



**KERN HEALTH
SYSTEMS**

**REGULAR MEETING OF THE
QI/UM COMMITTEE**

Thursday, February 22, 2018

at

7:00 A.M.

at

**9700 Stockdale Highway
1st Floor Conference Room
Bakersfield, CA 93311**

The public is invited

For more information, call (661) 664-5000

AGENDA

QUALITY IMPROVEMENT (QI) / UTILIZATION MANAGEMENT (UM) COMMITTEE

KERN HEALTH SYSTEMS
1st Floor-Conference Room
9700 Stockdale Highway
Bakersfield, California 93311

Regular Meeting
Thursday, February 22, 2018

7:00 A.M.

All agenda item supporting documentation is available for public review at Kern Health Systems in the Administration Department, 9700 Stockdale Highway, Bakersfield, 93311 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

COMMITTEE MEMBERS: Jennifer Ansolabehere, P.H.N; Satya Arya, M.D.; Felicia Crawford, RN; Bruce Taylor, DO; Maridette Schloe MS, LSSBB; Danielle C Colayco, PharmD, MS; Chan Park, MD; Allen Kennedy

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

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Committee Members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a])
 - 3) Announcements:
 - Form 700
 - 4) Closed Session: Philipp Melendez, MD to be voted into QI-UM Committee, after attending 3rd meeting - APPROVE
- CA-5) QI/UM Committee Summary of Proceedings November 16, 2017 – RECEIVE AND FILE
- CA-6) Physician’s Advisory Committee (PAC) Summary of Proceedings 4th Quarter – RECEIVE AND FILE
- October 2017
 - November 2017
 - December 2017
- CA-7) Pharmacy 2017 TAR Log Statistics 4th Quarter – RECEIVE AND FILE
- October 2017
 - November 2017
 - December 2017
- CA-8) QI Focus Review Report 4th Quarter 2017 – RECEIVE AND FILE
- Critical Elements Monitoring Ending December 31, 2017
 - IHEBA Monitoring Ending December 31, 2017
 - IHA Monitoring Ending December 31, 2017
 - KRC Monitoring Ending December 31, 2017
 - CCS Monitoring Ending December 31, 2017
 - Perinatal Care Monitoring Ending December 31, 2017
- CA-9) QI Site Review Summary Report 4th Quarter 2017 – RECEIVE AND FILE
- CA-10) QI SHA Monitoring Report 4th Quarter 2017 – RECEIVE AND FILE

Kaiser Reports

- CA-11) Kaiser KHS UM DME Authorization Denial Report – RECEIVE AND FILE
 - 3rd Quarter 2017
- CA-12) Kaiser KHS Health Plan Dental Report– RECEIVE AND FILE
 - 4th Quarter 2017
- CA-13) Kaiser KHS Mental Health Report – RECEIVE AND FILE
 - 3rd Quarter 2017
- CA-14) Kaiser CBA Reports – RECEIVE AND FILE
 - 4th Quarter 2017
- CA-15) Kaiser APL Grievance Report – RECEIVE AND FILE
 - 4th Quarter 2017

VSP Reports

- CA-16) VSP Medical Data Collection Summary Reports – RECEIVE AND FILE
 - January 2017-December 2017

Member Services

- CA-17) Call Center Report 4th Quarter 2017 – RECEIVE AND FILE
 - Kern Health Systems/Kaiser
- CA-18) Comparative Tabulated Grievance Reports – RECEIVE AND FILE
 - 3rd Quarter 2017
- CA-19) Grievance Summary Reports – RECEIVE AND FILE
 - 3rd Quarter 2017

Provider Relations

- CA-20) Re-credentialing Report 2017 4th Quarter – RECEIVE AND FILE
- CA-21) Board Approved New Contracts – RECEIVE AND FILE
 - Effective January 1, 2018
- CA-22) Board Approved Providers Reports – RECEIVE AND FILE
 - Effective January 1, 2018
- CA-23) 4th Quarter 2017 Access Monitoring Report – RECEIVE AND FILE

Disease Management

- CA-24) Disease Management 4th Quarter 2017 Report – RECEIVE AND FILE

Health Education Reports

- 25) 4th Quarter 2017 Health Ed Activities Report - APPROVE

UM Department Reports

- 26) 4th Quarter 2017 Combined UM Reporting – APPROVE

ADJOURN TO THURSDAY, MAY 24, 2018 AT 7:00 A.M.

AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)

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SUMMARY OF PROCEEDINGS

QUALITY IMPROVEMENT (QI) / UTILIZATION MANAGEMENT (UM) COMMITTEE

KERN HEALTH SYSTEMS
1st Floor-Conference Room
9700 Stockdale Highway
Bakersfield, California 93311

Regular Meeting
Thursday, November 16, 2017
7:00 A.M.

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Members Present: Satya Arya, M.D.; Felicia Crawford, RN; Maridette Schloe MS, LSSBB; Danielle C Colayco, PharmD, MS; Martha Tasinga, M.D., C.M.O.

Members Absent: Jennifer Ansolabehere, P.H.N; Bruce Taylor, DO

Meeting called to order by Dr. Martha Tasinga, M.D. @ 7:01 A.M.

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

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COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

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- 3) Announcements: **NO ONE HEARD.**
- 4) Closed Session: Allen Kennedy and Dr. Chan Park to be voted into QI-UM Committee, after attending 3rd meeting – APPROVED

Arya-Crawford: All Ayes

CA-5) QI/UM Committee Summary of Proceedings August 24th, 2017 – RECEIVED AND FILED

Arya-Crawford: All Ayes (Items CA-5 through CA-26)

CA-6) Physician's Advisory Committee (PAC) Summary of Proceedings – RECEIVED AND FILED

- August 2, 2017
- September 6, 2017

CA-7) Pharmacy 2017 TAR Log Statistics 1st Quarter – RECEIVED AND FILED

- July 2017
- August 2017
- September 2017

CA-8) Focus Review Report 3rd Quarter 2017 – RECEIVED AND FILED

- Critical Elements Monitoring Ending September 30th, 2017
- IHEBA Monitoring Ending September 30th, 2017
- IHA Monitoring Ending September 30th, 2017
- KRC Monitoring Ending September 30th, 2017
- CCS Monitoring Ending September 30th, 2017
- Perinatal Care Monitoring Ending September 30th, 2017

CA-9) Site Review Summary Report 3rd Quarter 2017 – RECEIVED AND FILED

CA-10) SHA Monitoring Report 3rd Quarter 2017 – RECEIVED AND FILED

Kaiser Reports

CA-11) Kaiser KHS UM DME Authorization Denial Report – RECEIVED AND FILED

- 2nd Quarter 2017

CA-12) Kaiser KHS Health Plan Dental Report– RECEIVED AND FILED

- 3rd Quarter 2017

CA-13) Kaiser KHS CBA Report – RECEIVED AND FILED

- 3rd Quarter 2017

CA-14) Kaiser KHS APL Grievance Reports – RECEIVED AND FILED

- 2nd Quarter 2017-(Revised)
- 3rd Quarter 2017

VSP Reports

CA-15) VSP Medical Data Collection Summary Reports – RECEIVED AND FILED

- September 2016-August 2017

CA-16) VSP QI Work Plan 2017– RECEIVED AND FILED

Member Services

CA-17) Call Center Report 2017 Q3 – RECEIVED AND FILED

- Kern Health Systems/Kaiser

CA-18) Comparative Tabulated Grievance Reports – RECEIVED AND FILED

- 2nd Quarter 2017

CA-19) Grievance Summary Reports – RECEIVED AND FILED

- 2nd Quarter 2017

CA-20) Expanded Transportation Benefits Memo – RECEIVED AND FILED

Provider Relations

CA-21) Re-Credentialing Report 2017 Q3 – RECEIVED AND FILED

CA-22) Board Approved New Contracts – RECEIVED AND FILED

- Effective September 1, 2017

CA-23) Board Approved Providers Reports – RECEIVED AND FILED

- Effective September 1, 2017
- Effective November 1, 2017

CA-24) 3rd Q 2017 Access Monitoring Report – RECEIVED AND FILED

Disease Management

CA-25) Disease Management Report – RECEIVED AND FILED

- 3rd Quarter 2017

Health Education Reports

CA-26) HECL 2018 Work Plan – RECEIVED AND FILED

27) 3rd Quarter 2017 Health Ed Activities Report – APPROVED

Crawford-Arya: All Ayes

QI Department Reports

28) Policies and Procedures – RECEIVED AND FILED

- 2.45-P Delegation of QI, UM, Care and Case Management
- 2.50-I-Medi-Cal Quality and Performance
- 2.50-Attachment A

- 2.50-Attachment B

UM Department Reports

29) 3rd Q 2017 Combined UM Reporting – APPROVED

Arya-Crawford: All Ayes

30) Policies and Procedures 3.06-3.70 – RECEIVED AND FILED

- 3.06-P Dental Services
- 3.17-P Sexually Transmitted Disease (STD) Treatment
- 3.21-P Family Planning Services and Abortion
- 3.24-P Pregnancy and Maternity Care
- 3.25-P Prior Authorization Services and Procedures
- 3.39-P Continuity of Care by Terminated Providers
- 3.61-I Comprehensive Case Management and Coordination of Care
- 3.69-I Provider Preventable Conditions
- 3.70-I Cultural and Linguistic Services

**Meeting adjourned by Dr. Martha Tasinga, M.D., C.M.O. @ 7:42 A.M.
to Thursday, February 22, 2018**

AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)

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SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE MEETING

KERN HEALTH SYSTEMS
9700 Stockdale Highway
1st Floor Board Room
Bakersfield, California 93311

Wednesday, October 4, 2017
7:00 A.M.

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COMMITTEE RECONVENED

Members Present: Hasmukh Amin, M.D., Angela Egbikuadje, PD.MS, Ph.D; David Hair, M.D., Ashok Parmar, M.D., Raju Patel, M.D.

Members Absent: Miguel Lascano, M.D., Jacqueline Paul-Gordon, M.D.

Meeting called to order at 7:01 A.M. by Dr. Martha Tasinga, M.D., C.M.O.

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

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- CA-3) Minutes for KHS Physician Advisory Committee meeting on September 6, 2017 – APPROVED
Amin-Parmar: All Ayes

ADJOURNED TO CLOSED SESSION @ 7:03 A.M.

CLOSED SESSION

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

COMMITTEE RECONVENED TO OPEN SESSION @ 7:14 A.M.

- 5) Intra-Epidermal Nerve Fiber Density (IENFD) Biopsy Criteria – APPROVED
Patel-Parmar: All Ayes
- 6) Onsite Physician Requirement for Urgent Cares – DISCUSSION

Dr. Edward Nichols from Sillect Medical stated KHS' requirement for an onsite physician at an urgent care is out dated and requested we re-review the requirement. His Urgent Care is staffed by mid-levels and they are able to contact the physician at any time. He feels his mid-levels are able to provide the necessary care to staff the UC without a physician onsite.

Dr. Amin proposed KHS review our policies and make sure we are in compliance with DMHC/DHCS requirements.

Dr. Tasinga also would like to review the Nursing Board of California and Physician's Assistant Board to verify the supervision requirements allowed by the state including those in rural areas, such as Kern County.

Dr. Nichols also requested we review the requirement for in-building basic radiology services versus radiology services located in the Urgent Care as Kern Radiology is in the same building and open the same hours as the Urgent Care.

This item to be reviewed by KHS management and brought back to December PAC Meeting.

7) **Additional Provider Contracts for Wound Center and Urgent Care – DISCUSSION**

Dr. Nichols wanted to discuss KHS's contracting policies for Urgent Care and Wound Care centers. He stated their wound care center's first solution, as much as feasible, is to have patients wounds debrided and treated rather than refer to a surgeon for procedures.

Jake clarified whether KHS would refer to a wound center staffed by an Internist rather than a plastic surgeon or general surgeon. KHS will research what training is required to be considered a wound care provider and determine if we need to make changes to our referring patterns.

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 8:06 A.M. TO WEDNESDAY, NOVEMBER 1, 2017 AT 7:00 A.M.

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

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SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE MEETING

KERN HEALTH SYSTEMS
9700 Stockdale Highway
1st Floor Board Room
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7:00 A.M.

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COMMITTEE RECONVENED

Members Present: David Hair, M.D., Miguel Lascano, M.D., Ashok Parmar, M.D., Raju Patel, M.D., Jacqueline Paul-Gordon, M.D.

Members Absent: Hasmukh Amin, M.D., Angela Egbikuadje, PD.MS, Ph.D

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

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- CA-3) Minutes for KHS Physician Advisory Committee meeting on October 4, 2017 –
APPROVED
Parmar-Hair: All Ayes

ADJOURNED TO CLOSED SESSION @ 7:06 A.M.

CLOSED SESSION

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

COMMITTEE RECONVENED TO OPEN SESSION @ 7:17 A.M.

- 5) Review VSP Diabetic Exam Reminder Effectiveness Report – APPROVED
Paul Gordon-Hair: All Ayes
- 6) Review VSP Medical Data Collection Summary Report – APPROVED
Paul Gordon-Hair: All Ayes
- 7) KHS new Grievance Process presentation by Alan Avery – DISCUSSION
Service issues will no longer require a response from the provider. KHS will now track and trend the issues for reporting purposes. We will still require a response and/or records for care issues and access issues.

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:45 A.M.
TO WEDNESDAY, DECEMBER 6, 2017 AT 7:00 A.M.

**AMERICANS WITH DISABILITIES ACT
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SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE MEETING

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1st Floor Board Room
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Wednesday, December 6, 2017
7:00 A.M.

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COMMITTEE RECONVENED

Members Present: Hasmukh Amin, M.D., Angela Egbikuadje, PD.MS, Ph.D; David Hair, M.D., Miguel Lascano, M.D., Ashok Parmar, M.D., Raju Patel, M.D., Jacqueline Paul-Gordon, M.D.

Members Absent: None

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

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- CA-3) Minutes for KHS Physician Advisory Committee meeting on November 1, 2017 –
APPROVED
Patel-Parmar: All Ayes

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

CLOSED SESSION

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

COMMITTEE RECONVENED TO OPEN SESSION @ 7:27 A.M.

- 5) Review Intravenous Iron Criteria – **ITEM HELD UNTIL FUTURE MEETING IN MARCH 2018.**

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:46 A.M. TO WEDNESDAY, JANUARY 31, 2018 AT 7:00 A.M.

**AMERICANS WITH DISABILITIES ACT
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Quarter/Year of Audit	2017
Month Audited	October
Total TAR's for the month	2978
	99%
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	65/65
Date Stamped	65/65
Fax copy attached	65/65
Decision marked	65/65
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	54/54
Initially Denied - Signed by Medical Director and/or Pharmacist	54/54
Letter sent within time frame	54/54
Date Stamped	54/54
Fax copy attached	54/54
Decision marked	54/54
Correct form letter, per current policies used	54/54
MODIFIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
DUPLICATE TAR'S	
Timeliness - Reviewd & Returned in 1 business day	17/18
Date Stamped	18/18
Fax copy attached	18/18

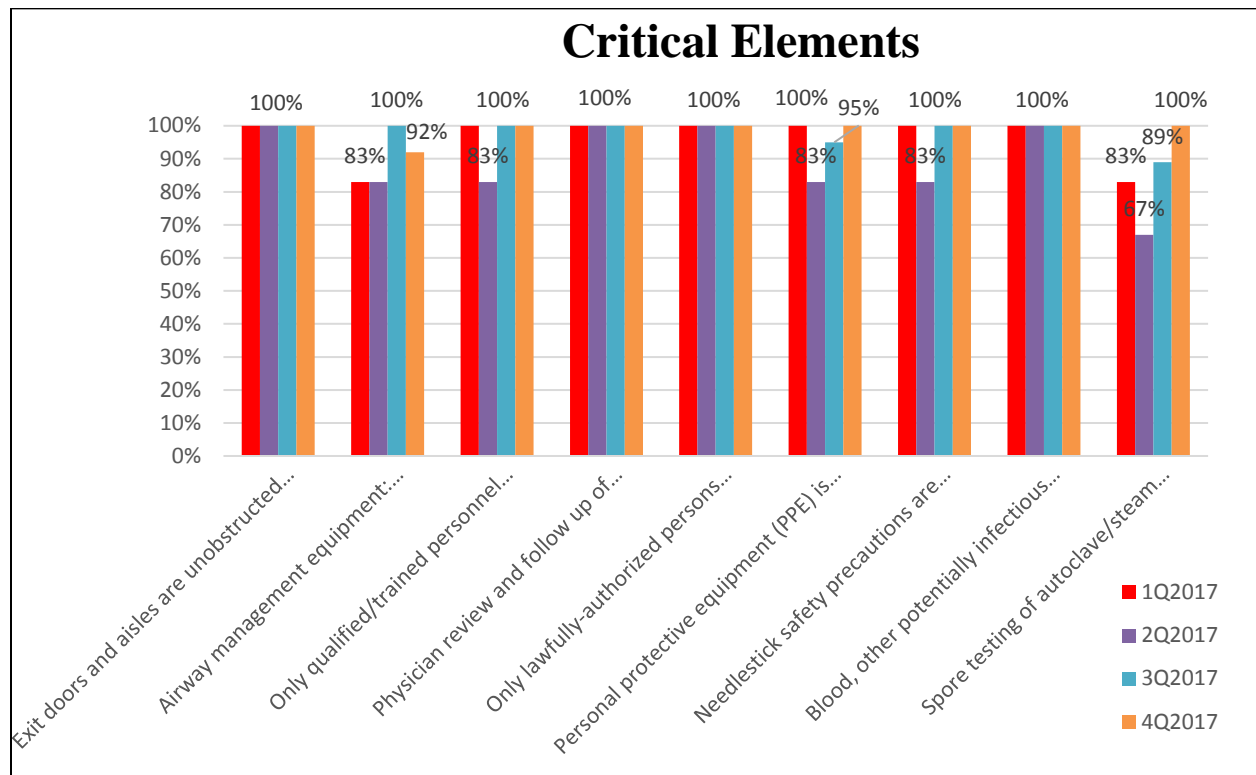
Quarter/Year of Audit	2017
Month Audited	November
Total TAR's for the month	3145
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	59/59
Date Stamped	59/59
Fax copy attached	59/59
Decision marked	59/59
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	59/59
Initially Denied - Signed by Medical Director and/or Pharmacist	59/59
Letter sent within time frame	59/59
Date Stamped	59/59
Fax copy attached	59/59
Decision marked	59/59
Correct form letter, per current policies used	59/59
MODIFIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
DUPLICATE TAR'S	
Timeliness - Reviewd & Returned in 1 business day	9/11
Date Stamped	11/11
Fax copy attached	10/11

Quarter/Year of Audit	2017
Month Audited	December
Total TAR's for the month	3113
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	63/63
Date Stamped	63/63
Fax copy attached	63/63
Decision marked	63/63
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	64/64
Initially Denied - Signed by Medical Director and/or Pharmacist	64/64
Letter sent within time frame	64/64
Date Stamped	64/64
Fax copy attached	64/64
Decision marked	64/64
Correct form letter, per current policies used	64/64
MODIFIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
DUPLICATE TAR'S	
Timeliness - Reviewd & Returned in 1 business day	17/17
Date Stamped	17/17
Fax copy attached	17/17

Kern Health Systems Focus Review Summary Report

Critical Elements Reviews: Twelve (12) providers were evaluated in 4th Quarter 2017.

SUMMARY: KHS is responsible for systematic monitoring of all PCP sites between each regularly scheduled full scope site review surveys. This monitoring includes the nine (9) critical elements. Other performance assessments may include previous deficiencies, patient satisfaction, grievance, and utilization management data. The PCP and/or site contact are notified of all critical element deficiencies found during a full scope site survey, focused survey or monitoring visit. PCP and/or site contact are required to correct 100% of the survey deficiencies regardless of the survey score.

