services. 6. Research additional interpreting vendors that serve Kern County. 7. Perform staff refresher in-service on C&L services | 12/31/2020 | Health Education Member Services Provider Relations Marketing Quality Improvement Case & Disease Management |
| 2 Increase member participation in KHS health education services. | A. 3% increase in member awareness of health education classes B. 3% increase in member interest in health education services C. 10% increase in attendance rate D. Identify at least one agency to contract for health education services. | 1. Provider bulletin reminder on health education services and incentives. 2. Conduct refresher staff training on service promotion 3. Provide copies of health education class flyer to provider offices and community events/meetings. 4. Message to members on portal, IVR, KHS social media pages, and newsletter. 5. Meet with key department heads on promotion of KHS classes. 6. Evaluate success of member incentive programs. 7. Leverage school wellness grant sites as potential class locations. 8. Research agencies interested in contracting for health education services. 9. Work with the local mass media to increase awareness about KFHC health education services and programs. 10. Coordinate with PR/QI to conduct provider in-services on promotion of HE classes. | 12/31/2020 | Health Education Member Services Provider Relations Marketing Quality Improvement Case & Disease Management |
| 3 Increase tobacco cessation promotion and education among members. | A. 5% increase in referrals for tobacco cessation. B. Leverage all member communication channels for tobacco education. | 1. Participate in community meetings, events and media opportunities on tobacco cessation. 2. Research evidence-based incentive programs around tobacco cessation 3. Annual mailing on tobacco cessation. 4. Provide health education and promotion messages on tobacco cessation through the member newsletter, IVR, member portal, community events, and KHS social media sites. 5. Work with the QI department on monitoring tobacco users and counseling at the provider level. 6. Provider bulletin on recommended web-based trainings. | 12/31/2020 | Health Education Member Services Provider Relations Marketing Quality Improvement Case & Disease Management |
| 4 Increase asthma management education among members and improve asthma outcomes. | A. 5% increase in asthma class attendance rates. B. Enroll 40 members in the Asthma Impact Model with at least 50% participation at the end of the pilot program. C. Leverage all member communication channels for asthma education. D. Evaluate the asthma education and training needs of KHS contracted providers | 1. Participate in community meetings, events and media opportunities on asthma. 2. Continue to host asthma education services in the community. 3. Evaluate and modify asthma class incentive program. 4. Monitor and support efforts of the Asthma Impact Model program. 5. Provide health education and promotion messages on asthma through the member newsletter, IVR, member portal, community events, and KHS social media sites. 6. Work with the QI/PR departments on other asthma management education initiatives at the member and provider level. 7. Encourage schools to apply for KFHC grants to address student asthma management. | 12/31/2020 | Health Education Member Services Provider Relations Marketing Quality Improvement Case & Disease Management |
| 5 Increase member outreach and engagement in the Perinatal Management and Engagement Program | A. 5% increase in member awareness of incentive programs. B. At least 10% of pregnant members will have signed up for Text 4 Baby C. 1% increase in members identified as compliant with prenatal care visits. D. Implement postpartum incentive programs that align with new MCAS measures | 1. Educate and inform members on perinatal care and available incentive programs through social media channels, mail, phone, and community outreach. 2. Continue to train outreach staff to include talking points on pregnancy care and incentives. 3. Mail out pregnancy and postpartum healthcare guides. 4. Implement member surveys. 5. Post bulletins on the provider portal to remind provider network on available incentive programs and services to support pregnant members. 6. Revise postpartum incentive programs to align with new MCAS measures 7. Screen & refer members who participate in outreach calls for maternal mental health KHS BHCM. 8. Encourage member participation in Text4Baby. | 12/31/2020 | Health Education Member Services Provider Relations Marketing Quality Improvement Case & Disease Management |
| 6 Encourage members to be more active participants in their health care through member rewards programs | A. Evaluate the effectiveness and impact of all member incentive programs B. Create a plan-wide member rewards strategy plan. | 1. Create inventory of all current member incentive programs. 2. Meet with key department stakeholders that engage with members and providers. 3. Identify potential member rewards vendors. 4. Obtain member feedback through surveys, focus groups or key informant interviews. 5. Identify targeted member groups and health actions to be impacted. | 12/31/2020 | Health Education Member Services Provider Relations Marketing Quality Improvement Case & Disease Management |
| 7 Complete the DHCS Population Needs Assessment | A. Identify member health needs and health disparities B. Evaluate health education, C&L and QI activities and available resources to address identified concerns C. Implement targeted strategies for health education, C&L and QI programs and services. | 1. Collect and analyze required and recommended data sources for KHS, Kern County and California. 2. Create PNA Report and Action Plan. 3. Submit PNA Report and Action Plan to DHCS for approval by 6/30/2020. 4. Share PNA Report findings and action plan with KHS management, CAC and providers. | 12/31/2020 | Health Education Member Services Provider Relations Marketing Quality Improvement Case & Disease Management |

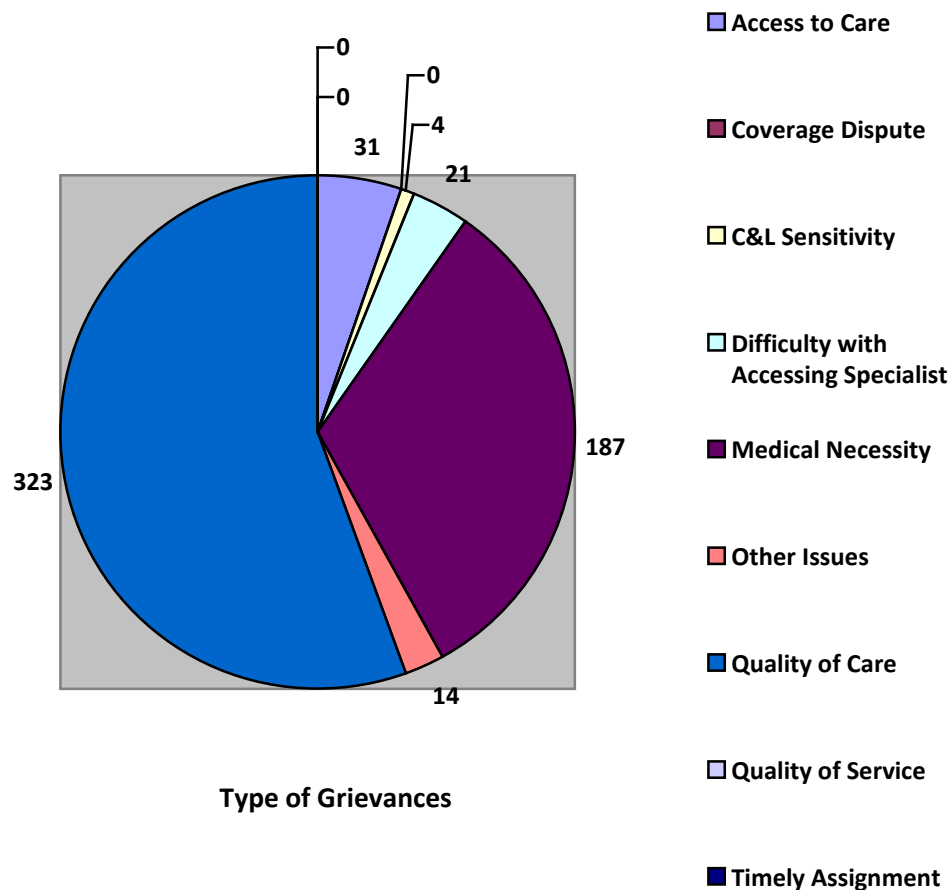
2019 Health Education and Cultural and Linguistic Work Plan Evaluation

| | Goals | Objectives | Activities | Timeline | Results |
|---|--|--|---|------------|----------------|
| 1 | Promote access to free interpreting services among members and providers. | <p>A. Educate members on the the availability of free interpreting services.</p> <p>B. Educate providers on how to access KHS interpreting services and effectively communicate with LEP members.</p> <p>C. Offer video remote interpreting services as appropriate when in-person interpreters are not accessible.</p> | <p>1. Language access taglines posted in the member newsletter issues and messages on IVR, member portal, KHS social media pages were posted.</p> <p>2. Information on free interpreting services in community presentations and health education workshops continue to be included.</p> <p>3. Brochures and posters to provider offices on how to access KHS interpreting services continue to be provided.</p> <p>4. Annual provider bulletin to provider portal on C&L services posted in July.</p> <p>5. Provider in-services on process for requesting interpreters and how to effectively communicate with LEP members completed with 6 sites.</p> <p>6. Contract for VRI services with LLS continues to be maintained.</p> | 12/31/2019 | Objectives Met |
| 2 | Improve member health literacy and communication skills with providers and KHS. | A. Educate members on how to communicate their health needs with their medical team and KHS using a variety of communication methods. | <p>1. Message to members on IVR, member portal, KHS social media pages, and newsletter continue to be shared.</p> <p>2. 3 Question "Ask Your Doctor" questions were included in the members newsletters.</p> <p>3. Educational tools for members to communicate health needs with PCP are included as part of the HE classes.</p> | 12/31/2019 | Objectives Met |
| 3 | Reduce the rate of unnecessary ED visits and increase the proper utilization of urgent care and preventive care services | <p>A. Educate members on how to access and appropriately use the health plan benefits and health care services.</p> <p>B. Educate members on how the benefits of the 24 hour advice nurse line and how to access the service.</p> <p>C. Participate in community collaboratives targeting unnecessary ED visits.</p> | <p>1. Message to members on IVR, KHS social media pages, and newsletter were posted.</p> <p>2. The HE team participated in community health fairs to share brochures and benefit information with members..</p> <p>3. Information on appropriate use of services are included in the HE classes as part of the handouts or presentation.</p> <p>4. Self care information continues to be shared with members via the members newsletter, audio health library and KHS website.</p> <p>5. Brochures on "Is it an Emergency" continue to be shared with provider offices.</p> | 12/31/2019 | Objectives Met |
| 4 | Increase member participation in KHS health education workshops. | <p>A. Promote KHS health education services among members and providers.</p> <p>B. Evaluate the effectiveness of health education programs and incentives.</p> <p>C. Train staff to promote health education services and incentives.</p> <p>D. Train additional staff to aid in facilitation of health education workshops.</p> <p>E. Identify additional locations to host health education workshops.</p> | <p>1. Provider bulletin reminder on health education member incentives posted in July and Sept.</p> <p>2. Refresher staff training on service promotion completed with HE team</p> <p>3. Copies of health education workshop flyer to provider offices and community events/meetings continue to be distributed.</p> <p>4. Message to members on IVR, KHS social media pages, and newsletter continue to be posted.</p> <p>5. Met with PR, MS and QI on promotion of KHS workshops.</p> <p>6. Follow up and evaluation of nutrition and asthma workshops was completed.</p> <p>7. Continued Public Health Internship partnership with Bakersfield College.</p> <p>8. New site locations for health education classes at new KHS building, Standard School District, Wallace Elementary, Williams Elementary, and Terrace Elementary.</p> | 12/31/2019 | Objectives Met |
| 5 | Provide KHS members and providers access to health education materials, programs and resources. | <p>A. Utilize KHS social media channels to provide health education.</p> <p>B. Offer health education workshops throughout the county.</p> <p>C. Enhance member experience in accessing health education services through the member portal.</p> <p>D. Enhance provider experience in requesting health education services for KHS members.</p> <p>E. Expand library of health education materials.</p> <p>F. Educate members and providers on available tobacco/smoking cessation services.</p> | <p>1. Calendar of social media postings was created and validated.</p> <p>2. Health education classes continue to be held in 93308 , 93307 and 93306 areas.</p> <p>3. Members can sign up for health education class topics and staff will reach out by phone to register the member. New KHS website launched and includes calendar of HE classes. Membe portal enhancements were not implemented.</p> <p>4. Self care information made available through members newsletter, KHS website and audio health library.</p> <p>5. We continue to research availability of high demand health education material in non-threshold languages.</p> <p>6. Provider bulletins on new asthma guidelines posted in December. Postcards on accessing tobacco cessation aids provided by CA Smokers Helpline continue to be distributed in the community. Asthma class promotion in Summer member newsletter.</p> | 12/31/2019 | Objectives Met |

