AGENDA

COMMUNITY ADVISORY COMMITTEE (CAC)

KERN HEALTH SYSTEMS

2900 Buck Owens Boulevard
Bakersfield, California 93308
1st Floor Board Room

Tuesday, December 9, 2025

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: Alyssa Olivera, Ashton Chase, F.N.P., Beatriz Basulto, Evelin Torres-Islas, Jasmine Ochoa, Jay Tamsi, Jennifer Wood-Slayton, Jessika Lopez, Lourdes Bucher, Michelle Bravo, Rocio Castro, Rukiyah Polk, Tammy Torres [two vacancies]

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 part of the meeting is for persons to talk to the Community Advisory Committee (CAC) on items not on the agenda. Items should be within the scope of the CAC. The CAC may respond to items. They may ask questions to learn more. The CAC may also take action. They may direct staff to place an item on a future meeting.

   PERSONS HAVE TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME FIRST. THANK YOU!

CAC MEMBER UPDATES AND 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 CAC meeting on September 23, 2025
APPROVE

CA-4) Report on November 2025 Medi-Cal Membership Enrollment
RECEIVE AND FILE

5) 3rd Quarter 2025 Operational Board Update – Grievance Report
APPROVE

6) 3rd Quarter 2025 Grievance Summary Report
APPROVE

7) 2026-2027 CAC
APPROVE

8) H.R.1
RECEIVE AND FILE

9) Medicare
RECEIVE AND FILE

END THE MEETING TO TUESDAY, January 27, 2026, AT 11:00 A.M. - TRAINING

CAC Meeting Dates for Year 2026

Tuesday, March 24, 2026 @ 11am

Tuesday, June 23, 2026 @ 11am

Tuesday, September 22, 2026 @ 11am

Tuesday, December 8, 2026 @ 11am

(These dates may change due to a holiday or if the CAC cannot attend.)

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

The meeting facilities at Kern Health Systems are accessible to people 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.

AGENDA

Comité Asesor Comunitario (CAC)

KERN HEALTH SYSTEMS

2900 Buck Owens Boulevard
Bakersfield, California 93308
Sala de juntas 1er piso

Martes, 9 de diciembre de 2025

11:00 a. m.

Toda la documentación de apoyo de los puntos de la agenda está disponible para revisión pública en el sitio web de Kern Health Systems: https://www.kernfamilyhealthcare.com/about-us/committees/ **Después de la publicación de la agenda, cualquier documentación de apoyo relacionada con un tema de la agenda para una sesión abierta de cualquier junta regular que se distribuya después de la publicación de la agenda y antes de la junta también estará disponible en el sitio web de KHS.**

RECUERDEN APAGAR TODOS LOS TELÉFONOS CELULARES, LOCALIZADORES O DISPOSITIVOS ELECTRÓNICOS DURANTE LAS JUNTAS.

NUEVA JUNTA CONVOCADA DEL COMITÉ

Miembros: Alyssa Olivera, Ashton Chase, F.N.P., Beatriz Basulto, Evelin Torres-Islas, Jasmine Ochoa, Jay Tamsi, Jennifer Wood-Slayton, Jessika Lopez, Lourdes Bucher, Michelle Bravo, Nalasia Jewel, Rocio Castro, Rukiyah Polk, Tammy Torres [una vacante]

AGENDA DE CONSENTIMIENTO/OPORTUNIDAD PARA COMENTARIOS PÚBLICOS: TODOS LOS PUNTOS CON UNA «CA» SON CONSIDERADOS COMO RUTINARIOS Y NO CONTROVERSIALES POR EL PERSONAL DE KERN HEALTH SYSTEMS. LA «CA» REPRESENTA LA AGENDA DE CONSENTIMIENTO. LOS PUNTOS DE CONSENTIMIENTO SERÁN CONSIDERADOS PRIMERO Y PODRÁN APROBARSE MEDIANTE UNA MOCIÓN SI NINGÚN MIEMBRO DEL COMITÉ O DE LA AUDIENCIA DESEA COMENTAR O HACER PREGUNTAS. SI ALGUIEN DESEA HACER COMENTARIOS O HABLAR, EL PUNTO SE QUITARÁ DE LA AGENDA DE CONSENTIMIENTO Y SE CONSIDERARÁ EN LA SECUENCIA INDICADA CON UNA OPORTUNIDAD PARA QUE CUALQUIER MIEMBRO DEL PÚBLICO SE DIRIJA AL COMITÉ SOBRE EL PUNTO ANTES DE TOMAR ACCIÓN.

LAS RECOMENDACIONES DEL PERSONAL SE MUESTRAN EN MAYÚSCULAS

PRESENTACIONES PÚBLICAS

1) Esta parte de la junta es para que las personas hablen con el Comité Asesor Comunitario (CAC) sobre los puntos que no están en la agenda. Los puntos deben estar dentro del alcance del CAC. El CAC puede responder a los puntos. Es posible que hagan preguntas para obtener más información. El CAC también puede tomar medidas. Pueden indicarle al personal que incluyan un punto para analizarlo en una junta futura.

   LAS PERSONAS TIENEN DOS (2) MINUTOS. POR FAVOR PRIMERO DIGAN Y DELETREEN SU NOMBRE. ¡GRACIAS!

REPORTES Y ACTUALIZACIONES DE LOS MIEMBROS DEL CAC

2) Por iniciativa propia, los miembros del comité pueden hacer un anuncio o un reporte sobre sus propias actividades. Pueden hacer una pregunta para aclarar, hacer una recomendación al personal o tomar medidas para que el personal incluya un asunto en una agenda futura (Código de Gobierno Sec. 54954.2[a])

CA-3) Actas de la junta del CAC del 23 de septiembre de 2025
APROBAR

CA-4) Reporte sobre la inscripción para la membresía de Medi-Cal de noviembre de 2025
RECIBIR Y ARCHIVAR

5) Actualización de la Junta Operativa del 3er trimestre de 2025 – Reporte de las Quejas Formales
APROBAR

6) Reporte de Quejas Formales del 3er trimestre de 2025
APROBAR

7) CAC 2026-2027
APROBAR

8) H.R.1
RECIBIR Y ARCHIVAR

9) Medicare
RECIBIR Y ARCHIVAR

TERMINAR LA JUNTA PARA EL MARTES, 27 de enero de 2026, a las 11:00 a. m. – CAPACITACIÓN

Fechas para las juntas del CAC para el año 2026

Martes, 24 de marzo de 2026 a las 11 a. m.

Martes, 23 de junio de 2026 a las 11 a. m.

Martes, 22 de septiembre de 2026 a las 11 a. m.

Martes, 8 de diciembre de 2026 a las 11 a. m.

(Estas fechas pueden cambiar por un día festivo o si el CAC no puede asistir).

LEY DE ESTADOUNIDENSES CON DISCAPACIDADES
(Código de Gobierno Sección 54953.2)

Las instalaciones para la junta de Kern Health Systems son accesibles para personas con discapacidades. Las personas con discapacidades que necesiten asistencia especial para ir o participar en una junta del Comité pueden solicitar asistencia en la oficina de Kern Health Systems, 2900 Buck Owens Boulevard, Bakersfield, California 93308 o llamando al (661) 664-5000. Se hará todo lo posible para adaptar razonablemente a las personas con discapacidades haciendo que el material de la junta esté disponible en formatos alternativos. Las solicitudes de ayuda deben hacerse cinco
(5) días laborables antes de una junta, siempre que sea posible.

KERN HEALTH SYSTEMS

COMMITTEE: COMMUNITY ADVISORY COMMITTEE (CAC)
DATE OF MEETING: September 23, 2025
CALL TO ORDER: 11:05 AM by Rukiyah Polk - Chair

Members Present:	*Ashton Chase* *Beatriz Basulto* *Evelin Torres* *Jasmine Ochoa* *Jennifer Slayton* *Lourdes Bucher* *Nalasia Jewel* *Rukiyah Polk* *Tammy Torres*	**Members Absent:**	Alyssa Olivera *Rocio Castro* *Jay Tamsi* *Jessika Lopez* *Mark McAlister* *Michelle Bravo*	**Staff Present:**	*Amy Sanders, Member Services Manager* *Anastasia Lester, Sr. Health Equity Analyst* *Nate Scott, Sr. Director of Member Services* *Carlos Bello, W&P Program Manager* *Cynthia Cardon, C&L Services Manager* *Stephanie Rico, Member Engagement Representative* *Cynthia Jimenez, C&L Specialist* *Lela Criswell, Member Engagement Manager* *Moises Manzo, C&L Specialist* *Vanessa Nevarez, Health Equity Coordinator*

Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Quorum	9 committee members present; Alyssa Olivera, Rocio Castro, Jay Tamsi, Jessika Lopez, Mark McAlister, and Michelle Bravo were absent.	Committee quorum requirements met.	N/A
Call to Order	Rukiyah Polk, Chair, called meeting to order at 11:05 am.	N/A	N/A
Public Presentation	There were no public presentations.	N/A	N/A

KERN HEALTH SYSTEMS

Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Committee Announcements	Rukiyah gave the opportunity for member updates. • Nalasia J. announced that she will be stepping down as a member of the CAC; the December 2025 meeting will be her last. • Jennifer S. requested a presentation at the next CAC meeting that provides an overview of HR1 and its potential impact on KFHC members. • Anastasia L. reminded the CAC that there are still slots to fill in the CAC selection committee: a Delano member, LGBTQ+, and a foster youth or parent. Ashton C. added that the first CAC selection committee meeting went well and was very informative. • Rukiyah P. shared that she attended the SAC/BH-SAC meeting which covered the following topics: Stakeholder Engagement, Measures Timeline, Phase 2 Measures, Theory of Change, Community Planning Alignment, New Requirements, Planning Timeline, and Investment Policies.	• Informational only. • Informational only. • Informational only. • Informational only.	N/A N/A N/A N/A
Committee Minutes	**<u>Approval of Minutes</u>** CA-3) The Committee's Chairperson, Rukiyah Polk, presented the CAC Minutes for approval.	**Action:** • Tammy T. first, Evelin T. second. All aye's. Motion carried.	9/23/25

Old Business	There was no old business to present.	N/A	N/A
New Business	**Consent Agenda Items** CA-4) August 2025 Medi-Cal Membership Enrollment Report	 N/A	 N/A
	5) 2nd Quarter 2025 Operational Board Update • Amy S. addressed Jennifer S's. recommendation for an HR1 presentation at the next CAC. Amy S. assured the committee that herself, Lela C. and Nate S., will prepare a presentation outlining the progress of their internal HR1 discussions which will explore ways to engage members and generate ideas to help them stay enrolled. • Amy S. presented the 2025 Operational Board Report that covers Q2 data. The report shows that Medi-Cal renewals have increased by 78%. Amy S. added that renewal activity typically rises in Q1. The increase in transportation-related grievances is due to the new 48-hour advance scheduling requirement for appointments. Beatriz B. asked about the grievance review process then began to share a personal experience involving poor service at Verdugo Hospital. Beatriz B. expressed her frustration that her grievance response claimed, "everything was fine," which she disputes, noting she had no witnesses to	 • Informational only. • Nalasia J. first, Lourdes B. second. All aye's. Motion carried.	 N/A 9/23/25

	support her account. She also emphasized her concern about repeated survey requests despite having already provided feedback. Amy S. agreed to review Beatrix B's. grievance and follow up. A motion to approve was requested. 6) 2nd Quarter 2025 Grievance Summar Report • Amy S. presented the Grievance Summary Report which gives a more in-depth look at data than the Operational Board Report. Amy S. shared that 3,475 were received during Q2 with Access to Care Grievances at 36.6%, Quality of Service Grievances at 34.9%, and Quality of Care Grievances at 14.2%. Standard Grievances were at 71.7% (resolved within 30 days) and Exempt Grievances were at 28.3% (resolved within one business day). Resolution Outcomes closed in favor of the enrollee were at 45.9%, closed in favor of the plan or provider at 51.4%, and remained open at time of reporting at 2.7%. A motion to approve was requested. 7) Population Needs Assessment (PNA) Presentation • Carlos B. gave an overview of the Population Needs Assessment (PNA) which is 100 pages long and can be found on the KFHC website. It can be translated into other languages, as	• Tammy T. first, Ashton C. second. All aye's. Motion carried. • Tammy T. first, Evelin T. second. All aye's. Motion carried.	9/23/25 9/23/25

	needed. The PNA is an annual assessment of member characteristics, health, and social needs and KHS partners with local health departments to complete. The PNA covers the two previous years' data and is used to review and update activities, internal resources, and community resources to address member needs and health care disparities. Carlos B. shared that the social determinants of health claims have increased nearly 20%. KFHC has started collecting Sexual Orientation Gender Identity (SOGI) data in response to the increase in investigating disparities, as well as collaborating with community partners and other KFHC departments such as Behavioral Health and the Health Equity department's Regional Advisory Committee (RACs). Jennifer S. commented that she is surprised to see the data for children and adolescence being diagnosed with asthma so high because in Lamont they are diagnosed with asthma-like symptoms. Carlos B. responded that asthma is harder to diagnose in a child and asked Jennifer S. to send her data to Carlos B. for review. Ashton C. asked about the significant increase in the homeless population and if there were any resources available to educate her patients. Carlos B. responded that he would need to review and get back to her. A motion to approve was requested.		

