



**KERN HEALTH  
SYSTEMS**

**PUBLIC POLICY/COMMUNITY  
ADVISORY COMMITTEE**

**Tuesday, December 14, 2021**

**at**

**11:00 A.M.**

**At**

**Kern Health Systems  
2900 Buck Owens Boulevard  
Bakersfield, CA 93308**

**The public is invited.**

**For more information - please call (661) 664-5536.**



## AGENDA

### PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS  
2900 Buck Owens Boulevard  
Bakersfield, California 93308

Regular Meeting  
Tuesday, December 14, 2021

11:00 A.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.

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

#### COMMITTEE TO RECONVENE

Members: Janet Hefner, Jennifer Wood, Jasmine Ochoa, Mark McAlister, 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 September 28, 2021  
APPROVE
- CA-4) Report on December 2021 Medi-Cal Membership Enrollment  
RECEIVE AND FILE
- CA-5) Report on KFHC Grievance Summary for third quarter ending September 30, 2021  
RECEIVE AND FILE
- CA-6) Report on Health Education for third quarter ending September 30, 2021  
RECEIVE AND FILE
- 7) Report on KFHC Grievances for third quarter ending September 30, 2021  
RECEIVE AND FILE
- 8) Report on KFHC COVID-19 Vaccination Efforts  
RECEIVE AND FILE

- 9) Report on Enhanced Care Management and Community Support Services  
RECEIVE AND FILE
- 10) Report on Population Health Management for third quarter ending September 30, 2021  
RECEIVE AND FILE

ADJOURN TO TUESDAY, MARCH 29, 2022 AT 11:00 A.M.

**AMERICANS WITH DISABILITIES ACT  
(Government Code Section 54953.2)**

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a 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

### PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS  
**2900 Buck Owens Boulevard**  
Bakersfield, California 93308

Regular Meeting  
Tuesday, September 28, 2021

11:00 A.M.

#### COMMITTEE RECONVENED

Members: Janet Hefner, Jennifer Wood, Jasmine Ochoa, Mark McAlister, Cecilia Hernandez-Colin, Beatriz Basulto, Jose Sanchez, Tammy Torres, Yadira Ramirez, Caitlin Criswell, Michelle Bravo, Alex Garcia, Quon Louey  
ROLL CALL: 12 Present; 1 Absent - McAlister

NOTE: The vote is displayed in bold below each item. For example, Hefner-Wood denotes Member Hefner made the motion and Member Wood seconds the motion.

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" WERE CONSIDERED TO BE ROUTINE AND APPROVED BY ONE MOTION.

#### COMMITTEE ACTION SHOWN IN CAPS

#### PUBLIC PRESENTATIONS

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

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

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

**NO ONE HEARD**

- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on June 29, 2021  
APPROVED

**Hefner-Wood: 12 Ayes; 1 Absent – McAlister**

- CA-4) Report on September 2021 Medi-Cal Membership Enrollment-  
RECEIVED AND FILED

**Hefner-Wood: 12 Ayes; 1 Absent – McAlister**

- CA-5) Report on Case Management for second quarter ending June 30, 2021  
RECEIVED AND FILED

**Hefner-Wood: 11 Ayes; 2 Absent – McAlister, Ramirez**

- CA-6) Report on Disease Management for second quarter ending June 30, 2021  
RECEIVED AND FILED

**Hefner-Wood: 12 Ayes; 1 Absent – McAlister**

- CA-7) Report on KFHC Grievance Summary for second quarter ending June 30, 2021  
RECEIVED AND FILED

**Hefner-Wood: 12 Ayes; 1 Absent – McAlister**

- CA-8) Report on Health Education for second quarter ending June 30, 2021  
RECEIVED AND FILED

**Hefner-Wood: 12 Ayes; 1 Absent – McAlister**

- 9) Report on KFHC Grievances for second quarter ending June 30, 2021  
RECEIVED AND FILED

**Louey-Hernandez-Colin: 12 Ayes; 1 Absent – McAlister**

- 10) Report on KFHC COVID-19 Vaccination Efforts and 25<sup>th</sup> Anniversary Campaign  
RECEIVED AND FILED

**Garcia-Wood: 12 Ayes; 1 Absent – McAlister**

- 11) Report on Spring 2022 Member Newsletter and 2021 Population Needs Assessment  
RECEIVED AND FILED

**Hefner-Hernandez-Colin: 12 Ayes; 1 Absent – McAlister**

ADJOURN TO TUESDAY, DECEMBER 14, 2021 AT 11:00 A.M.



**KHS December 2021 ENROLLMENT:**

**Medi-Cal Enrollment**

As of December 1, 2021, Medi-Cal enrollment is 204,733 which represents an increase of 0.4% from November enrollment.

**Seniors and Persons with Disabilities (SPDs)**

As of December 1, 2021, SPD enrollment is 15,419, which represents a decrease of 0.08% from November enrollment.

**Expanded Eligible Enrollment**

As of December 1, 2021, Expansion enrollment is 78,958, which represents an increase of 0.9% from November enrollment.

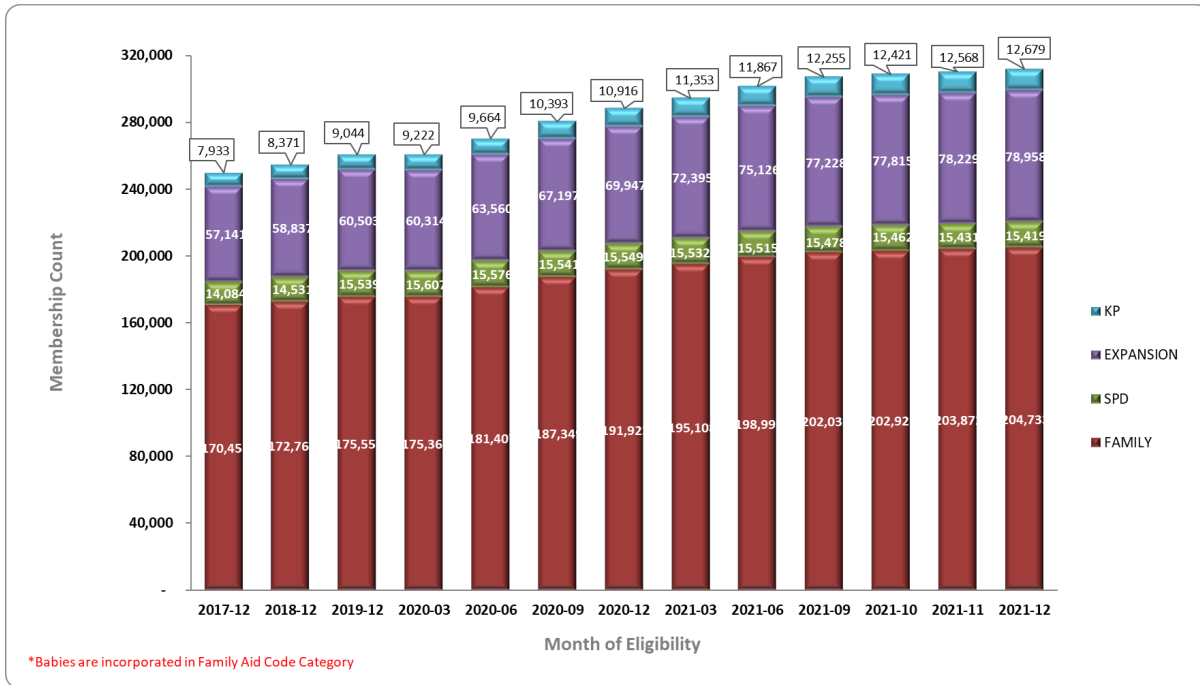
**Kaiser Permanente (KP)**

As of December 1, 2021, Kaiser enrollment is 12,679 which represents an increase of 0.9% from November enrollment.

**Total KHS Medi-Cal Managed Care Enrollment**

As of December 1, 2021, total Medi-Cal enrollment is 311,789 which represents an increase of 0.5% from November enrollment.

<b>Membership as of Month of Eligibility</b>	<b>FAMILY</b>	<b>SPD</b>	<b>EXPANSION</b>	<b>KP</b>	<b>BABIES</b>	<b>Member Total</b>
2017-12	170,006	14,084	57,141	7,933	447	249,611
2018-12	172,290	14,531	58,837	8,371	478	254,507
2019-12	175,128	15,539	60,503	9,044	429	260,643
2020-03	174,938	15,607	60,314	9,222	429	260,510
2020-06	180,985	15,576	63,560	9,664	422	270,207
2020-09	186,881	15,541	67,197	10,393	468	280,480
2020-12	191,516	15,549	69,947	10,916	407	288,335
2021-03	194,722	15,532	72,395	11,353	386	294,388
2021-06	198,598	15,515	75,126	11,867	395	301,501
2021-09	201,527	15,478	77,228	12,255	509	306,997
2021-10	202,453	15,462	77,815	12,421	475	308,626
2021-11	203,413	15,431	78,229	12,568	459	310,100
2021-12	204,352	15,419	78,958	12,679	381	311,789





**To: Public Policy/Community Advisory Committee**

**From: Nate Scott**

**Date: December 14, 2021**

**Re: Executive Summary for 3rd Quarter 2021 Grievance Summary Report**

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**Background**

**Executive Summary for the 3<sup>rd</sup> Quarter 2021 Grievance Summary Report:**

The Grievance Summary Report supports the high-level information provided on the Operation Report and provides more detail as to the type of grievances the Plan receives. It also provides insight into the grievance and appeals received by KFHC members assigned to Kaiser Permanente.