| | | | | |
|--|--|--|-------------------|-----------------------|
| <p>6 Improve the readability and member engagement of health education and promotion materials.</p> | <p>A. Evaluate the layout and images health education and promotion materials due for review in 2018.</p> <p>B. Increase staff knowledge in producing and identifying easy to read health education materials.</p> | <p>1. Health education material continues to be reviewed every 3 years for content updates.</p> <p>2. Research continues to be performed to identify additional health education material produced by vendors that is easy to read.</p> <p>3. Health literacy training provided to key Marketing and Member Engagement staff in March.</p> <p>4. Participated in Health Literacy conference in May and webinar in October.</p> | <p>12/31/2019</p> | <p>Objectives Met</p> |
| <p>7 Maintain and establish new relationships with community partners to help address policy, systems and environmental (PSE) factors of health.</p> | <p>A. Collaborate with schools and other community partners on programs and services that address community health.</p> <p>B. Support community partners on projects and programs that address PSE factors of health.</p> <p>C. Increase staff knowledge on best practices to address PSE factors of health.</p> | <p>1. Continued to partner with schools and districts to provide health education workshops that address asthma, obesity and other chronic conditions.</p> <p>2. Implemented 2nd cycle of School Wellness Grant program. 6 sites were awarded funding.</p> <p>3. Provide letters of support to Tobacco Free Kern Coalition, onesie donations to Black Infant Help and staff participation in Asthma Summit, Asthma Camp.</p> <p>4. Continued to participate in webinars, conferences, events and meetings that help address PSE factors of health.</p> <p>5. Met with MLK Park and Pocket Park representatives on hosting HE classes at the site. Classes will be held once dates and times have been secured and have gone through approval process.</p> | <p>12/31/2019</p> | <p>Objectives Met</p> |
| <p>8 Promote programs and resources targeted for SPD members.</p> | <p>A. Collaborate with KHS Departments and community partners to address the needs of SPD members.</p> <p>B. Educate SPD members on new and existing programs and resources.</p> <p>C. Educate providers on the programs and resources available for SPD members.</p> | <p>1. Continued to participate in community meetings and events that address the needs of SPD members.</p> <p>2. Continued to share new programs and resources with SPD members, as available.</p> <p>3. Continued to collaborate with Case and Disease Management Departments and community partners on the development of member newsletter articles.</p> <p>4. Continued to provide health education and promotion messages to SPD members through the member newsletter, IVR, member portal, and KHS social media sites.</p> <p>5. Continued to update the KHS community resource list, as needed.</p> <p>6. Continued to participate in media opportunities to promote health education programs.</p> <p>7. Continued to promote health education programs on KHS social media sites and website.</p> | <p>12/31/2019</p> | <p>Objectives Met</p> |
| <p>9 Improve member outreach and engagement strategies of the Pregnancy Management Program</p> | <p>A. Collaborate with Community Based Organizations to identify pregnant members and facilitate access to care.</p> <p>B. Evaluate effectiveness of new pregnancy incentive program</p> <p>C. Survey pregnant members to identify barriers to care and perceptions.</p> <p>D. Educate members on the importance of timely and regular care.</p> | <p>1. Partnered with schools, retail stores, parks, grocery stores and other CBOs to promote pregnancy education, services and incentive programs.</p> <p>2. Continued to meet with staff on performing outreach calls to the perinatal population. Began referring members to BHCM for further maternal mental health screening.</p> <p>3. Submitted pregnancy incentive annual evaluation to DHCS with change to postpartum incentive timeframe to align with MCAS.</p> <p>4. Participate in Pregnancy Engagement Project and viewed pregnancy demonstration solutions for case management and education via text message, mobile application, IVR and live agent.</p> | <p>12/31/2019</p> | <p>Objectives Met</p> |

4th Quarter 2019 Grievance Summary

| Issue | Number | In Favor of Health Plan | In favor of Enrollee | Still under review |
|---------------------------------------|--------|-------------------------|----------------------|--------------------|
| Access to care | 31 | 23 | 8 | 0 |
| Coverage dispute | 0 | 0 | 0 | 0 |
| Cultural and Linguistic Sensitivity | 4 | 1 | 3 | 0 |
| Difficulty with accessing specialists | 21 | 9 | 12 | 0 |
| Medical necessity | 187 | 137 | 50 | 0 |
| Other issues | 14 | 13 | 1 | 0 |
| Quality of care | 323 | 54 | 269 | 0 |
| Quality of service | 0 | 0 | 0 | 0 |
| Timely assignment to provider | 0 | 0 | 0 | 0 |



Grievances per 1,000 Members = 2.33

During the fourth quarter of 2019, there were five hundred and eighty formal grievances and appeals received. Three hundred and thirty nine cases were closed in favor of the Enrollee; two hundred and twenty seven cases were closed in favor of the Plan. Five hundred and seventy nine cases closed within thirty days; one case closed past thirty days. Fifty eight cases were received from SPD (Seniors and Persons with Disabilities) members. Sixty nine cases were received from Medi-Cal Expansion members.

4th Quarter 2019 Grievance Summary

Access to Care

There were thirty one grievances pertaining to access to care. Twenty three cases closed in favor of the Plan. Eight cases closed in favor of the Enrollee. The following is a summary of these issues:

Thirteen members complained about the lack of available appointments with their Primary Care Provider (PCP). Nine of the cases closed in favor of the Plan after the responses indicated the office provided appropriate access to care based on the Access to Care Standards for PCP appointments. Four of the cases closed in favor of the Enrollee after the response indicated the office may not have provided appropriate access to care.

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

Three members complained about the telephone access with their Primary Care Provider (PCP). One case closed in favor of the Plan after the response indicated the member was provided with the appropriate telephone access. Two cases closed in favor of the Enrollee after the response indicated the office may not have provided appropriate telephone access.

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

There were four grievances pertaining to Cultural and Linguistic Sensitivity. One case closed in favor of the Plan. Three cases closed in favor of the Enrollee. The following is a summary of these issues:

One member complained about lack of interpreting service to assist completing paperwork. The case closed in favor of the Enrollee after the response indicated the office may not have assisted coordinate interpreter.

One member complained about provider not coordinating American Sign Language (ASL) interpreter for upcoming appointment. The case closed in favor of the Enrollee after the response indicated the office may not have assisted coordinate service.

Two members complained about lack of interpreting service to assist during appointment. One case closed in favor of the Plan after the response indicated the member was provided with the appropriate interpreting service. One case closed in favor of the Enrollee after the response indicated the office may not have assisted coordinate interpreter.

4th Quarter 2019 Grievance Summary

Difficulty with Accessing a Specialist

There were twenty one grievances pertaining to Difficulty Accessing a Specialist. Nine cases closed in favor of the Plan. Twelve cases closed in favor of the Enrollee. The following is a summary of these issues:

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

Five members complained about the wait time to be seen for a specialist appointment. Two cases closed in favor of the Plan after the response indicated the member was seen within the appropriate wait time for an appointment based on the Access to Care Standards. Three cases closed in favor of the Enrollee after the responses indicated the member may not have been seen within the appropriate wait time for an appointment based on the Access to Care Standards.

Two members complained about the telephone access with their specialist. The cases closed in favor of the Enrollee after the responses indicated the member may not have been provided appropriate telephone access based on the Access to Care Standards.

Medical Necessity

There were one hundred and eighty seven appeals pertaining to Medical Necessity. One hundred and thirty seven of the cases were closed in favor of the Plan. Fifty of the cases closed in favor of the Enrollee. The following is a summary of these issues:

One hundred and forty nine members complained about the denial or modification of a referral authorization request. Ninety nine 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 and the denials were upheld. One case was closed in favor of the Plan and modified. Forty nine cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned.

Thirty eight members complained about the denial or modification of a TAR. Thirty seven 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 and the denial was upheld. One case was closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned.

Other Issues

There were fourteen grievances pertaining to Other Issues. Thirteen of the cases were closed in favor of the Plan. One case closed in favor of the Enrollee.

4th Quarter 2019 Grievance Summary

Quality of Care

There were three hundred and twenty three grievances involving Quality of Care issues. Thirty four cases were closed in favor of the Plan. Two hundred and sixty nine cases were closed in favor of the Enrollee. The following is a summary of these issues:

Two hundred and thirty eight members complained about the quality of care received from a Primary Care Provider (PCP). Thirty eight cases were closed in favor of the Plan. Two hundred cases closed in favor of the Enrollee. All records/responses were sent to QI for further review and investigation.

Sixty six members complained about the quality of care received from a specialty provider. Eleven cases were closed in favor of the Plan. Fifty five cases closed in favor of the Enrollee. All records/responses were sent to QI for further review and investigation.

Nineteen members complained about the quality of care received from providers staffed by an urgent care, hospital, or non-hospital affiliated clinic. Five cases closed in favor of the Plan. Fourteen of the cases closed in favor of the Enrollee. All records/responses were sent to QI for further review and investigation.

Quality of Service

There were no grievances pertaining to Quality of Service.

Timely Assignment to Provider

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

Kaiser Permanente Grievances

During the fourth quarter of 2019, there were seventy nine grievances and appeals received by KFHC members assigned to Kaiser Permanente. Two cases closed in favor of the Plan. Seventy seven cases were closed in favor of the Enrollee.

Access to Care

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

Three members complained about the excessive wait time to be seen for an appointment. All three cases closed in favor of the Enrollee.

Two members complained about the lack of appointment availability for a Primary Care Provider. Both of the cases closed in favor of the Enrollee.

Coverage Dispute

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

4th Quarter 2019 Grievance Summary

Twenty four members complained about a service they requested; however, the request was not covered. One case closed in favor of the Plan and the service was not covered. Twenty three of the cases closed in favor of the Enrollee and the services were provided.

Medical Necessity

There were two appeals pertaining to Medical Necessity. The following is a summary of these issues:

One member complained about a service they requested; however, the request was not approved. The case closed in favor of the Plan and the service was not provided.