	8) Member Rewards Program Presentation • Lela C. provided the committee with a Member Rewards Program update. The program has transitioned from Walmart gift cards to Visa cards, which can be used anywhere Visa is accepted. Members will first receive a notice followed by the card in the mail. If members earn additional rewards, the same card will be reloaded rather than issuing a new one. Lela C. shared that KHS will be able to track purchases to identify trends and added that certain purchases are restricted such as firearms and alcohol. Tammy T. asked if each member, such as children, will receive their own cards. Lela C. replied that yes, a child will receive a card with their name on it that can be used by the parents. Jasmine O. praised the branding and marketing of the new card design and asked how the card is restricted from certain purchases. Lela C. explained that the card is automatically blocked from restricted categories. A motion to approve was requested.	• Tammy T. first, Ashton C. second. All aye's. Motion carried.	9/23/25
Open Forum	There were no items to present.	N/A	N/A
Next Meeting	The next meeting will be held on Tuesday, December 9, 2025, at 11:00am.	N/A	N/A

Adjournment	The Committee adjourned at 12:15pm. ***Respectfully submitted:*** ***Vanessa Nevarez, Health Equity Project Coordinator***	Lourdes B. first, Tammy T. second. All aye's. Motion carried.	N/A

COMITÉ: COMITÉ ASESOR COMUNITARIO (CAC)
FECHA DE LA JUNTA: 23 de septiembre de 2025
INICIO DE LA SESIÓN: 11:05 a. m. por Rukiyah Polk - Presidenta

Miembros presentes:	*Ashton Chase* *Beatriz Basulto* *Evelin Torres* *Jasmine Ochoa* *Jennifer Slayton* *Lourdes Bucher* *Nalasia Jewel* *Rukiyah Polk* *Tammy Torres*	**Miembros ausentes:**	Alyssa Olivera *Rocio Castro* *Jay Tamsi* *Jessika Lopez* *Mark McAlister* *Michelle Bravo*	**Personal Presente:**	*Amy Sanders, gerente de Servicios para Miembros* *Anastasia Lester, analista senior de Equidad para la Salud* *Nate Scott, director ejecutivo de Servicios para Miembros* *Carlos Bello, gerente de programas de Bienestar y Prevención* *Cynthia Cardona, gerente de servicios Culturales y Lingüísticos* *Stephanie Rico, coordinadora de Participación para Miembros* *Cynthia Jimenez, especialista en Cultura y Lingüística* *Lela Criswell, gerente de Participación para Miembros* *Moises Gonzalez Manzo, especialista en Cultura y Lingüística* *Vanessa Nevárez, coordinadora de Equidad para la Salud*

Punto de la agenda	Conversación/Conclusión	Recomendaciones/Acción	Fecha de resolución
Quórum	9 miembros del comité presentes; Alyssa Olivera, Rocío Castro, Jay Tamsi, Jessika López, Mark McAlister y Michelle Bravo estuvieron ausentes.	Se cumplieron los requerimientos de quórum del comité.	No aplicable
Inicio de la sesión	Rukiyah Polk, presidenta, inició la junta a las 11:05 a. m.	No aplicable	No aplicable
Presentación pública	No hubo presentaciones públicas.	No aplicable	No aplicable

Punto de la agenda	Conversación/Conclusión	Recomendaciones/Acción	Fecha de resolución
Anuncios del comité	Rukiyah dio la oportunidad para que los miembros compartieran sus actualizaciones. • Nalasia J. anunció que dejará su cargo como miembro del CAC; la reunión de diciembre de 2025 será la última en la que participe. • Jennifer S. solicitó que en la próxima reunión del CAC se hiciera una presentación en la que se ofreciera un resumen de la HR1 (ley) y su posible impacto en los miembros de Kern Family Health Care (KFHC). • Anastasia L. recordó al CAC que aún quedan plazas por cubrir en el comité de selección del CAC: un miembro de Delano, LGBTQ+ y un joven o padre en hogares de crianza. Ashton C. agregó que la primera reunión del comité de selección del CAC había ido bien y fue muy informativa. • Rukiyah P. compartió que asistió a la reunión del SAC/BH-SAC, en la que se trataron los siguientes temas: Participación de las partes interesadas, calendario de medidas, medidas de la fase 2, teoría del cambio, alineación de la planificación comunitaria, nuevos requisitos, plazo de planificación y políticas de inversión.	• Solo informativo. • Solo informativo. • Solo informativo. • Solo informativo.	No aplicable No aplicable No aplicable No aplicable

Actas del comité	**<u>Aprobación de las actas</u>** CA-3) La presidenta del comité, Rukiyah Polk, presentó las actas del CAC para su aprobación.	**Acción:** • Tammy T. dio la primera moción, Evelin T. apoya la moción. Todos aceptaron. La moción fue aprobada.	09/23/2025
Asuntos anteriores	No hubo asuntos anteriores que presentar.	No aplicable	No aplicable
Asuntos nuevos	**<u>Aprobación de la agenda de consentimiento</u>** CA-4) Reporte sobre la inscripción para la membresía de Medi-Cal de agosto de 2025	No aplicable	No aplicable
	5) Actualización de las operaciones de la Junta Operativa del 2.º trimestre de 2025 • Amy S. abordó la recomendación de Jennifer S. de realizar una presentación sobre HR1 en la próxima reunión del CAC. Amy S. aseguró al comité que ella misma, Lela C. y Nate S. prepararán una presentación en la que se describirá el progreso de sus debates internos sobre HR1, en la que se explorarán formas de involucrar a los miembros y crear ideas que les ayuden a permanecer inscritos. • Amy S. presentó el reporte de la Junta Operativa de 2025 que cubre los datos del segundo trimestre. El reporte muestra que las	• Solo informativo. Nalasia J. dio la primera moción, Lourdes B. apoya la moción. Todos aceptaron. La moción fue aprobada.	No aplicable 09/23/2025

	renovaciones de Medi-Cal han aumentado en un 78%. Amy S. añadió que la actividad de renovación suele aumentar en el primer trimestre. El aumento de las quejas formales relacionadas con el transporte se debe al nuevo requisito de programar las citas con 48 horas de anticipación. Beatriz B. preguntó sobre el proceso de revisión de quejas formales y luego comenzó a compartir una experiencia personal relacionada con el mal servicio en Verdugo Hospital. Beatriz B. expresó su frustración porque la respuesta a su queja afirmaba que "todo estaba bien", lo cual ella discute, señalando que no tenía testigos para respaldar su versión. También expresó su preocupación por las solicitudes continuas de encuestas a pesar de haber proporcionado ya sus comentarios. Amy S. aceptó revisar la queja de Beatriz B. y realizar un seguimiento. Se solicitó una moción de aprobación.		
	6) Resumen de Quejas Formales del segundo trimestre de 2025 • Amy S. presentó el resumen de Quejas Formales, que ofrece una perspectiva más detallada de los datos que el reporte de la Junta Operativa. Amy S. compartió que recibieron 3,475 durante el segundo trimestre con el 36.6% de las Quejas	• Tammy T. dio la primera moción, Ashton C. apoyó la moción. Todos aceptaron. La moción fue aprobada.	09/23/2025

	Formales sobre el acceso a la atención médica, 34.9% de las Quejas Formales sobre la calidad de servicios y 14.2% de las Quejas Formales sobre la calidad de atención. Las Quejas Formales estándares tenían un 71.1% (resueltas dentro de 30 días) y las Quejas Formales exentas tenían un 28.3% (resueltas dentro de un día hábil). Los resultados de las resoluciones cerradas a favor del miembro fueron del 45.9%, cerradas a favor del plan o proveedor, del 51.4% y permanecieron abiertas al momento de presentar el reporte en un 2.7 %. Se solicitó una moción de aprobación.		
	7) Presentación de evaluación de las necesidades de la población (PNA) Carlos B. presentó un resumen de la evaluación de las necesidades de la población (PNA), que tiene 100 páginas y se puede consultar en el sitio web de KFHC. Se puede traducir en otros idiomas, según sea necesario. La PNA es una evaluación anual de las características, la salud y las necesidades sociales de los miembros, y KHS colabora con los departamentos de salud locales para llevarla a cabo. La PNA cubre los datos de los últimos dos años y se utiliza para revisar y actualizar las actividades, los recursos internos y los recursos comunitarios para abordar las necesidades de los miembros y las desigualdades en la atención médica. Carlos B.	Tammy T. dio la primera moción, Evelin T. apoyó la moción. Todos aceptaron. La moción fue aprobada.	09/23/2025

	compartió que los reclamos relacionados con los determinantes sociales de la salud han aumentado casi un 20%. KFHC ha comenzado a registrar datos sobre la orientación sexual y la identidad de género (SOGI) en respuesta al aumento de las investigaciones sobre las desigualdades, además de colaborar con socios comunitarios y otros departamentos de KFHC, como el de Salud Conductual y el Comité Asesor Regional (RAC) del Departamento de Equidad de la Salud. Jennifer S. comentó que le sorprende ver que los datos sobre niños y adolescentes diagnosticados con asma sean tan altos, ya que en Lamont se les diagnostican síntomas similares al asma. Carlos B. respondió que el asma es más difícil de diagnosticar en un niño y le pidió a Jennifer S. que le enviara sus datos para que él los revisara. Ashton C. preguntó sobre el aumento significativo de la población sin hogar y si había algunos recursos disponibles para educar a sus pacientes. Carlos B. respondió que tendría que revisarlo y ponerse en contacto con ella al respecto. Se solicitó una moción de aprobación.		

	8) Presentación del programa de premios para miembros Lela C. le proporcionó al comité una actualización sobre el programa de premios para miembros. El programa ha cambiado de tarjetas regalo de Walmart a tarjetas Visa, que se pueden utilizar en cualquier lugar donde se acepten tarjetas Visa. Los miembros recibirán primero un aviso y, a continuación, la tarjeta por correo postal. Si los miembros obtienen premios adicionales, se recargará la misma tarjeta en lugar de emitir una nueva. Lela C. compartió que KHS podrá monitorear las compras para identificar tendencias y agregó que ciertas compras están restringidas, como las armas de fuego y el alcohol. Tammy T. preguntó si cada miembro, como los niños, podran recibir sus propias tarjetas. Lela C. respondió que si, un niño recibirá una tarjeta con su nombre que podrá ser utilizada por sus padres. Jasmine O. felicitó el manejo de la marca y publicidad en el diseño de la nueva tarjeta y preguntó cómo se restringe la tarjeta para ciertas compras. Lela C. explicó que la tarjeta es automáticamente bloqueada de categorías restringidas. Se solicitó una moción de aprobación.	Tammy T. dio la primera moción, Ashton C. apoyó la moción. Todos aceptaron. La moción fue aprobada.	09/23/2025
Foro abierto	No hubo ningún punto que presentar.	No aplicable	No aplicable

Próxima junta	La próxima junta se llevará a cabo el martes, 9 de diciembre de 2025, a las 11:00 a. m.	No aplicable	No aplicable
Se levanta la sesión	El comité finalizó la sesión a las 12:20 p. m. ***Respetuosamente presentado por:*** ***Vanessa Nevárez, coordinadora de proyectos para la Equidad de la Salud***	Lourdes B. dio la primera moción, Tammy T. apoyó la moción. Todos aceptaron. La moción fue aprobada.	No aplicable

Chequeado el: 10/22/2025, 04:15 PM

Crear documentos con conocimientos sobre salud tiene como objetivo Grado 6 o menos

Fórmula Fry (Gilliam-Peña-Mountain): 4

Nivel de Grado de Crawford: 4.30

SOL (español SMOG): 7.90

KFHC OCTOBER 2025 ENROLLMENT:

Member Demographics

Member Age	
0-5	12%
6-18	30%
19-44	35%
45-64	17%
65+	6%

Ethnicity	
Hispanic	64%
Caucasian	15%
Unknown	12%
African American	5%
Asian Indian	2%
Filipino	1%
Other	1%

Language	
English	68%
Spanish	31%
Other	1%

	Enrollment Type						
	FAMILY-ADULT	FAMILY-CHILD	FAMILIY-OTHERS*	Seniors & Persons with Disabilities (SPDs)	Adult Expansion	Long Term Care	Total KHS Medi-Cal Managed Care Enrollment
2025-09	73,867	166,791	25,920	20,459	115,007	521	402,565
2025-10	73,026	166,085	25,800	20,288	114,241	563	400,003
% Change October vs. September	-1.1%	-0.4%	-0.5%	-0.8%	-0.7%	8.1%	-0.6%
*Family-Others = Duals and BCCTP							

Enrollment Update: The "automated discontinuance process" for Medi-Cal Redeterminations continues when beneficiaries do not complete the Annual Eligibility Redetermination process. Most of the Public Health Emergency (PHE) eligibility flexibilities expired on June 30, 2025. Many fewer Medi-Cal eligibles go through the ex parte process – or "happy path" – for Medi-Cal renewals (the Kern County auto-renewal rate dropped from 80% to less than 40%). Rather, they need to complete the manual Medi-Cal redetermination process (more than 60% in Kern County).