**Kaiser Permanente Grievances and Appeals**

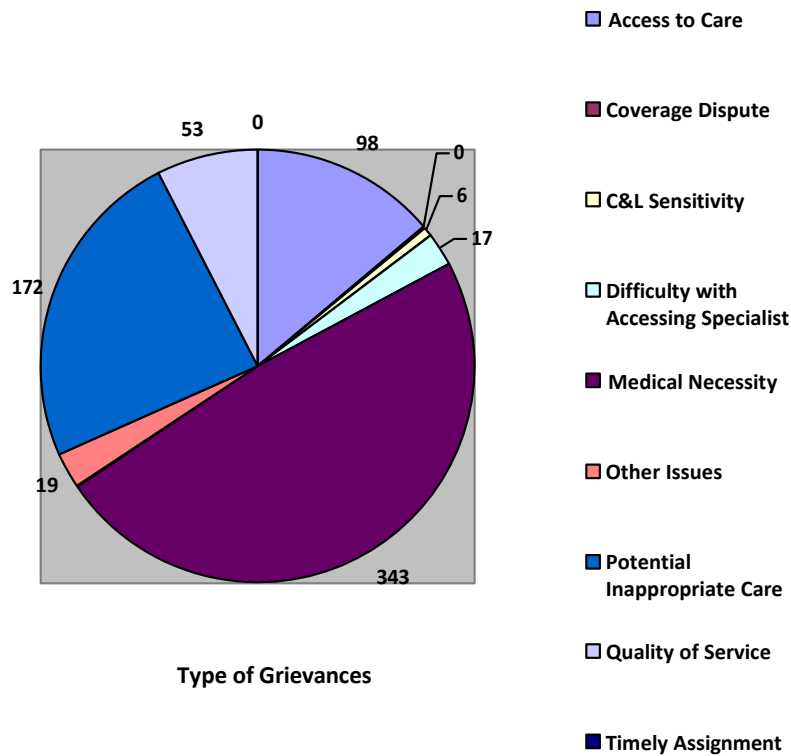
Due to recent changes to how Medi-Cal Managed Care Plans (MCPs) report their grievance and appeals data, KHS receives Kaiser's aggregate reporting data, but currently does not have the specific grievance and appeal data to report to the committee at this time. KHS and Kaiser are working together to formalize a new process to report this data going forward. Once we receive the data, we will report back to the committee retroactively.

**Requested Action**

Receive and File

### 3rd Quarter 2021 Grievance Summary

Issue	Number	In Favor of Health Plan	Under Review by Q.I	In favor of Enrollee	Still under review
Access to care	98	51	0	34	13
Coverage dispute	0	0	0	0	0
Cultural and Linguistic Sensitivity	6	0	0	4	2
Difficulty with accessing specialists	61	33	0	18	10
Medical necessity	343	221	0	82	40
Other issues	19	10	0	5	4
Potential Inappropriate care	172	62	106	4	0
Quality of service	53	32	0	12	9
Timely assignment to provider	0	0	0	0	0



Standard Grievances and Appeals per 1,000 Members = 2.57

During the third quarter of 2021, there were seven hundred and fifty-two formal grievances and appeals received. One hundred and fifty-nine cases were closed in favor of the Enrollee. Four hundred and nine cases were closed in favor of the Plan. Seventy eight cases are still open pending review. One hundred and six have closed and are under review by Quality Improvement. Of the seven hundred and fifty two cases, seven hundred and sixteen cases closed within thirty days; thirty six cases were pended and closed after thirty days.

### **3rd Quarter 2021 Grievance Summary**

#### **Access to Care**

There were ninety-eight grievances pertaining to access to care. Fifty one closed in favor of the Plan. Thirty four cases closed in favor of the Enrollee. Thirteen cases are still open pending review. The following is a summary of these issues:

Twenty seven members complained about the lack of available appointments with their Primary Care Provider (PCP). Seventeen cases closed in favor of the Plan after the responses indicated the offices provided appropriate access to care based on Access to Care standards. Seven cases closed in favor of the Enrollee after the responses indicated the offices may not have provided appropriate access to care based on Access to Care standards. Three cases are still open pending investigation and resolution.

Nineteen members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Eight cases closed in favor of the Plan after the responses indicated the members were seen within the appropriate wait time for a scheduled appointment or the members were at the offices to be seen as a walk-in, which are not held to Access to Care standards. Nine cases closed in favor of the Enrollee after the responses indicated the members were not seen within the appropriate wait time for a scheduled appointment. Two cases are still open pending investigation and resolution.

Thirty nine members complained about the telephone access availability with their Primary Care Provider (PCP). Seventeen cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Fourteen cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access availability. Eight cases are still open pending investigation and resolution.

Thirteen members complained about a provider not submitting a referral authorization request in a timely manner. Nine cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Four cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner.

#### **Coverage Dispute**

There were no grievances pertaining to a Coverage Dispute issue.

#### **Cultural and Linguistic Sensitivity**

Six members complained about the lack of available interpreting services to assist during their appointments. Four cases closed in favor of the Enrollee after the responses from the providers indicated the members may not have been provided with the appropriate access to interpreting services. Two cases are still open pending investigation and resolution.

#### **Difficulty with Accessing a Specialist**

### **3rd Quarter 2021 Grievance Summary**

There were sixty-one grievances pertaining to Difficulty Accessing a Specialist. Thirty three cases closed in favor of the Plan. Eighteen cases closed in favor of the Enrollee. Ten cases are still open pending review. The following is a summary of these issues:

Twenty-three members complained about the lack of available appointments with a specialist. Eleven cases closed in favor of the Plan after the responses indicated the members were provided the appropriate access to specialty care based on Access to Care Standards. Six cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate access to care based on the Access to Care Standards for specialty appointments. Six cases are still open pending review.

Eleven members complained about the wait time to be seen for a specialist appointment. Seven cases closed in favor of the Plan after the responses indicated the offices provided appropriate wait time for an appointment based on Access to Care Standards. Four cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate wait time for a scheduled appointment based on Access to Care Standards.

Seventeen members complained about the telephone access availability with a specialist office. Ten cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Five cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access availability. Two cases are still open pending review.

Ten members complained about a provider not submitting a referral authorization request in a timely manner. Five cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Three cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. Two cases are still open pending review.

#### **Medical Necessity**

There were three hundred and forty-three appeals pertaining to Medical Necessity. Two hundred and twenty one cases were closed in favor of the Plan. Eighty-two cases closed in favor of the Enrollee. Forty cases are still open pending review. The following is a summary of these issues:

Two hundred and sixty nine members complained about the denial or modification of a referral authorization request. One hundred and sixty two of the cases were closed in favor of the Plan as it was determined that there was no supporting documentation submitted with the referral authorization requests to support the criteria for medical necessity for the requested specialist or DME item; therefore, the denials were upheld. Two cases closed in favor of the Plan and were modified. Seventy three cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned and approved. Thirty two cases are still open pending investigation and resolution.

### **3rd Quarter 2021 Grievance Summary**

Seventy-four members complained about the denial or modification of a TAR. Fifty-seven 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. Nine cases were closed in favor of the Enrollee as it was determined medical necessity was met and the denials were overturned and approved. Eight cases are still open pending investigation and resolution.

#### **Other Issues**

There were nineteen grievances pertaining to Other Issues that are not otherwise classified in the other categories. Ten cases were closed in favor of the Plan after the responses indicated appropriate service was provided. Five cases closed in favor of the Enrollee after the responses indicated appropriate service may not have been provided. Four cases are still open pending investigation and resolution.

#### **Potential Inappropriate Care**

There were one hundred and seventy-two grievances involving Potential Inappropriate Care issues. These cases were forwarded to the Quality Improvement (QI) Department for their due process. Upon review, sixty-two cases were closed in favor of the Plan, as it was determined a quality-of-care issue could not be identified. Four cases were closed in favor of the Enrollee as a potential quality of care issue was identified and appropriate tracking or action was initiated by the QI team. One hundred and six cases are still pending further review with QI.

#### **Quality of Service**

There were fifty-three grievances involving Quality of Service issues. Thirty-two cases were closed in favor of the Plan. Twelve cases closed in favor of the Enrollee. Nine cases are still open pending investigation and resolution. The following is a summary of these issues:

Forty-seven members complained about the service they received from their providers. Twenty-eight cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Ten cases closed in favor of the enrollee after the responses determined the members may not have received the appropriate services. Nine case is still open pending investigation and resolution

Six members complained about the services they received from a transportation vendor and their staff. Four of the cases closed in favor of the Plan after the responses determined the member received the appropriate service from the transportation staff. Two cases closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate service from the transportation employee.

#### **Timely Assignment to Provider**

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





KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2021

**Report Date: December 14, 2021**

**OVERVIEW**

Kern Health Systems' Health Education (HE) department provides comprehensive, culturally and linguistically competent services to plan members with the intent of promoting healthy behaviors, improving health outcomes, reducing risk for disease and empowering plan members to be active participants in their health care.

The Executive Summary below highlights the larger efforts currently being implemented by the HE department. Following this summary reflects the statistical measurements for the Health Education department detailing the ongoing activity for Q3 2021.

- **Asthma Mitigation Project** – Outreach efforts continue to take place to enroll up to 230 members into the program in collaboration with the Central California Asthma Collaborative. Close to half of the targeted enrollment goal of 230 members has been achieved.
- **Asthma Education Videos** – The HE department has been working closely with the Learning and Development Team to develop 3 brief educational videos on asthma in English and Spanish. The videos will cover asthma symptoms and triggers, the purpose of controller vs rescue medications, and what to expect during an asthma follow up visit with your doctor.
- **Baby Steps Program** – A mini pregnancy survey was completed to obtain feedback on member awareness of the program, the pregnancy rewards offered and the individualized health guides that have been distributed. 122 members participated in the survey. Survey findings revealed 67% of members found the pregnancy health guides helpful and found the pregnancy milestones and health information most helpful, 62% were aware of KHS' pregnancy rewards and 96% were satisfied with the reward value.
- **Health Education Classes** – Monthly classes on nutrition, asthma and tobacco cessation continue to be offered to members via Zoom in English and Spanish. Telephone appointments for nutrition and asthma also continue to be offered for members. Members who participate in the classes are eligible to receive gift cards in the amount of \$10 - \$40 per class.