One member complained about a delay of a service they requested. The case closed in favor of the Enrollee and the requested service was provided.

Quality of Care

There were ten grievances pertaining to quality of care. The following is a summary of this issue:

Nine members complained about the quality of care they received from a provider. All nine 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 thirty eight grievances pertaining to Quality of Service. The following is a summary of these issue.

Twenty six members complained about the services being inadequate at a facility. All twenty six cases closed in favor of the Enrollee.

Twelve members complained about the poor attitude from a provider and/or staff. All twelve cases closed in favor of the Enrollee.

Grievance Report

- The DMHC requires KHS Management report/review/discuss quarterly grievances with the KHS Board of Directors.

| Category | Q4 2019 | Status | Issue | Q3 2019 | Q2 2019 | Q1 2019 | Q4 2018 |
|---|-------------|--------|--|---------|---------|---------|---------|
| Access to Care | 56 | | Appointment Availability | 34 | 32 | 41 | 32 |
| Coverage Dispute | 0 | | Authorizations and Pharmacy | 3 | 9 | 14 | 12 |
| Medical Necessity | 187 | | Questioning denial of service | 214 | 244 | 228 | 240 |
| Other Issues | 14 | | Miscellaneous | 16 | 13 | 9 | 10 |
| Quality of Care | 323 | | Questioning services provided. All cases forwarded to Quality Dept. | 65 | 26 | 29 | 22 |
| Quality of Service | 0 | | Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department | 0 | 1 | 6 | 3 |
| Exempt | 1140 | | Member Grievances that are calls of dissatisfaction, that are not regarding a coverage or medical necessity issue, resolved within one business day. | 1515 | 1321 | 1216 | 1082 |
| Total Grievances, Appeals and Exempt Cases | 1720 | | | 1847 | 1646 | 1543 | 1401 |



Additional Insights-Grievance & Appeal Detail

| Issue | 4th Quarter Grievances | Upheld Plan Decision | Overtured Ruled for Member | Still Under Review |
|--------------------|------------------------|----------------------|----------------------------|--------------------|
| Access to Care | 31 | 22 | 7 | 2 |
| Coverage Dispute | 0 | 0 | 0 | 0 |
| Specialist Access | 25 | 10 | 14 | 1 |
| Medical Necessity | 187 | 128 | 48 | 11 |
| Other Issues | 14 | 13 | 1 | 0 |
| Quality of Care | 323 | 54 | 269 | 0 |
| Quality of Service | 0 | 0 | 0 | 0 |
| Total | 580 | 227 | 339 | 14 |



LEARN MORE ABOUT



Kern FamilyTM Health Care



Follow these simple steps to be informed of what your health plan is doing to keep you up-to-date.

Do you need any help?

Please call our Member Services Department at 661-632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield). Office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.

KFHC MEMBER INFORMATION

KFHC Member Handbook

The member handbook keeps you informed about your KFHC health plan covered services. It helps you know what services are covered by KFHC. It also explains your rights and responsibilities as a member of KFHC.

KFHC Provider Directory

This is a list of health care providers and health care centers that are contracted with KFHC. It includes most In-Network providers. These providers include: Primary Care Providers (PCP), health care specialists, pharmacies, hospitals and urgent cares. Lab centers and imaging tests centers are also included.

KFHC Drug Formulary

Your health care provider will use the list in the drug formulary to see what is covered by KFHC. This is done when you need a prescription. The KFHC Drug Formulary is a guide for your provider when a prescription is given to you. However, the Formulary is not a guarantee your provider will prescribe you medication from the list.

HOW TO GET THIS INFORMATION

Your Member Portal Account

Create a secure Member Portal account and log in. Your Member Portal account has the above booklets for you to read. It also gives you access to many other self-service options.

- Go to www.kernfamilyhealthcare.com and click on the Member Portal button to get started.

The KFHC Website

Visit our website: www.kernfamilyhealthcare.com. Click on New Members to review or print the KFHC Member Handbook, KFHC Provider Directory, or KFHC Drug Formulary.

A Hard Copy

You can ask that KFHC mail you the above items in hard copy (paper) format. You can also request these items in a format that is best for you. You could ask for large print, braille and audio (when possible). Give us a call and speak to our KFHC Member Services Department at 661-632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield). After we receive your request, we will mail you a copy. For up-to-date content, please visit our website. Also, log in to your Member Portal account to update your health profile.

Kern Family Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kern Family Health Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-391-2000 (TTY: 711) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-391-2000 (TTY: 711) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-391-2000 (TTY: 711)。

INFÓRMESE MÁS SOBRE



Kern FamilyTM Health Care



Siga estos pasos sencillos para informarse de lo que su plan de salud está haciendo para mantenerlo(a) actualizado(a).

¿Necesita alguna ayuda?

Por favor llame a nuestro Departamento de Servicios para Miembros al 661-632-1590 (en Bakersfield) o al 1-800-391-2000 (fuera del área de Bakersfield). Horario de oficina es de lunes a viernes, de 8:00 a.m. a las 5:00 p.m.

INFORMACIÓN PARA MIEMBROS DE KFHC

Manual para Miembros de KFHC

El manual de miembros lo(a) mantiene informado(a) acerca de sus servicios cubiertos de su plan de salud de KFHC. Le ayuda a saber cuáles servicios están cubiertos por KFHC. También le explica sus derechos y responsabilidades, como un miembro de KFHC.

Directorio de Proveedores de KFHC

Esto es una lista de proveedores de atención médica y centros de atención médica que están contratados con KFHC. Incluye la mayoría de proveedores dentro de la red. Estos proveedores incluyen: Proveedores de Cuidado Primario (PCP), especialistas de atención médica, farmacias, hospitales, y salas de urgencias. También están incluidos los centros de laboratorios y centros de pruebas de imágenes.

Formulario de Medicamentos de KFHC

Su proveedor de atención médica usará la lista en el formulario de medicamentos para ver lo que está cubierto por KFHC. Esto se realiza cuando usted necesita una receta. El Formulario de Medicamentos de KFHC es una guía para su proveedor, cuando una receta se le da a usted. Sin embargo, el Formulario no es una garantía que su proveedor le recetará su medicamento de la lista.

CÓMO OBTENER ESTA INFORMACIÓN

Su Cuenta del Portal para Miembros

Crea una cuenta de Portal para Miembros segura e inicie sesión. Su cuenta del Portal para Miembros tiene los folletos mencionados para que usted los lea. También le da acceso a muchas otras opciones de auto-servicio.

- Vaya a www.kernfamilyhealthcare.com y haga clic en el botón de Portal para Miembros para iniciar.

El Sitio Web de KFHC

Visite nuestro sitio web: www.kernfamilyhealthcare.com. Haga clic en Miembros Nuevos para revisar o imprimir el Manual para Miembros de KFHC, el Directorio de Proveedores de KFHC, o el Formulario de Medicamentos de KFHC.

Una Copia en Papel

Usted puede pedirle a KFHC que le envíe los artículos mencionados en formato, en copia de papel. Usted también puede solicitar estos artículos en un formato que es el mejor para usted. Usted puede pedir letra grande, braille, y de audio (cuando es posible). Llámenos y hable con nuestro Departamento de Servicios para Miembros de KFHC, al 661-632-1590 (en Bakersfield) o al 1-800-391-2000 (fuera del área de Bakersfield). Le enviaremos una copia, después de que recibamos su solicitud. Para contenido actualizado, por favor visite nuestro sitio web. Además, ingrese a su cuenta de Portal para Miembros para actualizar su perfil de salud.

Kern Family Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kern Family Health Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-391-2000 (TTY: 711) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-391-2000 (TTY: 711) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-391-2000 (TTY: 711)。

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019

Report Date: January 6, 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.

- Member Incentive Program Changes
- Health Education Class Curriculum Changes
- Spring 2020 Member Newsletter

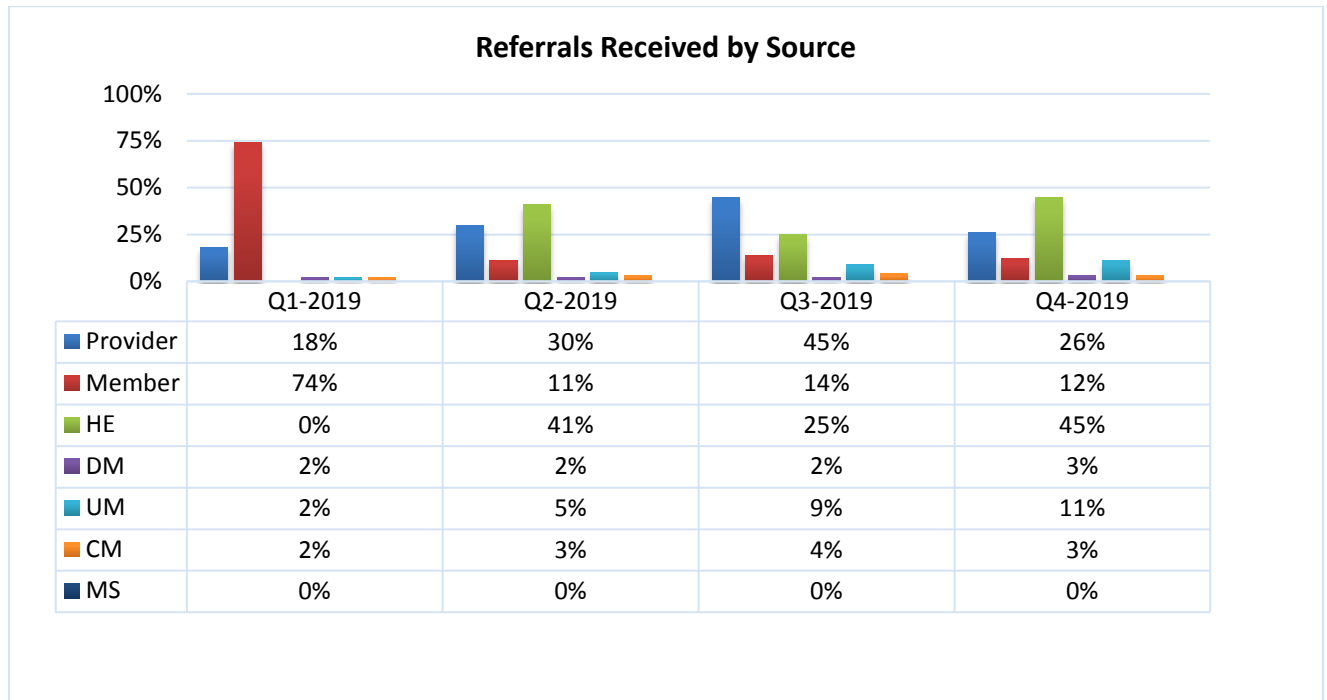
The following pages reflect statistical measurements for the Health Education department detailing the ongoing activity for the 4th quarter 2019.