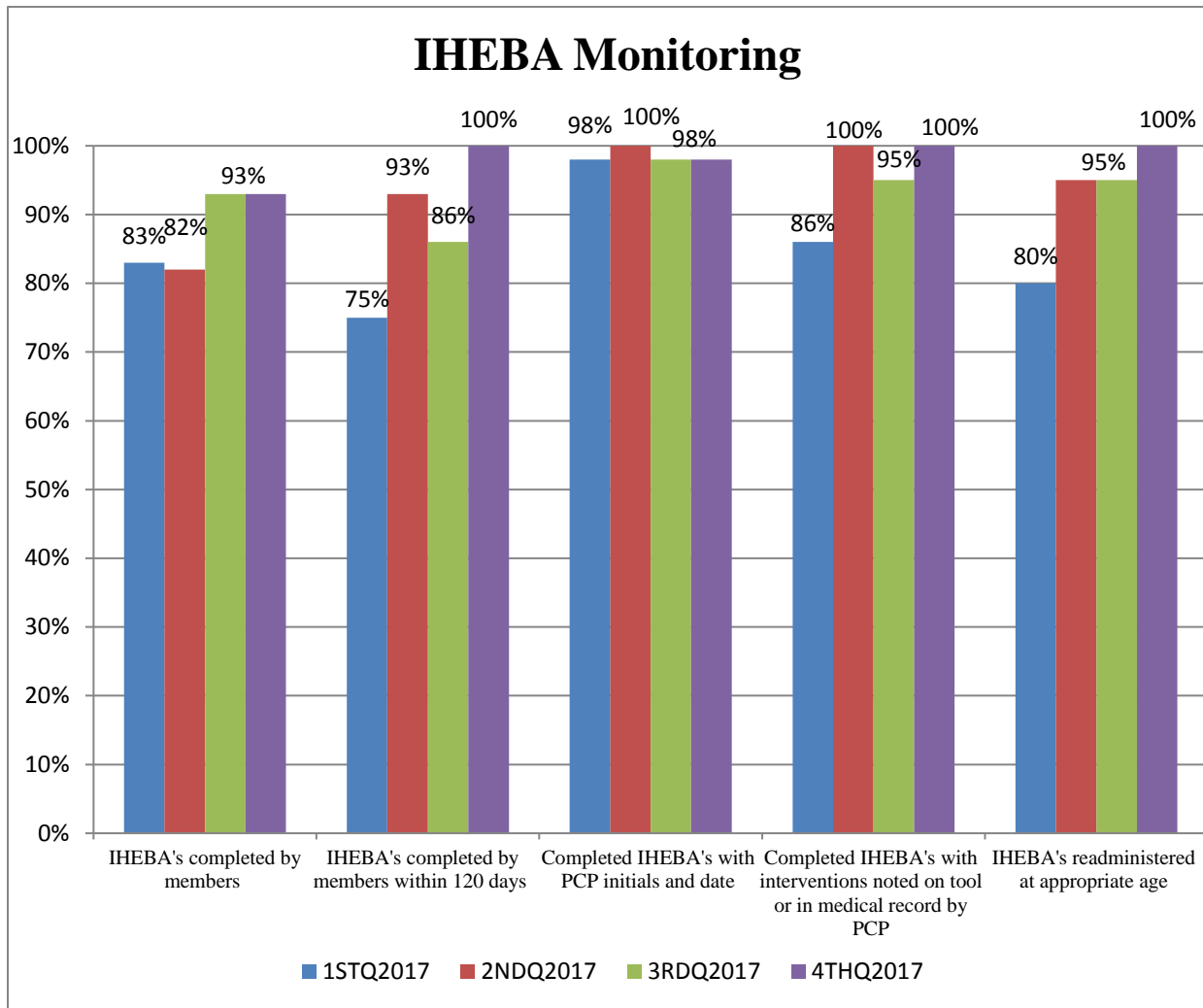


All twelve providers evaluated in the 4th Quarter scored 100% in 8 out of 9 areas. The only area with an opportunity for improvement was related to airway management equipment being appropriate to the practice and populations served. A Correction Action Plan (CAP) was issued and the deficiency was corrected.

Kern Health Systems Focus Review Summary Report

IHEBA Reviews: In 4th Quarter 2017, 113 charts were reviewed from twelve (12) providers. Nine (9) providers met all the requirements of this review. The areas for improvement noted were member completion of IHEBAs and PCP initialing and dating of completed IHEBAs.

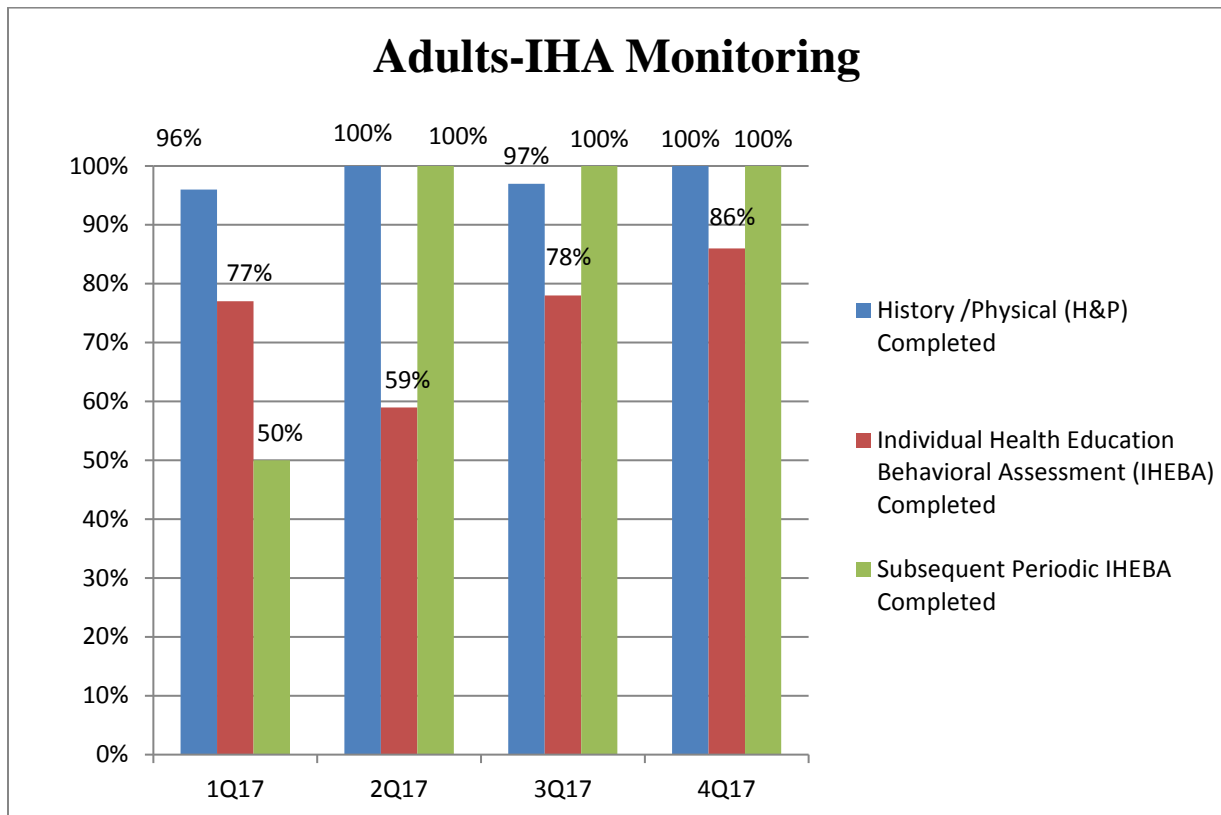
SUMMARY: The initial Individual Health Education Behavioral Assessment (IHEBA), commonly referred to as the Staying Healthy Assessment, is performed during the Initial Health Assessment (IHA). Thereafter, the PCP must re-administer the IHEBA at the appropriate age intervals. This remains a problem prone process despite offering P4P for timely member engagement.



Kern Health Systems Focus Review Summary Report

Initial Health Assessment Reviews: In the 4th Quarter 2017, twelve (12) providers were reviewed. There were ten (10) Adult records and fifty-three (53) Pediatric records reviewed.

SUMMARY: An Initial Health Assessment (IHA) must be provided to each member within 120 days of enrollment. As PCP's receive their assigned panels, the Practitioner's office should contact members to schedule an IHA to be performed within the 120 day time limit. If the practitioner/staff is unable to contact the member, he/she should contact KHS Member Services Department for assistance. Contact attempts and results are documented by both the PCP and Member Services staff.



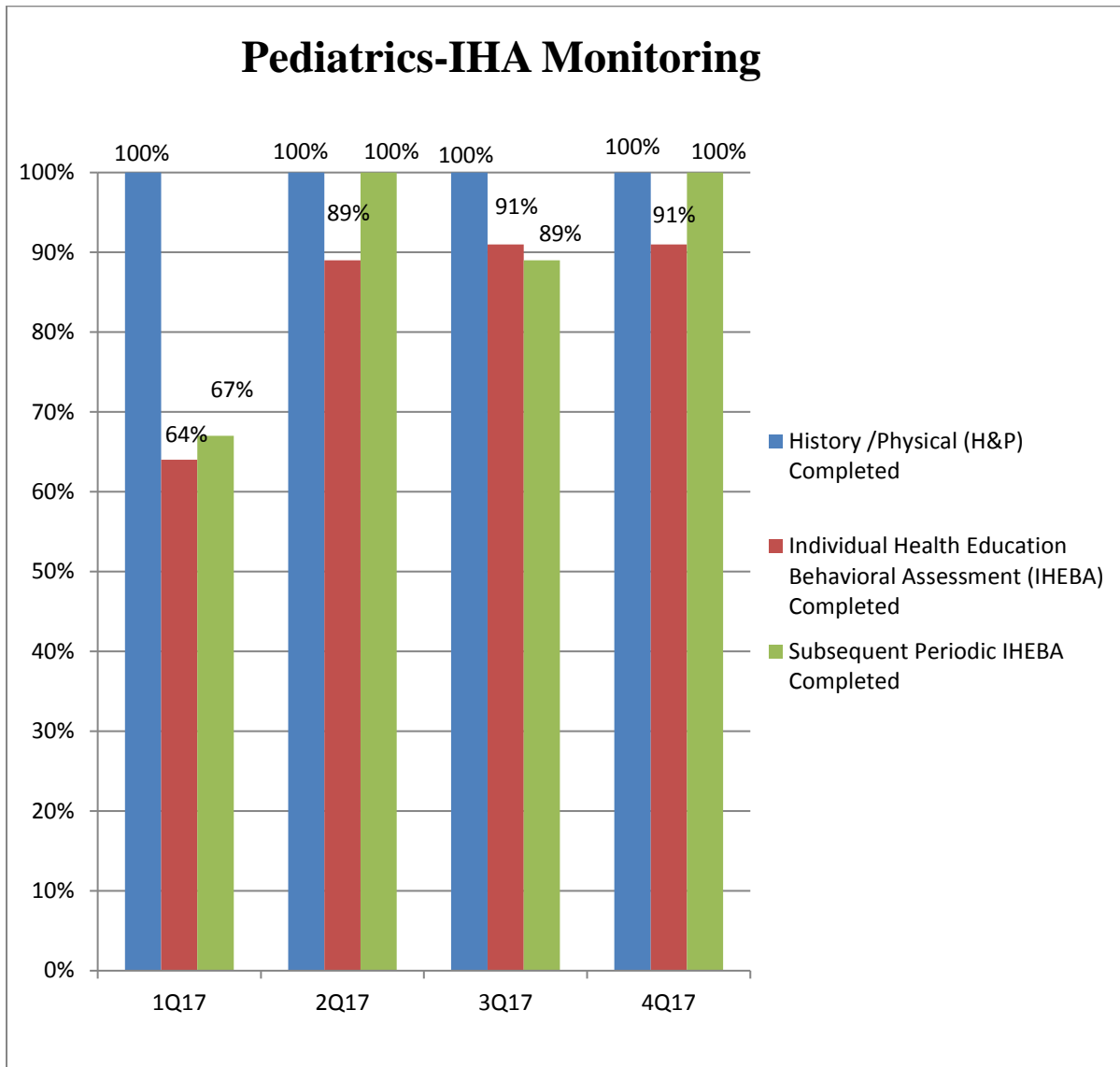
Six (6) providers serving adults met all the requirements of IHA monitoring, and all H&Ps and periodic IHEBAs were completed in the 4th quarter. The most problem prone element of this audit remains completing the Staying Health Assessment but we did see a slight increase in this area over the last 3 Quarters of 2017.

Both adult and pediatric providers perform H&Ps during the initial health assessment. The initial IHEBA/Staying Health Assessment should be performed during the IHA. Performance in Pediatric IHEBA use remains higher than in the adult population for all elements. Corrective Action Plans were implemented for all deficiencies and follow-up visits will be conducted.

Kern Health Systems

Focus Review Summary Report

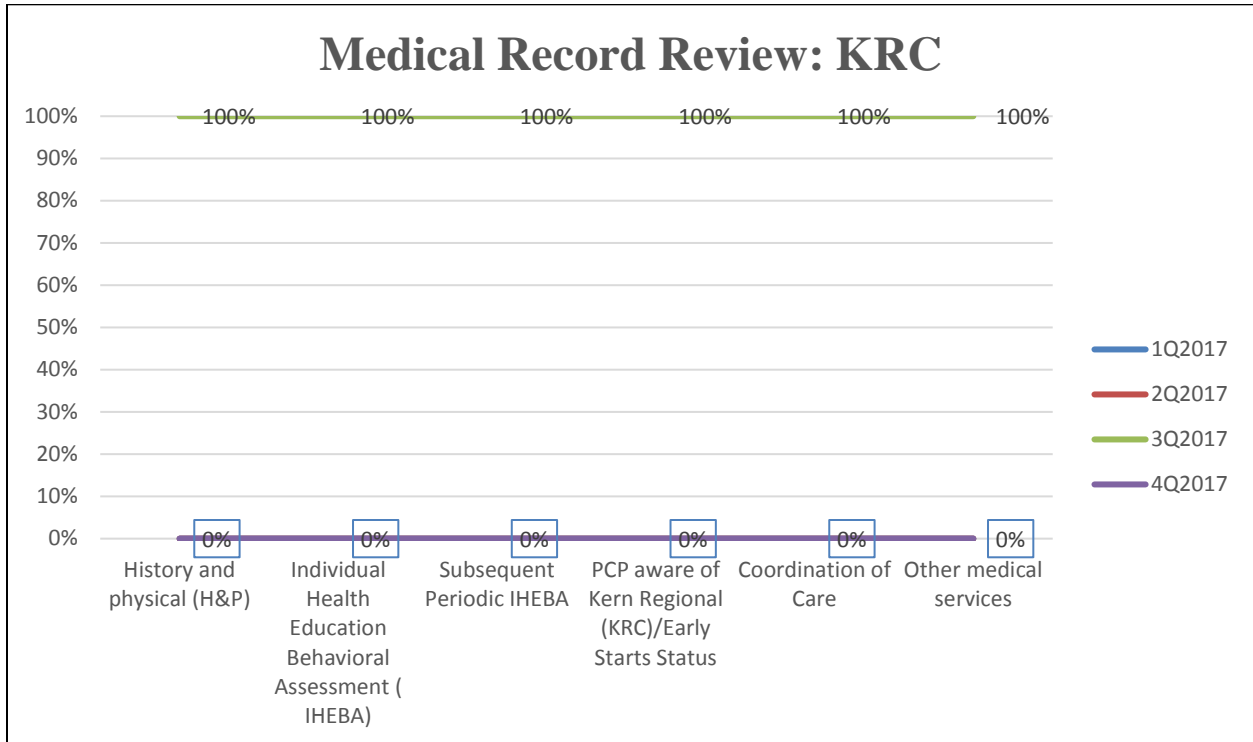
This quarter, all providers completed the History/Physicals (H&P) in pediatric records reviewed. This element has been 100% for the last 4 quarters. Seven (7) of eleven providers completed all the Staying Health Assessments during the IHA, and all providers surveyed completed the Subsequent Periodic IHEBAS for their members. Corrective Action Plans for deficiencies have been implemented and follow-up visits will be conducted.



Kern Health Systems Focus Review Summary Report

KRC Reviews: In 4th Quarter 2017 there were no KRC charts reviewed.

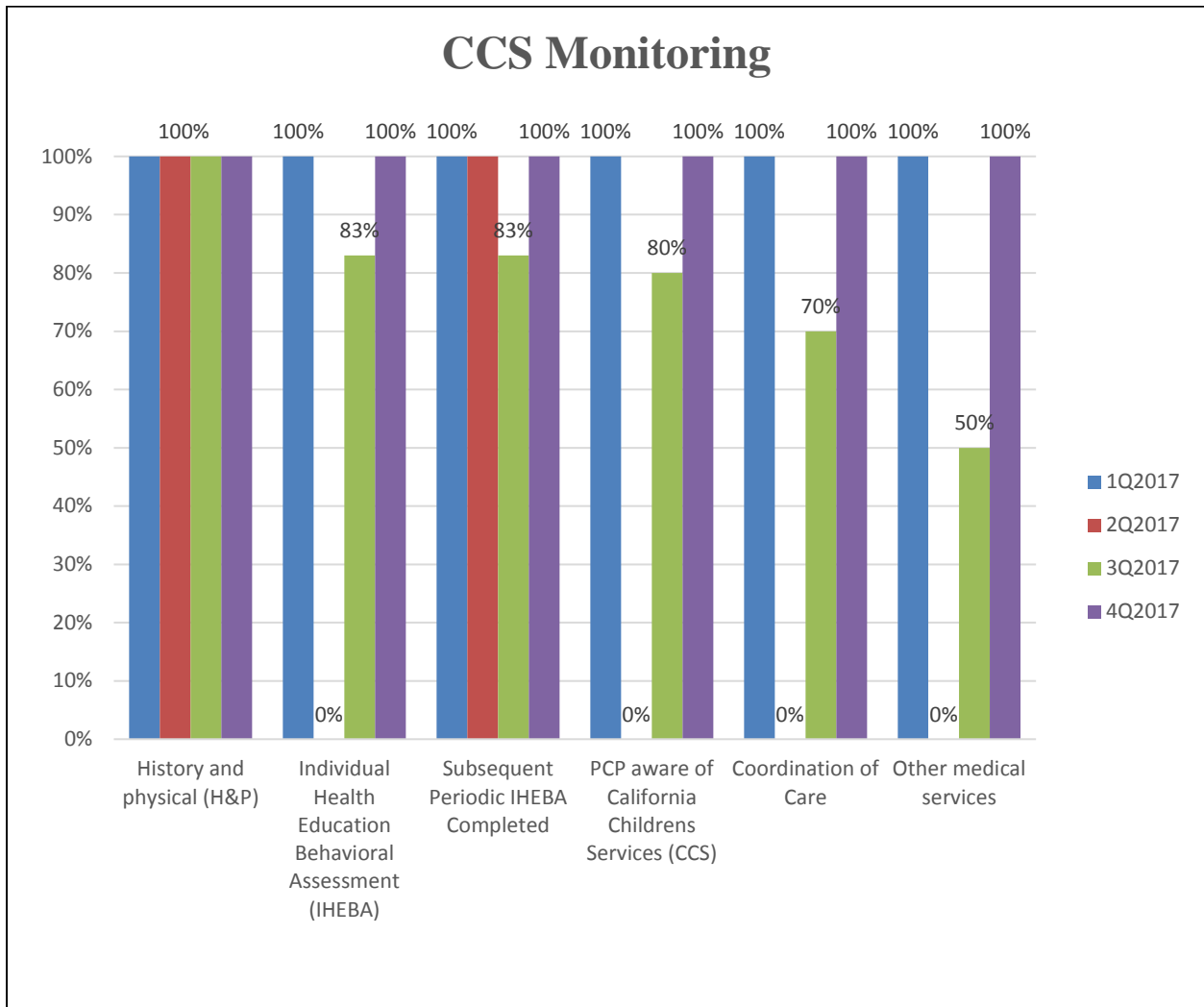
SUMMARY: KHS ensures the provision of primary care interventions and other medically necessary covered services unrelated to the KRC and/or Early Starts eligible condition. Medical record review showed appropriate primary care and other necessary intervention although historically, the denominator for this measure is small.



Kern Health Systems Focus Review Summary Report

CCS Reviews: In 4th Quarter 2017, there were two (2) providers and three (3) CCS charts reviewed.

SUMMARY: KHS ensures the provision of primary care interventions and other medically necessary covered services unrelated to the CCS eligible condition through medical record review evidenced by appropriate primary care and other necessary intervention. KHS collaborates with CCS, the CCS Specialist, and the PCP as necessary to ensure continuity of the member's care.