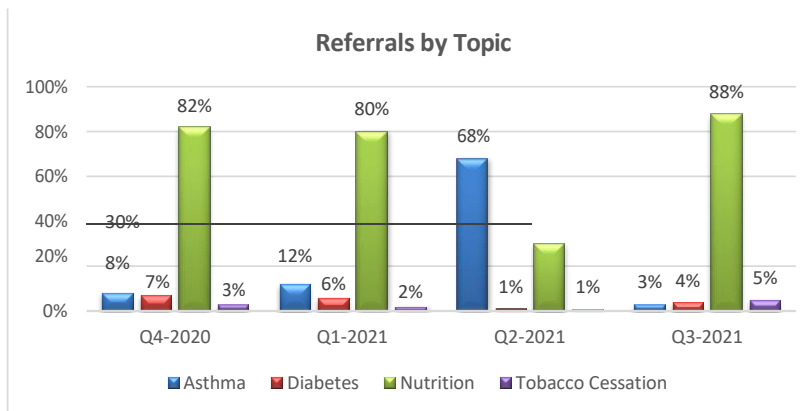
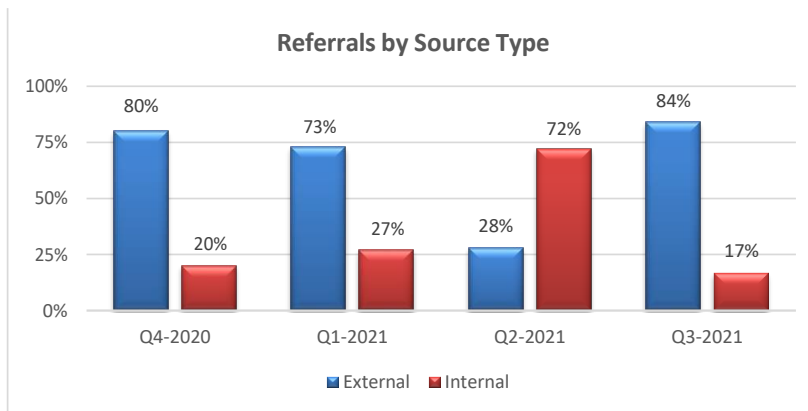
Respectfully submitted,

Isabel Silva, MPH, CHES  
Director of Health Education, Cultural and Linguistic Service

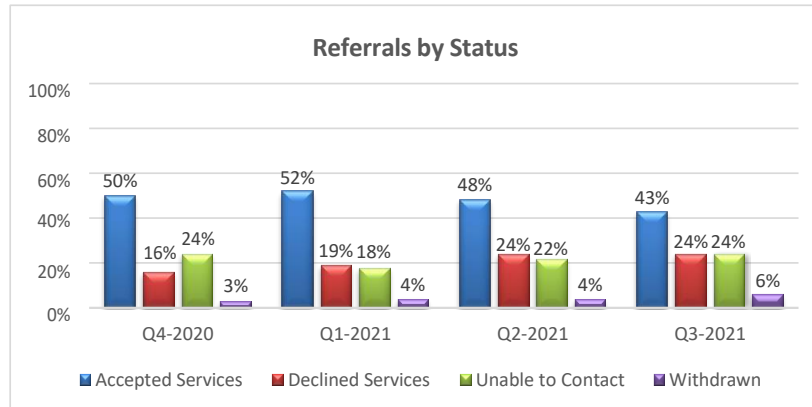
**KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2021**

**Referrals for Health Education Services:**

Kern Health Systems (KHS) Health Education Department (HE) receives referrals from both internal and external sources. Internal referrals are received from KHS’ member facing departments such as Utilization Management, Member Services and Case Management. Externally, KHS providers, members and community partners can request health education services by calling KHS or submitting requests through the member or provider portals. During Q3 2021, there were 746 referrals for health education services which is a 70% decrease in comparison to the previous quarter. Requests for Nutrition Education continues to be the primary reason for health education services. Additionally, the rate of members who accepted to receive health education services decreased from 48% in Q2 2021 to 43% in Q3 2021.

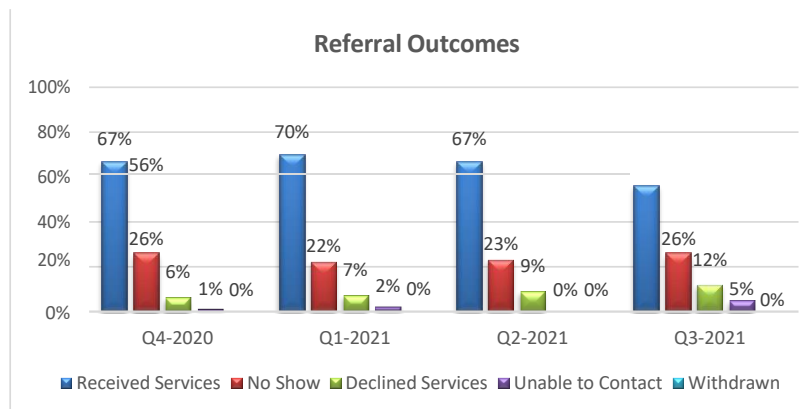


**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
**3rd Quarter 2021**



**Health Education Referral Outcomes**

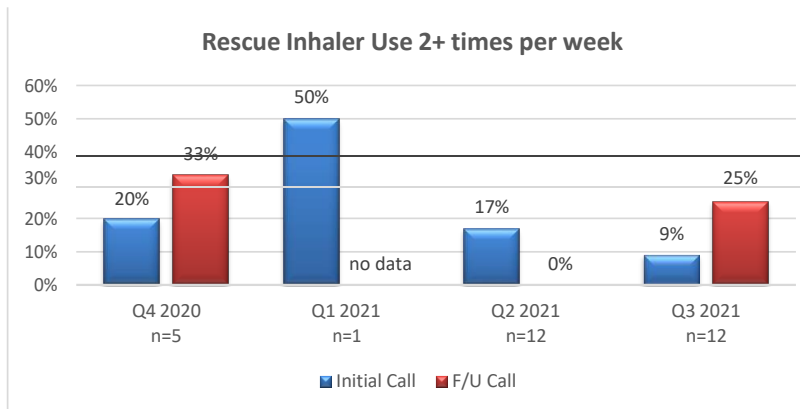
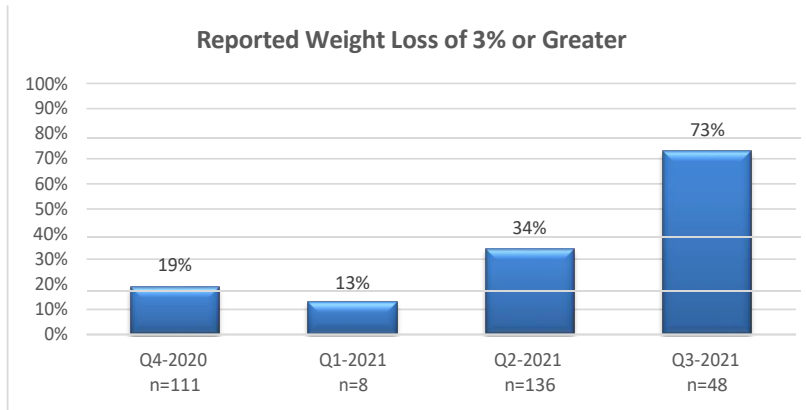
KHS offers various types of services directly through the KHS HE department or through community partnerships. Due to COVID-19, services through Dignity Health’s Bakersfield Memorial Hospital (BMH) and Clinica Sierra Vista (CSV) WIC were placed on hold whereas Kern Family Health Care (KFHC) provided services in a virtual setting, the California Smokers Helpline (CSH) continued to offer services by phone and enrollment into the Central California Asthma Collaborative (CCAC) Asthma Mitigation Project continued. Services through KFHC continues to be the largest share of referral outcomes at 95% for Q3 2021. The rate of members who received health education services decreased from 67% in Q2 2021 to 56% in Q3 2021. The rate of members who do not show for services continues to average at about a quarter of registrants.



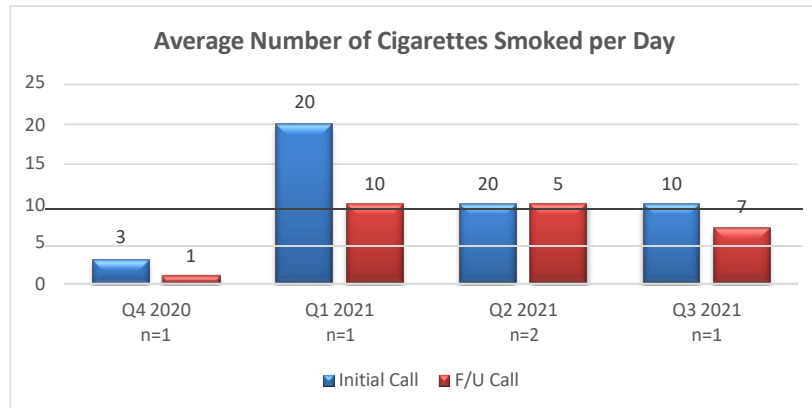
**KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2021**

**Effectiveness of Health Education Services**

To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call is conducted on members who received services during the prior quarter. Of the 61 members who participated in the 3-month follow up call, 48 received Nutrition Education, 1 received Tobacco Cessation and 12 received Asthma Education. All findings are based on self-reported data from the member.