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

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019

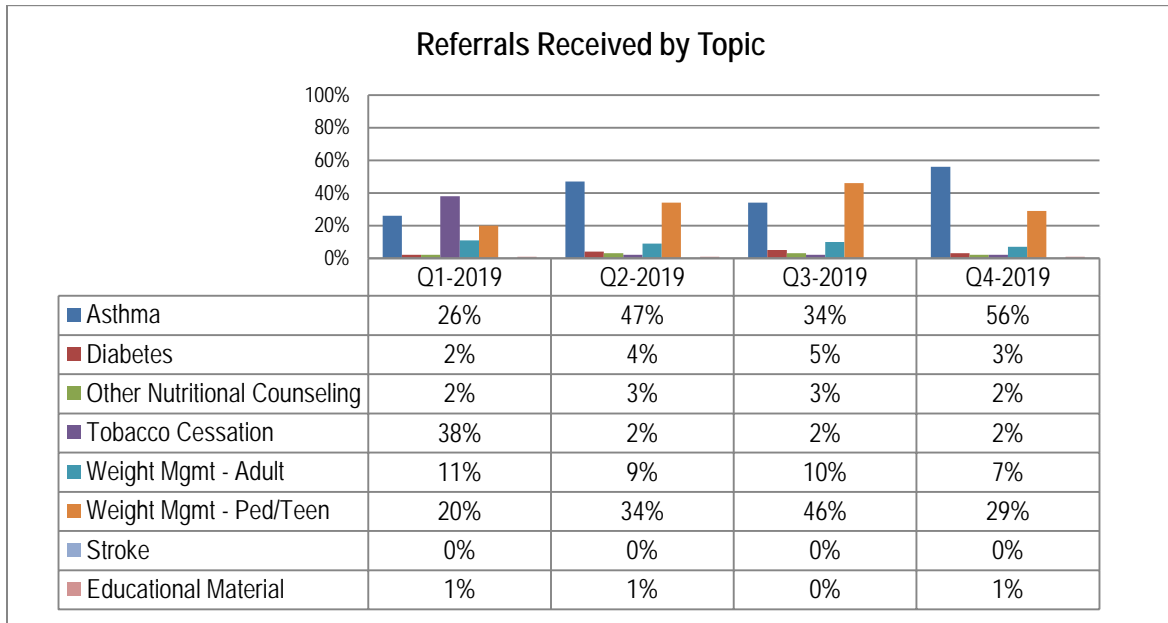
REFERRALS FOR HEALTH EDUCATION SERVICES

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.

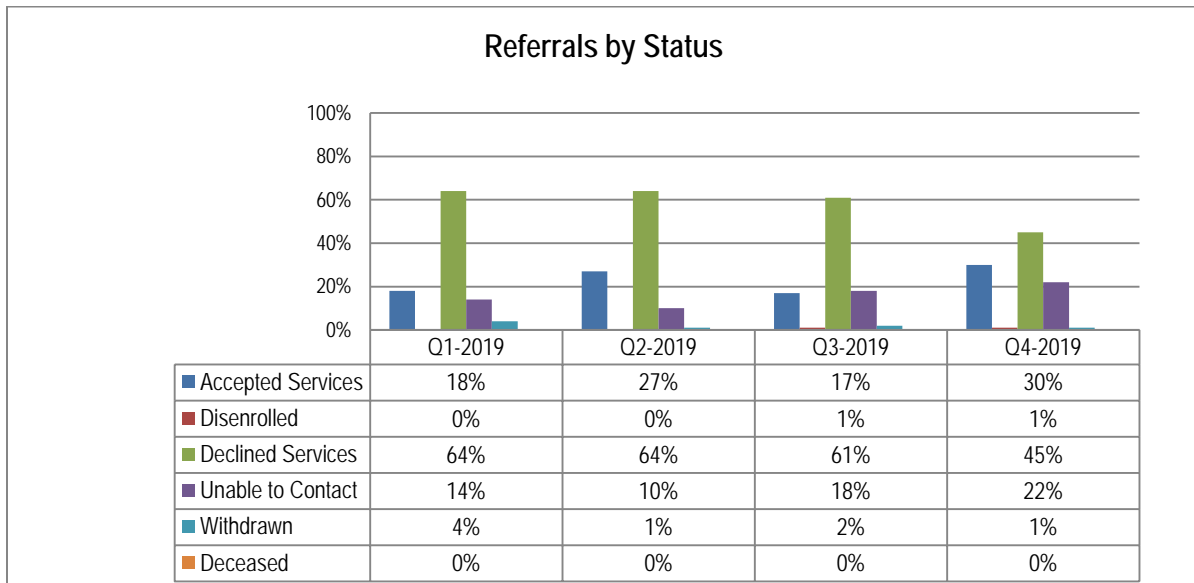


During this quarter, 825 referrals were received which is a 3% decrease in comparison to the previous quarter.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019



The HE department receives referrals for various health conditions. This quarter, referrals for asthma education were still significantly higher than the prior quarter due to targeted outreach calls performed by the HE department.



The rate of members who accepted to receive health education services increased from 17% in the 3rd quarter to 30% in the 4th quarter of 2019

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019

HEALTH EDUCATION SERVICE PROVIDERS

The HE department offers various types of services through KHS or through community partnerships.

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 only)
- Heart Healthy Classes
- Individual Nutrition Counseling

Clinica Sierra Vista (CSV) WIC:

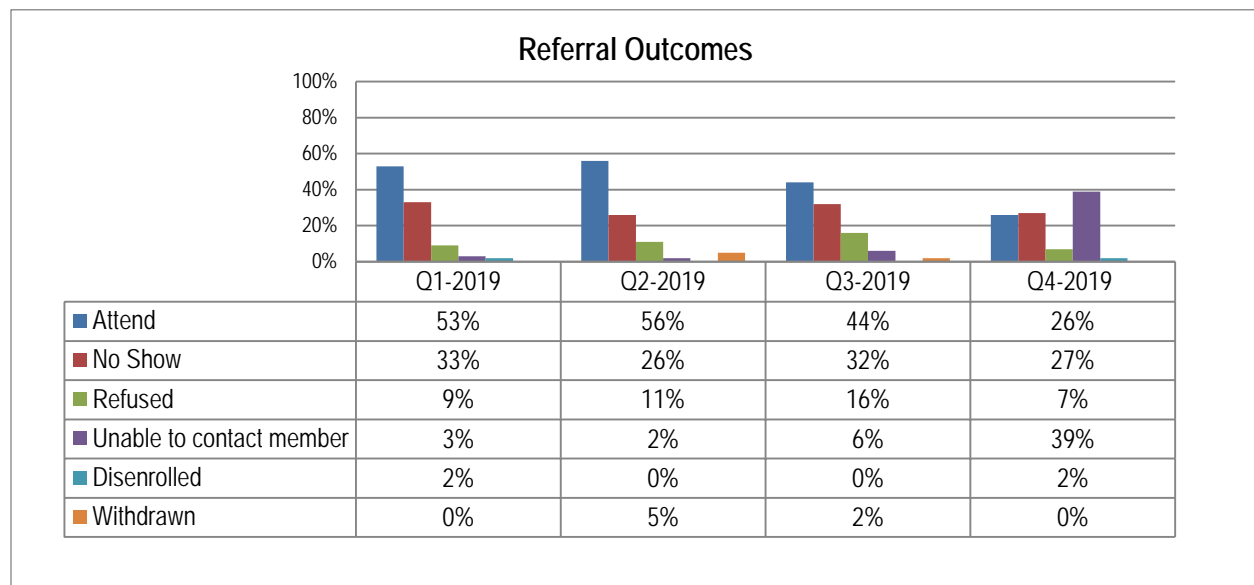
- Diabetes Management Classes
- Heart Healthy Classes

California Smokers' Helpline (CSH):

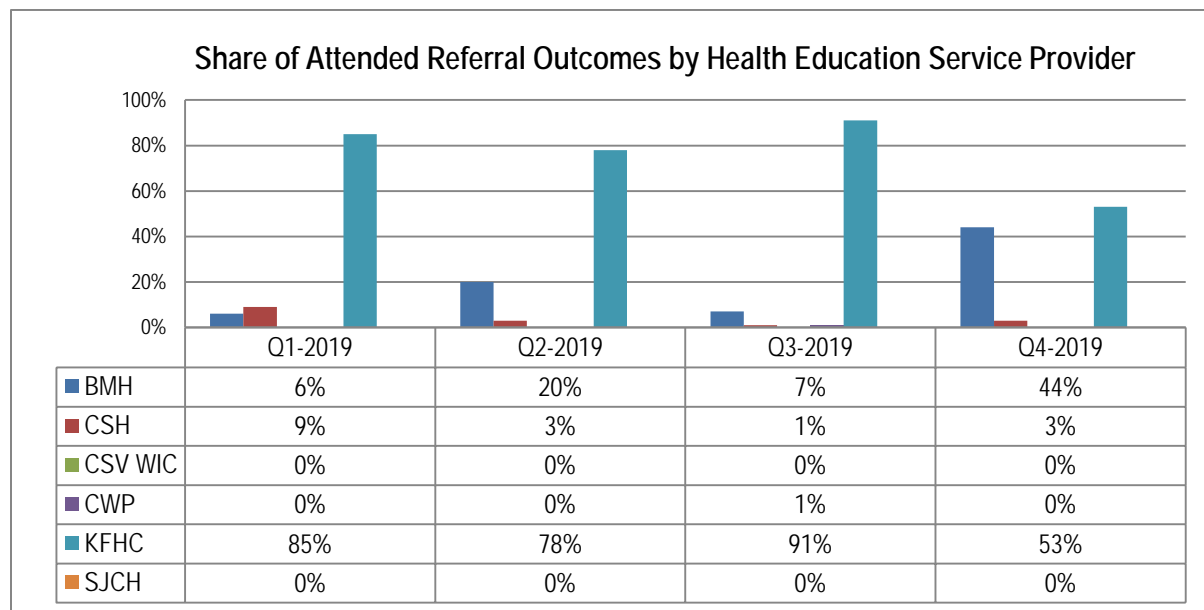
- Telephone Smoking Cessation Counseling

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019

REFERRAL OUTCOMES



During this quarter, the rate of members who received health education services out of all members who accepted services decreased from 44% to 26%.