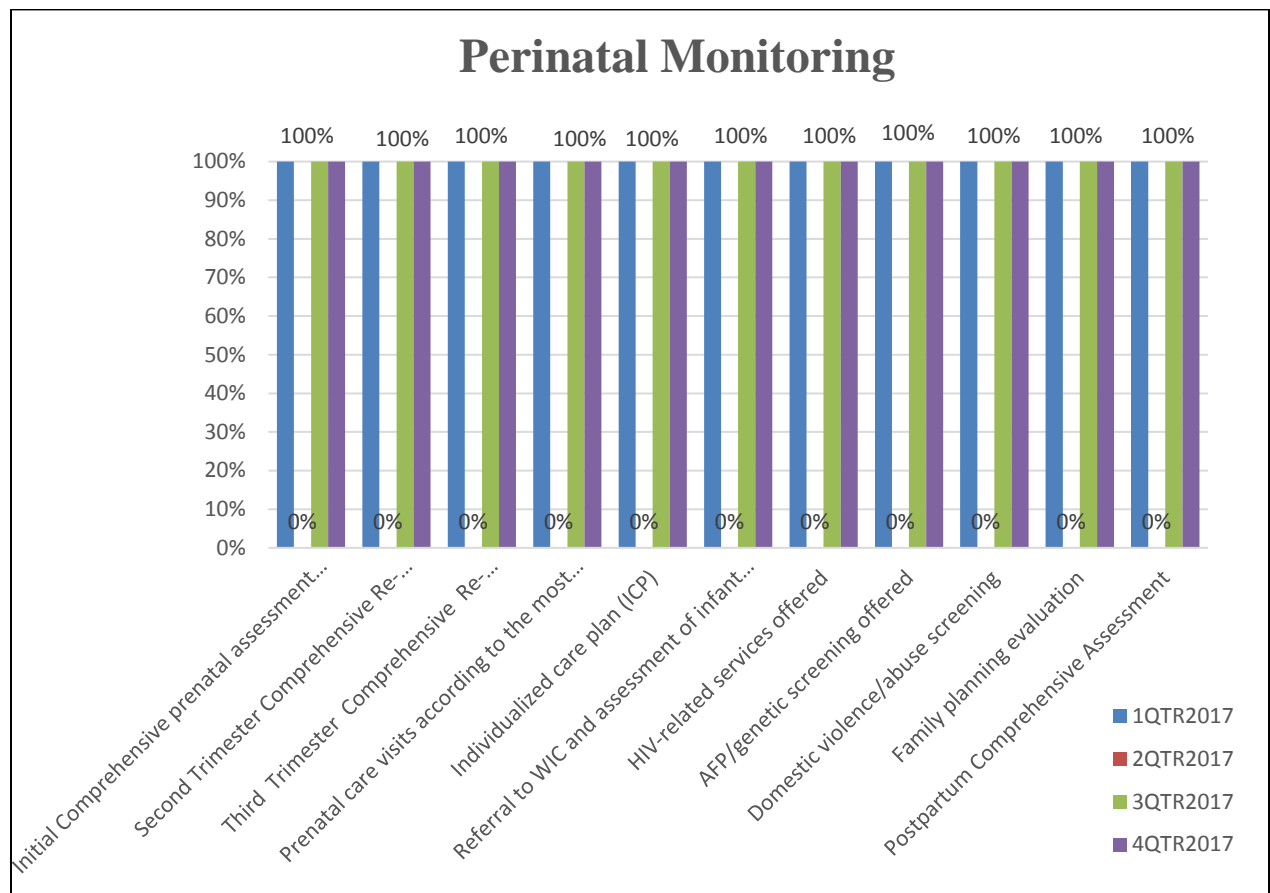
In the 4th quarter 2017 CCS monitoring both providers surveyed scored 100% in all six areas:

Kern Health Systems Focus Review Summary Report

Perinatal Reviews: Out of the twelve (12) providers surveyed in 4th Quarter 2017 there was one OB/GYN provider surveyed and 5 perinatal charts reviewed.

SUMMARY: KHS encourages optimum maternity care as appropriate for all pregnant members. Maternity care includes prenatal care, delivery, postpartum care, education, high risk interventions, and genetic counseling, screening, and referral. All pregnancy providers shall utilize a multi-disciplinary approach to perinatal care. All pregnant KHS members will receive case coordination of Obstetric and Comprehensive Perinatal Services to the degree warranted by the State Department of Healthcare Services (DHCS) combined standardized risk assessment tools. Maternity care will be provided in accordance with the most current standards or guidelines of the American College of Obstetricians and Gynecologists (ACOG).

OB patients are routinely monitored through the QI Department's medical record reviews. Timeliness of prenatal and postpartum care is monitored for HEDIS. When appropriate, the QI nurse implements a CAP for the KHS provider and notifies Provider Relations for follow-up. The QI department collects data on these members and reports the aggregate findings to the QI/UM Committee on a regular basis in order to determine necessary interventions. There is a variance from quarter to quarter depending on the number of providers reviewed. In 4Q17 all Providers scored 100% in all areas.



Kern Health Systems Site Review Summary Report

Disciplinary Involvement: Quality Improvement and Provider Relations

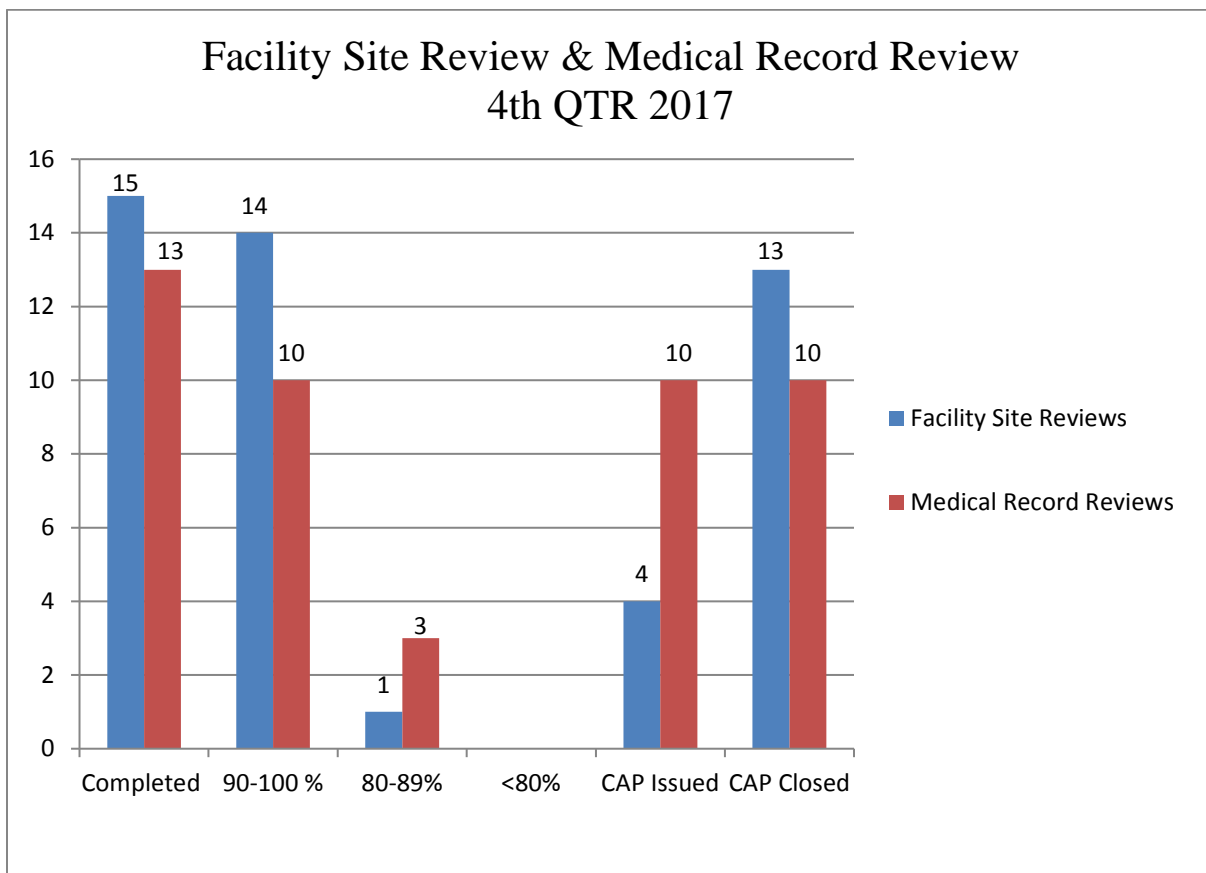
Data Retrieval Method: Chart Review, Observation, Interview/Survey, Physical Inspection

Department: Quality Improvement

Monitoring Period: October 1, 2017- December 31, 2017

A total of fifteen (15) Office Site Reviews were completed in the 4th Quarter. Out of the fifteen (15) completed, four (4) were Initial Reviews and eleven (11) were Periodic Reviews. Two (2) out of the fifteen (15) performed were Urgent Care and one (1) was OB only.

A total of thirteen (13) Medical Record Reviews were completed in the 4th Quarter. Two (2) were Initial Medical Record Reviews and eleven (11) were Periodic Medical Record Reviews. There were four (4) Facility Site Review Caps issued and ten (10) Medical Record Review Caps issued. Ten (10) Medical Record Review caps were closed, and ten (10) Full Site Review Caps were closed.



Kern Health Systems Site Review Summary Report

Description of Process: Certified Site Reviewers perform a facility site review on all contracted primary care providers (including OB/GYNs and pediatricians) as well as providers who serve a high volume of SPD beneficiaries. Per APL 15-023, APL 16-002 and PL 14-004, certified site reviewers complete site and medical record reviews for providers credentialed per DHCS and MMCD contractual and policy requirements. A site review shall be completed as part of the initial Credentialing process if a new provider at a site that has not previously been reviewed is added to a contractor's provider network.

A site review need not to be repeated, as part of the initial Credentialing process if a new provider is added to a provider site that has a current passing site survey score. A site review survey need not to be repeated as part of the re-credentialing process if the site has a current passing site survey score. A passing Site Review Survey shall be considered "current" if it is dated within the last 3 years, and need not to be repeated until the due date of the next scheduled site review survey or when determined necessary through monitoring activities by the plan

Scoring and Corrective Action Plans

QI/UM Committee approved Policy #CP232 and #CP233 as the Scoring and Corrective Action Plan Policies for all Provider Site Reviews

Facility sites that receive an Exempted Pass (90% or above, without deficiencies in critical elements) will not be required to complete a corrective action plan (CAP), unless required by the plan or local plan collaborative. All sites that receive a Conditional Pass (80-89%, or 90% or above with deficiencies in critical elements) will be required to establish a CAP that addresses each of the noted deficiencies. The compliance level categories for both the facility site review and medical record review are the same as listed below:

Exempted Pass: 90% or above

Conditional Pass: 80-89%

Not Pass: below 80%

Facility sites that receive an Exempted Pass (90% or above) for medical record review will not be required to complete a CAP for medical record review. On-site CAP follow up visits are intended to verify that processes are in place to remedy deficiencies.

Nine critical survey elements related to the potential for adverse effect on patient health or safety have a scored "weight" of two points. All other survey elements are weighted at one point. All critical element deficiencies found during a full scope site survey, focused survey, or monitoring visit shall be corrected by the provider within 10 business days of the survey date. Sites found deficient in any critical element during a Full Score Site Survey shall be required to correct 100% of the survey deficiencies, regardless of survey score. Critical elements include the following nine criteria:

Kern Health Systems

Site Review Summary Report

1. Exit doors and aisles are unobstructed and egress (escape) accessible.
2. Airway management equipment, appropriate to practice and populations served, are present on site.
3. Only qualified/trained personnel retrieve, prepare or administer medications.
4. Office practice procedures are utilized on-site that provide timely physician review and follow-up of referrals, consultation reports and diagnostic test results.
5. Only lawfully-authorized persons dispense drugs to patients.
6. Personal protective equipment (PPE) is readily available for staff use.
7. Needlestick safety precautions are practiced on-site.
8. Blood, other potentially infectious materials (specimens) and regulated wastes (sharps/biohazardous non-sharps) are placed in appropriate leak-proof, labeled containers for collections, processing, storage, transport or shipping.
9. Spore testing of autoclave/steam sterilizer is completed (at least monthly, with documented results).

Top Facility Site Review Deficiencies

- Spore testing of autoclave/steam sterilizer with documented results (at least monthly)

Top Medical Record Review Deficiencies

- IHEBAs are completed for new members and an age appropriate IHEBA is re-administered when the member has reached to next specific age interval.
- Documentation of Follow-up after missed primary care appointments
- Member's assigned primary care physician (PCP) is identified
- Advanced Health Care Directive Information offered
- Adult Immunizations

Providers are responsible for coming into compliance with the full site review criteria. If a site remains out of compliance and/or has a recurrent failing score through subsequent follow-up visits, disciplinary action may be imposed.

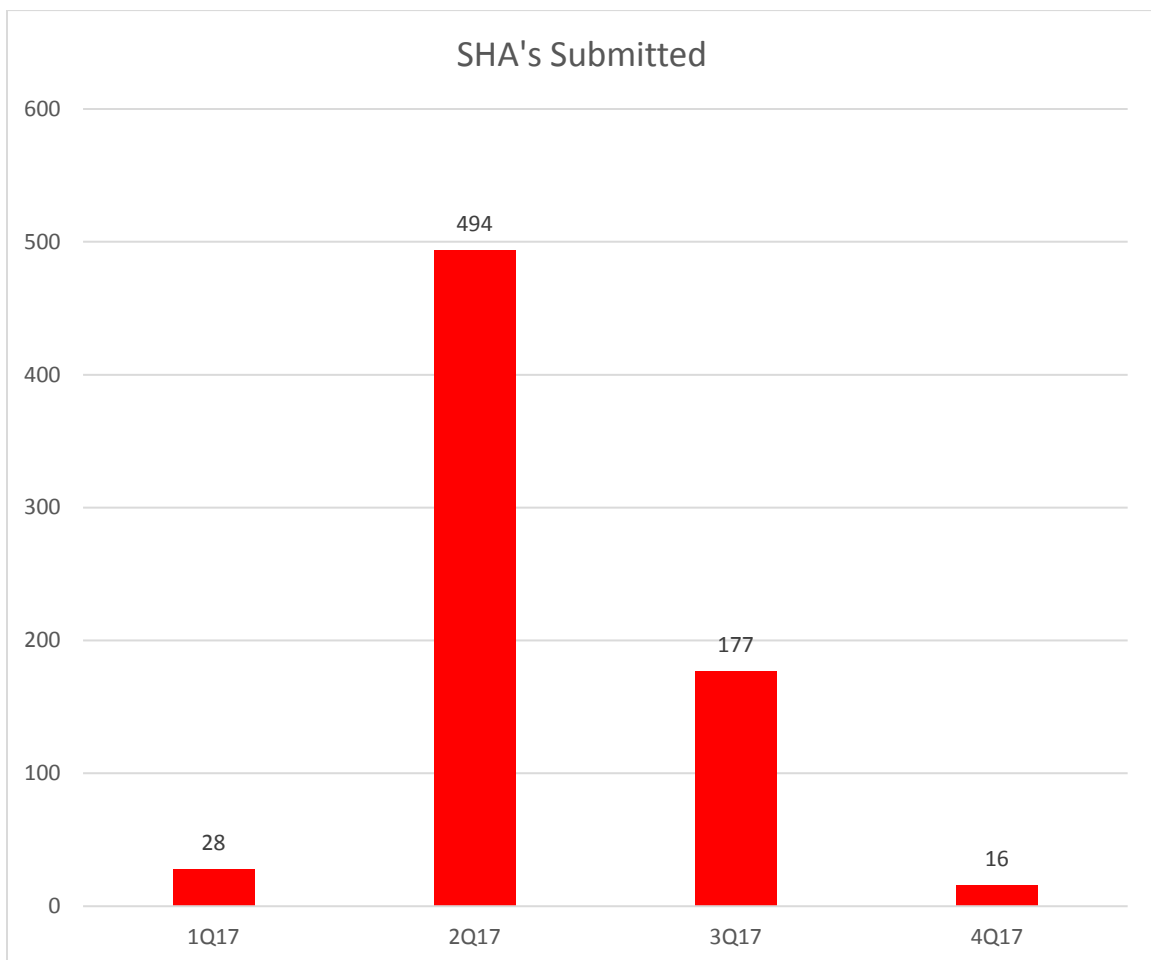
KERN HEALTH SYSTEMS

STAYING HEALTHY ASSESSMENTS MONITORING

SUMMARY: KHS attempts to identify members with unmet health needs. During the course of P4P and HEDIS audits QI nurses identify members with positive Staying Healthy Assessments in their medical record. These positive SHAs are shared with Health Education to evaluate clinical follow-up and to assist them in developing their curriculum. The QI department collects data (shown below) on these members and reports the aggregate findings to the QI/UM Committee on a regular basis. There is a variance from quarter to quarter depending on the records reviewed.

Staying Healthy Assessment Monitoring

During routine audits of medical records, QI RNs validate that a Staying Healthy Assessment was completed yearly. During 4th Quarter 2017, there were 16 positive SHAs sent to Health Education. As stated in our previous SHA report, this number has decreased over the past 2 Quarters where the majority were obtained during HEDIS.



**Kaiser Foundation Health Plan
Southern California Region
3rd Quarter UM DME Report 2017**

Kern Family Health

Q3 2017	ALL PLAN MEDI-CAL	Kern Family Health
ENROLLMENT	421411.33	7791.00
ACUTE DAYS/1000 MEMB	171.05	147.24
ACUTE DISCHARGES/1000 MEMB	48.20	47.94
ACUTE ALOS	3.63	3.50
ACUTE READMISSION RATE	0.12	0.14
SNF DAYS/1000 MEMB	16.86	3.56
SNF DISCHARGES/1000 MEMB	0.97	0.51
SNF ALOS	16.63	7.00
INPT PSYCH DAYS/1000 MEMB	4.16	4.07
INPT PSYCH DISCHARGES/1000 MEMB	0.99	1.02
INPT PSYCH ALOS	6.35	4.00
OUTPATIENT VISITS/MEMB	4.73	5.55
ER VISITS/1000 MEMB	323.76	114.58
UM DENIALS**		1
UM AUTHORIZATIONS**		0
TOTAL		1
UM DENIAL RATE		100.0%
UM APPEALS***		0
DME DENIALS**		3
DME AUTHORIZATIONS**		276
TOTAL		279
DME DENIAL RATE		1.1%
DME APPEALS***		0

**UM/DME Denials and UM/DME Referrals or Requests subject to Prior Authorization

***Appeals includes member appeals, complaints, and grievances only for denials subject to prior authorization.

Kaiser KHS Dental Report
Screenshot

1. Non-DD Adults Dental General Anesthesia Reporting									
A	B	C	D	E	F	G	H	I	J
Plan Code	Plan Name	County	Reporting Period	Number of Requests for Non-DD Adults	Number of Approvals for Non-DD Adults	Number of Denials for Non-DD Adults Due to Requested Documentation Not Submitted	Number of Denials for Non-DD Adults Due to Not Meeting Medical Necessity Criteria	Number of Denials for Non-DD Adults Due to Other Reasons	Other Denial Reasons for Non-DD Adults
303	KERN HEALTH SYSTEMS	Kern	Q4 2017	7	5	0	2	0	
2. DD Adults Dental General Anesthesia Reporting									
A	B	C	D	E	F	G	H	I	J
Plan Code	Plan Name	County	Reporting Period	Number of Requests for DD Adults	Number of Approvals for DD Adults	Number of Denials for DD Adults Due to Requested Documentation Not	Number of Denials for DD Adults Due to Not Meeting Medical Necessity	Number of Denials for DD Adults Due to Other Reasons	Other Denial Reasons for DD Adults
303	KERN HEALTH SYSTEMS	Kern	Q4 2017	0	0	0	0	0	
3. Non-DD Children Dental General Anesthesia Reporting									
A	B	C	D	E	F	G	H	I	J
Plan Code	Plan Name	County	Reporting Period	Number of Requests for Non-DD Children	Number of Approvals for Non-DD Children	Number of Denials for Non-DD Children Due to Requested Documentation	Number of Denials for Non-DD Children Due to Not Meeting Medical Necessity	Number of Denials for Non-DD Children Due to Other Reasons	Other Denial Reasons for Non-DD Children
303	KERN HEALTH SYSTEMS	Kern	Q4 2017	128	119	0	3	6	Retro Denial
4. DD Children Dental General Anesthesia Reporting									
A	B	C	D	E	F	G	H	I	J
Plan Code	Plan Name	County	Reporting Period	Number of Requests for DD Children	Number of Approvals for DD Children	Number of Denials for DD Children Due to Requested Documentation Not	Number of Denials for DD Children Due to Not Meeting Medical Necessity	Number of Denials for DD Children Due to Other Reasons	Other Denial Reasons for DD Children
303	KERN HEALTH SYSTEMS	Kern	Q4 2017	0	0	0	0	0	