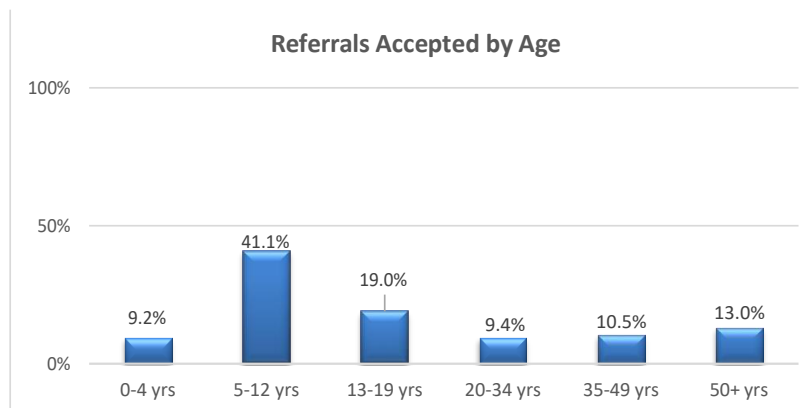


**KERN HEALTH SYSTEMS**  
**HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT**  
 3rd Quarter 2021

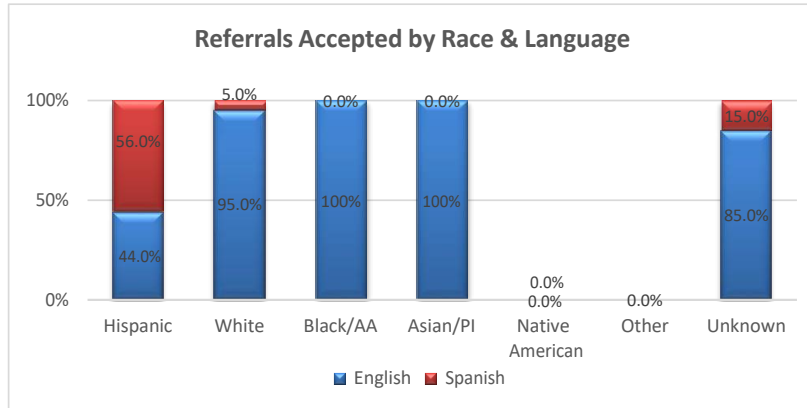


**Demographics of Members**

KHS’ provides services to a culturally and linguistically diverse member population in Kern County. KHS’ language threshold is English and Spanish, and all services and materials are available in these languages. When non-threshold language requests are received, KHS utilizes professional interpreters to reduce language communication barriers among members. Out of the members who accepted health education services, the largest age groups were 5-12 years followed by 13-19 years. A breakdown of member classifications by race and language preferences revealed that the majority of members who accepted services are Hispanic and preferred to services in Spanish. During this quarter, 73% of the members who accepted services reside in Bakersfield with the highest concentration in the 93307 area. Additionally, 27% of the members who accepted services reside in the outlying areas of Kern County with the highest concentration in Lamont.



**KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2021**



**Referrals Accepted by Top Bakersfield Zip Codes**

Q4-2020	Q1-2021	Q2-2021	Q3-2021
93307	93307	93307	93307
93304	93306	93306	93306
93306	93305	93304	93304
Arvin	Arvin	Lamont	Lamont
Delano	Lamont	Delano	Arvin
Lamont	Delano	Arvin	Delano

**Health Education Mailings**

The HE department mails out a variety of educational material in an effort to assist members with gaining knowledge on their specific diagnosis or health concern. During this quarter, the HE department continued to place the majority of educational mailings on hold due to COVID-19 limitations with the exception of the prenatal and postpartum health guides which are outsourced to a contracted vendor. Members were directed to access digital information available on the Kern Family Health Care website.

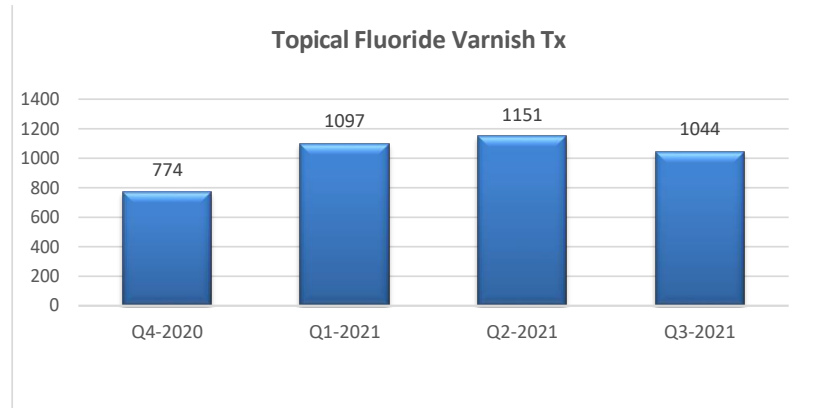
**Educational Mailings**

	Q1-2021	Q2-2021	Q3-2021
<b>Activity and Eating: Small Steps to a Healthier You</b>	0	1	2
<b>Control High Cholesterol</b>	0	2	8
<b>Diabetes Management</b>	0	3	7
<b>Eat Healthy</b>	0	3	11
<b>Exercise</b>	0	2	11
<b>Prenatal Health Guide</b>	2,650	968	639
<b>Postpartum Health Guide</b>	971	1,017	1151
<b>Total</b>	<b>3,621</b>	<b>1,996</b>	<b>1,829</b>

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2021

**Topical Fluoride Varnish Treatments**

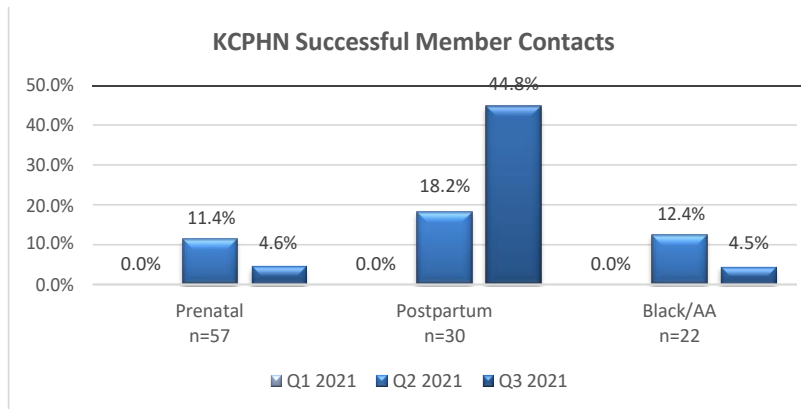
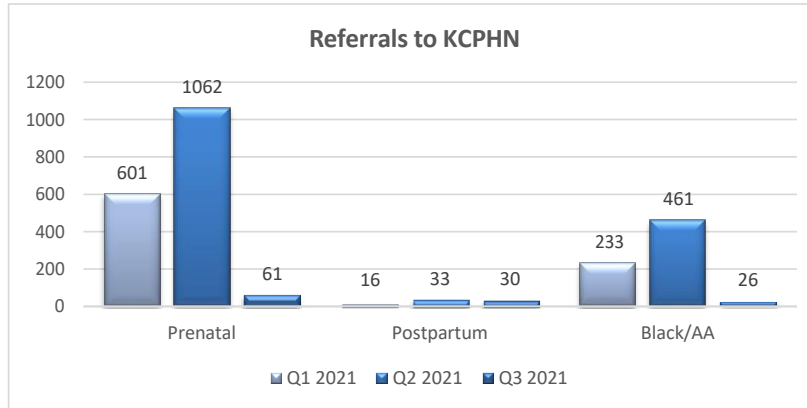
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.



**Perinatal Outreach and Education**

KHS partners with the Kern County Public Health Nursing (KCPHN) division to perform outreach to members residing in the 93308 and 93305 zip codes along with pregnant Black/African American members to encourage timely prenatal and postpartum care. Members who are successfully reached are educated on the importance of timely care and offered enrollment into the KCPHN pregnancy programs such as Black Infant Health. During Q3 2021, KHS referred 1,975 pregnant and postpartum members to KCPHN. Although KCPHN had limited resources to perform outreach due to COVID-19, they referred 1 member to the Nurse Family Partnership Program (NFP), 6 members to the Pregnancy Outreach Program (POP), 4 members to Black Infant Health (BIH) and 0 to the Unplanned Pregnancy Prevention Program (UPPP).