COMMUNITY EVENTS

KFHC will share sponsorship in the following events in October and November:			
Organization Name	**Event Name**	**Purpose**	**Donated Amount**
Bakersfield Ronald McDonald House	A Galactic Gala Under the Galaxy	The gala aims to raise funds for the Ronald McDonald House programs and initiatives, providing essential support to families facing extended hospitalizations.	$3,000
Links for Life, Inc	Lace'n It Up - 5K Fun Run & Celebration Walk	Proceeds benefit Kern County community with breast cancer services. The organization supports local survivors and educates the community about breast cancer throughout the year, especially during October, which is Breast Cancer Awareness Month. Over 100 KFHC employees and family members participated in the walk and raised funds to cover team t-shirts.	$5,000
Adventist Health Bakersfield Foundation	VIPink Memories & Milestones	Support essential breast health programs, expand access to cutting-edge equipment and offer direct assistance to patients navigating their fight against breast cancer.	$2,500
Boys & Girls Clubs of Kern County	2025 Artfest	To enable all young people, especially those in need, to reach their full potential as productive, caring, responsible citizens.	$2,500

H.E.A.R.T.S. Connection	Hero's 4 HEARTS Walk	HEARTS Connections enhances the quality of life for people with special needs through a family resource center.	$1,500
No Sister Left Behind Nonprofit Organization	Total Well-Being Women's Conference 2025	The goal is to provide a much-needed service to women who need economic empowerment but are under-educated, and thus, underprepared and unqualified for jobs that would afford them a better life. NSLB will provide several scholarships for individuals who cannot afford the registration fee.	$750
Kern County Cancer Foundation	North Kern Cancer Run/Walk Festival 2025	A dual purpose: to raise funds and awareness for local kids who are bravely battling cancer, all while creating a fun and supportive community event.	$1,000
Apple Core Project, Inc.	Annual Party in the Garden	Provide education, monthly food distributions, and a nurture space within their community garden.	$3,000
Clinica Sierra Vista	Spooktacular Fall Well Child Event	A free seasonal gathering designed to offer families a joyful and enriching Halloween experience and simultaneously provide Well Child Exams. This event is a critical opportunity to improve the health of children through comprehensive Well Child Visits, while also supporting the broader community by offering educational resources, health information, and access to services.	$1,000
Friends of Mercy Foundation	Healthful Harvest/La Cosecha Saludable 2025	The goal is to create awareness, provide education and services, and connect Arvin residents to health and local community resources. Food, entertainment, and incentives will also be provided.	$5,000
Kern Down Syndrome Network	Walk for A Million Dreams	Fundraising efforts will support local programs and services that benefit all individuals with down syndrome.	$1,000
Golden Empire Gleaners	Rhythm & Roots	To help alleviate hunger and provide food for those in need in Kern County.	$2,500
California Living Museum Foundation	Holiday Lights at CALM	CALM works hand in hand with the Kern County Superintendent of Schools to educate students and adults alike to the betterment of our planet; currently hosting over 20,000 students annually through our doors on school field trips.	$2,500
Safe Haven Kid's League of California City	A Giving Resource Spectacular	Donations will provide free food boxes, educational items, and hygiene kits to families in need.	$1,000
The Wildlands Conservancy	3rd Annual Howl-O-Ween	Encourage kids and adults to celebrate fall outdoors and learn more about the strange and chilling creatures that live in their backyards.	$500
The Blessing Corner	Holiday Support (Thanksgiving & Christmas)	Thanksgiving: A community distribution event for thanksgiving turkey meal-in-a-box for up to 300 families that have a place to cook and prepare their family's meal, including seniors and veterans. Host the annual Thanksgiving Day sit-down meals at the Blessing Corner for up to 300 individuals. Christmas: A community holiday meal-in-a-box giveaway for up	$3,000

		to 200 families having a place to cook their meals. Host the annual Christmas Day Extravaganza which includes a sit-down meal, toys and gift items for up to 500 that will include the unsheltered and individual families with children.	
Delano First Assembly of God	Annual Thanksgiving Food Boxes	All donations will go to the Delano First Assembly of God Soup Kitchen Ministry to build Thanksgiving food baskets. Food baskets will be distributed locally with the community.	$1,500
West Side Family Health Care	Tug of War Tournament - Mud Mayhem during Taft Oildorado Days	Support a fun, family-friendly community event. Strengthen community presence while making a difference.	$1,500
West Side Recreation & Park District	Community Garden Fest during Taft Oildorado Days	Support a space where families can grow fruits, vegetables, flowers, and more — inspiring creativity alongside healthy living.	$1,000
Kern Partnership for Children and Families	38th Annual Holiday Cottage	Fill specific holiday wishes for children in Kern County's foster care system, making their holiday season brighter by providing them with gifts they might not otherwise receive. The program relies on the community to fulfill these wishes, with individuals and organizations donating gifts or money to support the foster youth and ensure they experience the magic of the holidays.	$10,000
JJ's Legacy	10th Annual Grillin' & Brewin'	The event promotes organ donation awareness and registration. Proceeds from the event benefit the Got the Dot program, which encourages high school students to register as organ donors and helps spread awareness about organ donation in the community.	$1,250

KFHC will also participate in the following events in October and November:				
Organization Name	**Event Name**	**Location**	**Date**	**Time**
Family Health Care Network	Delano Adult School Health Fair	1811 Princeton Street, Delano 93215	10/3/2025	4:00pm-6:00pm
Arvin Police Department	National Night Out 2024	200 Campus Dr., Arvin 93203	10/3/2025	5:30pm-8:00pm
American Cancer Society	Relay for Life	Ker McGee Center 100 W. California Ave., Ridgecrest 93555	10/4/2025	10:00am-5:00pm
Delano Police Department	2025 National Night Out	502 Jefferson St., Delano 93215	10/7/2025	5:00pm-7:00pm
California Department of Corrections and Rehabilitation	Adult Re-Entry Resource Fair	3201 F St., Bakersfield 93301	10/8/2025	10:00am-12:00pm

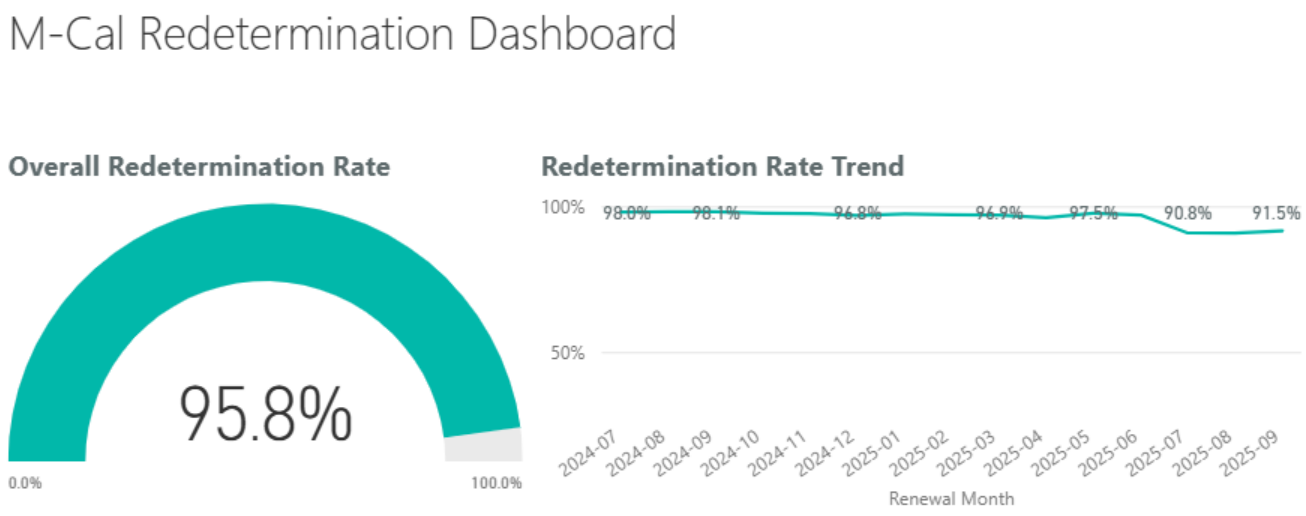
CAPK Veterans Supportive Services	Kern County Veterans Stand Down & Resource Day	3805 Chester Ave., Bakersfield 93305	10/9/2025	8:00am-3:00pm
Love from Above Community	3rd Annual Hunger & Homelessness March	Mill Creek Park, Bakersfield	10/11/2025	11:00am-3:00pm
Wasco Police Department	National Night Out	830 7th St., Wasco 93280	10/10/2025	4:00pm-9:00pm
Vision y Compromiso	Jamaica 2025 Resource Fair	1305 Water St., Bakersfield 93305	10/12/2025	12:00:00pm-7:00pm
Greenfield Family Resource Center	Community Resource Fair Open House	5400 Monitor St., Bakersfield 93307	10/14/2025	3:30pm-6:30pm
The City Of Shafter	2025 National Night Out	701 S. Schnaidt St., Shafter 93263	10/16/2025	5:00pm-8:00pm
Children First	Fall Festival Resource Fair	1511 Niles St., Bakersfield 93305	10/17/2025	4:00pm-6:00pm
Kern County Sheriff's Office	National Night Out - Trick or Treat	Stramler Park - 4003 Chester Ave., Bakersfield 93301	10/21/2025	5:00pm-8:00pm
Casa Loma Elementary	Trunk or Treat	525 E. Casa Loma Dr., Bakersfield, 93307	10/24/2025	5:00pm-6:30pm
City of Ridgecrest	Trunk or Treat	Kerr Mc Gee 100 W. California Ave., Ridgecrest 93555	10/24/2025	4:30pm-7:30pm
Vineland School District	Halloween Trunk or Treat	8301 Sunset Blvd., Bakersfield 93307	10/24/2025	5:30pm-8:30pm
Golden Hills Community Services District	Ghoulden Hills Trick or Treat	21750 Westwood Blvd., Tehachapi 93561	10/25/2025	4:00pm-7:30pm
Lamont - Weedpatch LESD	Fall Harvest Festival	10301 San Diego St., Lamont 93241	10/30/2025	4:30pm-7:00pm
Oildale Community Action Team	Oildale Trunk or Treat	N Chester Ave. - Frontage Rd. - North of Norris Rd., Bakersfield 93308	10/30/2025	5:30pm-7:30pm

Medi-Cal Renewals Update

As anticipated, in July we experienced a substantial increase in the number of members who need to renew their Medi-Cal. This workload will continue each month. We continue to collaborate closely with the county to ensure continuity of care for our members. We are having bi-weekly meetings with Kern County Human Services (KCHS) leadership due to the increase in this critical work. KFHC continues direct outreach activities to members who must complete the Medi-Cal renewal process or those in a hold status who have 90 days (from disenrollment date) to complete their renewal to be retroactively enrolled to their disenrollment date. The daily data KCHS provides to KFHC power these activities. Member communications include: text messages, mail, phone calls, in person, and the KFHC member portal. We continue experiencing great success with our AI phone outreach campaign that allows us to attempt multiple phone calls per week to all members who must renew their Medi-

Cal, including daily calls to those nearing their disenroll date and those who have disenrolled and are in the 90 day grace period. We are also working closely with safety net providers by sharing renewal data and supporting renewal assistance efforts. KFHC shares the data with member facing staff (screen pop) and providers (KFHC provider portal) and works with local Medi-Cal enrollment entities and community-based organizations to support Medi-Cal renewal efforts. KCHS is now providing missing documents data to KFHC for members with an incomplete renewal. Although these members return their renewal, when the information is not complete the renewal is not processed. KFHC will begin including what documents and/or information is missing in the outreach to these members so that their renewal can be processed. Finally, KCHS is working with CalSAWS to install a kiosk that allows members to scan their documents directly to their case file at the KFHC office and to allow KFHC members with Medi-Cal questions who call KCHS to be transferred to the KFHC call center for assistance.