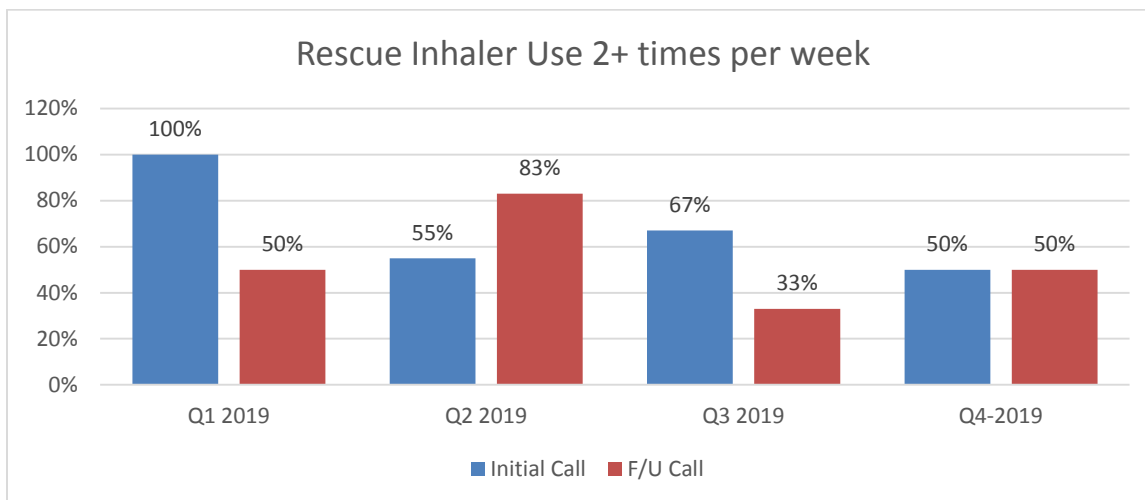
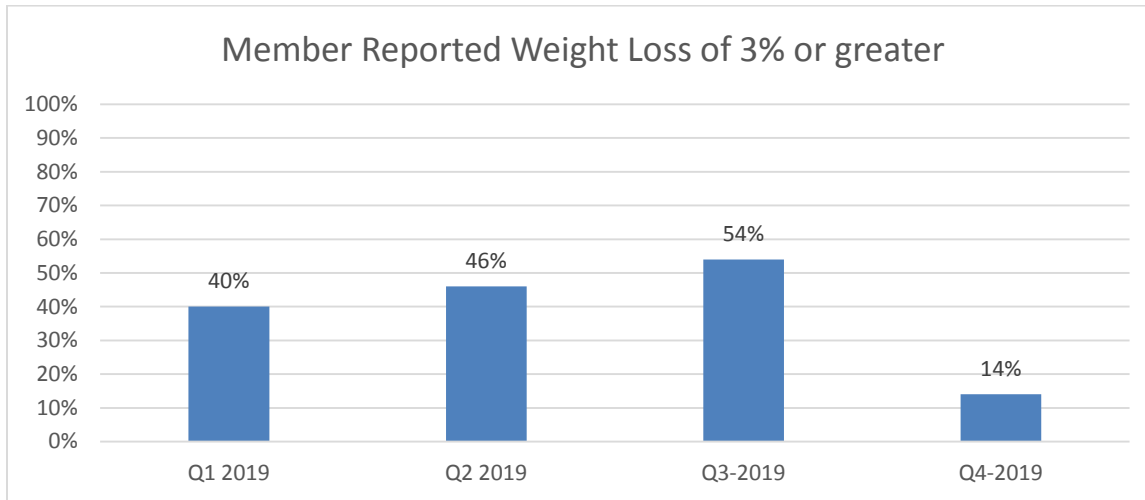


Services through KFHC demonstrates to be the largest share of referral outcomes. This quarter KFHC showed a decrease from 91% in the 3rd quarter to 53% in the 4th quarter of 2019.

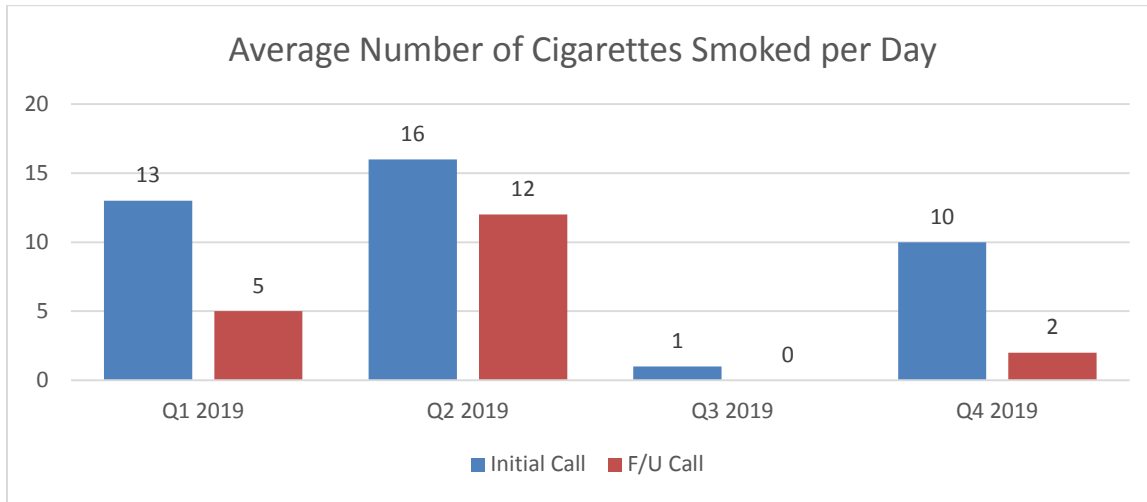
Effectiveness of Health Education Services

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019

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 19 members who participated in the 3 month follow up call, 13 received weight management education, 1 received tobacco cessation education and 5 received asthma management education. All findings are based on self-reported data from the member.

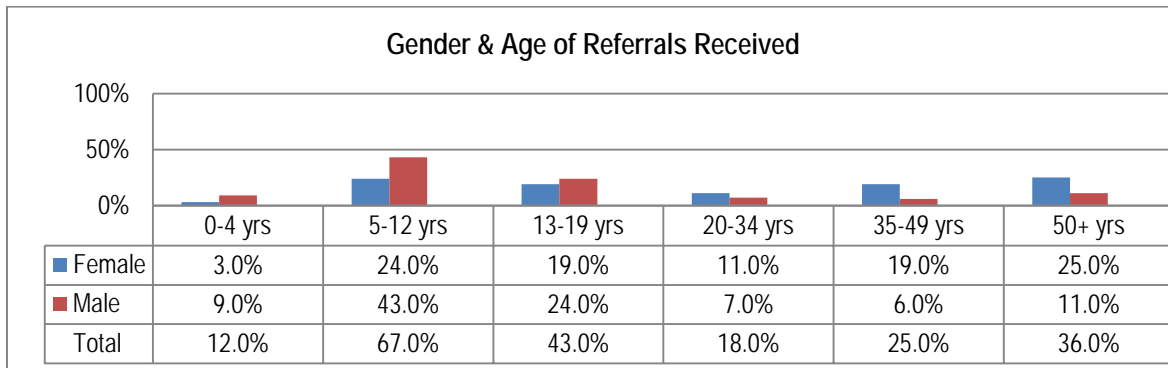


KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019



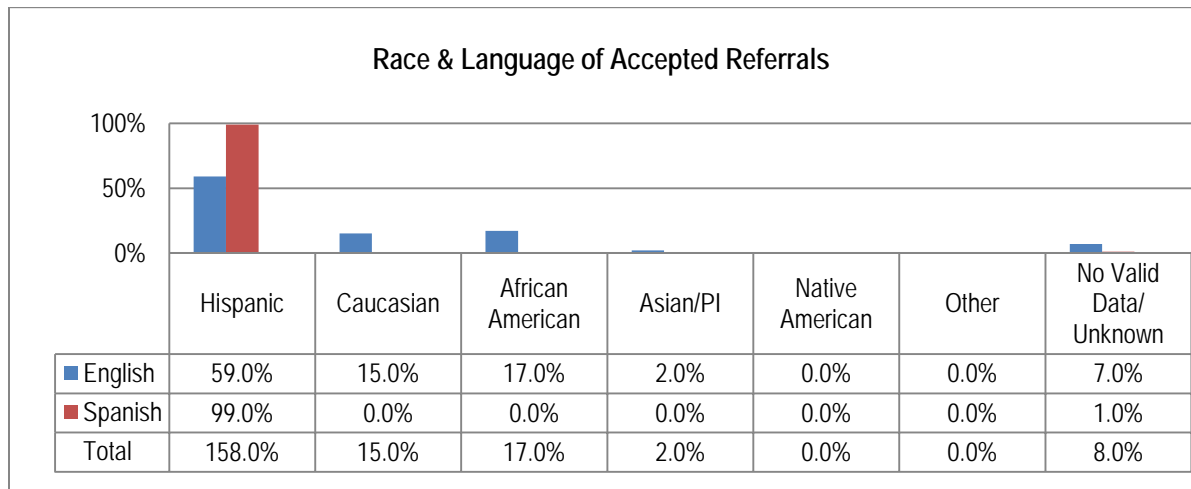
Demographics of Members

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 50+ years.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019



A breakdown of member classifications by race and language preferences revealed that 99% of members who accepted services are Hispanic and the majority preferred to speak Spanish.

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

KHS serves members in the Kern County area. During this quarter, 88% 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 | | | |
|---|----------------|----------------|----------------|
| Q1-2019 | Q2-2019 | Q3-2019 | Q4-2019 |
| Delano | Delano | Arvin | Arvin |
| Arvin | Wasco | Delano | Delano |
| Lamont | Lamont | Shafter | Shafter |
| Wasco | McFarland | Wasco | Lamont |
| Shafter | Shafter | Lamont | Wasco |
| | Arvin | | |

Additionally, 12% of the members who accepted services reside in the outlying areas of Kern County and the highest concentration of members reside in Arvin.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019

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 mailed 1,064 educational packets to members on the following health topics:

| Educational Mailings | | | | |
|-----------------------------|----------------|----------------|----------------|----------------|
| | Q1-2019 | Q2-2019 | Q3-2019 | Q4-2019 |
| Anemia | 1 | 1 | 2 | 0 |
| Asthma | 453 | 427 | 648 | 459 |
| High Cholesterol | 23 | 11 | 11 | 4 |
| Diabetes | 56 | 53 | 45 | 30 |
| Gestational Diabetes | 0 | 5 | 1 | 1 |
| High Blood Pressure | 29 | 4 | 4 | 4 |
| COPD | 0 | 0 | 0 | 1 |
| Postpartum Care | 46 | 4716 | 602 | 263 |
| Prenatal Care | 56 | 145 | 283 | 23 |
| Smoking Cessation | 252 | 13 | 12 | 15 |
| Weight Management | 713 | 173 | 370 | 223 |
| WIC | 821 | 64 | 157 | 41 |
| Total | 2,450 | 1,367 | 2,137 | 1,064 |

INTERPRETER REQUESTS

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019

Face-to-Face Interpreter Requests

During this quarter, there were 281 requests for face-to-face interpreting services received. KHS employs qualified staff interpreters in Spanish and contracts with the interpreting vendor, CommGap. The majority of these requests were for a Spanish interpreter.

| Top Languages Requested | | | |
|-------------------------|-----------|-----------|------------|
| Q1-2019 | Q2-2019 | Q3-2019 | Q4-2019 |
| Spanish | Spanish | Spanish | Spanish |
| Vietnamese | Cantonese | Punjabi | Punjabi |
| Arabic | Punjabi | Arabic | Mandarin |
| Cantonese | English | Cantonese | Arabic |
| Punjabi | Arabic | Mandarin | Cantonese |
| Mandarin | | | Vietnamese |

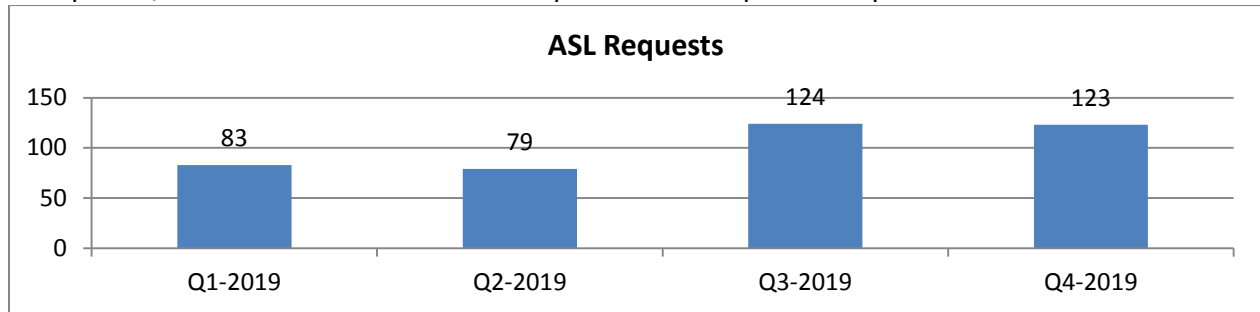
Telephonic Interpreter Requests

During this quarter, there were 780 requests for telephonic interpreting services through KHS' interpreting vendor, Language Line Solutions. The majority of these requests were for a Spanish interpreter.