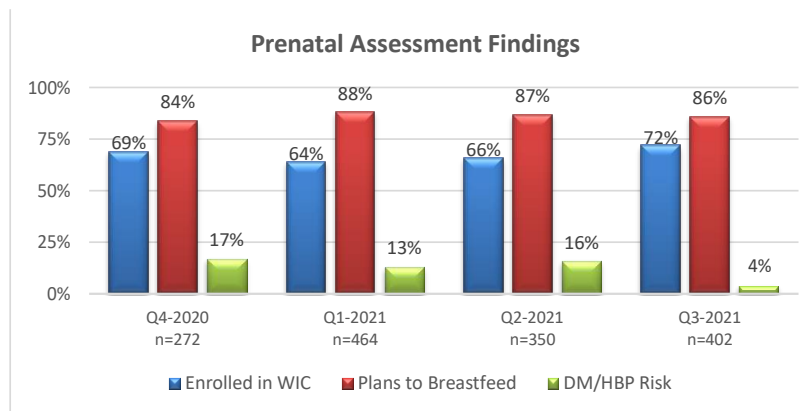
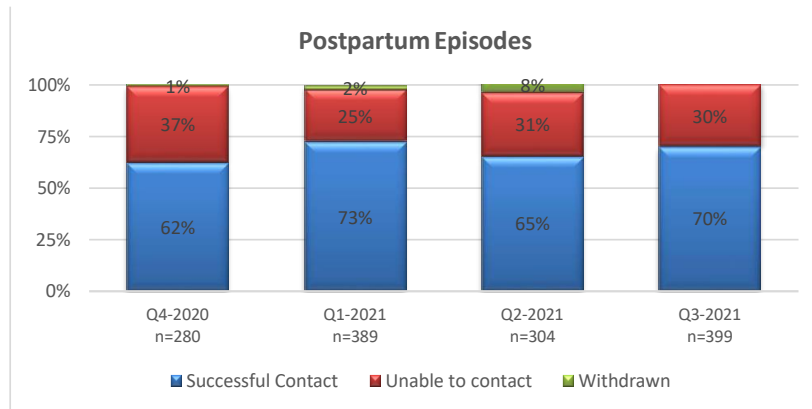
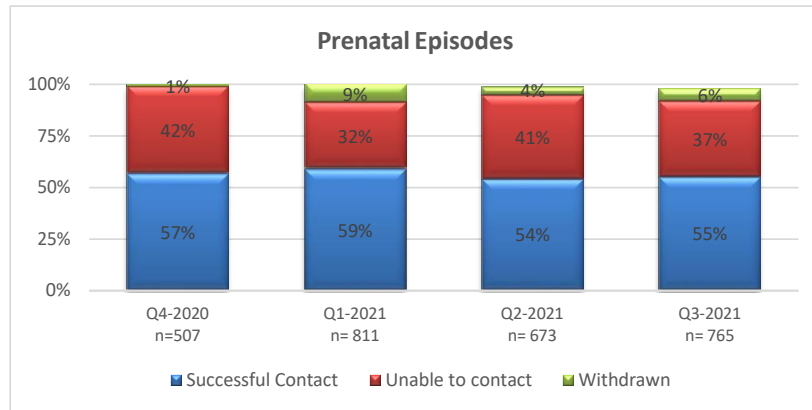
**KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2021**



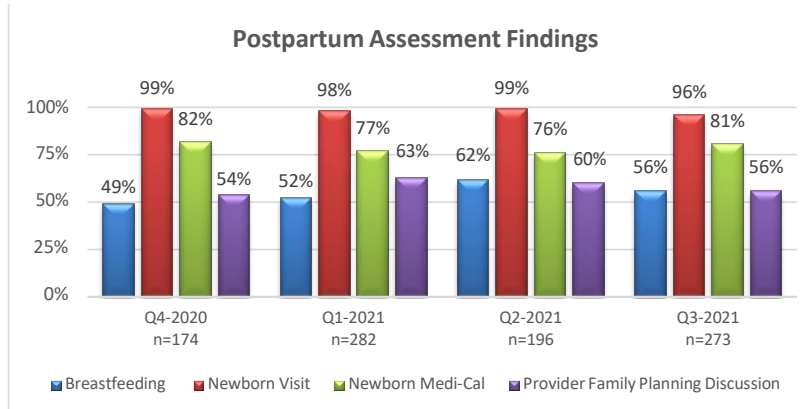
The HE department performs outreach education calls to members with a positive pregnancy test claim, pregnant teens (under age 18), and postpartum members with a Cesarean delivery or teen pregnancy delivery. During the Q3 2021, 765 episodes for pregnant members were completed and the rate of successful contacts increased from 54% to 55%. For postpartum members, 399 episodes were completed, and the rate of successful contacts increased from 65% to 70%. Prenatal assessment findings revealed a 20% decrease in members identified with diabetes or high blood pressure or were at-risk for diabetes or high blood pressure during pregnancy. Postpartum assessment findings revealed a 31% increase in members reporting that they had already discussed their family planning and birth control options with their provider.



KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2021



**KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2021**



**Interpreter Requests**

During this quarter, there were 99 requests for Face-to-Face Interpreting, 781 requests for Telephonic Interpreting, 4 for Video Remote Interpreting (VRI) and 132 requests for an American Sign Language (ASL) interpreter.

**Top Face-to-Face Interpreting Languages Requested**

Q4-2020	Q1-2021	Q2-2021	Q3-2021
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Vietnamese	Mandarin
Cantonese	Mandarin	Cantonese	Panjabi

**Top Telephonic Interpreting Languages Requested**

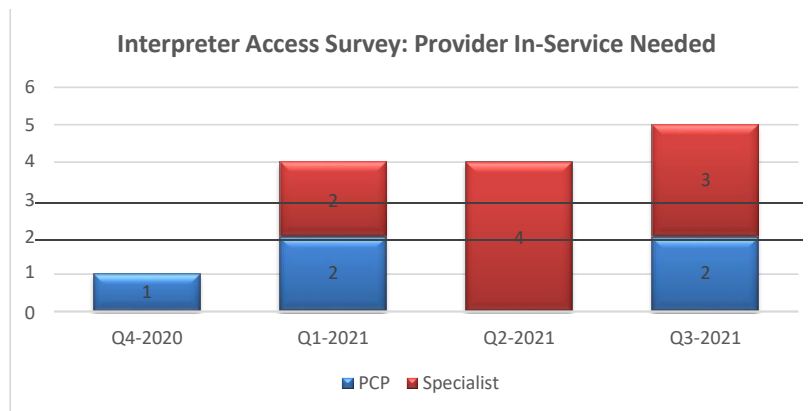
Q4-2020	Q1-2021	Q2-2021	Q3-2021
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic

**KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2021**



**Interpreter Access Survey Calls**

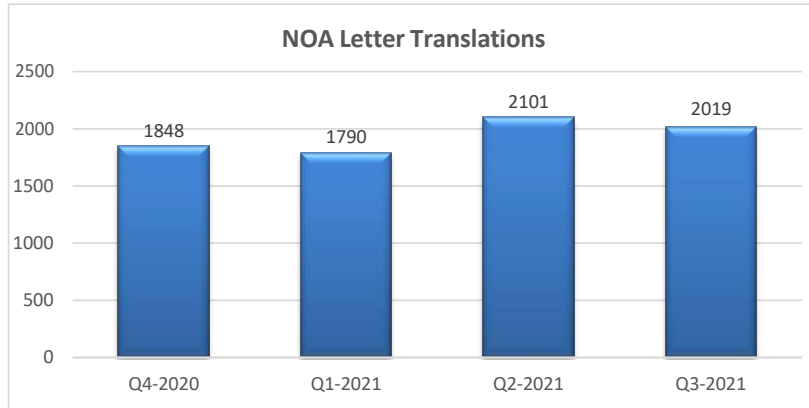
KHS conducts a quarterly Interpreter Access Survey with PCPs and Specialists. A total of 30 providers are contacted of which 15 are PCPs and 15 are Specialists. Of the 30 provider calls conducted in Q3 2021, 2 PCPs and 3 Specialists will need an in-service on accessing appropriate interpreting services for members.



**Written Translations**

The HE department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 2,019 requests for written translations were received of which 98% were Notice of Action letters translated in-house into Spanish for the UM and Pharmacy departments.

KERN HEALTH SYSTEMS  
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT  
3rd Quarter 2021





**To: Public Policy/Community Advisor Committee**

**From: Nate Scott**

**Date: December 14, 2021**

**Re: Executive Summary for 3rd Quarter 2021 Grievance Report**

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**Background**

**Executive Summary for 3rd Quarter 2021 Operational Board Update - Grievance Report:**

When compared to the previous three quarters, there were no significant trends identified as they relate to the Grievances during the 3<sup>rd</sup> Quarter of 2021.

We cannot predict how many Grievances we will receive on any given day. However, we can assess if a certain event may lead to an increase or decrease in the receipt of grievances. Over the last nine months, there has been a gradual increase in call volume to the Member Services Department. With the increased number of calls, the chance that a member is unhappy with a service may increase the number of grievances. All dissatisfactions as it pertains to Plan benefits or services must be captured as a grievance.

**Requested Action**

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## 3<sup>rd</sup> Quarter 2021 Grievance Report

Category	3 <sup>rd</sup> Quarter 2021	Status	Issue	Q2 2021	Q1 2021	Q4 2020	Q3 2020
Access to Care	148		Appointment Availability	90	77	72	52
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	0
Medical Necessity	329		Questioning denial of service	308	308	317	288
Other Issues	18		Miscellaneous	20	11	14	10
Potential Inappropriate Care	164		Questioning services provided. All cases forwarded to Quality Dept.	183	156	200	263
Quality of Service	53		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	31	8	7	5
<b>Total Formal Grievances</b>	<b>712</b>			<b>632</b>	<b>560</b>	<b>610</b>	<b>618</b>
Exempt**	1520		Exempt Grievances-	1570	1179	1050	1041
<b>Total Grievances (Formal &amp; Exempt)</b>	<b>2232</b>			<b>2202</b>	<b>1739</b>	<b>1660</b>	<b>1659</b>

## Additional Insights-Formal Grievance Detail

Issue	3 <sup>rd</sup> Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overtured Ruled for Member	Still Under Review
Access to Care	97	33	0	28	36
Coverage Dispute	0	0	0	0	0
Specialist Access	51	23	0	13	15
Medical Necessity	329	188	0	66	75
Other Issues	18	8	0	3	7
Potential Inappropriate Care	164	62	98	4	0
Quality of Service	53	21	0	12	20
<b>Total</b>	<b>712</b>	<b>335</b>	<b>98</b>	<b>126</b>	<b>153</b>







**To: PP/CAC Committee**

**From: Louis Iturriria**

**Date: December 14, 2021**

**Re: KFHC COVID-19 Vaccination Efforts**

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**Background**

Kern Family Health Care (KFHC) is committed to increasing COVID-19 Vaccination rates among our members and the Kern County community. We are focused on identifying unvaccinated members, educating them as to the vaccine's importance, increasing access to COVID-19 vaccination sites and providing incentives to encourage becoming vaccinated. Starting September 1, 2021 through February 28, 2022, KFHC is offering an incentive to members who get fully vaccinated (\$50 in gift cards to members receiving full vaccinations). Providers that are willing to enhance their efforts in getting their assigned members vaccinated are also being incentivized. Provider Incentives have been offered to our Safety Net Providers, PCPs, high volume Specialists and pharmacies. To assist providers with member outreach, KFHC reports in detail the members who are unvaccinated or partially vaccinated using the State's vaccine registration file. A team of KFHC staff are performing outreach calls to inform our members of vaccination sites and pop-up clinic events. Other education efforts include media campaigns and supporting community vaccination efforts.