KFHC Medi-Cal Redetermination Trending Rates



KFHC Media Clips

We compiled local media coverage that KFHC received in August 2025 – September 2025. Please see **Attachment ?: Public Relations/Publicity Media Clips**.

KERN HEALTH SYSTEMS

To: KHS CAC Meeting

From: Nate Scott

Date: December 9, 2025

Re: Executive Summary 3rd Quarter 2025 Operation Board Update - Grievance Report

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Background

When compared to the previous four quarters, the following grievance trends were identified.

- There was an increase in the Plan's grievance volume in the 3rd quarter, 2025, compared to the previous four quarters. The overall volume of Grievances and Appeals increased 13.6% from the 2nd quarter. There was also an increase of appeals from 43% from quarter two to quarter three. This increase can be attributed to changes in the criteria for several Community Support Services (CSS) benefits and Applied Behavioral Analysis (ABA) therapy services. More information on these appeals below. Access to Care, Quality of Service, and Quality of Care grievances remained the three largest grievance categories. The volume of Exempt grievances increased as well, up 9.5% from the previous quarter. The increase in Exempt grievances can still be attributed to a rise in transportation grievances due to changes in how the Plan schedules rides for members.

- For CSS appeals, KHS conducted a comprehensive evaluation of its Community Support Services, focusing on utilization trends, cost-effectiveness, and member outcomes. The analysis identified consistently high utilization rates across several services but demonstrated a less-than-favorable return on investment. In response, implemented additional oversight for Medically Tailored Meals (MTM) between late May and early June 2025 to better align the service with DHCS eligibility requirements. These refinements ensure that only members with medically sensitive conditions are approved for the benefit. Given the high volume of referrals historically received for this service, KHS anticipated an increase in grievances/appeals from members who no longer qualified under the updated criteria and the additional oversight.

- For ABA appeals, when KHS reviewed clinical services, an audit showed possible overuse of ABA services. A random sample of cases was sent to an Independent Review Organization approved by the Department of Health Care Services. These files were reviewed by a provider trained in ABA services. Most of the records in the sample did not meet medical necessity. The Department of Health Care Services requires us to investigate possible overuse and put processes in place to prevent it. To meet this requirement, KHS partnered with AllMed, an organization with trained providers who review ABA services for other health plans in California. Since starting this process, we have seen more denials of ABA services. We take this issue very seriously and are making sure denials are appropriate. We are also giving training to ABA providers and to AllMed reviewers to prevent inappropriate denials that could cause more grievances and appeals.

KHS Grievance and Appeals per 1,000 members = 3.34 per month.

Requested Action

Receive and Approve

3rd Quarter 2025 Operational Report
Reporte Operacional del 3.º trimestre de 2025

Alan Avery
Chief Operating Officer/ Director de Operaciones

3rd Quarter 2025 Grievance Report
Reporte de Quejas Formales del 3.º trimestre de 2025

Category 2/ Categoría 2	Q3 2025/ 3.º trimestre de 2025	Status/ Estado	Issue/ Cuestión	Q2 2025/ 2.º trimestre de 2025	Q1 2025/ 1.º trimestre de 2025	Q4 2024/ 4.º trimestre de 2024	Q3 2024/ 3.º trimestre de 2024
Access to Care/Acceso a la atención	**897**		Appointment Availability/ Disponibilidad de citas	832	713	603	601
Coverage Dispute/Disputa de cobertura	**0**		Authorizations and Pharmacy/ Autorizaciones y Farmacia	0	0	0	0
Medical Necessity/Necesidad médica	**385**		Questioning denial of service/ Dudas sobre la negación de un servicio	220	192	241	290
Other Issues/Otras cuestiones	**201**		Miscellaneous/ Misceláneo	165	141	134	106
Potential Inappropriate Care/ Posible atención inapropiada (PIC)	**587**		Questioning services provided. All PIC identified cases forwarded to Quality Dept./ Dudas sobre los servicios brindados Todos los casos identificados por PIC son enviados al Departamento de Calidad	493	535	476	532

KERN HEALTH SYSTEMS

3rd Quarter 2025 Grievance Report
Reporte de Quejas Formales del 3.º trimestre de 2025

Category 2/ Categoría 2	Q3 2025/ 3.º trimestre de 2025	Status/ Estado	Issue/ Cuestión	Q2 2025/ 2.º trimestre de 2025	Q1 2025/ 1.º trimestre de 2025	Q4 2024/ 4.º trimestre de 2024	Q3 2024/ 3.º trimestre de 2024
Quality of Service/ Calidad del servicio	**785**		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department/ Dudas sobre la profesionalidad, la cortesía y la actitud del personal del consultorio. Todos los casos fueron enviados al Departamento de Relaciones con Proveedores (PR)	702	654	509	525
Discrimination (New Category)/ Discriminación (nueva categoría)	**81**		Alleging discrimination based on the protected characteristics/ Denuncia de discriminación basada en las características protegidas	78	81	71	62
Total Formal Grievances/ Total de quejas Formales	**2936**			2490	2316	2034	2116
Exempt/Exento	**1088**		Exempt Grievances/ Quejas formales exentas	985	683	644	858
Total Grievances (Formal & Exempt)/ Total de quejas formales (formales y exentas)	**4024**			3475	2999	2678	2974

KHS Grievances per 1,000 members – 3.34/ Quejas formales de KHS por cada 1,000 miembros – 3.34
LHPC Average 1.0 – 3.99/month/ Promedio de Local Health Plans of California (LHPC) 1.0 – 3.99/mes

KERN HEALTH SYSTEMS

Additional Insights-Formal Grievance Detail
Información adicional - Detalles formales de quejas formales

Issue/ Cuestión	Q3 2025 Grievances/ Quejas formales del 3.º trimestre de 2025	Upheld Plan Decision/ Decisión sostenido por el plan	Further Review by Quality/ Revisión adicional por Calidad	Overturned Ruled for Member/ Revocación a favor del miembro	Still Under Review/ Todavía en revisión
Access to Care/ Acceso a la atención	323	223	0	98	2
Coverage Dispute/ Disputa de cobertura	0	0	0	0	0
Specialist Access/ Acceso a un especialista	574	329	0	238	7
Medical Necessity/ Necesidad médica	385	332	0	53	0
Other Issues/ Otras cuestiones	201	166	0	32	3
Potential Inappropriate Care/ Posible atención inapropiada (PIC)	587	490	0	94	3
Quality of Service/ Calidad del servicio	785	598	0	176	11
Discrimination/ Discriminación	81	76	0	2	3
Total	2936	2214	0	693	29

KERN HEALTH SYSTEMS

To: KHS CAC Meeting

From: Nate Scott

Date: December 9, 2025

Re: Executive Summary for 3rd Quarter 2025 Grievance Summary Report

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Background

The Grievance Summary Report supports the high-level information provided on the Operation Board Report and provides more detail as to the type of grievances KHS receives on behalf of our members.

For the 3rd quarter, 2025, we had four thousand, twenty-four (4,024) Grievances and Appeals (G&A) received. Here are the top three grievance categories:

- Access to Care/Difficulty Accessing Specialists at 22.3% of grievances received.
- Quality of Service at 19.5% of grievances received.
- Quality of Care at 14.6% of grievances received.

Of the 4,024 G&A received:

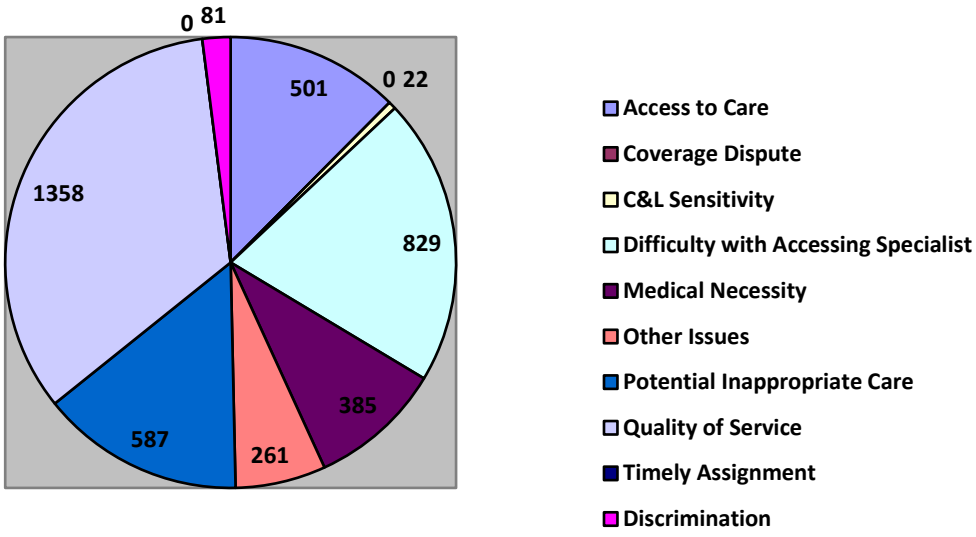
- 2,936 (73%) G&A were Standard Grievances and took up to 30 days to investigate and resolve.
- 1,088 (27%) G&A were Exempt Grievances and were resolved within one business day.
- 1,781 (44.26%) closed in Favor of the Enrollee
- 2,214 (55.02%) closed in Favor of the Plan/Provider
- 29 (.72%) are still open for review.

Requested Action

Receive and Approve

3rd Quarter 2025 Grievance Summary

Issue	Number	In Favor of Health Plan	In favor of Enrollee	Still under review
Access to care	501	217	282	2
Coverage dispute	0	0	0	0
Cultural and Linguistic Sensitivity	22	14	7	1
Difficulty with accessing specialists	829	321	502	6
Medical necessity	385	332	53	0
Other issues	261	166	92	3
Potential Inappropriate care	587	490	94	3
Quality of service	1358	598	749	11
Timely assignment to provider	0	0	0	0
Discrimination	81	76	2	3



Type of Grievances

KHS Grievances and Appeals per 1,000 members = 3.34/month

During the 3rd quarter of 2025, there were four thousand twenty-four grievances and appeals received. Two thousand nine hundred and thirty-six cases were standard, and one thousand eighty-eight cases were exempt and closed within one business day. Two thousand two hundred and fourteen cases were closed in favor of the Plan. One thousand seven hundred and eighty-one cases were closed in favor of the Enrollee. There are twenty-nine cases still under review. Of the four thousand twenty-four, three thousand seven hundred and thirty-one cases closed within thirty days; two hundred and ninety-three cases were pended and closed after thirty days.

3rd Quarter 2025 Grievance Summary

Access to Care

There were five hundred and one grievances pertaining to access to care. Three hundred and sixteen cases were standard, and one hundred and eighty-five were exempt cases that closed within one business day. Two hundred and seventeen cases closed in favor of the Plan. Two hundred and eighty-two cases closed in favor of the Enrollee. There are two cases pending review. The following is a summary of these issues:

One hundred and sixty-two members complained about the lack of available appointments with their Primary Care Provider (PCP). Forty-eight cases closed in favor of the Plan after the responses indicated the offices provided the appropriate access to care based on the Access to Care standards. One hundred and thirteen cases closed in favor of the Enrollee after the responses indicated the offices may not have provided appropriate access to care based on the Access to Care standards. There is one case pending review.

Thirty-nine members complained about the wait time to be seen by a Primary Care Provider (PCP) appointment. Sixteen cases closed in favor of the Plan after the responses indicated the members were seen within the appropriate wait time for a scheduled appointment or the members were at the offices to be seen as a walk-in, which are not held to the Access to Care standards. Twenty-two cases closed in favor of the Enrollee after the response indicated the member was not seen within the appropriate wait time for a scheduled appointment. There is one case pending review.