Kaiser KHS CBAS Report
Screenshot

1. CBAS Services and Assessment Reporting																	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Plan Code	Plan Name	County	Reporting Quarter	No. of Requests for CBAS	No. of Members Assessed for CBAS	No. of Members Ineligible to Receive CBAS	No. of Members Received ECM services	No. of Members Provided CBAS	No. of Members Provided Unbundled Services	No. of CBAS Providers	Average # Days Between Request & Notice of Eligibility	Discharged : Death	Discharged : Long-Term Nursing Facility Placement	CBAS Outcome			
														Discharged : Other Services	Patient Moved Out of Plan	Patient Chose to Leave CBAS	Patient Transferred to Different CBAS Center
303	KERN HEALTH SYSTEMS	Kern	Q4 2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2. CBAS Grievance Reporting							
A	B	C	D	E	F	G	H
Plan Code	Plan Name	County	Reporting Quarter	# of Grievances Regarding CBAS Providers	# of Grievances Regarding Contractor Assessment or Reassessment	# of Grievances Regarding Excessive Travel Times to Access CBAS	# of Other CBAS Grievances
303	KERN HEALTH SYSTEMS	Kern	Q4 2017	0	0	0	0

3. CBAS Appeals Reporting													
A	B	C	D	E			F	G	H	I		J	K
Plan Code	Plan Name	County	Reporting Quarter	# of CBAS Appeals Approved	# of CBAS Appeals Denied	# of CBAS Appeals Withdrawn	# of Appeals Related to Denials or Limited Services	# of Appeals Related to Denial to See Requested Provider	# of Appeals Regarding Excessive Travel Times to Access CBAS	# of Other CBAS Appeals	(E+F+G)=(H+I+J+K)		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017	0	0	0	0	0	0	0	0	0	

4. CBAS Call Center Complaints Reporting					
A	B	C	D	E	F
Plan Code	Plan Name	County	Reporting Quarter	Member Calls	Provider Calls
303	KERN HEALTH SYSTEMS	Kern	Q4 2017	0	0

Kaiser KHS 4Q2017
 APL Grievance Report

1. Grievance & Appeal Reporting													
A Plan Code	B Plan Name	C County	D Reporting Quarter	F Accessibility 1- Excessive long wait time/apt. schedule time 2- Lack of primary care provider availability 3- Lack of Specialist availability 4- Lack of telephone accessibility 5-Lack of language accessibility 6- Lack of facility physical access	G Resolved Accessibility Grievance 0- Unresolved 1- Resolved in Favor of Member 2- Resolved in Favor of Plan	H Benefits/Coverage 1- Dispute over covered services	I Resolved Benefits/Coverage Grievance 0- Unresolved 1- Resolved in Favor of Member 2- Resolved in Favor of Plan	J Referral 1- Plan Refusal to Refer 2- Provider Refusal to Refer 3- Delay in Referral	K Resolved Referral Grievance 0- Unresolved 1- Resolved in Favor of Member 2- Resolved in Favor of Plan	L Quality of Care/Service 1- Inadequate facilities, non-access related 2- Inappropriate ancillary care 3- Inappropriate Hospital Care 4- Inappropriate Provider Care 5- Plan Denial of Treatment 6- Provider Denial of Treatment 7- Poor Provider/Staff Attitude	M Resolved Quality of Service Grievance 0- Unresolved 1- Resolved in Favor of Member 2- Resolved in Favor of Plan	N Other Please specify 1 = Other	O Resolved Other Grievance 0- Unresolved 1- Resolved in Favor of Member 2- Resolved in Favor of Plan
303	KERN HEALTH SYSTEMS	Kern	Q4 2017							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017							7	1	1	1
303	KERN HEALTH SYSTEMS	Kern	Q4 2017			1	1			7	1	1	1
303	KERN HEALTH SYSTEMS	Kern	Q4 2017			1	2			1	2		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017							4	1		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017	1	1					7	1		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017									1	1
303	KERN HEALTH SYSTEMS	Kern	Q4 2017			1	2			7	2		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017			1	2	2	2				
303	KERN HEALTH SYSTEMS	Kern	Q4 2017					1	2				
303	KERN HEALTH SYSTEMS	Kern	Q4 2017							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017									1	1
303	KERN HEALTH SYSTEMS	Kern	Q4 2017									1	1
303	KERN HEALTH SYSTEMS	Kern	Q4 2017							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017					2	2			1	2
303	KERN HEALTH SYSTEMS	Kern	Q4 2017	2	1			2	1				
303	KERN HEALTH SYSTEMS	Kern	Q4 2017			1	1			4	1		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017			1	1					1	1
303	KERN HEALTH SYSTEMS	Kern	Q4 2017							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q4 2017					2	1			1	1



Medical Data Collection Summary Report

Period Covered: January, 2017 through December, 2017
Prepared for: KERN HEALTH SYSTEMS - (12049397)

Overview

This report shows an aggregate view of your members who have received an eye exam during the reporting period. It also shows the number and percentage of your members that have one or more of the health conditions listed below, as reported by VSP doctors. VSP focuses on the six conditions listed below because they represent some of the most frequent and costly health conditions for which early detection and treatment can reduce or prevent vision loss as well as potentially avoid more costly treatment. VSP can work with your health plan or disease management company by providing them with patient-specific information upon request.

Summary of Findings

The left section below shows how many of your members received an eye exam during the reporting period as well as how many of them had each of the conditions listed (as reported by VSP doctors). The percentages represent the number of people with the respective conditions divided by the total number that received an eye exam. The right section below shows the estimated number of cases in your member population. We use health and demographic statistics provided by the Centers for Disease Control and the US Census. Also, because prevalence rates vary by age, we incorporate patient age data from your VSP eye exam claims for the reporting period.

The estimates for diabetes and hypertension are expected to be higher than the reported rates because approximately 30% of people with diabetes and 50% of people with hypertension are unaware of their condition and would not report it to their VSP doctor. The percentages represent the estimated number of people with the conditions divided by your total membership. Note that diabetes and hypertension are self-reported while the other conditions are reported based on the VSP doctor's findings. This report does not indicate if cases are newly diagnosed or existing.

Reported Cases

	Members	
Received Eye Exam:	20,431	
Diabetes?:	937	4.6%
Diabetic Retinopathy:	103	.5%
Glaucoma:	138	.7%
Hypertension:	766	3.7%
High Cholesterol	238	1.2%
Macular Degeneration:	41	.2%

Estimated Number of Cases

Total Members:	239,434	
Diabetes?:	5,502	2.3%
Diabetic Retinopathy:	469	.2%
Glaucoma:	914	.4%
Hypertension:	23,976	10.0%
High Cholesterol	36,192	15.1%
Macular Degeneration:	293	.1%

? Patients managing their diabetes can avoid medical costs from \$2,000 to over \$4,000 annually versus those not managing it.

A	B	C	D	E	F	G	H	I	J	K
Plan Name	Reporting Quarter	Number of Calls Received Do not fill in	Number of Calls Abandoned	Number of Calls Answered	Average Wait Time (H:MM:SS)	Average Talk Time (H:MM:SS)	Abandonment Rate = D/C Do not fill in	Service Level (0-100)	Member Only Calls (Y/N)	Medi-Cal Only Calls (Y/N)
KERN HEALTH SYSTEMS	Q4 2017	274	1	273	00:00:07	00:04:57	0.4%	95.65%	N	Y
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2016-2017 COMPARATIVE TABULATED GRIEVANCES

Kern Family Health Care Grievances	2nd Quarter 2017	3rd Quarter 2017	3rd Quarter 2016
Access to Care (PCP)	7	22	10
Difficulty Accessing Specialist	3	4	5
Quality of Care	38	46	61
Quality of Service	163	178	184
Medical Necessity	14	53	28
Coverage Dispute	13	44	22
Cultural and Linguistic Dissatisfaction	1	1	1
Other Issue	4	1	3
Total Grievances	243	349	314
MCAL (NonSPD) Grievances	129	150	136
SPD Grievances	50	76	71
Expansion Grievances	64	123	107
Cases Upheld by Plan	198	301	254
Cases Found in Favor of the Enrollee	45	48	59
Pending at the time of report	0	0	1
Kaiser Permanente Grievances			
Access to Care (PCP)	3	2	1
Difficulty Accessing Specialist	2	0	0
Quality of Care	4	5	5
Quality of Service	14	4	4
Medical Necessity	5	0	1
Coverage Dispute	2	7	1
Cultural and Linguistic Dissatisfaction	0	0	0
Other Issue	2	5	1
Total Grievances	32	23	13
State Fair Hearings			
Coverage Dispute	2	2	2
Medical Necessity	4	1	4
Quality of Care	0	0	0
Access to Care	0	0	0
Quality of Service	0	1	1
Other Issues	0	0	0
Total	6	4	7
Cases Found in Favor of the Plan	2	1	3
Cases Found in Favor of the Enrollee	0	0	1
Waiting on Decision or Case not Heard Yet	4	3	3
DMHC Complaints			
Coverage Dispute	1	0	0
Medical Necessity	3	1	0
Quality of Care	0	0	0
Access to Care	0	0	0
Quality of Service	0	0	0
Other Issues	1	0	0
Total	5	1	0
DMHC Complaints Found in Favor of the Plan	4	0	0
DMHC Complaints Found in Favor of the Enrollee	1	1	0
Decisions Pending at the time of report	0	0	0

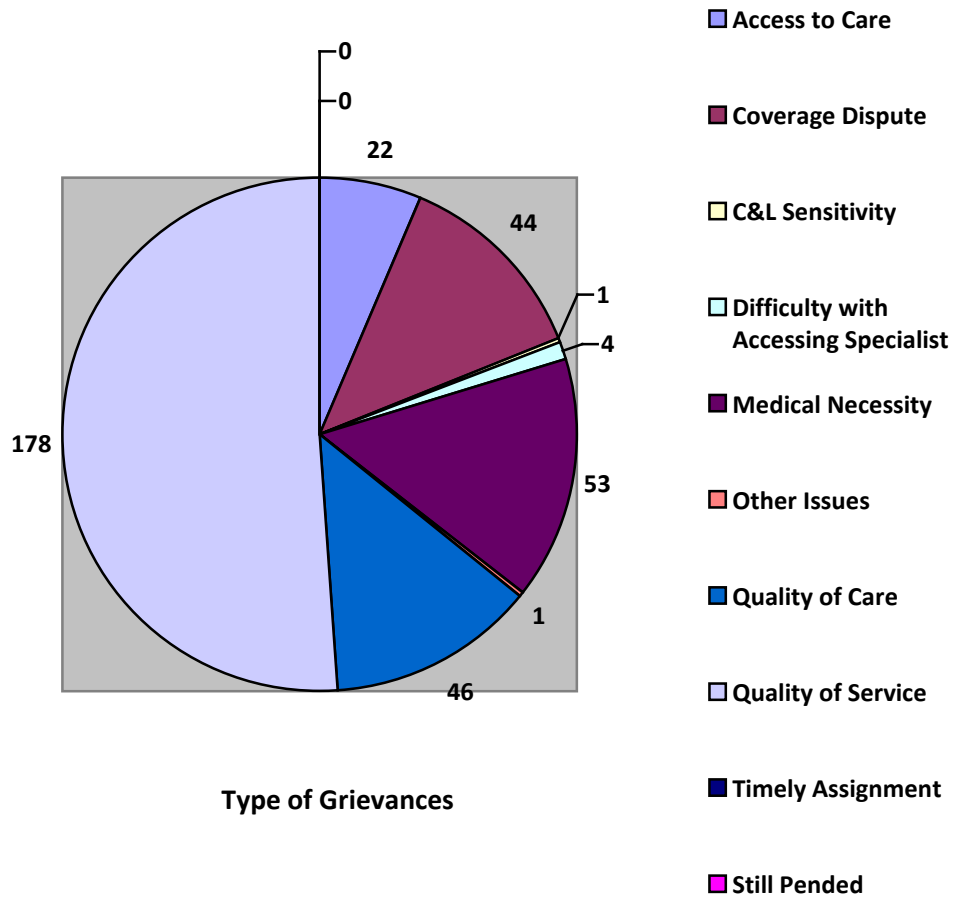
LEGEND OF CATEGORIES
Access to Care (PCP) - Issues related to long wait times or difficulty scheduling PCP appointments.
Difficulty Accessing Specialist - Issues related to difficulty scheduling specialty appointments.
Quality of Care - Dissatisfied with care received from provider, staff or facility staff.
Quality of Service - Dissatisfied with service received from provider, staff or facility staff.
Medical Necessity - Appeals for denied authorization or medication requests that are denied based on medical necessity.
Coverage Dispute - Appeals for denied authorization or medication requests that are not a covered benefit under KFHC and/or FFS Medi-Cal.
Cultural and Linguistic Dissatisfaction - Issues related to a language barrier or interpretation services.
Other Issue - Any other dissatisfaction not related to any of the above categories.

2016-2017 COMPARATIVE TABULATED GRIEVANCES

Independent Medical Reviews	2nd Quarter 2017	3rd Quarter 2017	3rd Quarter 2017
Delay of Services	0	0	0
Modification of Services	0	0	0
Denial of Services	4	0	1
Total	4	0	1
IMR Cases Found in Favor of the Plan	1	0	0
IMR Cases Found in Favor of the Enrollee	1	0	0
Decisions Pending at the time of report	1	0	1
Enrollment Counts vs Grievances Received Per Quarter - Total Enrollment			
Total Enrollment	249,461	248,346	238,753
Grievances per 1,000 Members	0.97	1.41	1.32
Percentage of Grievances	0.097%	0.141%	0.132%
Enrollment Counts vs Grievances Received Per Quarter - MCAL (Non SPD) Members			
Total Enrollment	235,456	234,157	225,166
Grievances per 1,000 Members	0.85	0.64	0.60
Percentage of Grievances	0.085%	0.064%	0.060%
Enrollment Counts vs Grievances Received Per Quarter - SPD Members			
Total Enrollment	14,005	14,189	13,587
Grievances per 1,000 Members	3.57	5.36	5.15
Percentage of Grievances	0.36%	0.54%	0.52%
Enrollment Counts vs Grievances Received Per Quarter - Expansion Members			
Total Enrollment	58,690	57,894	54,848
Grievances per 1,000 Members	1.09	2.12	1.95
Percentage of Grievances	0.10%	0.21%	0.20%
Enrollment Counts vs Grievances Received Per Quarter - Kaiser Members			
Total Enrollment	7,466	7,782	6,890
Grievances per 1,000 Members	3.48	2.96	1.89
Percentage of Grievances	0.35%	0.30%	0.19%

3rd Quarter 2017 Grievance Summary

Issue	Number	In Favor of Health Plan	In Favor of Enrollee
Access to care	22	13	9
Coverage dispute	44	44	0
Cultural and Linguistic Sensitivity	1	0	1
Difficulty with accessing specialists	4	3	1
Medical necessity	53	44	9
Other issues	1	1	0
Quality of care	46	42	4
Quality of service	178	154	24
Timely assignment to provider	0	0	0
Still under review	0	0	0



Grievances per 1,000 Members = 0.97

During the third quarter of 2017, there were three hundred and forty nine grievances received. Forty eight cases were closed in favor of the Enrollee and three hundred and one were closed in favor of the Plan. There were two grievances not closed within thirty days and had to be pended for further review. Seventy six cases were received from SPD (Seniors and Persons with

3rd Quarter 2017 Grievance Summary

Disabilities) members. One hundred and twenty three were received from Medi-Cal Expansion members.

Access to Care

There were twenty two grievances pertaining to access to care. Thirteen cases closed in favor of the Plan. Nine cases closed in favor of the Enrollee. The following is a summary of these issues.

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

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

Coverage Dispute

There were Forty four grievances pertaining to a Coverage Dispute issue. All of the cases closed in favor of the Plan. The following is a summary of these issues:

Thirty eight members complained about the denial of a TAR for non-formulary or restricted medications. These cases were found in favor of the Plan. Upon review it was determined that the TARs were appropriately denied as not a covered benefit under the KFHC Drug Formulary.

Six members complained about the denial of a referral authorization request. All six cases were closed in favor of the Plan and the decisions were upheld after it was determined that the requests were appropriately denied as the requested services were not a covered benefit or the requested providers were not contracted under KFHC.

Cultural and Linguistic Sensitivity

There was one grievance pertaining to Cultural and Linguistic Sensitivity. This case closed in favor of the Enrollee. The following is a summary of these issues.

A member complained about the lack of a Spanish speaking staff member at a pharmacy. This case closed in favor of the Enrollee after it was determined a KFHC MSR failed to submit the request for an American Sign Language (ASL) interpreter timely.

Difficulty with Accessing a Specialist

3rd Quarter 2017 Grievance Summary

There were four grievances pertaining to Difficulty Accessing a Specialist. Three of the cases closed in favor of the Plan. One case closed in favor of the Enrollee. The following is a summary of these issues.

Four members complained about the lack of available appointments with a specialist. Three cases closed in favor of the Plan after the responses indicated the offices provided appropriate access to care based on the Access to Care Standards for specialty appointments. One case closed in favor of the Enrollee after the responses indicated the office did not provide appropriate access to care based on the Access to Care Standards for specialty appointments.

Medical Necessity

There were fifty three grievances pertaining to Medical Necessity. Forty four of the cases were closed in favor of the Plan. Nine of the case closed in favor of the Enrollee. The following is a summary of these issues.

Forty six members complained about the denial or modification of a referral authorization request. Thirty eight of the cases were closed in favor of the Plan as it was determined that there was no supporting documentation submitted with the referral authorization requests to support the criteria for medical necessity of the requested specialist or DME item and the denials were upheld. Eight of the cases closed in favor of the Enrollee after it was determined the authorization may have been denied inappropriately.

Seven members complained about the denial or modification of a TAR. Six of the cases were closed in favor of the Plan as it was determined there was no supporting documentation submitted with the TAR to support the criteria for medical necessity of the requested medication and the denial was upheld. One of the cases closed in favor of the Enrollee as it was determined that there was supporting documentation submitted with the TAR to support the criteria for medical necessity of the requested medication and the denial was overturned.

Other Issues

There was one grievance pertaining to Other Issues. This case closed in favor of the Plan. The following is a summary of these issues:

One member complained about the disenrollment process for SNF services. This case closed in favor of the Plan after it was determined that the appropriate policies and process was followed.

Quality of Care

There were forty six grievances involving Quality of Care issues. Forty two cases were closed in favor of the Plan. Four cases were closed in favor of the Enrollee. The following is a summary of these issues:

3rd Quarter 2017 Grievance Summary

Twenty seven members complained about the quality of care received from a Primary Care Provider (PCP). Twenty five cases were closed in favor of the Plan after it was determined that the provider or their staff provided the member with the appropriate care. Two cases were closed in favor of the Enrollee after review of all medical documents and written responses received indicated that appropriate care may not have been provided.

Eleven members complained about the quality of care received from a specialty provider. All of the cases were closed in favor of the Plan after it was determined that the specialist provided the member with the appropriate care.

Seven members complained about the quality of care received from the provider or staff with a hospital or urgent care. Six of the cases were closed in favor of the Plan after review of medical records and written responses received indicated that the members were provided appropriate care. One case closed in favor of the Enrollee after review of all medical documents and written responses received indicated that appropriate care may not have been provided.

One member complained about the quality of care received from a pharmacy. This case closed in favor of the Enrollee after it was determined that the provider or their staff provided may not have provided the member with the appropriate care.

All cases were forwarded to the Quality Improvement (Q.I.) Department for review to determine if further investigation was necessary.

Quality of Service

There were one hundred and seventy eight grievances pertaining to Quality of Service. One hundred and fifty four were closed in favor of the Plan. Twenty four cases were closed in favor of the Enrollee. The following is a summary of these issues:

One hundred and one members complained about the service they received from a provider. Ninety two were closed in favor of the Plan after the written responses were reviewed and it was determined that the service the members received from their providers was appropriate. Nine cases were closed in favor of the Enrollee after the written responses were reviewed and showed that the members may not have received the appropriate service from their provider. These cases were sent to PR for Tracking and Trending.

Thirty eight members complained about the service they received from a provider and their staff. Thirty three cases were closed in favor of the Plan after the written responses were reviewed and it was determined that the service the members received was appropriate. Five of the cases were closed in favor of the Enrollee after review of the written responses indicated that the members may not have received the appropriate service from the providers and their staff. These cases were sent to PR for Tracking and Trending.

Thirty nine members complained about the service received from the staff at a health care facility, pharmacy, or provider's office. Twenty nine cases were closed in favor of the

3rd Quarter 2017 Grievance Summary

Plan after review of the responses indicated that the members received appropriate service at the time of their visits. Ten cases were closed in favor of the Enrollee after review of the written responses indicated that the members may not have received the appropriate service from the staff at the health care facility, pharmacy or provider's office. These cases were sent to PR for Tracking and Trending.