**Requested Action**

Receive and File

## KFHC COVID-19 Vaccination Efforts



## Media Campaign Update

- Television campaign - partnered with Latino COVID Task Force, Dignity Health and Kern County Public Health Services Department to produce and purchase ads for a TV campaign.
  - English & Spanish advertisements will air on local network stations and cable through January 2022 and longer if needed
  - English TV Ad: <https://vimeo.com/642867125>
  - Spanish TV Ad: <https://vimeo.com/646582675>
- The KFHC Ad campaign on billboards, print and digital (targeted ads on mobile devices and social media platforms) continues.

**PROTECT YOUR FAMILY  
GET THE SHOT.**



QUESTIONS ABOUT THE COVID SHOT:  
**800-391-2000**  
kernfamilyhealthcare.com

**PROTEGE SU FAMILIA  
VACÚNESE.**



PREGUNTAS SOBRE LA VACUNA COVID:  
**800-391-2000**  
kernfamilyhealthcare.com



**KERN HEALTH  
SYSTEMS**

## COVID-19 Vaccination Pop-Up Clinics

- **Cal State University Bakersfield Vaccination Clinic** – KFHC and Kern Medical are providing on-campus vaccinations once a week (Wednesday's from 10am-2pm) for 12 weeks. Clinic is for students and open to the public.
- **Kern County Latino COVID-19 Task Force** – provide vaccination events throughout the county along with education and a Mental Health/Help Line.
- **KHS Facility Vaccination Fairs** – Held two clinics at our Administrative Office building in conjunction with the Latino COVID Task Force and Kern Medical on October 16<sup>th</sup> and November 13<sup>th</sup>.
  - 133 vaccinated at 1<sup>st</sup> event and 262 vaccinated at 2<sup>nd</sup> event – 60% were KFHC members
- **Other Vaccination Clinics** – KHS providers are organizing targeted Pop-Up clinics at COVID-19 unvaccinated “hot spots” such as Taft, Southeast Bakersfield, and East Kern. Good Samaritan Health Center held a vaccination event in Wasco on October 20<sup>th</sup>.



KHS presents sponsorship check to Kern County Latino COVID-19 Task Force Leadership.





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## COVID-19 Vaccination Community Efforts

- **No Sister Left Behind** will provide education, health fairs, and other workshops to our African American community. They will develop partnerships among local trusted messengers, including churches, barbershops/salons, clinics, and other areas where the African American community feels safe. A variety of marketing strategies will reinforce their educational message.
- **Farmworker Outreach** – California Farmworker Foundation is providing vaccination clinics at worksites in northern and southern Kern County and direct education to farmworkers and agricultural employers.
- **Door to Door Partnership** with Supervisor Leticia Perez, Bakersfield College, Dignity Health, and Hall Ambulance continues through December 2021.
- **Vision y Compromiso Promotoras (community health workers)** are committed to vaccinating their neighbors.



## Other KFHC Initiatives

- **Direct Member Incentives** - offering a \$25 gift card for each COVID-19 vaccination for both the Moderna and Pfizer vaccine, or \$50 for the Johnson & Johnson vaccine.
- **Provider Incentive Program** - KHS will issue payment to safety-net providers, primary care physicians, specialists and pharmacies who meet the criteria.
- **Outreach calls** - KHS member facing staff are making outreach calls to encourage members to get the COVID-19 vaccine.
  - COVID-19 Vaccine Reservation Specialists in Member Services are dedicated phone staff who support our outreach call efforts
  - Member facing staff in Health Services (Population Management, Health Homes, Health Education/Disease Management) are calling our homebound members
- **Member outreach/education efforts** also include mail, robocalls, website and social media.











**To: PP/CAC Committee**

**From: Christine Pence and Adriana Salinas**

**Date: December 14, 2021**

**Re: Enhanced Care Management and Community Supports Services**

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**Background**

Kern Family Health Care (KFHC) will begin offering Enhanced Care Management (ECM) and Community Supports Services (CSS) to eligible members starting January 1, 2022. Enhanced Care management provides extra care coordination services to members with complex medical, social and/or behavioral health needs. Community Supports Services help members find stable housing, provide short-term post-hospitalization housing, and asthma remediation to assist vulnerable members who may be experiencing homelessness and other complex health, disability, or behavioral health conditions.

**Requested Action**

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# Enhanced Care Management and Community Supports Services



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## HHP/WPC Transition to ECM and CSS

- Enhanced Care Management program beginning January 1, 2022
  - DHCS Health Homes Program July 2019-December 2021
  - DHCS Whole Person Care 2017-December 2021 (Kern Medical)
- Community Supports begins January 1, 2022

## Enhanced Care Management Core Elements

- Outreach and Engagement
- Comprehensive Assessment and Care Management Plan
- Enhanced Coordination of Care
- Health Promotion
- Comprehensive Transition Care
- Member and Family Supports
- Coordination and Referral to Community and Social Support Services



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## ECM Providers – Provider Care Team

- Kern Medical Reach/Grow
  - 820 34<sup>th</sup> Street, Suite 202
- Kern Medical
  - 3551 Q Street
- Omni Oildale
  - 525 Roberts Lane, Building B
- Omni Shafter
  - 655 S Central Valley Hwy, Shafter
- Dignity
  - 3737 San Dimas Street
- Premier
  - 5401 White Lane, Suite A
- Clinica Sierra Vista – Greenfield
  - 9001 South “H” Street



## ECM Distributive Model – KHS Care Team

- West Side Health Care District
  - 100 E North Street, Taft
- Dr. William Bichai
  - 3900 San Dimas Street
- Riverwalk Pediatric
  - 9508 Stockdale Highway, Suite 150



## Community Supports Services

- **Housing Transition and Navigation Services:** Assist beneficiaries with obtaining housing
  - Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resources to the local homeless coordinator. Also, individuals who meet the HUD definition of homelessness.
- **Housing Deposits:** Assist with identifying, coordinating, securing or funding-one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board.
  - Any individual who received housing transition/ navigation services. Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resources to the local homeless coordinator. Also, individuals who meet the Housing and Urban Development (HUD) definition of homelessness.

## Community Supports Services (continued)

- **Housing Tenancy and Sustaining Services:** This service provides tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured.

- Any individual who received housing transition/ navigation services. Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resources to the local homeless coordinator. Also, individuals who meet the Housing and Urban Development (HUD) definition of homelessness.

- **Short-term Post Hospitalization Housing:** to provide beneficiaries who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an institutional setting.

- Individuals exiting recuperative care; Individuals exiting an inpatient hospital stay including psychiatric in substance use. Also, Individuals who meet the Housing and Urban Development (HUD) definition of homelessness





## Community Supports Services (continued)

- **Recuperative Care (Medical Respite):** Short term residential care for beneficiaries who no longer require hospitalization but still need to recover from injury or illness, including behavioral health conditions. It provides improved patient recovery through access to various health care services.
  - Individuals who are at risk of hospitalization or are post hospitalization, and individuals who live alone with no formal support. Also, individuals who are facing housing insecurities, which may jeopardize their health and safety without modifications.
- **Asthma Remediation:** to provide the physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or to enable the individual to function in the home, and without which acute asthma episodes could result in the need for emergency services and/or hospitalization. Examples include mold removal/remediation, ventilation improvements, and installation of dehumidifiers and air filters.
  - Individuals with poorly controlled asthma (as determined by an emergency department visit OR hospitalization OR two sick or urgent care visits in the past 12 months. Or a score of 19 or lower on the Asthma Control Test.



## CSS – Providers/CBO

- **Housing Authority of Kern County**- Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services
- **Good Samaritan Healing Center**- Recuperative Care (Medical Respite) and Short-term Post Hospitalization Housing
- **Central California Asthma Collaborative**- Asthma Remediation and Housing Transition Navigation
- **Papo Hernandez, respite, rest and recovery**– Short-term Post Hospitalization Housing



## CSS Eligibility and Purpose

Eligibility: Vulnerable members who may possibly experiencing homelessness and other complex health, disability, and/or behavioral health conditions.

The purpose for community supports services is to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all members.



## Referrals

- Members, Family, Caregivers
  - Self refer by calling 1-800-391-2000
- Provider referral
  - Submit online via Provider portal







**Kern Health Systems  
Population Health Management Department  
Executive Summary  
3<sup>rd</sup> Quarter 2021**

**PHM Staffing Update**

- New Leader
  - Shellby Dumlao, PHM Deputy Director of Special Programs

**COVID-19 Update**

- Company wide effort to promote and facilitate COVID vaccination.
- Case Management team has assisted with coordinating COVID vaccine appointments for KHS members.