One hundred and four members complained about the telephone access availability with their Primary Care Provider (PCP). Forty-three cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate telephone access availability. Sixty-one cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate telephone access availability. There are no cases pending review.

One hundred and ninety-two members complained about a provider not submitting a referral authorization request in a timely manner. One hundred and eight cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Eighty-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. There are no cases pending review.

Two members complained about geographic access to a provider. One case closed in favor of the Plan after it was determined the geographic access provided was appropriate. One case closed in favor of the Enrollee after it was determined geographic access may not have been appropriate. There are no cases pending review.

Two members complained about physical access to a provider. One case closed in favor of the Plan after it was determined the physical access was appropriate. One case closed in favor of the Enrollee after it was determined the physical access may not have been appropriate. There are no cases pending review.

3rd Quarter 2025 Grievance Summary

Coverage Dispute

There were no grievances pertaining to a Coverage Dispute issue.

Cultural and Linguistic Sensitivity

There were twenty-two members that complained about the lack of available interpreting services to assist during their appointments. Nineteen were standard cases and three were exempt cases that closed within one business day. Fourteen cases closed in favor of the Plan after the responses from the providers indicated the members were provided with the appropriate access to interpreting services. Seven 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. There is one case still under review.

Difficulty with Accessing a Specialist

There were eight hundred and twenty-nine grievances pertaining to Difficulty Accessing a Specialist. Five hundred and sixty-two were standard cases and two hundred and sixty-seven were exempt cases that closed within one business day. Three hundred and twenty-one cases closed in favor of the Plan. Five hundred and two cases closed in favor of the Enrollee. There are six cases still under review. The following is a summary of these issues:

One hundred and two members complained about a provider not submitting a referral authorization request in a timely manner. Fifty-six cases closed in favor of the Plan after it was determined the referral authorization request had been submitted in a timely manner. Forty-five cases closed in favor of the Enrollee after it was determined the referral authorization request may not have been submitted in a timely manner. There is one case under review.

Two hundred and fifty-nine members complained about experiencing difficulties in arranging, scheduling, or accessing transportation services. Ninety-seven cases closed in favor of the Plan after the responses indicated the members were provided the appropriate services. One hundred and sixty cases closed in favor of the Enrollee after the responses indicated the members may not have been provided with the appropriate services. There are two cases under review.

One hundred and thirty-seven members complained about the driver showing up outside of the scheduled pick-up time to transport the member to their appointment. Fifty-one cases closed in favor of the Plan after the response indicated the member was provided with the appropriate wait time for a scheduled appointment. Eighty-four cases closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate wait time for a scheduled appointment. There are two cases under review.

One hundred and eighty-two members complained about the lack of available appointments with a specialist. Sixty cases closed in favor of the Plan after the responses indicated the members were provided with the appropriate access to specialty care based on the Access to Care Standards. One hundred and twenty-one cases closed in favor of the Enrollee after the responses indicated the offices may not have provided the

appropriate access to care based on the Access to Care standards. There is one case under review.

One hundred and twenty-two members complained about the telephone access availability with a specialist office. Forty-six cases closed in favor of the Plan after the response indicated the member was provided with the appropriate telephone access availability. Seventy-six cases closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate telephone access availability. There are no cases under review.

Twenty-three members complained about the wait time to be seen for a specialist appointment. Eight cases closed in favor of the Plan after the response indicated the member was provided with the appropriate wait time for a scheduled appointment based on the Access to Care Standards. Fifteen cases closed in favor of the Enrollee after the response indicated the member may not have been provided with the appropriate wait time for a scheduled appointment based on the Access to Care Standards. There are no cases under review.

One member complained about physical access to a specialist provider. The case closed in favor of the Plan after it was determined the physical access was appropriate. There are no cases under review.

Three members complained about geographic access to a specialist provider. Two cases closed in favor of the Plan after it was determined the geographic access provided was appropriate. One case closed in favor of the Enrollee after it was determined the geographic access provided may not have been appropriate. There are no cases under review.

Medical Necessity

There were three hundred and eighty-five appeals pertaining to Medical Necessity. Three hundred and thirty-two 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. Of the cases that were closed in favor of the Plan, six were partially overturned. Fifty-three were closed in favor of the Enrollee. There are no cases under review.

Other Issues

There were two hundred and sixty-one grievances pertaining to Other Issues that are not otherwise classified in the other categories. Two hundred and one were standard cases and sixty were exempt cases that closed within one business day. One hundred and sixty-six cases closed in favor of the Plan after the responses indicated the appropriate service was provided. Ninety-two cases closed in favor of the Enrollee after the responses indicated the appropriate service may not have been provided. There are three cases under review.

Potential Inappropriate Care

There were five hundred and eighty-seven standard grievances involving Potential Inappropriate Care issues. These cases were forwarded to the Quality Improvement (QI) Department for their

due process. Upon review, four hundred and ninety cases were closed in favor of the Plan, as it was determined a quality-of-care issue could not be identified. Ninety-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. There are three cases still pending further review with QI.

Quality of Service

There were one thousand three hundred and fifty-eight grievances involving Quality of Service issues. Seven hundred and eighty-five were standard cases and five hundred and seventy-three were exempt cases that closed within one business day. Five hundred and ninety-eight cases closed in favor of the Plan after the responses determined the members received the appropriate service from their providers. Seven hundred and forty-nine cases closed in favor of the Enrollee after the responses determined the members may not have received the appropriate services. There are eleven cases still under review.

Timely Assignment to Provider

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

Discrimination

There were eighty-one standard grievances pertaining to Discrimination. Seventy-six cases closed in favor of the Plan as there was no discrimination found. Two cases closed in favor of the Enrollee. There are three cases under review. All grievances related to Discrimination are forwarded to the DHCS Office of Civil Rights upon closure.

KERN HEALTH SYSTEMS

To: Community Advisory Committee (CAC)

From: Anastasia Lester

Date: December 9, 2025

Re: CAC 2026 Voting

Background:

The PowerPoint presentation covers the new protocol required by the Department of Health Care Services 2026 Contract for our Community Advisory Committee (CAC).

The contract states that the CAC is to be comprised of members representing not only the demographic composition of the membership, but those representing specialty populations outlined in the contract.

The CAC will be asked to vote on the state required composition to create the 2026-2027 CAC.

Requested Action: Review and approval.

Community Advisory Committee 2026 Voting

Votación del Comité Asesor Comunitario (CAC) de 2026

KERN HEALTH SYSTEMS

2026 CAC Requirements
Requisitos del CAC de 2026

- Department of Health Care Services (DHCS)/
  Departamento de Servicios de Atención Médica (DHCS)

- 2 –year term begins in 2026/ El término de dos años comienza en 2026

2026 CAC Requirements
Requisitos del CAC de 2026

- Chair and Co-chair will come from Community Advisory Committee/ El/la presidente(a) y vicepresidente(a) procederán del Comité Asesor Comunitario.
  - Kern Health Systems staff support/ Personal de apoyo de Kern Health Systems

- Chair or Co-chair must be a Kern Family Health Care member (or both)/ El/la presidente(a), vicepresidente(a), o ambos debe(n) ser miembro de Kern Family Health Care

Selection Committee Process
Proceso de selección del comité

- The CAC Selection Committee met on October 4, 2025./ El comité de selección de CAC se reunió el 4 de octubre de 2025.

- The Selection Committee identified 21 community partners to reach out to in 16 areas. / El comité de selección identificó 21 socios comunitarios a quienes contactar en 16 áreas.

CAC Survey
Encuesta de CAC

- All current CAC members were contacted and asked if they would like to be placed on the ballot for the 2026-27 years, and they completed the survey.
- Todos los miembros actuales de CAC fueron contactados y se les preguntó si deseaban ser incluidos en la boleta electoral para los años 2026-2027, y también completaron la encuesta.

Nomination Slots
Nominaciones para las vacantes

- 1 Indian Health Care Provider (IHCP) representative – BAIHP/ 1 representante del proveedor de atención médica indígena (IHCP) - Bakersfield American Indian Health Project (BAIHP)
- 1 Department of Public Health representative – KCPH/ 1 representante del Departamento de Salud Pública - Kern County Public Health (KCPH)
- 1 Local Education Agency (LEA) representative – KCSOS/ 1 representante de una agencia local de educación (LEA) - Kern County Superintendent of School (KCSOS)
- 1 Kern Health Systems' Board of Directors representative – KHS/ 1 representante de la Junta Directiva de Kern Health Systems - KHS

Nomination Slots
Nominaciones para las vacantes

- 1 Provider representative – CSV/ 1 representante de los proveedores – Clinica Sierra Vista (CSV)
- 2 Community representatives – TBD/ 2 representantes comunitarios – Por determinar
- 8 Kern Family Health Care members – TBD/ 8 miembros de Kern Family Health Care – Por determinar

Members/Miembros

Age Representation/ Rango de edad

- Young Adult (18-25) – Area 16/ Adultos jóvenes (18-25 años) – Área 16
- Foster Youth – Area 6/ Jóvenes en crianza temporal – Área 6
- Parent with school-aged children – Area 11/ Padres con niños en edad escolar – Área 11

Members Miembros

Language – Area 7/ Idioma – Área 7

- English/ Inglés
- Spanish/ Español
- Punjabi/ Punjabi
- ASL/ Idioma de señas americano (American Sign Language, ASL)

Members Miembros

Chronic Conditions/ Condiciones crónicas

- Diabetes/Hypertension – Area 4/ Diabetes/hipertensión – Área 4
- Lipid Metabolism Disorder – Area 8/ Trastorno de metabolismo lipídico - Área 8
- Asthma – Area 2/ Asma – Área 2
- Low Back Pain – Area 10/ Dolor en la parte baja de la espalda - Área 10
- Depression - Area 3/ Depresión – Área 3

Members Miembros

Category of Aid/ Categoría de ayuda

- Family – Area 11/ Familia – Área 11
- Expansion – Area 16/ Expansión – Área 16
- Seniors and Persons with Disability - Area 12/

  Adultos mayores y personas con discapacidades - Área 12

Members Miembros

Special Population – Equity Representation/ Población especial – representación equitativa

- Long Terms Support Services (LTSS) - Area 9/

  Servicios de apoyo a largo plazo (LTSS) - Área 9

- Regional (North – Delano)/South – Arvin/Lamont) - Area 13/14/

  Regional (Norte – Delano)/Sur – Arvin/Lamont) - Áreas 13/14

- Seniors – Area 15/ Adultos mayores - Área 15

Members Miembros

Special Population – Equity Representation/ Población especial – representación equitativa

- 2SLGBTQIA+ - Area 1/ 2SLGBTQIA+ - Área 1
- Special Needs (ASL/Person with Disability) – Area 12/ Necesidades especiales (ASL/personas con discapacidades) - Área 12
- Enhanced Care Management (ECM) or Community Support Services (CSS) – Area 5/ Administración de la Atención Mejorada (ECM) o Servicios de Apoyos Comunitarios (CSS) - Área 5

Ranking Nominations
Nominaciones por orden de clasificación

- Try to Find Representation in All 16 Areas/

  Intentar encontrar representación en las 16 áreas

- Ranked by the Number of Areas Representing/

  Clasificado por el número de áreas que representa

THANK YOU

¡Gracias!

Questions?

¿Preguntas?

KERN HEALTH SYSTEMS

Time to Vote
Es hora de votar

The vote will create a ranking of who will be contacted to sit on the 2026 CAC.

La votación creará una clasificación de las personas que serán contactadas para formar parte del CAC 2026.

Next Steps
Pasos para seguir

- Once the votes have been collected, a vote will be formally made to approved the ranked outcome of the vote.
- Una vez obtenidos los votos, se hará una votación formal para aprobar el resultado clasificado de la votación.