Timely Assignment to Provider

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

Kaiser Permanente Grievances

During the third quarter of 2017, there were twenty three grievances received by KFHC members assigned to Kaiser Permanente. All cases were closed in favor of the Enrollee.

Access to Care

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

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

Coverage Dispute

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

Seven members complained about a non-covered or out of network service they requested however, were not being covered. All seven cases closed in favor of the Enrollee and services were provided.

Quality of Care

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

Five members complained about the care they received from their providers or non-clinical staff. All cases were closed in favor of the Enrollees.

Quality of Service

There were four grievances pertaining to Quality of Service. The following is a summary of these issues:

Four members complained about the service they received from their providers, non-clinical staff, or the condition of a facility. All four cases were closed in favor of the Enrollees.

3rd Quarter 2017 Grievance Summary

Other Issues

There were five grievances pertaining to Other Issues. The following is a summary of this issue:

Five members complained about operations or policy issues. All cases closed in favor of Enrollees.

KERN HEALTH SYSTEMS
4th Quarter 2017
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Report Date: January 3, 2018

Department: Provider Relations

Monitoring Period: October 1, 2017 through December 31, 2017

Population:

Providers	Credentialed	Recertified
MD's	40	37
DO's	0	1
AU's	0	0
DC's	2	0
AC's	0	0
PA's	3	7
NP's	11	10
CRNA's	2	1
DPM's	1	0
OD's	2	0
ND's	0	0
BCBA's	7	0
Mental Health	2	4
Ocularist	0	0
Ancillary	7	21
OT	0	0
TOTAL	77	81

Specialty	Providers Credentialed	Providers Recertified	Providers Sent to PAC	Providers Not Approved
Acupuncture	0	0	0	0
Allergy & Immunology	0	1	1	0
Anesthesiology / CRNA	3	3	6	0
Audiology	0	0	0	0
Autism / Behavioral Analyst	7	0	7	0
Cardiology	1	3	4	0
Chiropractor	2	0	2	0
Colon & Rectal Surgery	0	0	0	0
Critical Care	0	0	0	0
Dermatology	0	0	0	0
Emergency Medicine	3	0	3	0
Endocrinology	0	0	0	0
Family Practice	18	10	28	0
Gastroenterology	0	0	0	0
General Practice	2	1	3	0
General Surgery	0	4	4	0
Genetics	0	0	0	0
Gynecology	0	0	0	0
Gynecology/Oncology	0	0	0	0
Hematology/Oncology	2	0	2	0
Hospitalist	0	0	0	0
Infectious Disease	1	0	1	0
Internal Medicine	3	5	8	0

KERN HEALTH SYSTEMS
4th Quarter 2017
CREDENTIALING / RE-CREDENTIALING SUMMARY REPORT

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Mental Health	2	4	6	0
Mid Wife	0	0	0	0
Naturopathic Medicine	0	0	0	
Neonatology	0	0	0	0
Nephrology	0	0	0	0
Neurological Surgery	1	0	1	0
Neurology	1	2	3	0
Obstetrics & Gynecology	3	4	7	0
Ocularist	0	0	0	0
Occupational Therapy	0	0	0	0
Ophthalmology	0	1	1	0
Optometry	2	0	2	0
Orthopedic Surgery / Hand Surg	2	1	3	0
Otolaryngology	1	0	1	0
Pain Management	1	0	1	0
Pathology	0	0	0	0
Pediatrics	1	7	8	0
Physical Medicine & Rehab	1	1	2	0
Plastic Sugery	2	0	2	0
Podiatry	1	0	1	0
Psychiatry	4	0	4	0
Pulmonary	0	0	0	0
Radiation Oncology	0	2	2	0
Radiology	5	9	14	0
Rheumatology	0	0	0	0
Sleep Medicine	0	0	0	0
Thoracic Surgery	0	1	1	0
Vascular Medicine	0	0	0	0
Vascular Surgery	1	1	2	0
Urology	0	0	0	0
TOTAL	70	60	130	0
ANCILLARY				
Ambulance	0	3	3	0
Cardiac Sonography	0	0	0	0
Comm. Based Adult Services	0	0	0	0
Dialysis Center	1	0	1	0
DME	1	0	1	0
Hearing Aid Dispenser	0	0	0	0
Home Health	0	1	1	0
Home Infusion/Compounding	0	0	0	0
Hospice	0	0	0	0
Hospital	0	2	2	0
Laboratory	0	0	0	0
Lactation Consultant	0	0	0	0
MRI	0	0	0	0
Ocular Prosthetics	0	0	0	0
Pharmacy	1	10	11	0
Pharmacy/DME	0	0	0	0

KERN HEALTH SYSTEMS
4th Quarter 2017
CREDENTIALING / RE-CREDENTIALING SUMMARY REPORT

ANCILLARY				
Physical / Speech Therapy	0	0	0	0
Prosthetics & Orthotics	0	0	0	0
Radiology	0	3	3	0
Skilled Nursing	2	0	2	0
Sleep Lab	1	0	1	0
Surgery Center	0	0	0	0
Transportation	1	0	1	0
Urgent Care	0	2	2	0
TOTAL	7	21	28	0

Defer = 0

Denied = 0

**KERN HEALTH SYSTEMS
BOARD OF DIRECTORS
NEW VENDOR CONTRACTS
DECEMBER 14, 2017**

Name	DBA	Specialty	Address	Contract Effective Date
Araujo, Luis BCBA	Good Kids Pediatric	ABA Provider & Speech Therapy	615 S. Lexington Street, Ste. 24 Delano CA 93215	1/1/2018
Brimhall Pharmacy Inc.	Brimhall Pharmacy	Pharmacy & DME	8305 Brimhall Road Ste. 1603 Bakersfield CA 93312	Retro Eff Date 12/1/2017
Healing Arts Surgery Center	Healing Arts Surgery Center	Surgery Center	2700 F Street Suite 101 Bakersfield CA 93301	Retro Eff Date 11/1/2017
Sendas Northwest Urgent Care	Sendas NW Urgent Care	Urgent Care Center	9450 Ming Avenue Bakersfield CA 93311	1/1/2018
Shafter Urgent Care	Shafter Urgent Care dba: APEX	Urgent Care Center	501 Munzer Street Ste. A Shafter CA 93263	Retro Eff Date 12/15/2017
John E Heess MD Inc	John Heess, MD Inc	Anesthesiology	2400 Bahamas Dr., Bakersfield, CA 93309	1/1/2018
Sassan Kesavarzi MD Inc	California Brain and Spine Institute	Neurosurgery	2701 Chester Ave Suite 102 Bakersfield CA 93301	1/1/2018

Kern Health Systems
Board Approved Effective January 1, 2018

NAME	DBA/ADDRESS	Specialty	Provider #	Pay To #	Effective
Araujo, Luis BCBA	Good Kids Pediatric 615 S. Lexington Street, Ste. 24 Delano CA 93215	Behavior Analyst / Qualified Autism Services Provider	PRV043267	PRV043268	Yes 01/01/2018
Brimhall Pharmacy Inc.	Brimhall Pharmacy 8305 Brimhall Road Ste. 1603 Bakersfield CA 93312	Pharmacy & DME	PRV043344	PRV043344	Yes - Retro Eff 12/01/2017
Bur, Heather NP-C	Sendas NW Urgent Care 9450 Ming Avenue Bakersfield CA 93311	Family Practice (UC)	PRV043573	PRV005648	Yes 01/01/2018
Ellis, Thomas PA-C	Sendas NW Urgent Care 9450 Ming Avenue Bakersfield CA 93311	Family Practice (UC)	PRV043574	PRV005648	Yes 01/01/2018
Healing Arts Surgery Center	Healing Arts Surgery Center 2700 F Street Suite 101 Bakersfield CA 93301	Ambulatory Surgery Center	PRV001029	PRV001029	Yes Retro 11/01/2017
Ngo, Linh MD	Sendas NW Urgent Care 9450 Ming Avenue Bakersfield CA 93311	Family Practice (UC)	PRV030579	PRV005648	Yes 01/01/2018
Nguyen, Danh MD	Sendas NW Urgent Care 9450 Ming Avenue Bakersfield CA 93311	Family Practice (UC)	PRV043575	PRV005648	Yes 01/01/2018
Sendas Northwest Urgent Care	Sendas NW Urgent Care 9450 Ming Avenue Bakersfield CA 93311	Urgent Care Center	PRV005648	PRV005648	Yes 01/01/2018
Shafter Urgent Care	Shafter Urgent Care dba: APEX 501 Munzer Street Ste. A Shafter CA 93263	Urgent Care Center	PRV043577	PRV043577	Yes - Retro 12/15/2017
Keshavarzi, Sassan MD	2701 Chester Avenue Ste 102 Bakersfield CA 93301	Neurosurgery	PRV032399	PRV032399	Yes 01/01/2018
Safvi, Amjad MD	Bakersfield Upright MRI 9802 Stockdale Highway Ste. 106A Bakersfield CA 93311	Diagnostic Radiology	PRV042999	PRV000362	Yes 01/01/2018
Thomas, Seleaina NP-C	Accelerated Urgent Care - Stockdale 9500 Stockdale Highway Ste. 100 Bakersfield CA 93311 Alternate Location: 4871 White Lane 93309	Emergency Medicine	PRV040194	PRV032603 Stockdale PRV033690 White Lane	Yes 01/01/2018
Wilensky, Jonathan MD	Grossman Medical Group, Inc. 420 34th Street Bakersfield CA 93301	Plastic Surgery	PRV043068	PRV000405	Yes 01/01/2018

**Kern Health Systems
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Chalmers, Antonia MD	United Neuroscience, Inc. 2323 16th Street Ste. 400 Bakersfield, CA 93301 Alternate Location: 3838 San Dimas Street Ste. A140 93301	Neurology	PRV004770	PRV030840	Yes 01/01/2018
Contreras, Alejandra BCBA	California Psychcare, Inc. 4500 California Avenue Ste. 101 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV043142	PRV011225	Yes 01/01/2018
Donaldson, Chadwick MD	Kern County Hospital Authority 1700 Mt Vernon Avenue Bakersfield CA 93306	Otolaryngology	PRV042682	ALL KMC	Yes 01/01/2018
Elbo, Winchell NP-C	LAGS Spine and Sportscare Medical Ctr 3550 Q Street Ste. 103-105,201,202 Bakersfield CA 93301	Pain Medicine	PRV043624	PRV000403	Yes 01/01/2018
George, Aylisa BCBA	Center for Autism & Related Disorders, Inc. 5300 Lennox Avenue Ste. 100 Bakersfield CA 93309 Alternate Location: 6601 McDivitt Drive 93313	Behavior Analyst / Qualified Autism Services Provider	PRV043625	PRV032083	Yes 01/01/2018
Gholam, Samiollah MD	Kern County Hospital Authority 1111 Columbus Street Bakersfield CA 93306	Internal Medicine	PRV037467	ALL KMC	Yes 01/01/2018
Hernandez, Jonathan, NP-C	Universal Urgent Care, PC 8325 Brimhall Road Ste. 100 Bakersfield CA 93312 Alternate Location: 2121 Niles Street 93305	Family Practice	PRV043626	PRV012894 BRIMHALL PRV036257 NILES	Yes 01/01/2018
Hughes, Everard MD	Ridgecrest Regional Hospital 1081 N. China Lake Blvd. Ridgecrest CA 93555 Alternate Location: RRH RHC - 1111 N China Lake Blvd 93555	Medical Oncology	PRV043627	PRV029495	Yes 01/01/2018
Huynh, Lang MD	Clinica Sierra Vista (CSV) 1611 1st Street Bakersfield CA 93304	Family Practice	RV030797	PRV000002	Yes 01/01/2018

**Kern Health Systems
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Hwang, Inyong MD	The Heart Center 5020 Commerce Drive Bakersfield CA 93309	Cardiovascular Disease	PRV041847	PRV000310	Yes 01/01/2018
Leal, Eleanor NP-C	Kern County Hospital Authority 1111 Columbus Street Bakersfield CA 93306	Internal Medicine	PRV040845	ALL KMC	Yes 01/01/2018
Lue, Jason MD	Renaissance Imaging Medical Associates 1600 Avenue J Lancaster CA 93534 Alternate Locations: 44105 W. 15th Street Ste. 100 Lancaster 38925 Trade Center Drive Ste. E Palmdale	Diagnostic Radiology	PRV004523	PRV000324	Yes 01/01/2018
Marquez, Verna MD	Clinica Sierra Vista (CSV) 9001 South H Street Bakersfield CA 93307	Family Practice	PRV042410	PRV000002	Yes 01/01/2018
Moshfegh, Amiel MD	Bakersfield Community Imaging Solutions 3400 Calloway Drive Ste. 102 Bakersfield CA 93312	Diagnostic Radiology	PRV043024	PRV035433	Yes 01/01/2018
Rabinowitz, Emily NP-C	Clinica Sierra Vista (CSV) 8787 Hall Road Lamont CA 93241 Alternate Location: 1508 Garces Highway Delano	Psychiatry	PRV042683	PRV000002	Yes 01/01/2018
Sanchez, Julius NP-C	Carlos A. Alvarez, MD Inc. 8929 Panama Road Ste. A Lamont CA 93241	Internal Medicine	PRV043081	PRV030784	Yes 01/01/2018
Talreja, Draupadi MD	Comprehensive Blood & Cancer Center 6501 Truxtun Avenue Bakersfield CA 93309	Hematology/Oncology	PRV039870	PRV013881	Yes 01/01/2018
Thomas, Ann NP-C	Clinica Sierra Vista (CSV) 2400 Wible Road Ste. 14 Bakersfield CA 93304	Psychiatry	PRV042681	PRV000002	Yes 01/01/2018
Varela, Brenda NP-C	Kern County Hospital Authority 1111 Columbus Street Bakersfield CA 93306 Alternate Location: 1700 Mt Vernon Avenue 93306	Internal Medicine	PRV012872	ALL KMC	Yes 01/01/2018

Kern Health Systems
Board Approved Effective January 1, 2018

Ynson, Marie MD	Clinica Sierra Vista (CSV) 1305 Bear Mountain Blvd. Arvin CA 93203	Internal Medicine	PRV042686	PRV000002	Yes 01/01/2018
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KERN HEALTH SYSTEMS

Access Monitoring

2017 - Quarter 4

- **After Hours Calls Results**
- **Appointment Availability Survey Results**
- **Geographic Accessibility Analysis**
- **Access Grievance Review**
- **FTE & Provider to Enrollee Ratios**



KERN HEALTH SYSTEMS

AFTER HOURS CALLS RESULTS

2017 - Quarter 4



AFTER HOURS CALLS SURVEY

Q4, 2017



Introduction

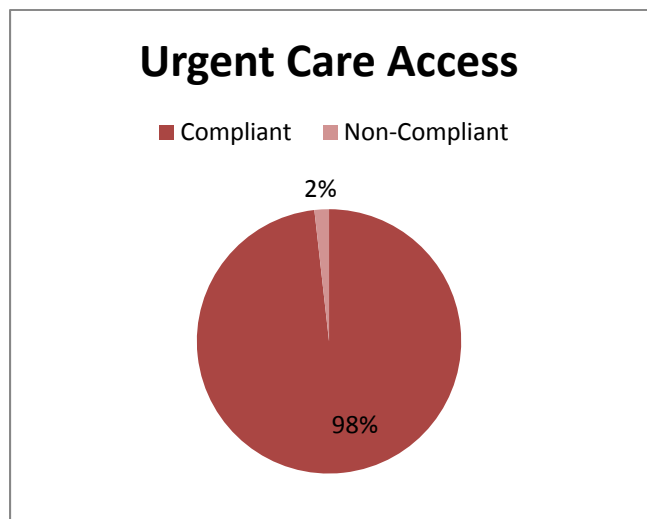
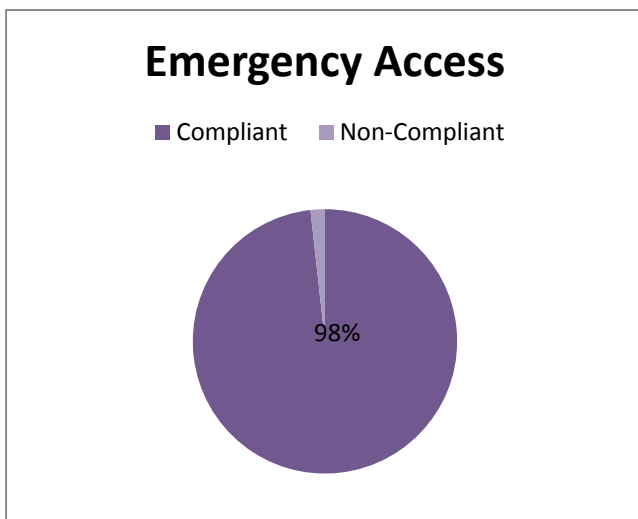
As required by the Department of Managed Health Care (DMHC) Health & Safety Code 1348.8, Kern Health Systems (KHS) uses an after-hours caller program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. KHS policy requires that:

- 1.) Provider's answering machine or answering service must instruct the member to call 911 if the purpose of the call is a medical emergency.
- 2.) For urgent matters, Provider's answering machine must provide an on-call number. If an answering service is used, the member must receive a call back from an on-call member of your office within 30 minutes of call.

Survey was conducted by Health Dialog. Results are to be reported to the KHS QI/UM Committees and to Executive Staff.

Results

113 provider offices were contacted during Q4. Of those offices, 111 were compliant with the Emergency Access Standards and 111 were compliant with the Urgent Care Access Standards.



AFTER HOURS CALLS SURVEY

Q4, 2017



Trending / Follow –Up / Outreach

The Plan reviewed results against past quarters and found that one provider group was found to be out of compliance with the emergency and urgent care access standards for a second quarter in a row (listed below). This provider group will be contacted with phone outreach and coached by the Plan’s Provider Network Analyst. The other noncompliant provider was recorded as an incorrect phone number by the survey vendor and will be reviewed/corrected and included in future after hours surveys.

During Q4 2017, the Plan’s Provider Network Analysts made additional after hours calls and outreach/coaching to the provider groups found out-of-compliance for a second quarter in a row (Q2 and Q3 of 2017). These providers were contacted by KHS, separate from the vendor conducted survey calls. After coaching, after hours survey calls were made to these providers and all were found to be compliant; these providers will continue to be surveyed by the vendor in future after hours surveys.

Q4 2017 Out of Compliance Providers:

Bakersfield Health Services (Emergency Care Access Standard & Urgent Care Access Standard)



APPOINTMENT AVAILABILITY SURVEY RESULTS

2017 - Quarter 4



APPOINTMENT AVAILABILITY SURVEY

Q4, 2017



Introduction

As required by the Department of Health Care Services (DHCS) and Title 28 CCR Section 1300.67.2.2, Kern Health Systems (KHS) uses an appointment availability survey to assess compliance with access standards for Kern Family Health Care (KFHC) Members.

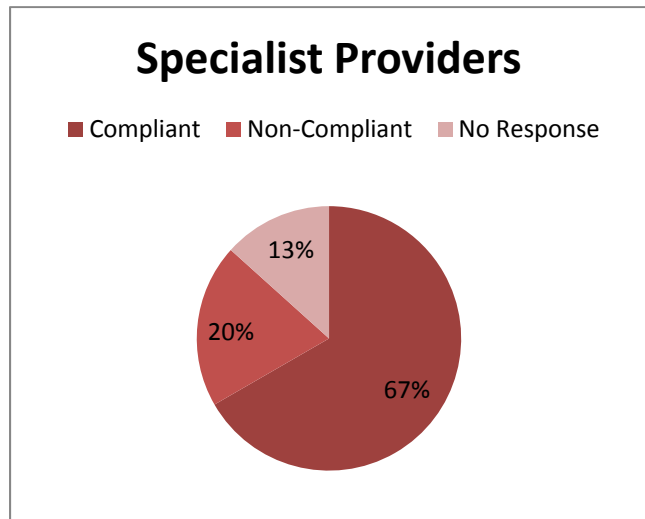
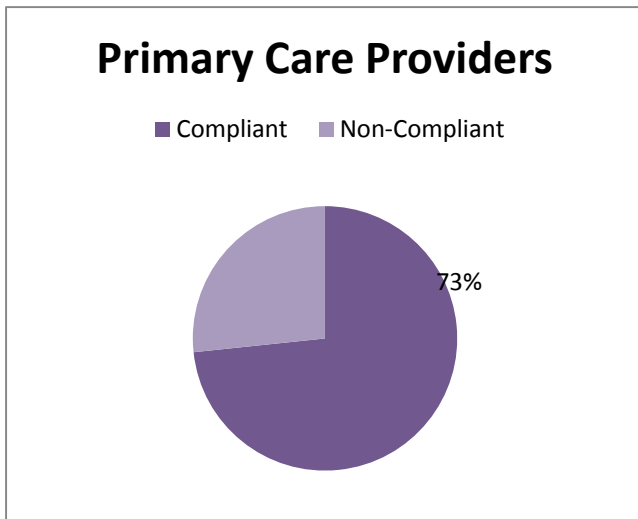
KHS policy and Department regulation require that members must be offered appointments within the following timeframes:

- 1) Non-urgent primary care appointments – within ten (10) business days of request.
- 2) Appointment with a specialist – within 15 business days of request;

The survey was conducted internally by KHS staff and utilized the DHCS survey methodology, basing appointment results on the third available appointment offered. Results are to be reported to the KHS QI/UM Committees and to Executive Staff.