**Population Health Management**

- Major Organ Transplant (MOT)- finalizing the project for launch on 1/1/2022.
- Program designs have been completed for the following Special Programs, and KHS will be working on the program execution and implementation for 2022:
  - Chronic Obstructive Pulmonary Disease
  - Congestive Heart Failure
  - Comprehensive Diabetes
  - Palliative Care
  - Homebound
  - Transition of Care
  - Potentially Preventable Admissions
  - Basic Case Management
  - Complex Case Management
- PHM is working collaboratively with the Quality Improvement Team to update community providers on PHM programs and services to help promote PHM and Quality initiatives.

Please see the following report for statistical measures for the Case Management department during Q3 2021.

Thank you,

*Abigail Romo, MSN, RN, PHN*

**KERN HEALTH SYSTEMS  
CASE MANAGEMENT QUARTERLY REPORT- 3<sup>rd</sup> QUARTER 2021**

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**Report Date:** October 8<sup>th</sup>, 2021

**Reporting Period:** July 1<sup>st</sup>, 2021- September 30<sup>th</sup>, 2021

During the months of July thru September 2021, a total of 1,825 members were managed by the Case Management Team.

Episode Total (including previous members)	Closed Episodes	Open Episodes	Referral Episodes	Total
Nurse Case Manager Episodes	884	285	36	1,205
Social Worker Case Manager Episodes	468	150	2	620

Total 1,825

New Episodes July thru September 2021	Closed Episodes	Open Episodes	Referral Episodes	Total
Nurse Case Manager Episodes Assigned	851	151	127	1,129
Social Worker Case Manager Episodes Assigned	392	48	138	578

Total 1,707

High ER Utilizers Outcomes	Contacted	Unable to Contact	Total
CMA	57	93	150
Social Workers	30	19	49

High ER Utilizers Closure Reasons for those Managed by Social Workers	Total
Member Goals Completed	28
Unable to Contact	18
Declined Services	2
Does not meet criteria	1

**Severity Levels for Managed Episodes -833**

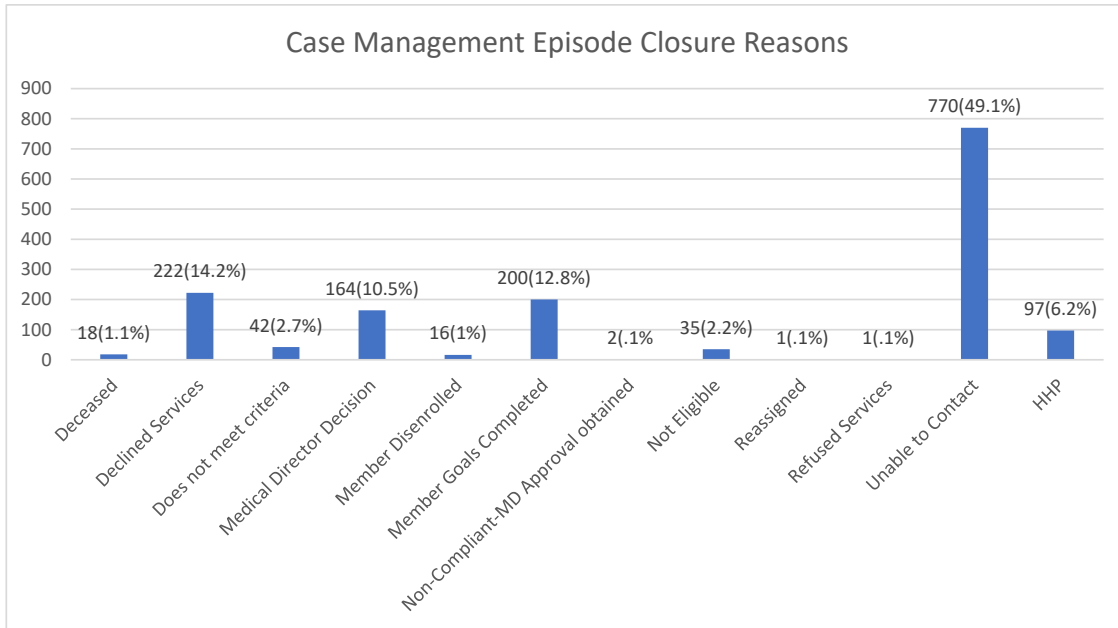
Episode Severity Level	Severity-Critical	Severity-High	Severity-Medium	Severity-Low
Case Management	2 (.4%)	77 (14%)	340 (61.7%)	132 (24%)
Behavioral Health Case Management	1 (.4%)	5 (1.8%)	220 (78%)	56 (19.9%)
Total Combined	3 (.4%)	82 (9.8%)	560 (67.2%)	188(22.6%)



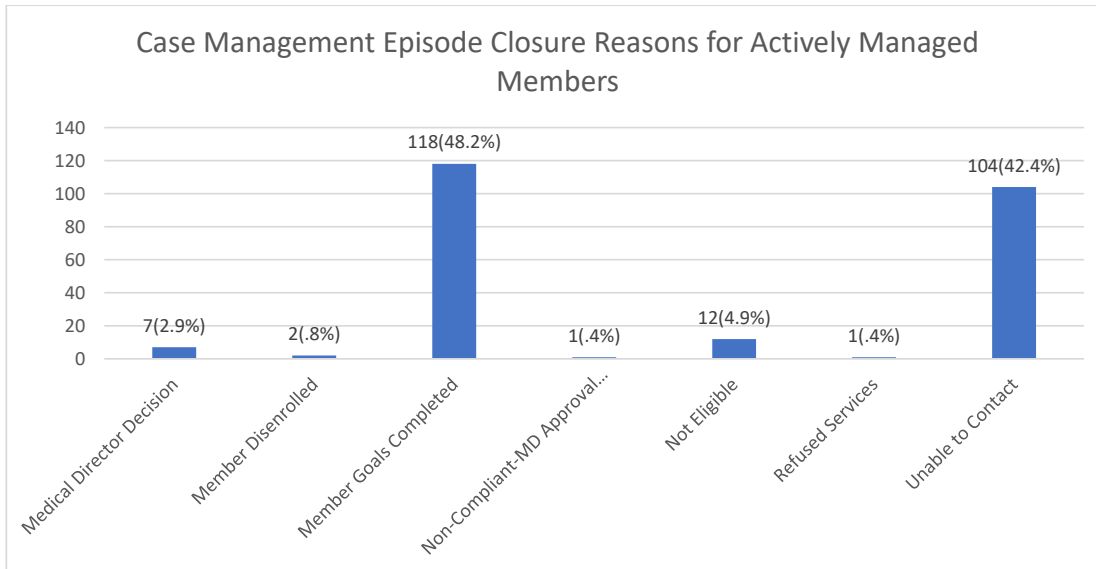
KHS Public Policy-Community Advisory Committee Meeting, December 14, 2021

<b>Episode Source</b>	<b>Social Worker Case Manager Episodes</b>	<b>Percentage</b>	<b>Nurse Case Manager Episodes</b>	<b>Percentage</b>	<b>Episodes Combined</b>	<b>Percentage Combined</b>
ACG Modeler	199	32.1%	866	71.9%	1065	58.4%
All Internally Generated Claims	1	0.2%	0	0.0%	1	0.1%
All Internally Generated Complex Case Management	12	1.9%	56	4.6%	68	3.7%
All Internally Generated Disease Management	0	0.0%	4	0.3%	4	0.2%
All Internally Generated Grievance	0	0.0%	2	0.2%	2	0.1%
All Internally Generated Hospital Discharge	8	1.3%	92	7.6%	100	5.5%
All Internally Generated Medical Director	2	0.3%	21	1.7%	23	1.3%
All Internally Generated Member Request	11	1.8%	17	1.4%	28	1.5%
All Internally Generated UM Generated	11	1.8%	14	1.2%	25	1.4%
BH Mental Health	11	1.8%	0	0.0%	11	0.6%
CM DM HE Facility Based Social Worker	1	0.2%	1	0.1%	2	0.1%
CM DM HE Health Education	2	0.3%	1	0.1%	3	0.2%
CM DM HE Member Services	29	4.7%	7	0.6%	36	2.0%
CM DM HE Provider	6	1.0%	19	1.6%	25	1.4%
CM DM High ER Utilizer	154	24.8%	1	0.1%	155	8.5%
Critical High Risk SPD	2	0.3%	1	0.1%	3	0.2%
DM Facility Nurse	3	0.5%	0	0.0%	3	0.2%
DM HE Social Worker Case Management	8	1.3%	6	0.5%	14	0.8%
HE Member Portal	0	0.0%	1	0.1%	1	0.1%
HE Postpartum Claim	11	1.8%	0	0.0%	11	0.6%
HE Prenatal Claim	28	4.5%	0	0.0%	28	1.5%
HHP Distributive Model	0	0.0%	6	0.5%	6	0.3%
High Risk SPD	121	19.5%	88	7.3%	209	11.5%
Non-Contract Physician/Provider	0	0.0%	2	0.2%	2	0.1%
<b>Totals</b>	<b>620</b>	<b>100.0%</b>	<b>1205</b>	<b>100.0%</b>	<b>1825</b>	<b>100.0%</b>

A total of 1,568 Episodes were closed during the months of July thru September 2021



A total of 245 Episodes were closed during the months of July thru September 2021 that were Actively Managed

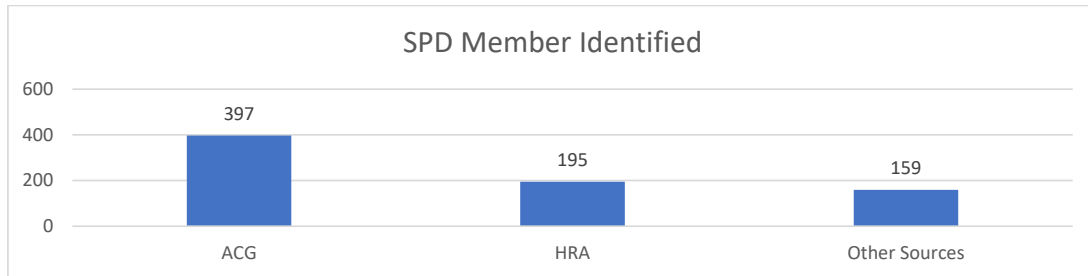


**Seniors and Persons with Disabilities (SPDs):**

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 41.2 percent (751) of the Complex Group during the months of July thru September 2021.