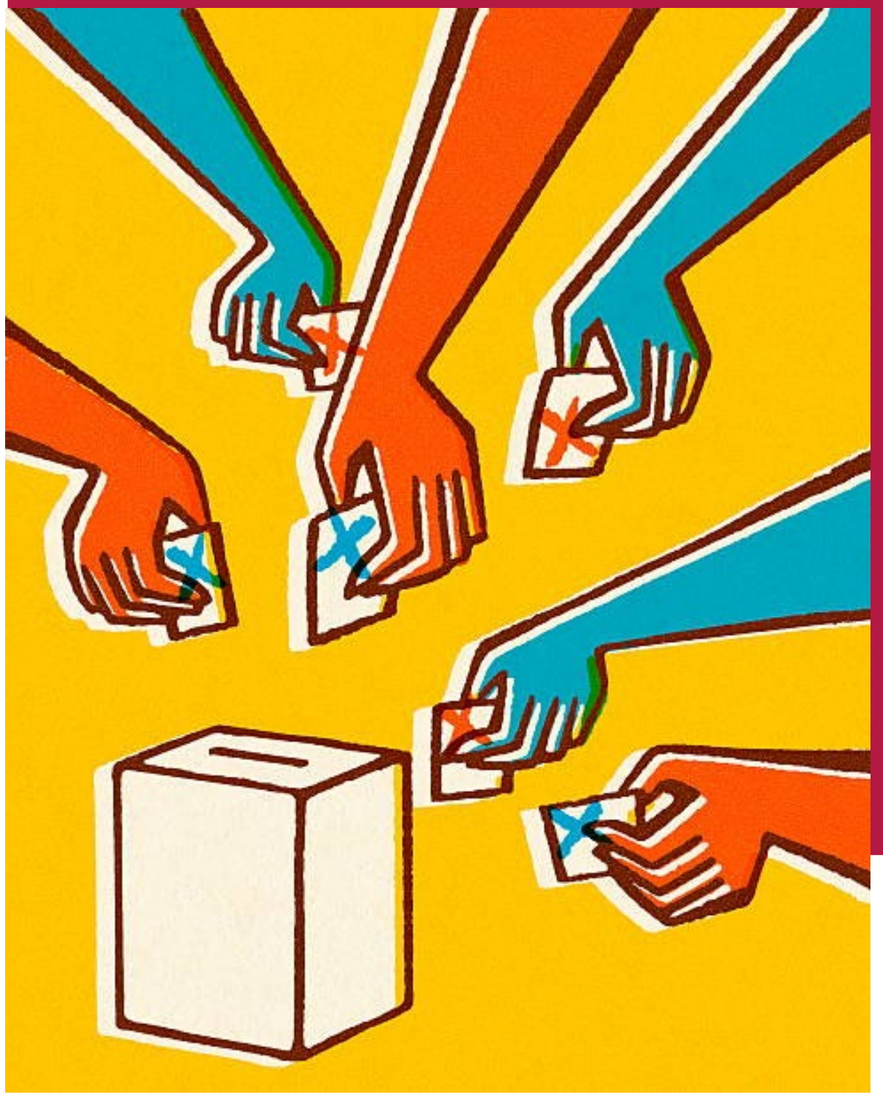
Next Steps
Pasos para seguir

- Kern Health Systems staff will reach out to voted in committee members in the order voted in.
- El personal de Kern Health Systems se pondrá en contacto con los miembros del comité elegidos por votación en el orden en que fueron elegidos.

Next Steps
Pasos para seguir

- The final 2026-2027 Community Advisory Committee members will be notified via email and will begin their term in January of 2026.
- Los miembros elegidos del Comité Asesor Comunitario 2026-2027 serán notificados por correo electrónico y comenzarán su término en enero de 2026.

The Votes Are In
Los votos están contados



Time for a Motion

Es el momento de una moción

HR 1 &
2025 State Budget Summary

Resumen del
Presupuesto Estatal 2025 y la HR 1

December 9, 2025

9 de diciembre 2025

2025 Legislative Session At-a-Glance
Sesión legislativa de 2025 en resumen

- The 2025 State Legislative session ended on 10/13 as this was the deadline for the Governor to sign or veto bills. **Bills are effective 1/1/26 unless otherwise noted.**

- La sesión legislativa estatal de 2025 terminó el 13 de octubre, ya que era la fecha límite para que el gobernador firmara o vetara proyectos de ley. **Los proyectos de ley entran en vigor el día 1/1/2026 a menos que se indique lo contrario.**

2025 Legislative Session At-a-Glance
Sesión legislativa de 2025 en resumen

- **2,397 bills Introduced** (1,533 in Assembly and 864 in Senate). This is an increase **of 273 bills** that were introduced in **2025**. **917** passed by the Legislature; Governor Newsom vetoed **13.4%.**

- **Se presentaron 2,397 proyectos de ley** (1,533 en la Asamblea y 864 en el Senado). Esto representa un aumento de **273 proyectos de ley** que se presentaron en **2025**. **917** fueron aprobado por la legislatura; el gobernador Newsom vetó el **13.4%.**

2025 Legislative Session At-a-Glance
Sesión legislativa de 2025 en resumen

- **154** health bills were heard (118 Assembly, 36 Senate). **68 Bills** were being tracked internally in **2025**. Of those, **21 passed the legislature and were signed by the Governor.**

- Se presentaron **154** proyectos de ley de salud (118 en la Asamblea, 36 en el Senado). **68 proyectos de ley** fueron monitorizados internamente en **2025**. De ellos, **21 fueron aprobados por la Legislatura y fueron firmados por el gobernador.**

2025 Legislative Session At-a-Glance
Sesión legislativa de 2025 en resumen

- **State Budget** was finalized in **July.** HR 1 was signed into law on **July 4, 2025.**

- **El presupuesto estatal** se finalizó en **julio.** El proyecto de ley HR 1 se convirtió en ley el **4 de julio de 2025.**

2025-2026 State Budget
Presupuesto estatal para 2025-2026

Unsatisfactory Immigration Status (UIS) Population –

- **Enrollment Freeze:** The Freeze will apply to undocumented individuals aged 19 and older, effective "no sooner than" **January 1, 2026**. Pregnant individuals losing eligibility will remain covered throughout their pregnancy and for 12 months afterward. The 6-month "re-enrollment period" is better described as a 3-month cure period from date of disenrollment which can add up to a 6-month grace period taken with the allowance of 90 days of premium nonpayment before full-scope coverage loss.

Población con un estatus migratorio insatisfactorio (Unsatisfactory Immigration Status, UIS) –

- **Congelación de inscripción:** La congelación se aplicará a individuos indocumentados de 19 años y mayores, a partir de «no antes del» **1.º de enero de 2026**. Las personas embarazadas que perderán elegibilidad permanecerán cubiertas durante su embarazo y por 12 meses después. Si una persona pierde su cobertura, tendrá 3 meses para corregir el problema y recuperar sus beneficios completos de Medi-Cal. Como Medi-Cal también permite hasta 90 días de falta de pago de primas antes de terminar la cobertura de alcance completo, el tiempo total para resolver el problema puede ser de hasta 6 meses.

2025-2026 State Budget
Presupuesto es para 2025-2026

Unsatisfactory Immigration Status (UIS) Population/
Población con un estatus migratorio insatisfactorio (UIS) –

- **Premiums**: Implementation of $30 monthly premiums for UIS individuals aged 19-59 starting “no sooner” than **July 1, 2027**, with pregnant women exempt. After 90 days on nonpayment, members will only be eligible for pregnancy-related services and emergency medical treatment and must pay any outstanding balance in full.

- **Primas**: Implementación de primas mensuales de $30 para individuos de UIS de 19 a 59 años, comenzando «no antes» del **1.º de julio de 2027.** Las mujeres embarazadas están exentas. Después de 90 días de falta de pago, los miembros solo serán elegibles para servicios relacionados con el embarazo y tratamiento médico de emergencia y deben pagar cualquier saldo pendiente en su totalidad.

2025-2026 State Budget
Presupuesto es para 2025-2026

Unsatisfactory Immigration Status (UIS) Population/
Población con un estatus migratorio insatisfactorio (UIS) –

- **Dental:** Elimination of state-only dental coverage for UIS population effective **July 1, 2026**, rather than July 1, 2027. Applies to UIS population 19 years and older. Specifies that this includes individuals defined as “qualified alien” who have not been in the United States for the minimum of 5 years.

- **Servicios dentales:** Eliminación de la cobertura dental financiada solo por el estado para la población de UIS a partir del **1.º de julio de 2026**, en lugar del 1.º de julio de 2027. Se aplica a la población UIS de 19 años y mayores. Especifica que esto incluye a individuos definidos como «extranjeros calificados» ("qualified alien") que no han estado en los Estados Unidos por un mínimo de 5 años.

2025-2026 State Budget
Presupuesto estatal para 2025-2026

Additional Changes to Medi-Cal/ Cambios adicionales en Medi-Cal –

- **Prospective Payment System (PPS) Rates:** Elimination of PPS rates for state-only funded services for UIS services **beginning July 1, 2026.**

- **Tarifas del Sistema de Pago Prospectivo (Prospective Payment System, PPS):** Eliminación de las tarifas PPS para los servicios financiados solo por el estado para los servicios de UIS **a partir del 1.º de julio de 2026.**

2025-2026 State Budget
Presupuesto estatal para 2025-2026

Additional Changes to Medi-Cal/ Cambios adicionales en Medi-Cal –

- **Long Term Care (LTC):** The trailer bill does not include language eliminating LTC for the UIS population

- **Atención médica a largo plazo (Long Term Care, LTC):** El proyecto de ley complementario no incluye lenguaje que elimine los servicios de LTC para la población de UIS

2025-2026 State Budget
Presupuesto estatal para 2025-2026

Additional Changes to Medi-Cal/ Cambios adicionales en Medi-Cal –

- **Asset Test:** The budget maintains a $130,000 asset cap for individuals and adds $65,000 for each additional household member, capping at 10 members, effective **January 1, 2026.**

- **Prueba de activos (Asset Test):** El presupuesto mantiene un límite de activos de $130,000 por individuo y agrega $65,000 por cada miembro adicional del hogar, con un límite de 10 miembros, a partir **del 1.º de enero de 2026.**

2025-2026 State Budget
Presupuesto estatal para 2025-2026

Additional Changes to Medi-Cal/ Cambios adicionales en Medi-Cal –

- **Prop 56:** Elimination of supplemental Medi-Cal provider payments for dental services no sooner than **July 1, 2026**. Maintains supplemental payments for family planning and women's health services.

- **Propuesta 56:** Eliminación de los pagos suplementarios a proveedores de Medi-Cal por servicios dentales no antes **del 1.º de julio de 2026**. Mantiene pagos suplementarios por servicios de planificación familiar y salud de la mujer.

2025-2026 State Budget
Presupuesto estatal para 2025-2026

Additional Changes to Medi-Cal/ Cambios adicionales en Medi-Cal –

- **Acupuncture**: Maintains acupuncture as an optional benefit.

- **Acupuntura:** Mantiene la acupuntura como un beneficio opcional.

- **Hospice:** Requires implementation of prior authorization requirements for Medi-Cal hospice services effective **July 1, 2026.**

- **Hospicio:** Se requiere implementar los requisitos de autorización previa para los servicios de hospicio de Medi-Cal a partir del **1.º de julio de 2026.**

HR 1 Summary
Resumen de la HR1

Background/ Contexto –

- On July 4, 2025, President Trump signed into law the 2025 budget reconciliation bill, formerly known as the One Big Beautiful Bill Act, that makes significant changes to Medicaid eligibility and financing.

- El 4 de julio de 2025, el presidente Trump promulgó el proyecto de ley de reconciliación presupuestaria de 2025, anteriormente conocida como El Gran y Hermoso Proyecto de Ley (One Big Beautiful Bill Act), que hace cambios significativos en la elegibilidad y financiamiento de Medicaid.

HR 1 Summary
Resumen de la HR1

Background/ Contexto –

- The Congressional Budget Office estimates the law will cut federal Medicaid spending by $911 billion over 10 years and will increase the number of people who are uninsured by 10 million in 2034.

- La Oficina de Presupuesto del Congreso estima que la ley reducirá los gastos federales de Medicaid en $911 mil millones en 10 años y aumentará el número de personas sin seguro médico en 10 millones en 2034.

HR 1 Summary
Resumen de la HR1

Major Medicaid Provisions –

- **Eligibility/Access Requirements**
- State Financing Restricting
- **Immigrant Coverage Limitations**
- **Abortion Services**

Principales disposiciones de Medicaid –

- **Requisitos de elegibilidad/acceso**
- Restricción de financiamiento estatal
- **Limitaciones de cobertura para inmigrantes**
- **Servicios de aborto**

HR 1 Update
Actualización de la HR1

Eligibility/Access Requirements/ Requisitos de elegibilidad/acceso –

- **Eligibility:** Requires states to redetermine eligibility for adults enrolled through Medicaid expansion or an expansion-like section 1115 waiver once every six months**. Effective Date: January 1, 2027.**

- **Elegibilidad:** Requiere que los estados redeterminen la elegibilidad de los adultos inscritos a través de la expansión de Medicaid o una exención similar a la sección 1115 una vez cada seis meses**. Fecha de vigencia: 1.º de enero de 2027.**

HR 1 Update
Actualización de la HR1

Eligibility/Access Requirements/ Requisitos de elegibilidad/acceso –

- **Work Requirements:** Requires states to condition Medicaid eligibility on compliance with work requirements (called "community engagement requirements") for adults ages 19 through 64. The provision applies to individuals enrolled through Medicaid expansion or a section 1115 demonstration providing minimum essential coverage. **Effective Date: January 1, 2027.** States may request temporary exemption until December 31, 2028.