Results

A random sample of 15 primary care provider offices and 15 specialist offices were contacted during Q4 2017. Of the 15 primary care providers surveyed, 11 were compliant with the non-urgent primary care appointment within 10 business day standard and 4 were non-compliant with the standard. Of the 15 specialist providers surveyed, 10 were compliant with the specialist appointment within 15 business day standard, 3 were non-compliant with the standard, and two were non-responsive to the survey.



APPOINTMENT AVAILABILITY SURVEY

Q4, 2017



Follow –Up / Outreach / Training

Notices of non-compliance with applicable policy language were mailed to the 7 non-compliant providers. Providers who were found to be out of compliance or non-responsive this quarter will be included in future appointment availability surveys for further monitoring.

Out of Compliance Providers:

BenEece Davis-Phillips, NP – Clinica Sierra Vista, Family Health Center - (PCP Appointment within 10 days)

Janice Polletta, NP – Adventist Health Community Center – Tehachapi - (PCP Appointment within 10 days)

Jacqueline Uy, MD – Clinica Sierra Vista, Lamont Community Health Center - (PCP Appointment within 10 days)

Chan Park, MD – GMA Healthcare Providers - (PCP Appointment within 10 days)*

Tyson Fieldsted, NP – Richard Alexan-Shirabad, MD Inc - (Specialist Appointment within 15 days)

Chandramahanti Sangeeta, MD – Kern Medical - (Specialist Appointment within 15 days)*

Kim Ng, MD – Comprehensive Blood & Cancer Center - (Specialist Appointment within 15 days)

2017 Retrospective – In Process

The Plan’s Provider Network Analysts have compiled a list of all providers found to be out of compliance during Q1-Q4, of 2017. At the time of non-compliance, these providers were mailed letters notifying them of their non-compliance and informing them of KHS’ applicable policy language. During Q1, 2018 these providers are being contacted to resurvey their compliance with appointment availability standards; these results will be presented in the Q2, 2018 Appointment Availability Survey Results Report.

*Only schedules in-office appointments at this location two days a week.



ACCESS GRIEVANCE REVIEW

2017 - Quarter 3



Access Grievance Review

Q3, 2017



Introduction

On a quarterly basis, KHS' Provider Relations Department reviews all grievances from the previous quarter that were categorized as "Access to Care" or "Difficulty Accessing a Specialist".

During Q3 2017, twenty five (25) grievances were received and reviewed by the KHS grievance committee. In fifteen (15) of the cases no issues were identified and were closed in favor of the plan. The remaining ten (10) cases, were closed in favor of the enrollee; these cases were forwarded to the Plan's Provider Relations Department for further tracking and trending.

Tracking and Trending

During the Q3 Access Grievance Review meeting, the ten (10) cases that were closed in favor of the enrollee were reviewed against all access grievances received in the previous year.

Upon review, it was identified that one (1) of the cases was brought against Plan contracted provider groups who had additional access grievances closed in favor of the enrollee within the past year. KHS outreach to this provider is outlined below.

KHS did not identify any other trends amongst the other provider groups that received access grievances closed in favor of the enrollee in Q3 2017.

KHS Policy/Provider Outreach

The time standards for access to a primary care appointment, specialist appointment, and in-office wait time are outlined in KHS policy 4.30-P *Accessibility Standards*.

The Provider Relations Management team will reach out to the provider identified in the Plans tracking and trending; this provider will be coached on the Plan's policies and procedures in regards to accessibility standards and the Plan will document the meeting in writing with the Provider. The Plan will continue to monitor providers in future access grievance reviews and will take further action as necessary.

*Due to grievance investigation timeframes, moving forward Access Grievances Reviews will be presented in the following quarter (i.e. Q3 grievances reviewed and presented during Q4 Access Monitoring)

Access Grievance Review
Q3, 2017





KERN HEALTH SYSTEMS

GEOGRAPHIC ACCESSIBILITY ANALYSIS

2017 - Quarter 2



Geographic Accessibility Analysis

Q4, 2017



Background

As required by the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS), Kern Health Systems (KHS) is required to maintain time and distance standards for certain provider types.

Per Section 1300.51 (d)(H) of the California Code of Regulations, KHS shall ensure, “all enrollees have a residence or workplace within **thirty (30) minutes or fifteen (15) miles** of a contracting or plan-operated **primary care provider**” as well as “**within thirty (30) minutes or fifteen (15) miles** of a contracting or plan-operated **hospital**”. Further, per Section 1300.67.2.1(b), if “a plan’s standards of accessibility [...] are unreasonable restrictive [...] the plan may propose alternative access standards of accessibility for that portion of its service area.

Per Exhibit A, Attachment 6 of the KHS contract with the DHCS, KHS, “shall maintain a network of **Primary Care Physicians** which are located **within thirty (30) minutes or ten (10) miles** of a member’s residence unless [KHS] has a DHCS-approved alternative time and distance standard.

In May 2016 the DMHC finalized their process and template for requesting alternative access standards as outlined in Section 1300.67.2.1(b), and released them to plans. In November 2016, the DHCS finalized their process/template and stated that all Knox-Keene Act licensed MCPs should submit alternative time and distance standard requests directly to the DMHC, and the departments would review collaboratively. Utilizing the DMHC template per regulatory instruction, KHS proposed alternate access standards for portions of its service area and received DMHC approval of those proposed alternate standards in November 2016. Approval is still pending with the DHCS and in June 2017 KHS was informed the DHCS is currently in the process of reviewing all alternative access standard requests submitted by plans.

These requirements are currently memorialized in KHS policy and procedure 4.30-P *Accessibility Standards*.

As a part of its ongoing monitoring to ensure compliance with state regulation and reasonable geographic access to care for enrollees, in Q3 2017, KHS had an external vendor (Optum) conduct a geographic accessibility analysis.

Geographic Accessibility Analysis

Q4, 2017



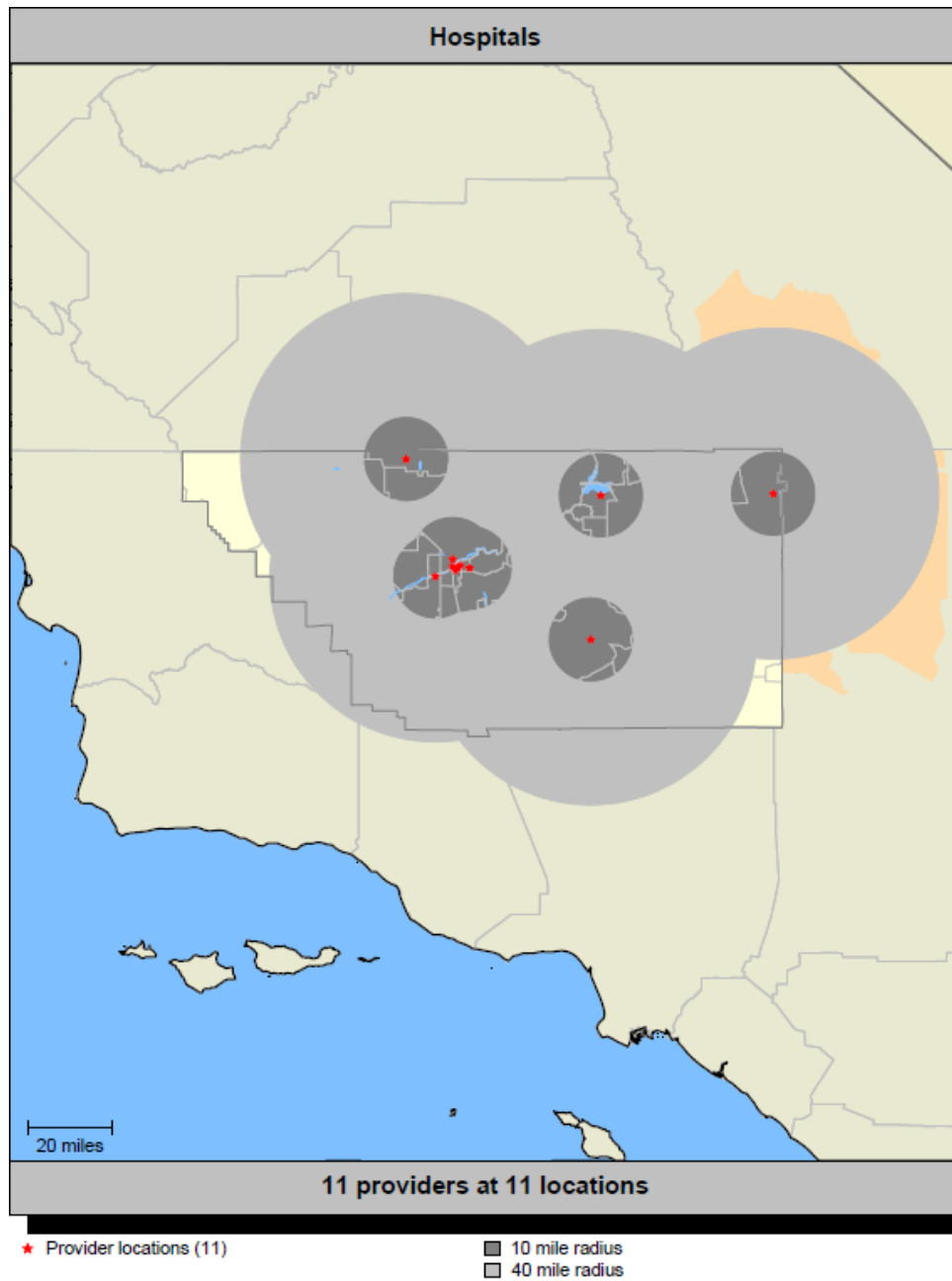
DMHC Approved Alternative Access Standards

Primary Care Provider - Alternative Access Standards		
Zip Code	City	Alternative Standard (miles)
93516	Boron	35
93519	Cantil	35
93528	Johannesburg	30
93249	Lost Hills	40
93252	Maricopa	35
93255	Onyx	30
93524	Edwards	45
Hospital - Alternative Access Standards		
Zip Code	City	Alternative Standard (miles)
93203	Arvin	30
93313	Bakersfield	25
93516	Boron	50
93596	Boron	50
93206	Buttonwillow	40
93504	California City	35
93505	California City	35
93519	Cantil	40
93523	Edwards	45
93524	Edwards	60
93224	Fellows	40
93225	Frazier Park	50
93528	Johannesburg	30
93243	Lebec	50
93249	Lost Hills	60
93252	Maricopa	55
93251	Mc Kittrick	45
93501	Mojave	35
93255	Onyx	35
93222	Pine Mountain Club	40
93560	Rosamond	40
93263	Shafter	30
93268	Taft	40
93276	Tupman	30
93280	Wasco	30
93287	Woody	35

Geographic Accessibility Analysis

Q4, 2017

Results

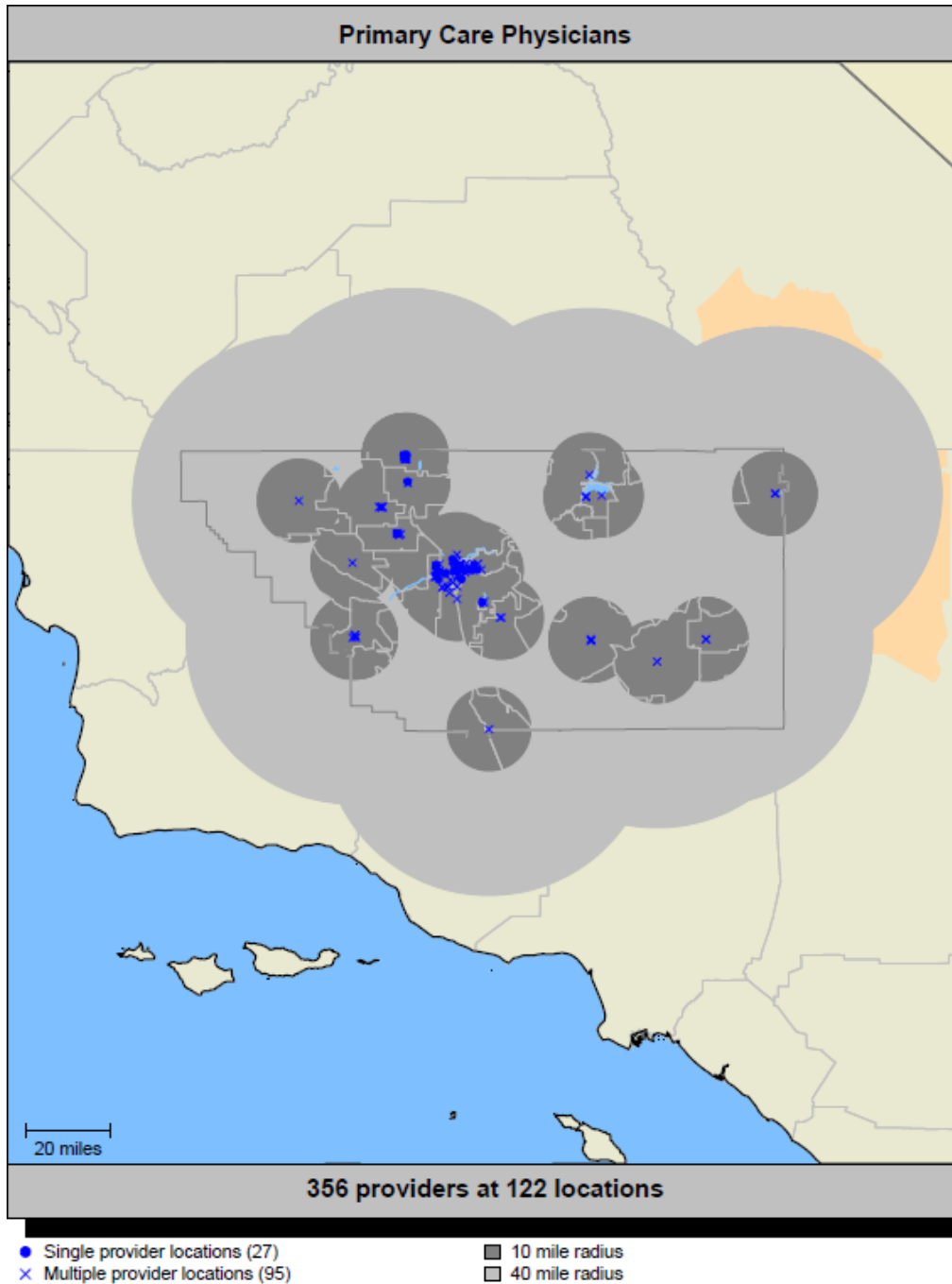


Hospitals

KHS currently maintains DMHC-approved alternative hospital accessibility standards for 26 zip codes within Kern County. The Q3 2017 geographic accessibility analysis found that enrollees in all zip codes within Kern County had access to a hospital within 15 miles, 30 minutes, or an alternate distance standard approved by the DMHC.

Geographic Accessibility Analysis

Q4, 2017

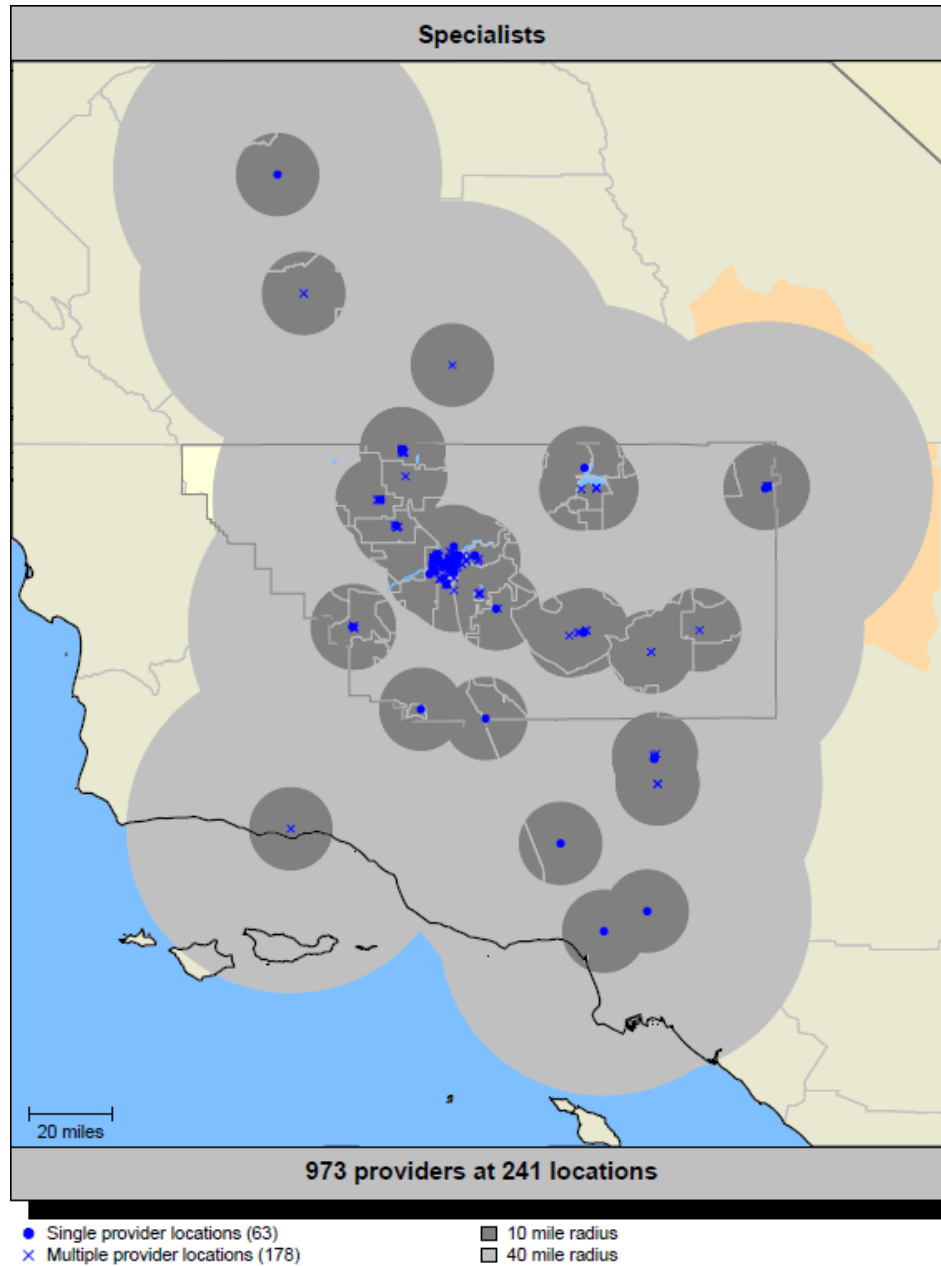


Primary Care Providers

KHS currently maintains DMHC-approved alternative primary care provider accessibility standards for 7 zip codes within Kern County. The Q3 2017 geographic accessibility analysis found that enrollees in all zip codes within Kern County had access to a primary care provider within 10 miles, 30 minutes, or an alternate distance standard approved by the DMHC.