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

American Sign Language (ASL) Requests

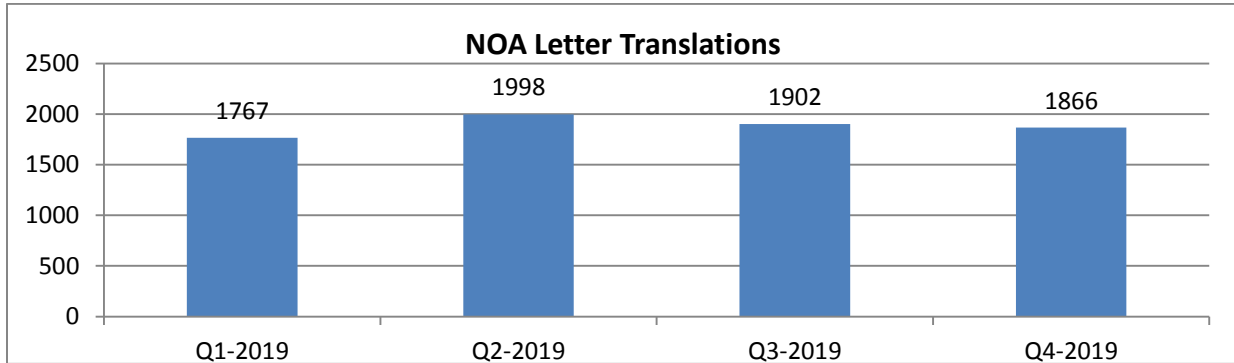
During this quarter, there were a total of 123 requests received for an American Sign Language interpreter, which was an increase in comparison to the previous quarter.



DOCUMENT TRANSLATIONS

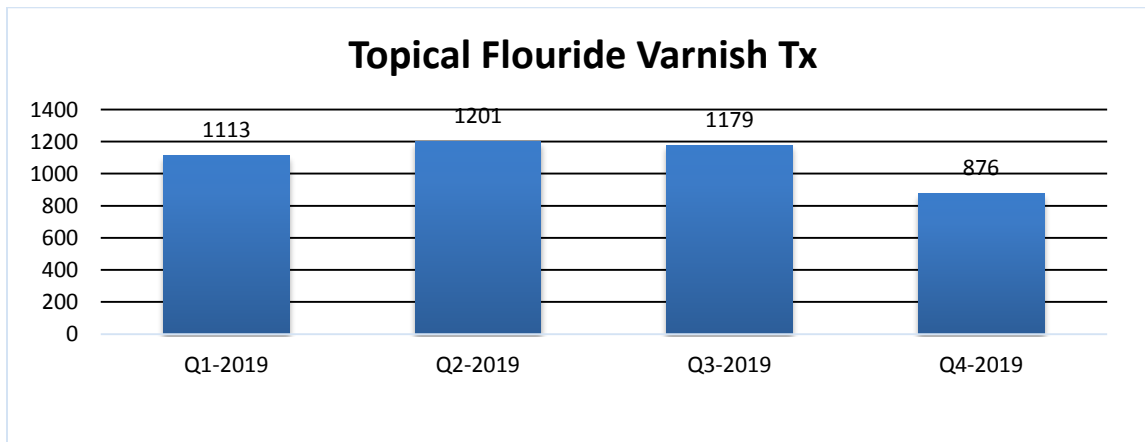
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019

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, 1,866 Notice of Action letters were translated into Spanish for the UM and Pharmacy departments.



TOPICAL FLUORIDE VARNISH TREATMENTS

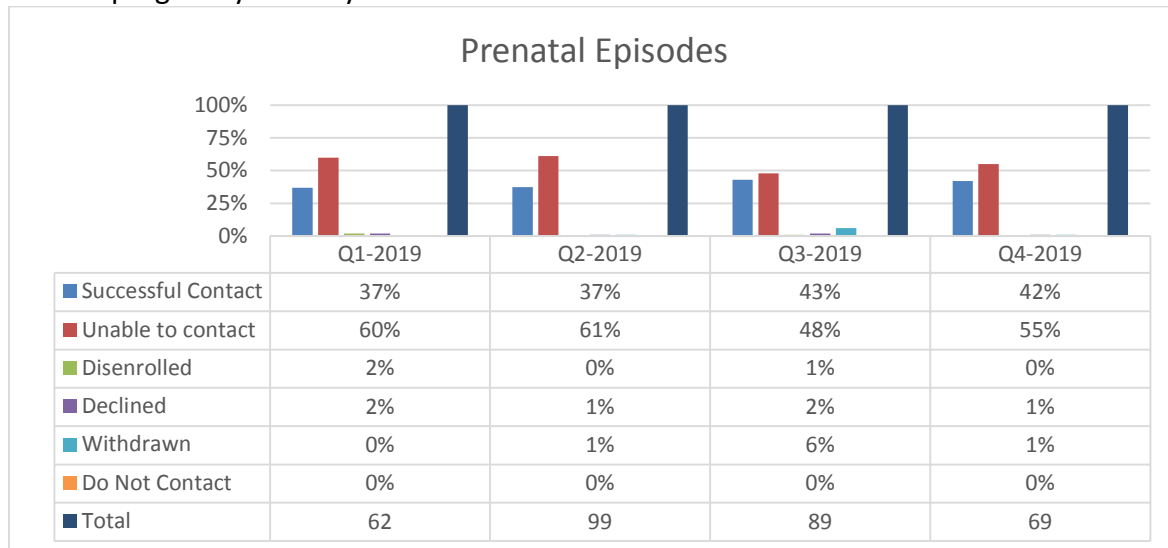
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.



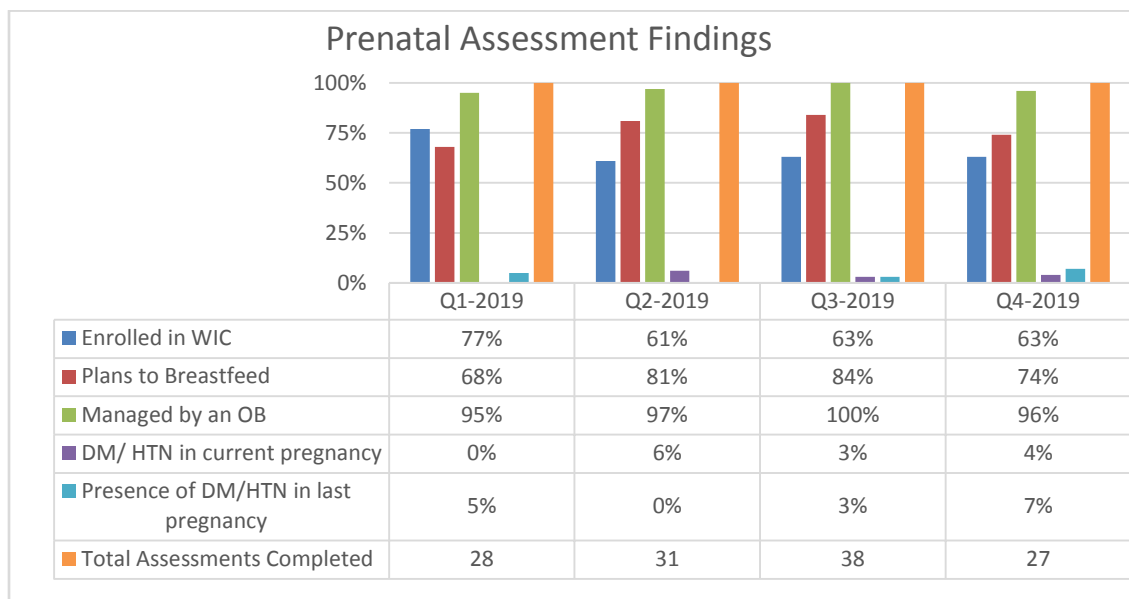
PERINATAL OUTREACH AND EDUCATION

KERN HEALTH SYSTEMS HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT Fourth Quarter 2019

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.

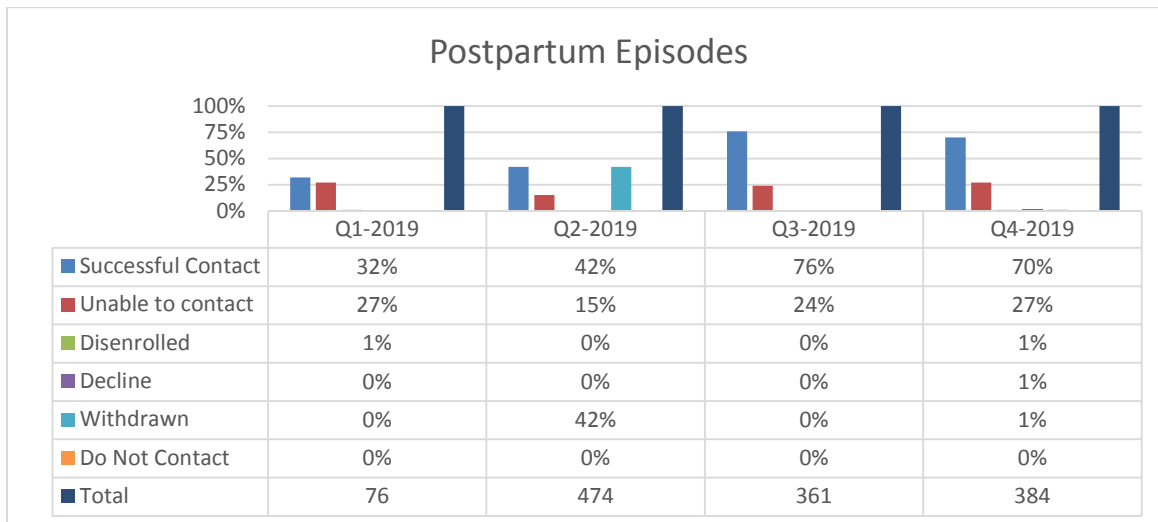


During the 4th quarter, 68 episodes for pregnant members were created and 42% were successfully contacted.