The John Hopkins Predictive Modeler identified SPD's represent 52.9% percent of the SPD's identified in the Complex Group during the months of July thru September 2021. HRA identified SPD members represent 26% and other sources of SPD members represent 21.2%.



**SPD Health Risk Assessment Information:**

During the months of July thru September 2021, a total of 7,079 members were identified for an outside vendor to contact for completion of a Health Risk Assessment.

HRA Summary	Metric	Count	Percentage	Per Day
	Completed (or 2 calls attempted)	7,020	99%	110
	Partial HRA	404	6%	6
	Full HRA	654	9%	10
	Opted out	142	2%	2
	High Risk members	357	5%	6
	Critical Members	61	1%	1
	Members Contacted	6,869	97%	107
	Call Attempts	19,583		
	Total Surveys Attempted	1,058		
	Avg # of Calls Per Member	3		
	Avg # Calls per Day	306		
	Avg # of Questions Answered	24		
Sent: 7079; Received: 7020				

Members Closed and Referred to HHP	Behavioral Health Case Management Episodes	Case Management Episodes
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HHP	26	10
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Managed Episodes with Hospital Admits within 30 days after Episode Closure	Total
Social Worker Case Management Episodes	3
Nurse Case Management Episodes	14
Percentage of Closed cases Admitted	0.6%

Assessments/Plan of Care	Behavioral Health Case Management Episodes	Case Management Episodes	Total
Assessments	113	247	360
Plan of Care	101	239	340

### Notes Completed

Note Source	Behavioral Case Management Episodes	Case Management Episodes
Activity Note	1564	2878
Add Episode Note	93	108
Care Plan Problem Note	283	756
Change Status Note	1516	3274
Edit Episode Note	50	229
Episode Note	101	232
Goals	210	449
Interventions	548	685

### Letters

Letter Template	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Letter English	67	80
Appointment Letter Spanish	8	31
Consent Form English	3	27
Consent Form Spanish	3	13
Discharge English	55	149
Discharge Spanish	9	43
Educational Material	110	251
Mental Health Alert to PCP	4	0
Suicide Hospital Letter to MD	1	0
Unable to Contact	390	840
Welcome Letter Bilingual	97	275

### Activities Completed

Activities Completed	Total
CMA's	3,801
Nurses	1,842
Social Workers	766

### Activity Type

Activity Type	Behavioral Health Case Management Episodes	Case Management Episodes
Clinical Engagement	0	40
COPD Program Referral	1	2
Education	0	146
Fax	118	157
KHS MTM Program	1	0
Letter Contact	408	894
Member Services	38	49
New HHP Referral	0	4
Phone Call	1554	2994
PPA Program Referral	2	1

### Activity Name

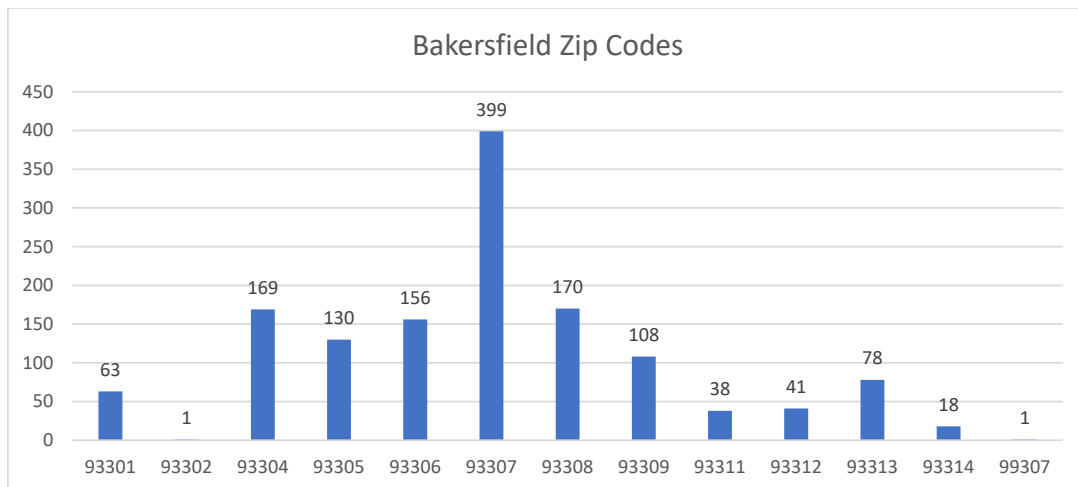
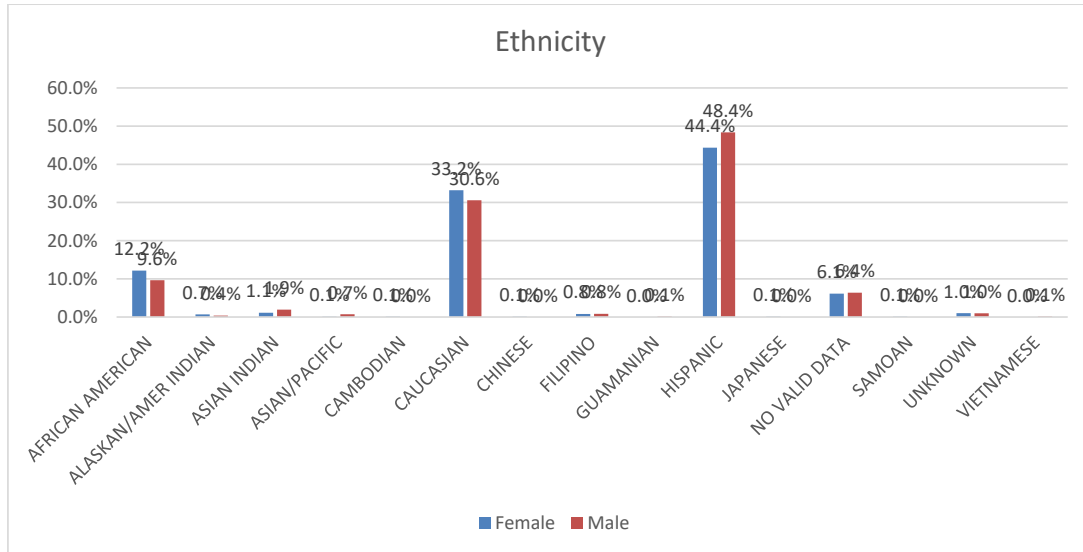
Activity Name	Behavioral Health Case Management Episodes	Case Management Episodes
Appointment Reminder Calls	92	106
Close Episode for CEG	0	25
Close Episode for UTC	27	34
Community Resources	14	32
Contact Member	374	477
Contact Pharmacy	3	35
Contact Provider	147	489
COVID-19 Education	0	54
COVID-19 Vaccine Education	116	218
Create Work Item	45	52
HHP	0	1
Homeless	1	1
ICT	38	63
Incoming Call	0	16
Inpatient Discharge Follow Up	53	198
Language Line	64	272
Mail Appointment Letter	72	77
Mail Authorization	0	5
Mail Consent Letter	10	38
Mail Discharge Letter	63	190
Mail Educational Material	111	250
Mail Member Handbook	0	1
Mail Pill Box	19	62
Mail Provider Directory	3	4
Mail Unable to contact letter	79	236
Mail Urgent Care Pamphlet	5	0
Mail Welcome Letter	3	1
Mental Health Alert to PCP	3	0
Medication Review	0	22
Plan of care	101	90
Request Medical Records	52	186
Return Mail	3	17
Schedule Physician Appointment	102	100
Transportation	7	50
Verbal consent to be received	515	885

During the months of July thru September 2021, 94% of the members managed were 65 years of age or younger.

Age	<18	18-40	41-65	>65	Total
Nurse Case Manager Episodes	37	280	799	89	1,205
Social Worker Episodes	33	279	287	21	620

Of the 1,825 members managed during the months of July thru September 2021, most members were female at 54%.

The majority of members' ethnicity was Hispanic at 46%.



### Outlying Areas

City	Total
ARVIN	24
BODFISH	6

BORON	2
BUTTONWILLOW	3
CALIF CITY	23
DELANO	75
EDISON	1
FRAZIER PARK	7
FRESNO	1
INYOKERN	3
JOHANNESBURG	1
KEENE	1
KERNVILLE	1
LAKE ISABELLA	16
LAMONT	40
LANCASTER	5
LEBEC	1
LOS ANGELES	1
LOST HILLS	4
LUCERNE VALLEY	1
MARICOPA	3
MC FARLAND	26
MC KITTRICK	1
MECCA	1
MODESTO	1
MOJAVE	15
N/A	10
OXNARD	1
PLANADA	1
QUINCY	1
RIDGECREST	2
ROSAMOND	8
SARATOGA	1
SHAFTER	33
STALLION SPGS	1
TAFT	38
TEHACHAPI	42
WALNUT CREEK	1
WASCO	38
WELDON	9
WOFFORD HTS	4