Geographic Accessibility Analysis

Q4, 2017

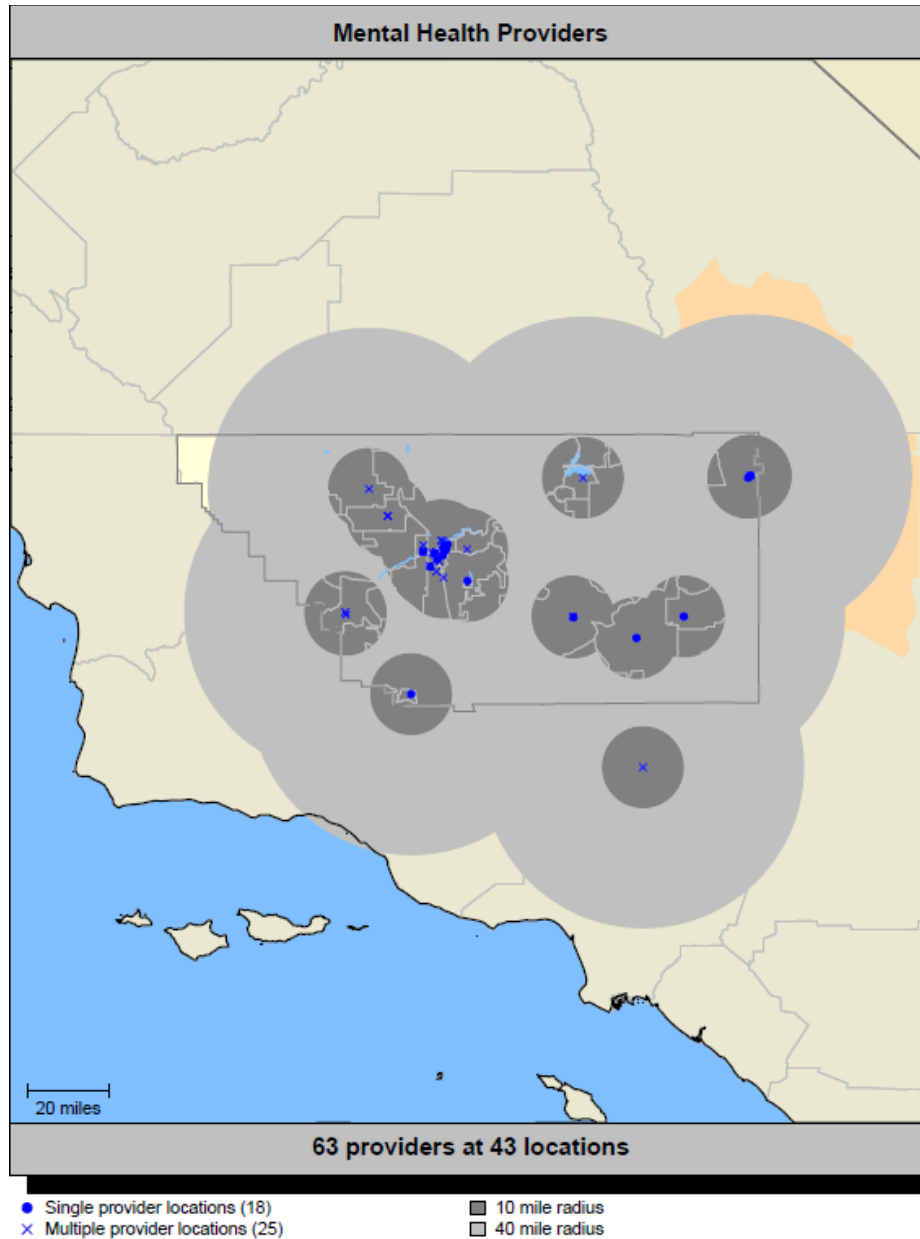


Specialists

Currently, there are no regulatory required standards and KHS does not maintain time or distance standards for accessibility to specialist care. The DHCS is in the process of finalizing new standards for specialist care based on county population. In addition to the Q3 2017 geographic accessibility analysis to specialty care, in Q2 2017, KHS conducted an in-depth geographic accessibility analysis to monitor enrollee access to specific specialty types.

Geographic Accessibility Analysis

Q4, 2017

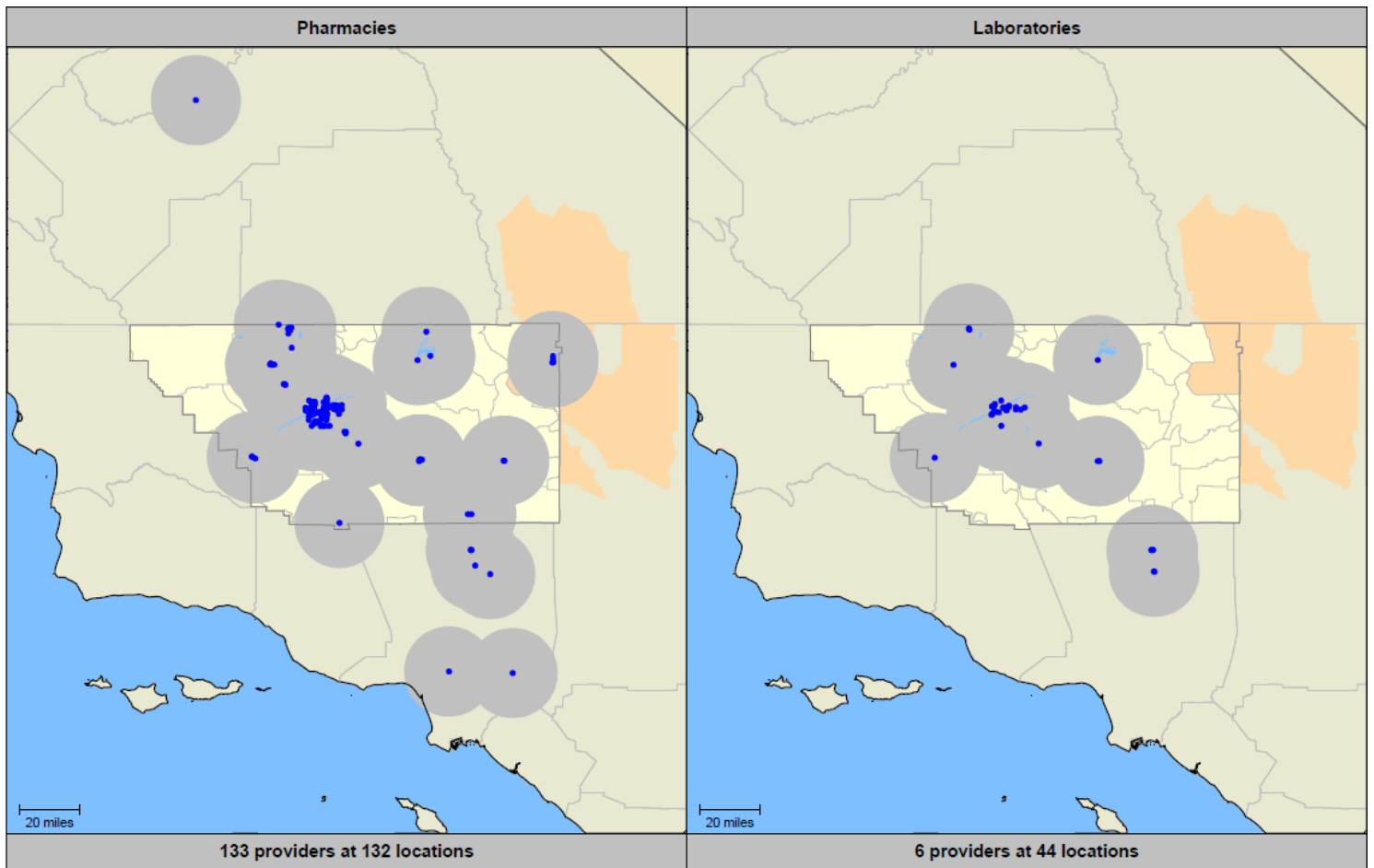


Mental Health Providers

Currently, there are no regulatory required standards and KHS does not maintain time or distance standards for geographic access to mental health providers. The DHCS is in the process of finalizing new standards for mental health providers based on county population. Additionally, KHS utilizes telemedicine to provide mental health services at certain rural locations within the service area that may have not been captured in this analysis.

Geographic Accessibility Analysis

Q4, 2017



Laboratories and Pharmacies

Per Section 1300.51 (d)(H)(iv) of the California Code of Regulations, KHS shall ensure that, “[Ancillary laboratory, pharmacy and similar services and goods dispensed by order or prescription on the primary care provider are available from contracting or plan-operated providers at locations (where enrollees are personally served) within a reasonable distance from the primary care provider. Additionally, DHCS is in the process of finalizing new standards for certain ancillary provider types based on county population.

As there is no established time or distance standard for determining geographic accessibility to laboratory and pharmacy services, KHS utilized a 15 mile radius standard in conducting its analysis. KHS found that though there are geographic areas in which enrollees would have to travel farther than the 15 mile standard, these areas were the same in which KHS has DMHC-approved alternative access standards for primary care providers and hospitals.

Geographic Accessibility Analysis

Q4, 2017



Conclusions

Based on the results of the Q3 2017 geographic accessibility analysis, KHS found that enrollees throughout the county have reasonable geographic access to care and services. The analysis found that all KHS enrollees have access to a Primary Care Provider or Hospital within the regulatory required standard, or an approved alternative standard. For provider types in which regulatory agencies, nor KHS, currently maintain a geographic access standard, the analysis assisted in monitoring distance and time access to those services for enrollees. For ancillary services such as pharmacies and laboratories, KHS found that while there is limited geographic access to these services in certain regions of KHS' service area, these are the same regions in which KHS maintain alternative access standards for PCP and Hospital care; based on these alternative standards, KHS found the access to pharmacy and laboratory services in these regions reasonable.

Though currently the DHCS only maintains standards for access to a Primary Care Physician, the DHCS is in the process of updating and expanding on geographic access standards for other provider types. Upon completion and release of the updated standards, KHS will update applicable internal policies and procedures and monitoring processes to ensure compliance with regulatory requirements, and ensure access to services and care for our enrollees.



KERN HEALTH SYSTEMS

FULL TIME EQUIVALENCY (FTE) & PROVIDER TO ENROLLEE RATIOS

2017 – Quarter 4



FTE & PROVIDER TO ENROLLEE RATIOS

Q4, 2017

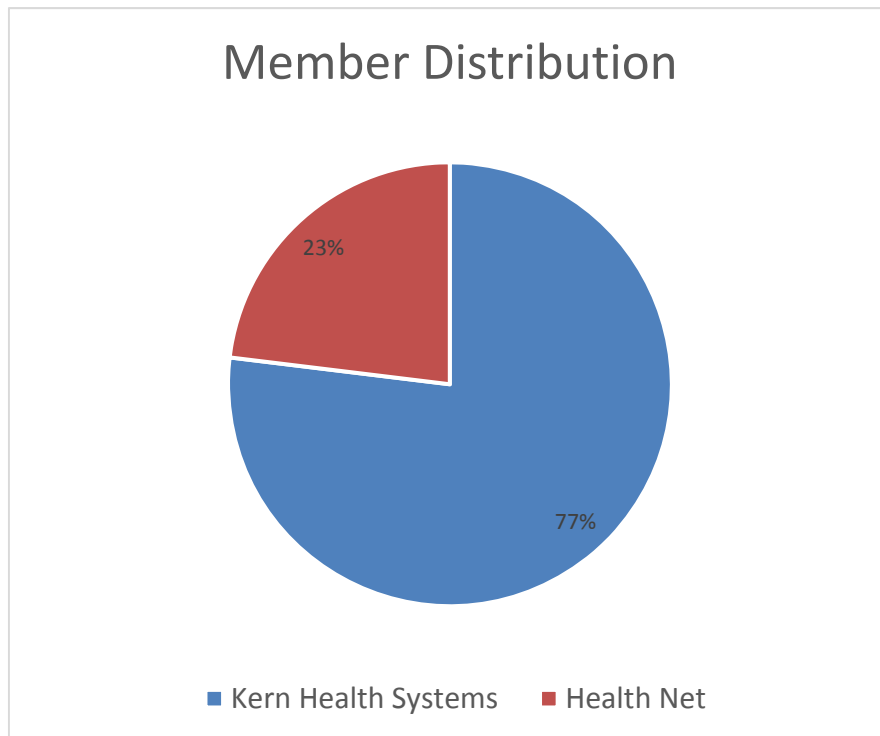


Introduction

Per CCR § 1300.67.2, Kern Health Systems shall maintain, “at least one full-time equivalent physician to each one thousand two hundred (1,200) enrollees and [...] approximately one full-time equivalent primary care physician for each two thousand (2,000) enrollees.” Per KHS policy, 4.30-P *Accessibility Standards*, §4.5 Full-time equivalent (FTE) Provider to Member Ratios, “Full-time equivalency shall be determined by percentage of members assigned to the two Medi-Cal managed care plans in Kern County. For example, if KHS has 80% of the Medi-Cal managed care members in Kern County, the PCP FTE assumption to calculate the PCP to member ratio will be 80% FTE of all PCPs in the network.”

Member Distribution

As of Q4 2017, 321,869 Medi-Cal members were distributed amongst the two Kern County Medi-Cal managed care plans (Kern Health Systems, Health Net). Of those members, 247,623 (**76.93%**) were enrolled under Kern Health Systems, and 74,246 (**23.07%**) under Health Net.



FTE & PROVIDER TO ENROLLEE RATIOS

Q4, 2017



Full Time Equivalency Compliance Calculations

Of KHS' 247,623 membership, 7,982 were assigned and managed by Kaiser and did not access services through KHS' network of contracted providers; due to this, Kaiser managed membership is not considered when calculating FTE compliance.

As of Q4 2017, the plan was contracted with 361 Primary Care Providers, a combination of 203 physicians and 158 mid-levels. Based on the FTE calculation process outlined above, with a 76.93% membership distribution amongst Kern Medi-Cal members, KHS maintains a total of 216.94 FTE PCPs. With a member enrollment of 239,641 utilizing KHS contracted providers, KHS currently maintains a ratio of 1 FTE PCP to every 1,104.63 members; KHS is compliant with state regulations and Plan policy.

As of Q4 2017, the plan was contracted with 935 Physicians. Based on the FTE calculation process outlined above, with a 76.93% membership distribution amongst Kern Medi-Cal members, KHS a total of 719.30 FTE Physicians. With a total membership assignment of 239,641, KHS currently maintains a ratio of 1 FTE Physician to every 333.16 members; KHS is compliant with state regulations and Plan policy.

KERN HEALTH SYSTEMS
DISEASE MANAGEMENT DEPARTMENT QUARTERLY REPORT

Report Date: January 11, 2018

Reporting Period: October 1, 2017 – December 31, 2017

DISEASE MANAGEMENT DEPARTMENT OVERVIEW:

Disease Management is a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant variables in achievement of desirable outcomes. Disease Management supports the physician or practitioner/member relationship and plan of care; emphasizes prevention of exacerbations and complications utilizing evidence-based practice guidelines, and member empowerment strategies, and; evaluates clinical, humanistic, and economic outcomes.

The Disease Management Department performs assessments, coordinates care, monitors and evaluates medical services for members with an emphasis on quality of care, continuity of services, and cost-effectiveness. The three program areas of the Disease Management Department are Diabetes and Hypertension, Asthma and High Risk Pregnancies.

Disease Management Department Staffing:

Position	Quantity
Disease Management RN	3
Disease Management SSC's	4

Case Manager RN Caseload:

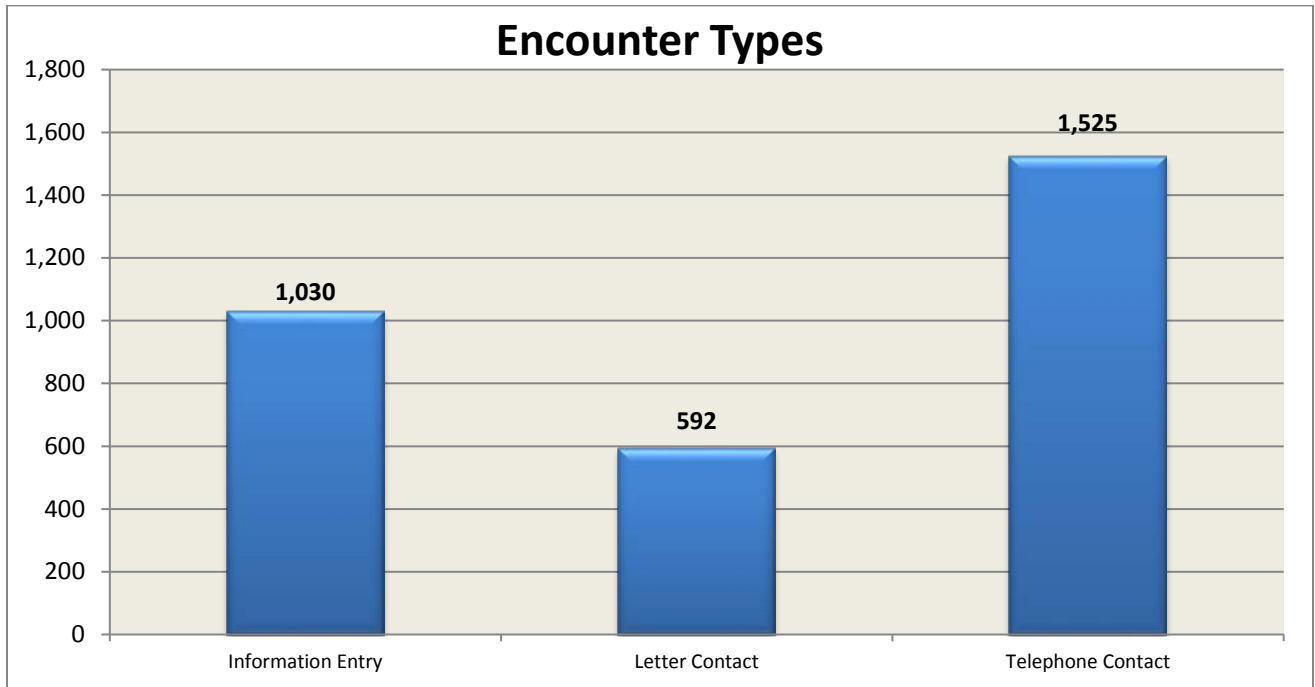
Staff	Caseload
RN 1	92
RN 2	119
RN 3	181
RN 4 (Vacant)	0
TOTAL	392

DM Program Caseload:

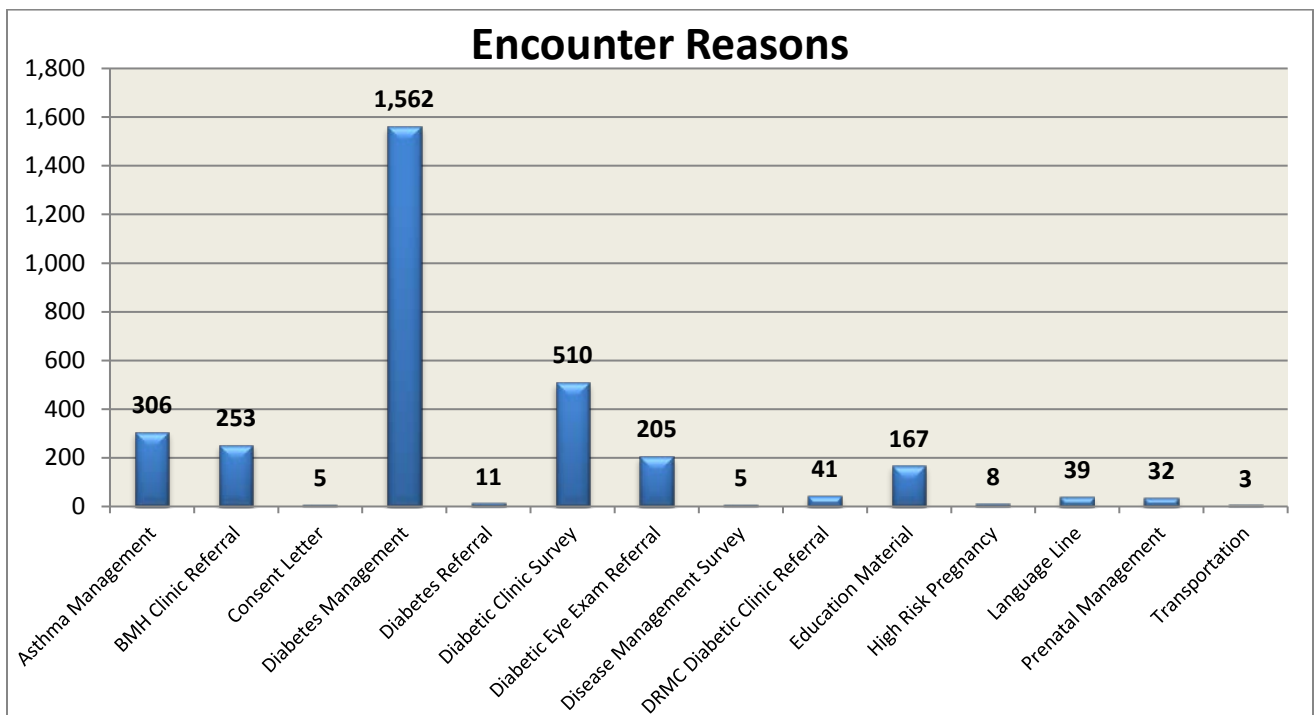
DM Program	Caseload
Asthma	91
Diabetes and Hypertension	294
High Risk Pregnancy	7
TOTAL	392