- **Requisitos de trabajo:** Requiere que los estados condicionen la elegibilidad de Medicaid al cumplimiento de los requisitos de trabajo (llamados «requisitos de participación comunitaria») para los adultos entre 19 a 64 años. La disposición se aplica a las personas inscritas a través de la expansión de Medicaid o una demostración de la sección 1115 que proporciona una cobertura esencial mínima. **Fecha de vigencia: 1.º de enero de 2027.** Los estados pueden solicitar la exención temporal hasta el 31 de diciembre de 2028.

HR 1 Update

Actualización de la HR1

Eligibility/Access Requirements/ Requisitos de elegibilidad/acceso –

- **Retroactive Coverage Restrictions:** Shortens Medicaid retroactive coverage from three months to one month for expansion adults and two months for all other Medicaid applicants. This provision also allows states to provide two months of CHIP retroactive coverage. (Currently, CHIP does not have retroactive coverage, and services may only be paid in the month of the application.) **Effective Date: January 1, 2027.**

- **Restricciones a la cobertura retroactiva:** Acorta la cobertura retroactiva de Medicaid de tres meses a un mes para adultos de expansión y dos meses para todos los demás solicitantes de Medicaid. Esta disposición también le permite a los estados proporcionar dos meses de cobertura retroactiva de CHIP. (Actualmente, CHIP no tiene cobertura retroactiva, y los servicios solo pueden pagarse en el mes de la solicitud). **Fecha de vigencia: 1.º de enero de 2027.**

HR 1 Update

Actualización de la HR1

Eligibility/Access Requirements/ Requisitos de elegibilidad/acceso –

- **Abortion Services:** Medicaid participation by certain providers of abortion services, including Planned Parenthood, for the one-year period following enactment (through July 2026). Effective Date: **Effective immediately.**

- **Servicios de aborto** Participación en Medicaid por parte de ciertos proveedores de servicios de aborto, incluyendo Planned Parenthood, durante un período de un año después de la promulgación (hasta julio de 2026). Fecha de vigencia: **Inmediata.**

HR 1 Update
Actualización de la HR1

Eligibility/Access Requirements –

- **Cost Sharing:** Requires states to impose cost sharing for services provided to Medicaid expansion adults with incomes above 100% of the Federal Poverty Level (FPL) ($15,560 per year). States would decide the amount, not exceed $35 per service and subject to an aggregate limit of 5% of family income.* Cost sharing must not apply to exemptions under current law or to primary care services, behavioral health services, federally qualified health center services, rural health clinic services, and certified community behavioral health clinic services. **Effective Date: October 1, 2028.**

Requisitos de elegibilidad/acceso –

- **Participación en los costos:** Requiere que los estados impongan participación en los costos para los servicios prestados a los adultos de expansión de Medicaid con ingresos superiores al 100% del nivel federal de pobreza (Federal Poverty Level, FPL) ($15.560 por año). Los estados decidirían la cantidad, que no excedería los $35 por servicio y estsujeto a un límite agregado del 5% del ingreso familiar.* La participación en los costos no debe aplicarse a las exenciones bajo la ley vigente ni a los servicios de atención primaria, servicios de salud conductual, servicios de centros de salud calificados federales, servicios de clínicas de salud rurales y servicios de clínicas comunitarias certificadas de salud conductual. **Fecha de vigencia: 1.º de octubre de 2028.**

HR 1 Update
Actualización de la HR1

Restrictions on Lawful Immigration Eligibility/ Restricciones de elegibilidad para la inmigración legal

- Ends the availability of full-scope federal Medicaid and CHIP funding for most refugees, asylees, victims of human trafficking, certain individuals whose deportation is being withheld or who were granted conditional entry, or individuals who received humanitarian parole, such as certain Afghans who aided U.S. operations in Afghanistan or people fleeing violence in the Ukrainian war. **Effective Date: October 1, 2026.**

- Finaliza la disponibilidad de fondos federales para el alcance completo de Medicaid y CHIP para la mayoría de los refugiados, asilados, víctimas de trata de personas, ciertas personas cuya deportación está siendo suspendida o a quienes se les concedió la entrada condicional, o personas que recibieron libertad condicional humanitaria, como ciertos afganos que ayudaron a las operaciones estadounidenses en Afganistán o personas que huyen de la violencia de la guerra de Ucrania. **Fecha de vigencia: 1.º de octubre de 2026.**

HR 1 Update
Actualización de la HR1

Restrictions on Lawful Immigration Eligibility/ Restricciones de elegibilidad para la inmigración legal

- Prohibits states from receiving the 90% enhanced matching rate for emergency services provided to individuals who, but for their immigration status, would have qualified for the ACA optional adult expansion group. Also applies to emergency care provided to refugees, asylees, and other lawfully residing individuals. **Effective Date: October 1, 2026.**

- Prohíbe a los estados recibir la tasa de compensación mejorada del 90% para los servicios de emergencia proporcionados a individuos que, de no ser por su estatus migratorio, hubieran calificado para el grupo opcional de expansión de adultos de la Ley del Cuidado de Salud a Bajo Precio (Affordable Care Act, ACA). También se aplica a la atención de emergencia proporcionada a refugiados, asilados y otras personas que residen legalmente. **Fecha de vigencia: 1.º de octubre de 2026.**

Next Steps/Siguientes pasos

- Analyze upcoming DHCS/DMHC draft policies for major State Budget provisions.
- Analizar los próximos borradores de políticas de DHCS/DMHC para las provisiones principales del presupuesto estatal.
- Monitor final rules for HR 1 by CMS and analyze impact to Kern Family Health Care.
- Monitorear las reglas finales de la HR 1 por parte de CMS y analizar su impacto en Kern Family Health Care.

Next Steps/ Siguientes pasos

- Work with our state and federal trade associations in developing draft policies where relevant.

- Colaborar con nuestras asociaciones comerciales estatales y federales en el desarrollo de borradores de políticas cuando sea pertinente.

Next Steps/ Siguientes pasos

- Preparations for 2026 Legislative Session and State Budget Cycle. State Legislative Bills will begin in January. Rules for HR 1 should be finalized by June 30, 2026.

- Preparativos para la sesión legislativa de 2026 y el ciclo del presupuesto estatal. Los proyectos de ley estatales comenzarán en enero. Las reglas para la HR 1 deben estar finalizadas antes del 30 de junio de 2026.

Kern Family Health Care®

Your Input is Vital!/ ¡Su opinión es vital!

QUESTIONS/COMMENTS?/ ¿PREGUNTAS/COMENTARIOS?

Hernan Hernandez

Director of Government Relations & Strategic Development/

Director de Relaciones Gubernamentales y Desarrollo Estratégico

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Kern Family Health Care®

Medicare (D-SNP)

Kern Family Health Care

Kern Family Health Care is the local initiative Medi-Cal managed care plan serving the Kern County community for over 29 years! Kern Family Health Care serves Kern County residents through a Medi-Cal health plan in partnership with providers and community organizations.

¡Kern Family Health Care es el plan de atención médica administrada de Medi-Cal de iniciativa local que ha estado sirviendo a la comunidad del condado de Kern por más de 29 años! Kern Family Health Care sirve a los residentes del condado de Kern a través de un plan médico de Medi-Cal en colaboración con proveedores y organizaciones comunitarias.

Kern Family Health Care

- Now we are offering a Dual Special Needs (D-SNP) Medicare Plan for 2026!/ ¡Ahora ofrecemos un plan Medicare de necesidades especiales de doble elegibilidad (D-SNP)1 para 2026!

- Our members will be able to have their Medicare and Medi-Cal coverage with Kern Family through our new health plan, Kern Family Health Care Medicare (KFHCM) (HMO D-SNP)!/ ¡Nuestros miembros podrán tener su cobertura de Medicare y Medi-Cal con Kern Family a través de nuestro nuevo plan de salud, Kern Family Health Care Medicare (KFHCM) (HMO D-SNP)!

- 1Dual Special Needs Plan/ 1Dual Special Needs Plan

Dual Special Needs Plan
Plan de necesidades especiales de doble elegibilidad

- **Dual Special Needs Plans also known as Medi-Medi Plans** are a type of Medicare Advantage plan that is available to members with Medi-Cal and Medicare. /
  Los planes de necesidades especiales de doble elegibilidad, también conocidos como planes Medi-Medi, son un tipo de plan de Medicare Advantage disponible para los miembros con Medi-Cal y Medicare.

- Enrollment in Medi-Medi Plans is **voluntary**. /La inscripción en los planes Medi-Medi es voluntaria.

Dual Special Needs Plan
Plan de necesidades especiales de doble elegibilidad

- Some members currently enrolled in Dual Special Needs Plans receive their Medicare benefits through a Dual Eligible Special Needs Plan (D-SNP) and their Medi-Cal benefits through a Medi-Cal Managed Care Plan (MCP). Now members will have an option to have both their Medicare and Medi-Cal coverage with Kern Family Health Care!

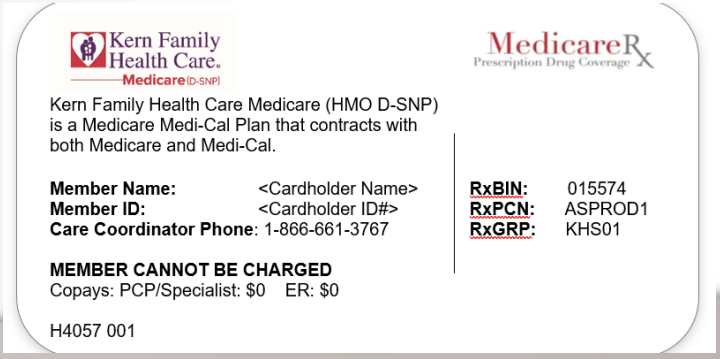
- Algunos miembros actualmente inscritos en planes de necesidades especiales duales reciben sus beneficios de Medicare a través de un plan de necesidades especiales de doble elegibilidad (D-SNP) y sus beneficios de Medi-Cal a través de un plan de atención médica administrada de Medi-Cal (MCP)2. ¡Ahora los miembros tendrán la opción de tener sus dos coberturas, tanto de Medicare como de Medi-Cal con Kern Family Health Care!

- 2Managed Care Plan

What is KFHCM (HMO D-SNP) (Medicare Medi-Cal Plan)?
¿Qué es KFHCM (HMO D-SNP) (Plan de Medicare y Medi-Cal)?

- A dual eligible special needs Medicare Advantage plan for people with both Medicare and Medi-Cal/ Un plan de Medicare Advantage de necesidades especiales de doble elegibilidad para personas con Medicare y Medi-Cal.

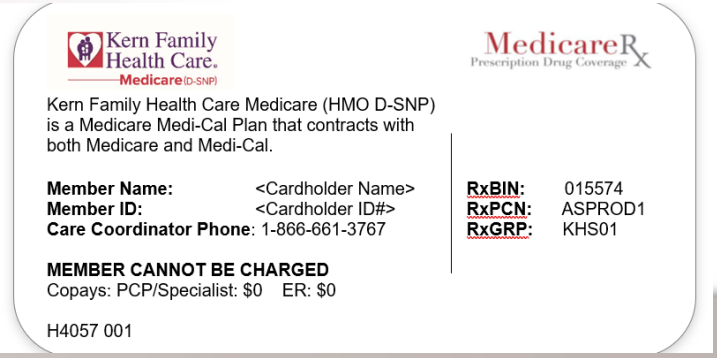
- A Medicare Medi-Cal Plan, or Medi-Medi Plan, because it covers both Medicare and Medi-Cal benefits./ Un plan de Medicare y Medi-Cal, o plan Medi-Medi, porque cubre tanto los beneficios de Medicare y Medi-Cal.



What is KFHCM (HMO D-SNP) (Medicare Medi-Cal Plan)?
¿Qué es KFHCM (HMO D-SNP) (Plan de Medicare y Medi-Cal)?