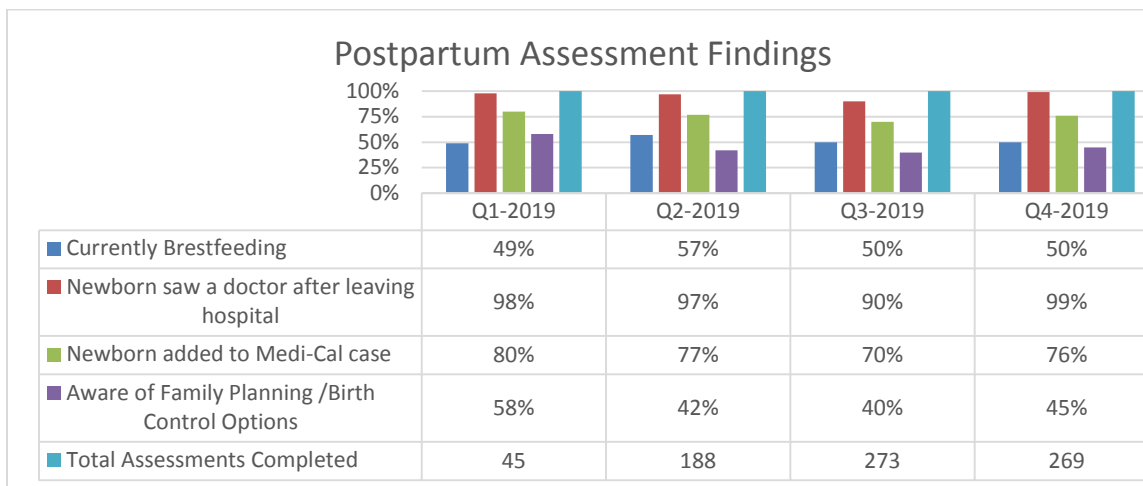


The total prenatal assessments completed decreased from 38% in the 3rd quarter of 2019 to 27% in the 4th quarter of 2019.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019



During the 4th quarter, 365 postpartum members were created and 70% were successfully contacted.



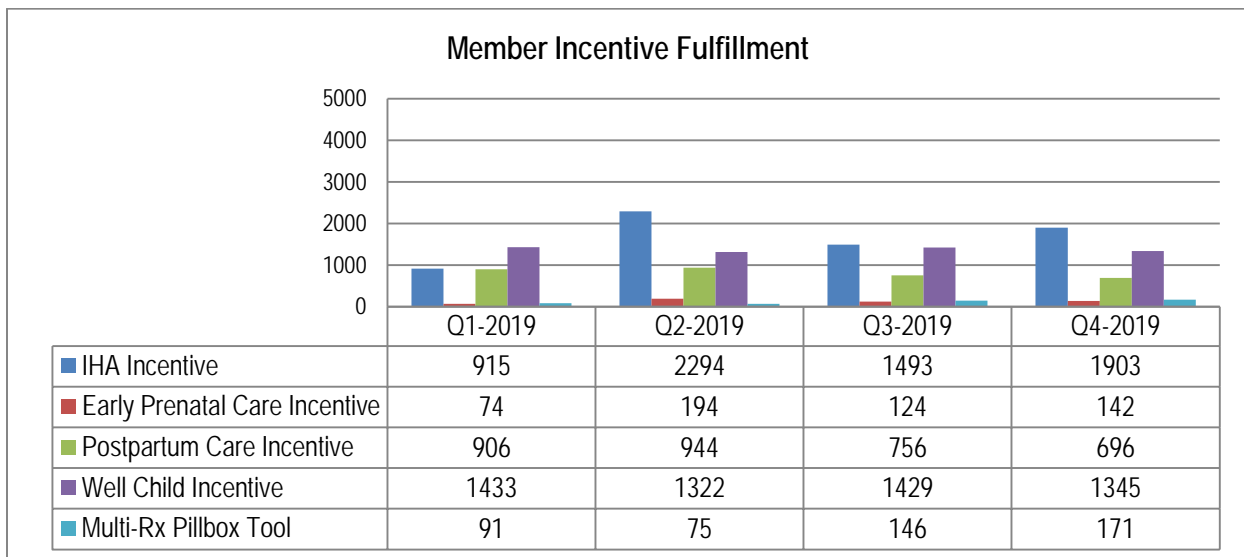
Postpartum assessments completed decreased from 273 assessments in the 3rd quarter of 2019 to 269 assessment completed in the 4th quarter of 2019.

MEMBER WELLNESS BASED INCENTIVES AND CHRONIC CONDITION TOOLS

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2019

During the 4th quarter of 2019, KHS continued to offer wellness based incentives and one chronic condition tools for members. In January 2019, the IHA incentive was changed to a gift card instead of a first aid kit based on member feedback regarding the incentive. This incentive program was also expanded to provide one incentive per eligible member instead of per household.

- **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.
- **Postpartum Care** – members who complete the postpartum visit within 21-56 days following delivery will receive an additional \$30 gift card.
- **Well Child** – members ages 12 -23 months who complete a well child visit are mailed a \$25 gift card.
- **Multi-Medication** – members on multiple medications and would benefit from a pill box. KHS disease and case management departments identify and mail this tool to members.

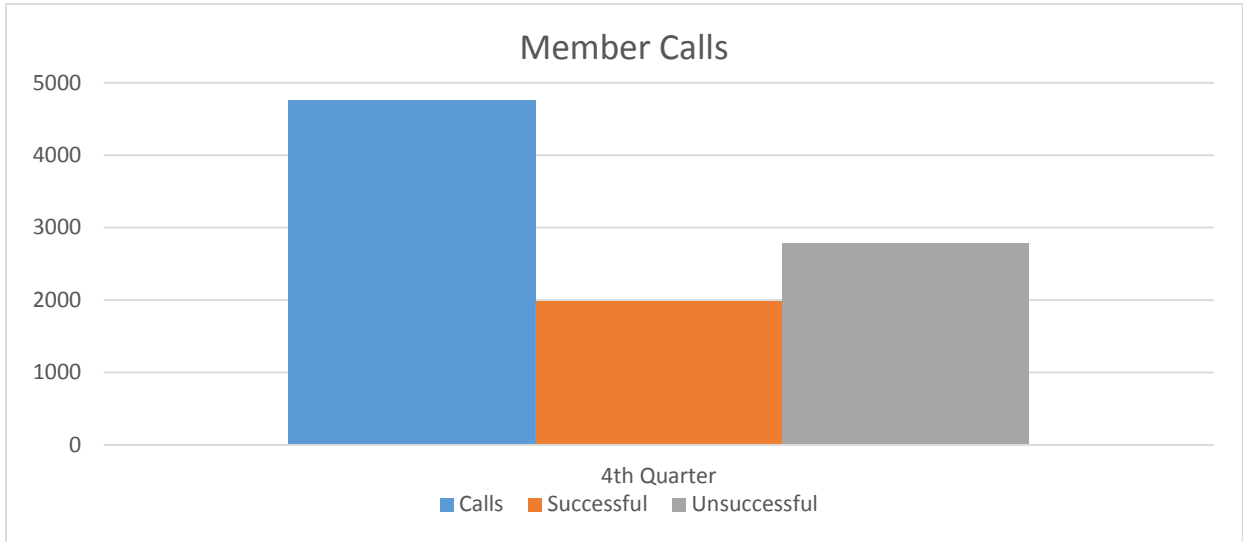


Disease Management Quarterly Report

4th Quarter, 2019

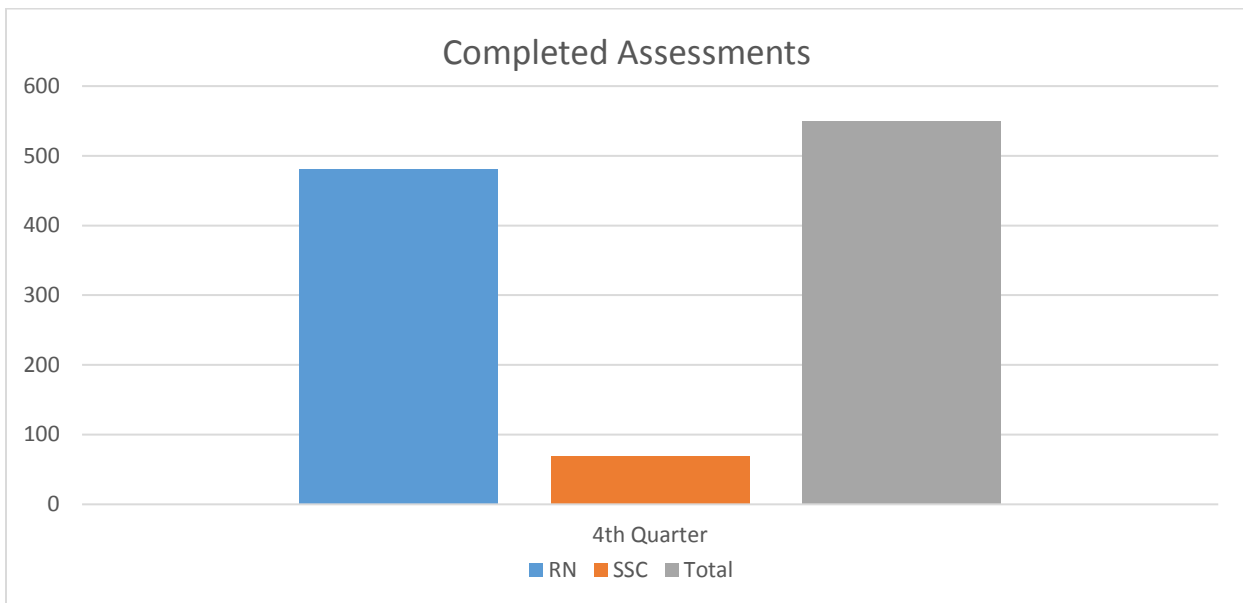
Telephone Calls: A total of 4,757 calls were made by the DM staff during the 4th Quarter, 2019.

| Member Calls Attempted | Successful Calls | Unsuccessful Calls | Total Member Calls | % Contacted |
|------------------------|------------------|--------------------|--------------------|-------------|
| RN | 1,289 | 2,178 | 3,467 | 37% |
| SSC | 693 | 597 | 1,290 | 54% |
| Total | 1,982 | 2,775 | 4,757 | 42% |