- 1 membership card and 1 phone number to call for help/ 1 tarjeta de membresía y 1 número de teléfono para solicitar ayuda

- A plan that is health care made easy/ Un plan que hace que su atención médica sea más fácil.



Benefits & Support Services
Beneficios y servicios de apoyo

Below are some of the benefits and support services specific to KFHCM (HMO D-SNP). /

A continuación se indican algunos de los beneficios y servicios de apoyo específicos de KFHCM (HMO D-SNP).

- **KFHCM (HMO-DSNP) Benefits/ Beneficios de KFHCM (HMO-DSNP)**
  - $0 monthly premium/ Prima mensual de $0
  - $0 deductible/ Deducible de $0
  - $0 copay for covered services/ Copago de $0 por servicios cubiertos
  - $0 copay for some Part D/Copago de $0 por algunos servicios de la Parte D
  - Medicare (Parts A, B, D) and Medi-Cal services/ Servicios de Medicare (Partes A, B y D) y Medi-Cal

Benefits & Support Services
Beneficios y servicios de apoyo

Below are some of the benefits and support services specific to KFHCM (HMO D-SNP). /

A continuación se indican algunos de los beneficios y servicios de apoyo específicos de KFHCM (HMO D-SNP).

- **KFHCM (HMO-DSNP) Benefits/ Beneficios de KFHCM (HMO-DSNP)**
  - Additional benefits: Dental, Vision, and Hearing/ Beneficios Adicionales: Dental, visión y audición
  - Programs to improve access to services that can help a member live safely at home/ Programas para mejorar el acceso a servicios que pueden ayudar a un miembro a vivir de forma segura en su hogar
  - 24/7 access to a Nurse Advice Line/ Acceso las 24 horas del día, los 7 días de la semana, a una línea de consejos de enfermería

Benefits & Support Services
Beneficios y servicios de apoyo

Below are some of the benefits and support services specific to KFHCM (HMO D-SNP)./
A continuación se muestran algunos de los beneficios y servicios de apoyo específicos de KFHCM (HMO D-SNP).

- **KFHCM (HMO D-SNP) Support Services/ Servicios de apoyo de KFHCM (HMO D-SNP)**

  - Personal Care Manager to help with getting services and answering health care questions/ Administrador(a) de Atención Personal para ayudar a obtener servicios y responder preguntas sobre la atención médica

  - Care plan created by member and member's care team, tailored to fit the member's needs/ Plan de atención médica creado por el miembro y su equipo de atención, adaptado a las necesidades del miembro

Note: Limitations and restrictions may apply. Please review the Member Handbook for the full list of benefits. / Tenga en cuenta: Pueden aplicarse limitaciones y restricciones. Vea el Manual para miembros para ver la lista completa de beneficios.

Vision, Dental and Hearing!
¡Visión, Dental y Audición!

Members will receive all the benefits and services of Medi-Cal, Medicare, and Part D prescription drugs and more! / ¡Los miembros recibirán todos los beneficios y servicios de Medi-Cal, Medicare, medicamentos recetados de la Parte D y más!

- Vision-VSP/ Visión - Vision Service Provider (VSP)3
  - 1 routine eye exam every year/ 1 examen de los ojos de rutina cada año
  - Up to $300 for eyeglasses every year/ Hasta $300 por lentes cada año

Note: Prior authorizations or referrals may be required for these services. / Tenga en cuenta: Es posible que se requieran autorizaciones o referencias previas para recibir estos servicios.

[3]Vision Service Provider

Vision, Dental and Hearing!
¡Visión, Dental y Audición!

Members will receive all the benefits and services of Medi-Cal, Medicare, and Part D prescription drugs and more!/ ¡Los miembros recibirán todos los beneficios y servicios de Medi-Cal, Medicare, medicamentos recetados de la Parte D y más!

- Dental-Delta Dental/Dental - Delta Dental
  - 1 Cleaning per year/1 limpieza dental por año
  - Fluoride treatment, preventive dental services/Tratamiento de fluoruro, servicios dentales preventivos
  - Two crowns per calendar year/ Dos coronas por año calendario
  - Up to $1500.00 allowance/ Hasta $1500.00 asignados para los servicios para cubrir los gastos

Note: Prior authorizations or referrals may be required for these services. /Tenga en cuenta: Es posible que se requieran autorizaciones o referencias previas para recibir estos servicios.

Vision, Dental and Hearing!
¡Visión, Dental y Audición!

Members will receive all the benefits and services of Medi-Cal, Medicare, and Part D prescription drugs and more!/ ¡Los miembros recibirán todos los beneficios y servicios de Medi-Cal, Medicare, medicamentos recetados de la Parte D y más!

- Hearing-NationsBenefits/ Audición - NationsBenefits
  - 1 exam every year/ 1 examen cada año
  - Up to $1500.00 every year for hearing aids for both ears provided by an in-network specialist/ Hasta $1500.00 cada año para audífonos para ambos oídos proporcionados por un especialista dentro de la red

Note: Prior authorizations or referrals may be required for these services. / Tenga en cuenta: Es posible que se requieran autorizaciones o referencias previas para recibir estos servicios.

Over-the-Counter Benefits & Transportation

Transporte y beneficios de medicamentos de venta libre

- Over the Counter benefits will continue to be provided through the Medi-Cal benefit.

- Los beneficios de medicamentos de venta libre seguirán siendo proporcionados a través de Medi-Cal.

Over-the-Counter Benefits & Transportation

Transporte y beneficios de medicamentos de venta libre

- **Transportation will also continue to be provided through Medi-Cal benefits with Kern Family.**
  - Unlimited roundtrips for covered medical services (doctor visits, lab, x-rays, pharmacy, etc.)
  - Must be scheduled 2 business days in advance
  - Requires a provider-completed Physician Certification Statement (PCS) form only for non-emergency medical transportation

- **El transporte también seguirá siendo proporcionado a través de Medi-Cal con Kern Family.**
  - Viajes de ida y vuelta ilimitados para servicios médicos cubiertos (citas con el médico, análisis de laboratorio, rayos X, farmacia, etc.)
  - Deben programarse 2 días hábiles antes
  - Requiere un formulario de declaración de certificación médica (Physician Certification Statement, PCS) llenado por el proveedor solo para el transporte médico que no sea de emergencia

Special Supplemental Benefits for the Chronically Ill (SSBCI) Beneficios Suplementarios Especiales para los Enfermos Crónicos (SSBCI)

- SSBCI are benefits that can be offered to Medicare Advantage members with one or more complex chronic conditions.

- Los SSBCI son beneficios que se pueden ofrecer a los miembros de Medicare Advantage con una o más enfermedades crónicas complejas.

Note: Referral and prior authorization may be required. / Tenga en cuenta: Puede ser necesaria una referencia y autorización previa.

Special Supplemental Benefits for the Chronically Ill (SSBCI)
Beneficios Suplementarios Especiales para los Enfermos Crónicos (SSBCI)

- Groceries
  - Members with diabetes, overweight, obesity, dementia, metabolic syndrome, Cardiovascular disorders, chronic lung disorder, chronic heart failure, Neurologic disorders, severe hematologic disorders and/or stroke.
  - $93.00 quarterly allowance for healthy food options.

- Mandado
  - Para miembros con diabetes, sobrepeso, obesidad, demencia, síndrome metabólico, trastornos cardiovasculares, trastorno pulmonar crónico, insuficiencia cardíaca crónica, trastornos neurológicos, trastornos hematológicos graves y/o derrame cerebral.
  - $93.00 cada tres meses para comprar opciones de alimentos saludables.

Note: Referral and prior authorization may be required. / Tenga en cuenta: Puede ser necesaria una referencia y autorización previa.

HEALTHCARE PROVIDERS
PROVEEDORES DE ATENCIÓN MÉDICA

Healthcare Providers may:

- Make available, distribute, and display communications materials in all areas of the healthcare setting
- Provide or make available marketing materials in common areas

Los proveedores de atención médica pueden:

- Poner a disposición, distribuir y mostrar materiales informativos en todas las áreas del entorno de atención médica
- Proporcionar o poner a disposición materiales de marketing en áreas comunes

HEALTHCARE PROVIDERS
PROVEEDORES DE ATENCIÓN MÉDICA

Healthcare Providers may not:/ Los proveedores de atención médica no pueden:

- Accept or collect Scope of Appointment forms/ Aceptar o recopilar los formularios de alcance de la cita

- Accept Medicare enrollment applications/ Aceptar o recopilar los formularios de alcance de la cita

- Make phone calls or direct, urge, or attempt to persuade their patients to enroll in a specific plan based on financial or any other interests of the Healthcare Provider/ Hacer llamadas telefónicas o dirigir, presionar o intentar convencer a sus pacientes para que se inscriban en un plan específico por motivos financieros ni por ningún otro interés del proveedor de atención médica

- Offer inducements to persuade patients to enroll in a particular Plan or with a particular carrier/ Ofrecer incentivos para convencer a los pacientes a inscribirse en un Plan en particular o con un asegurador en particular

HEALTHCARE PROVIDERS
PROVEEDORES DE ATENCIÓN MÉDICA

Healthcare Providers may not:/ Los proveedores de atención médica no pueden:

- Conduct health screenings as a marketing activity/ Realizar exámenes de salud como actividad de marketing

- Distribute marketing materials or enrollment forms in areas where care, treatment, or Healthcare Provider interaction occurs/ Distribuir materiales de marketing o formularios de inscripción en áreas donde ocurren la atención, el tratamiento o la interacción con el proveedor de atención médica

- Offer anything of value to induce enrollees to select the Healthcare Provider/ Ofrecer algo de valor para inducir a los inscritos a seleccionar al proveedor de atención médica

- Accept compensation for any marketing or enrollment activities/ Aceptar compensación por cualquier actividad de marketing o inscripción

Marketing Campaign AEP 2026!
¡Campaña de promoción del periodo de inscripción anual (AEP)[4] de 2026!

Marketing Begins October 1st/

La promoción comenzó el 1.o de octubre

TV commercials/ Comerciales de televisión

Community events throughout Kern County

Radio commercials/ Eventos comunitarios en todo el condado de Kern

Comerciales de radio/ Folletos, correo postal directo, anuncios

Flyers/Direct Mail/Ads

Marketing Campaign AEP 2026!

¡Campaña de promoción del periodo de inscripción anual (AEP)[4] de 2026!

Annual Election Period Begins October 15th thru December 7th/

El periodo de inscripción anual inicia el 15 de octubre y termina el 7 de diciembre

Sales Events held at KHS/ Eventos de ventas en KHS

Medicare Mondays held at KHS/ Lunes de Medicare en KHS

Walk-In Wednesdays held at KHS/ Miércoles de visitas sin cita previa en KHS

Enrollment into Kern Family Health Care begins/ Comienza la inscripción en Kern Family Health Care

Marketing Campaign AEP 2026!

¡Campaña de promoción del periodo de inscripción anual (AEP)[4] de 2026!

Effective Date January 1, 2026/ A partir del 1.o de enero de 2026

Agents and Brokers
Agentes y corredores

- Kern Family Health Care will have 6 internal sales agents to assist our members enroll into the plan.
  - Sales events held at KHS
  - Walk ins to KHS

- Kern Family Health Care tendrá 6 agentes de ventas internos para ayudar a nuestros miembros a inscribirse en el plan.
  - Eventos de ventas realizados en KHS
  - Visitas sin cita previa en KHS

Agents and Brokers
Agentes y corredores

- We have also contracted with several local insurance agencies to utilize brokers to assist with in home appointments.

- También hemos firmado contrato con varias agencias locales de seguros para que sus corredores ayuden con las citas en casa.

Agents and Brokers
Agentes y corredores

- Goal-To make sure Kern Family Health Care (HMO-DSNP) is the right fit for our members.

- Objetivo - estar seguros de que Kern Family Health Care (HMO-DSNP) es el plan adecuado para nuestros miembros.

Kern Family Health Care Medicare Sales Team!
¡Equipo de ventas de Kern Family Health Care Medicare!

Contact Information

- Stella Sanchez – Sales Manager/ Gerente de ventas
  - Stella.Sanchez@khs-net.com
  - Cell phone 661-340-0952/ Número de celular: 661-340-0952

- Kern Family Health Care (HMO D-SNP) Member Services
  - 866-661-3767/ Servicios para Miembros de Kern Family Health Care (HMO D-SNP) 866-661-3767

Questions?

¿Alguna pregunta?