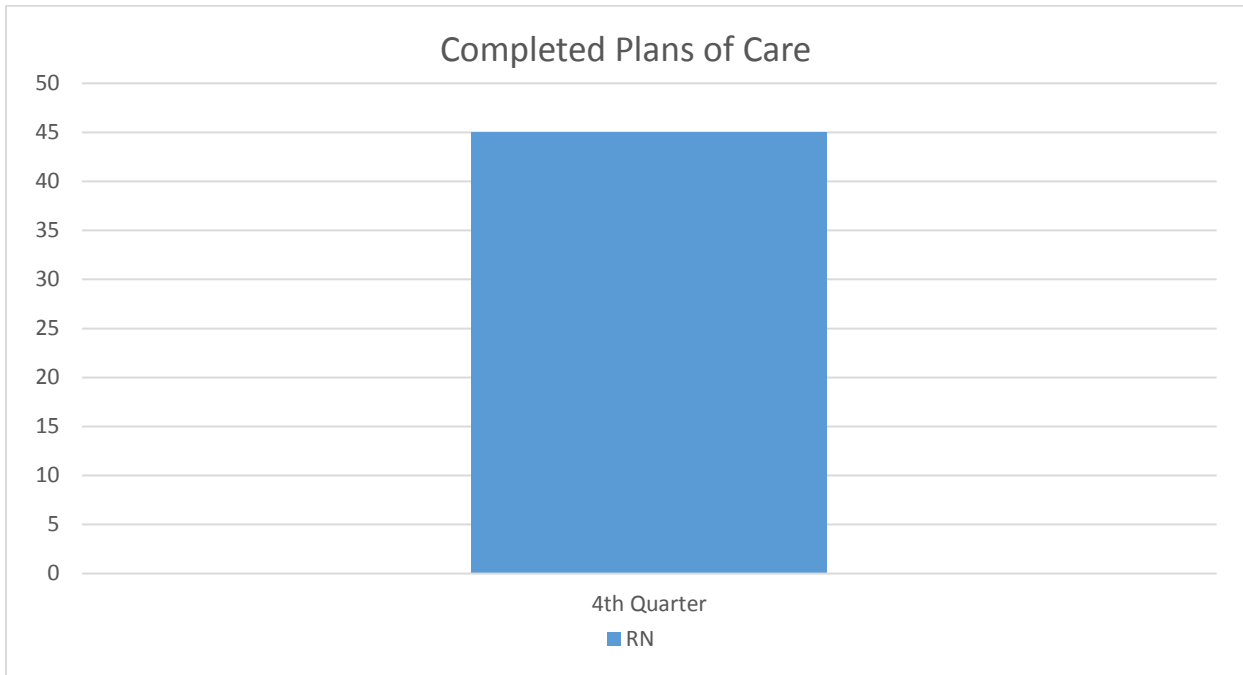
New Assessments Completed.

| RN | SSC | Total |
|-----|-----|-------|
| 480 | 69 | 549 |



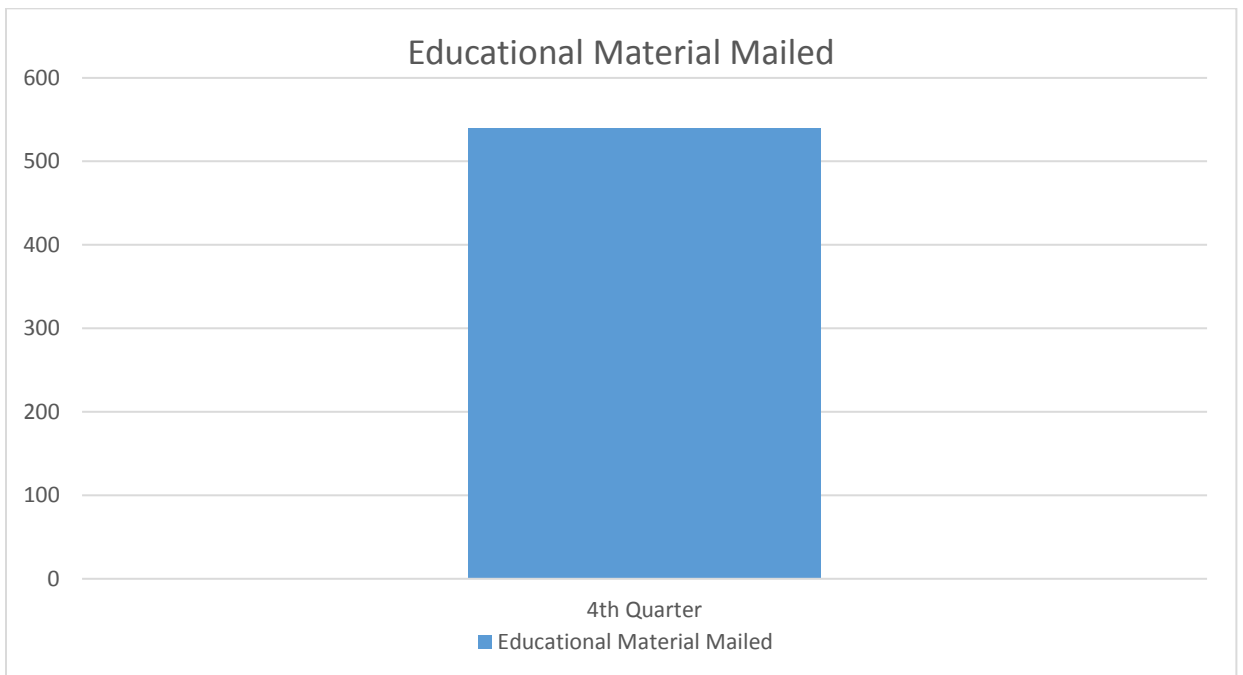
Plans of Care Completed & Closed.

| |
|-----------|
| RN |
| 45 |



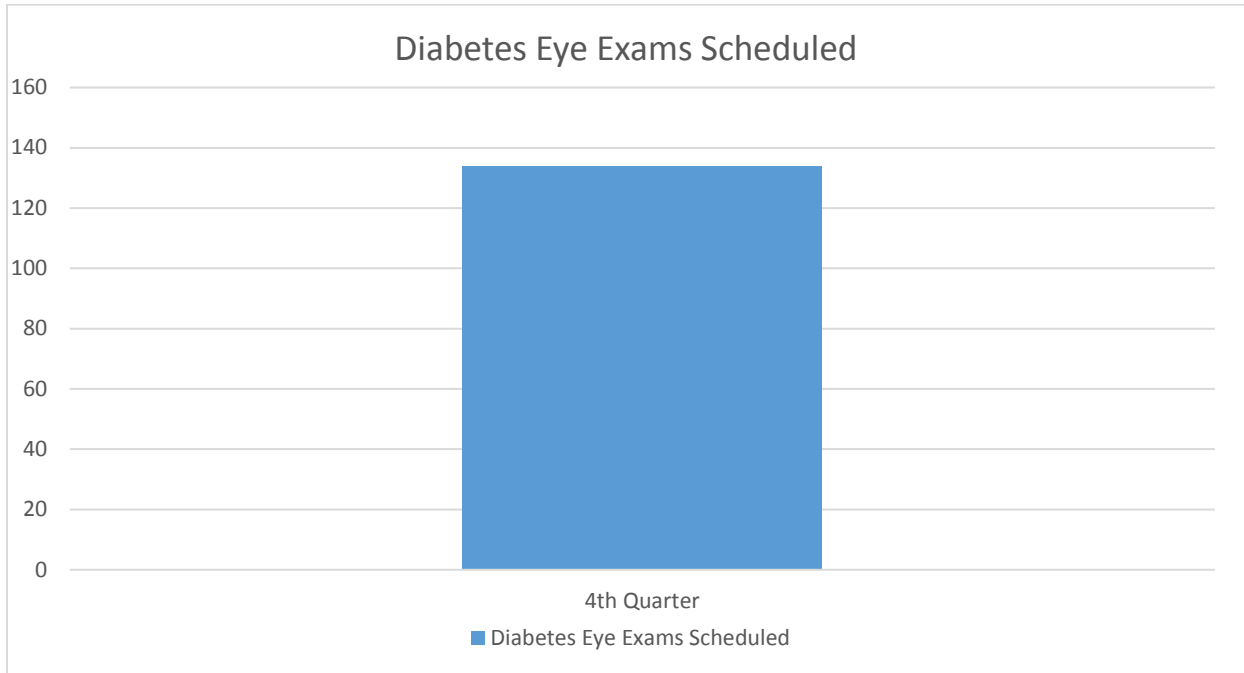
Educational Material Mailed.

| |
|------------|
| 540 |
|------------|



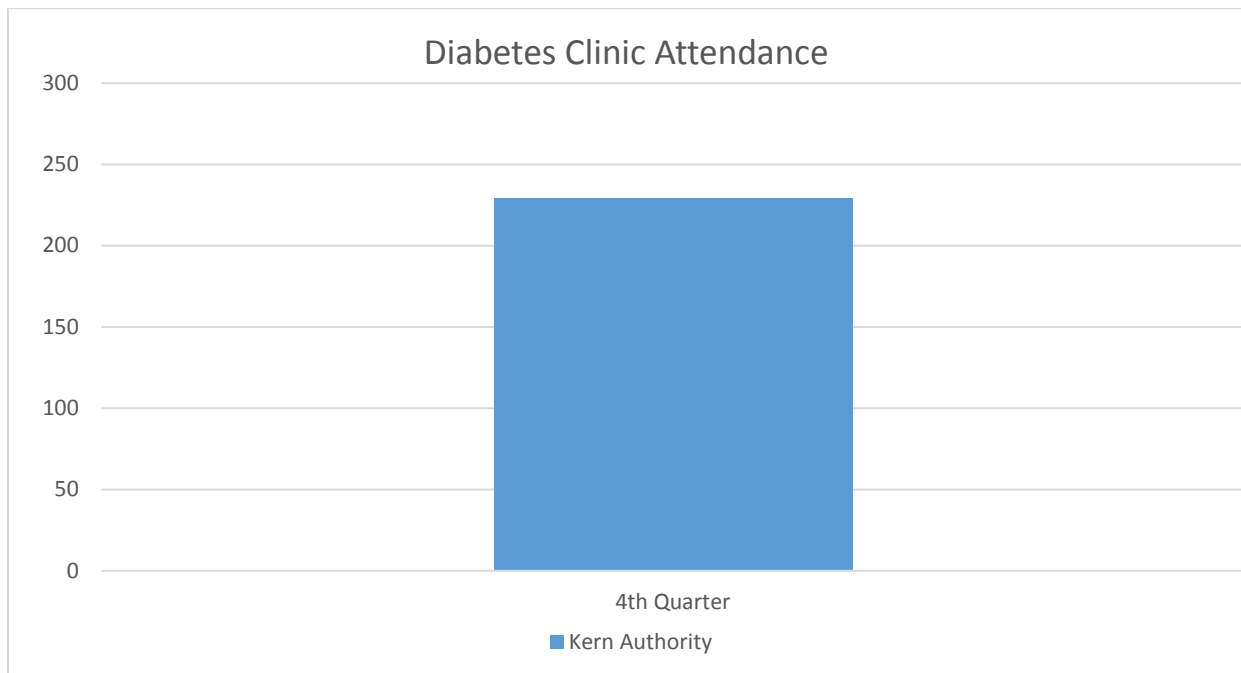
Diabetes Eye Exams Scheduled.

| |
|-----|
| 134 |
|-----|



Diabetes Clinic Attendance.

| |
|-----------------------|
| Kern Authority |
| 229 |



Diabetes Prevention Program: At the end of the 4th Quarter, 23 members remain enrolled in the program. Classes were held monthly during this reporting period

| Sessions Scheduled to Attend | Actual Sessions Attended |
|------------------------------|--------------------------|
| 74 | 71 |