Encounters:

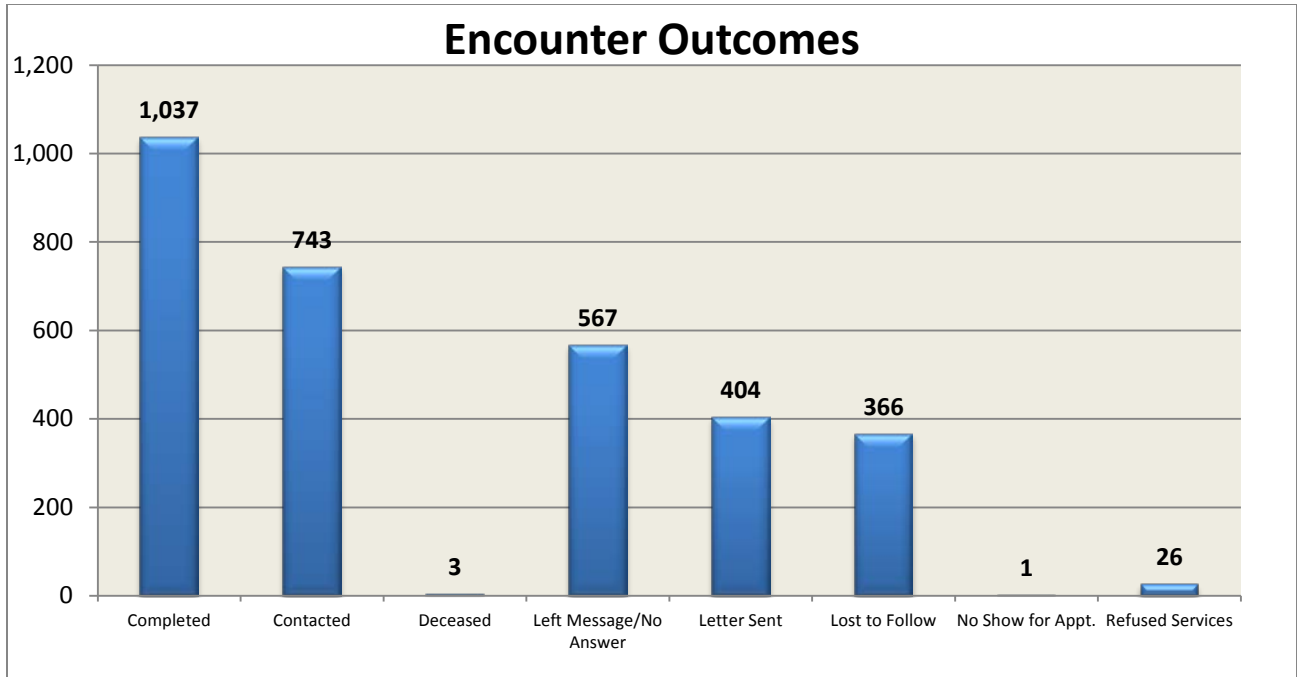
There were a total of 3,147 encounters submitted during this quarter for 1,525 KFHC members and the majority of the encounter types were listed as a Telephone Contact at 48%.



The majority of the encounter reasons at 50% was listed as Diabetes Management.

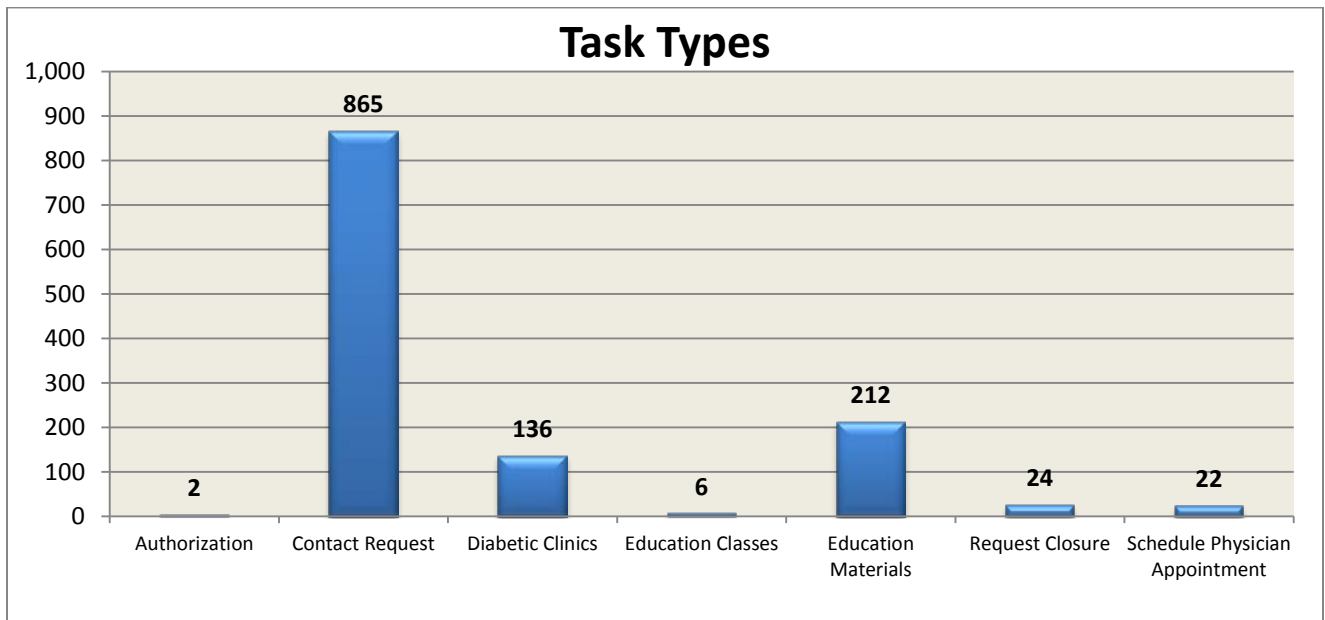


The majority of the encounter outcomes at 33% are listed as completed.

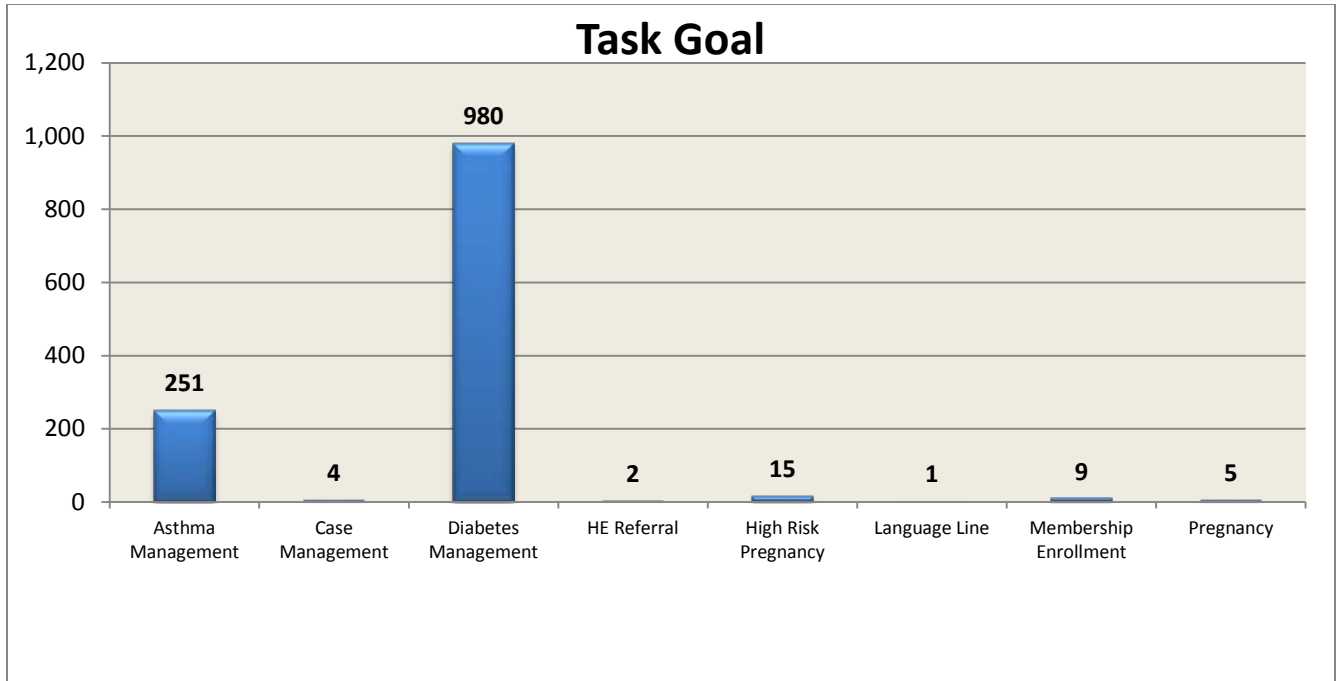


Tasks:

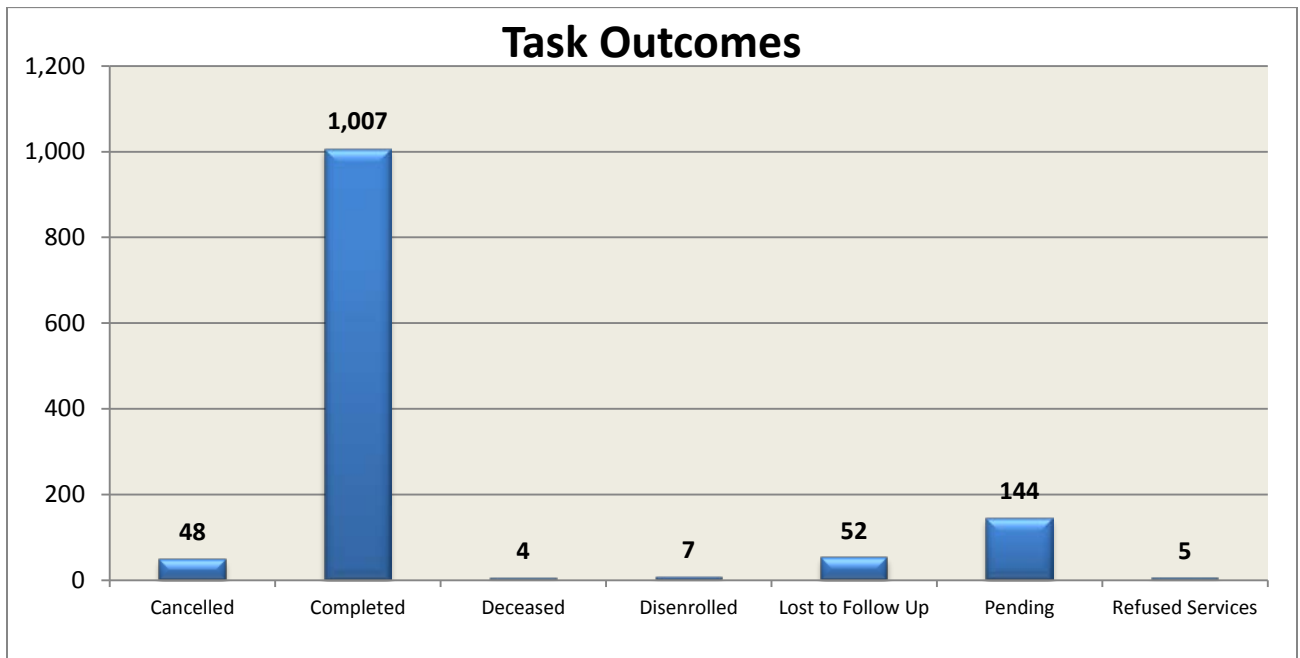
There were a total of 1,267 tasks assigned to the Disease Management department during the quarter for 675 KFHC members. The majority of Task Types were Contact Request at 68%.



The majority of task goals at 77% was listed as Diabetes Management.

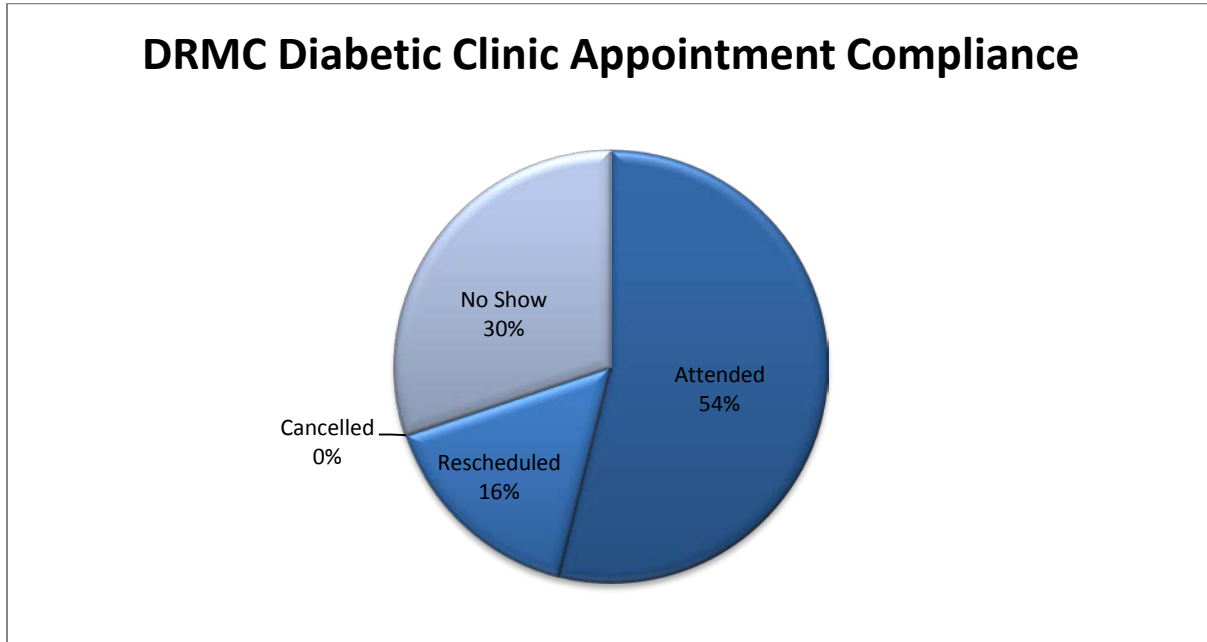


The majority of the task outcomes at 79% are completed.



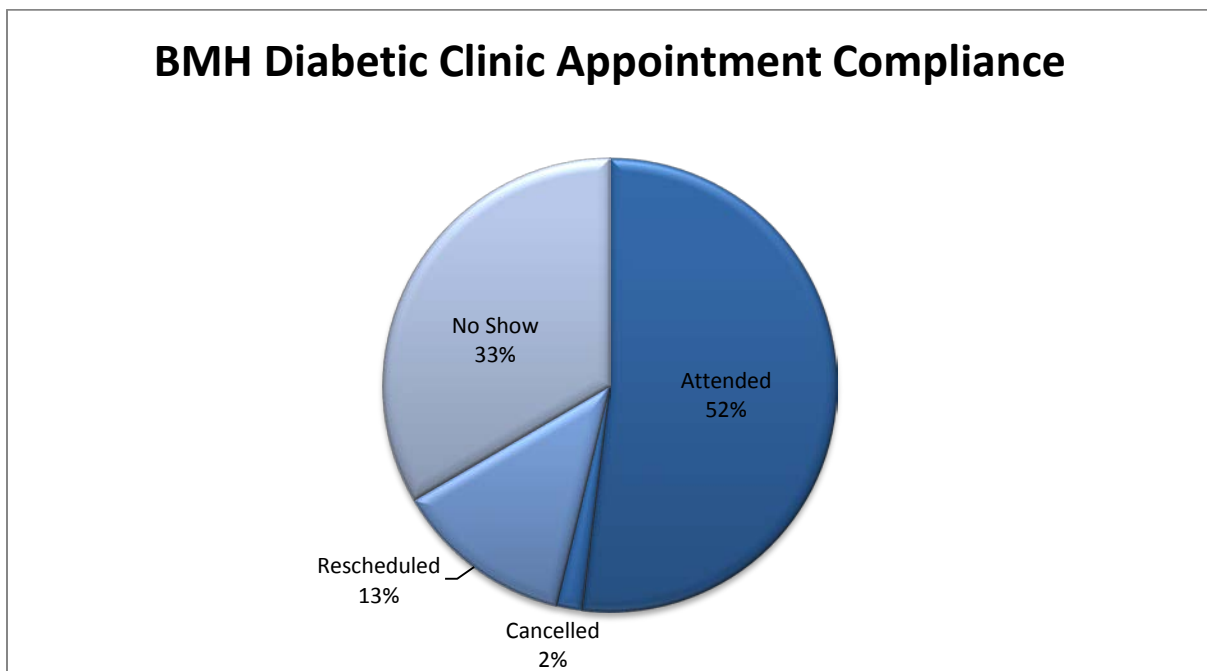
Delano Regional Medical Center (DRMC) Diabetic Clinic

Appointment compliance at the DRMC Diabetic Clinic revealed 54% of members attended their scheduled appointment.



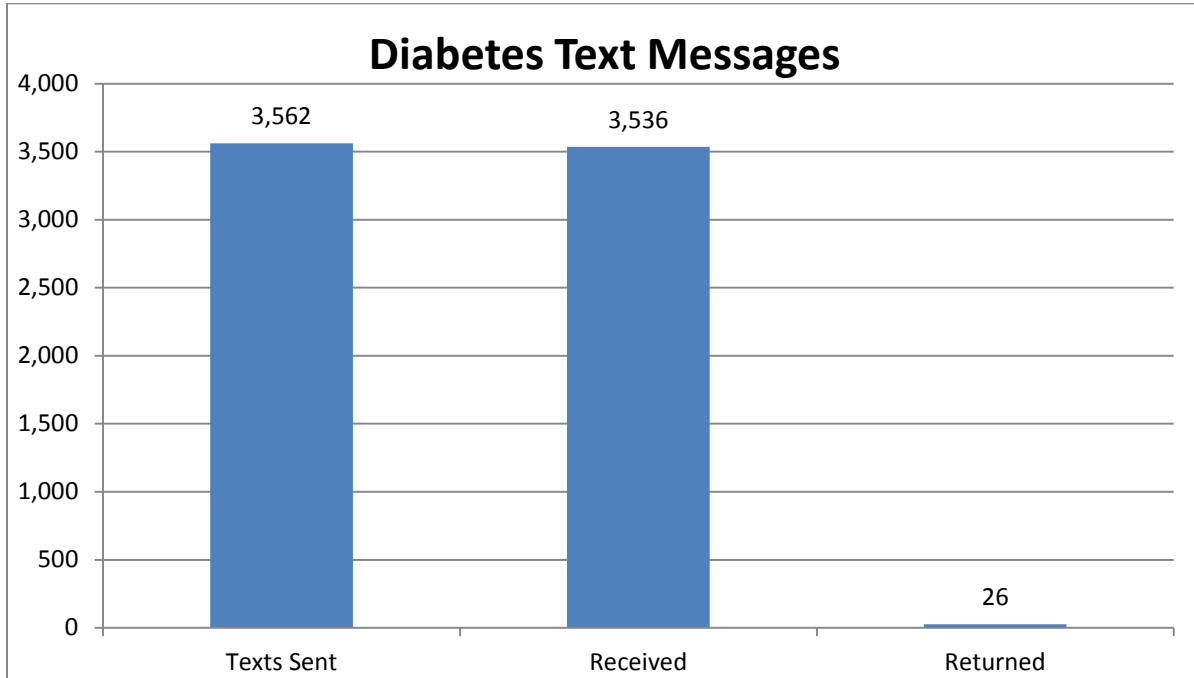
Bakersfield Memorial Hospital (BMH) Diabetic Clinic

Appointment compliance at the BMH Diabetic Clinic revealed 52% of members attended their scheduled appointment.



Diabetes Text Messaging Program

Thirteen diabetes related text messages, totaling 3,562 were sent to members during this quarter. 99.3% of those messages were successfully received by the members.



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017

Report Date: January 18, 2018

OVERVIEW

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

- School Wellness Grant and Internship Programs
- Winter Member Newsletter
- Evaluation of Health Education Workshop Incentives and Member Focus Groups
- Evaluation of Member Incentive Programs New KFHC Healthy Eating and Active Lifestyle Workshop
- Expansion of Video Remote Interpreting Service Pilot

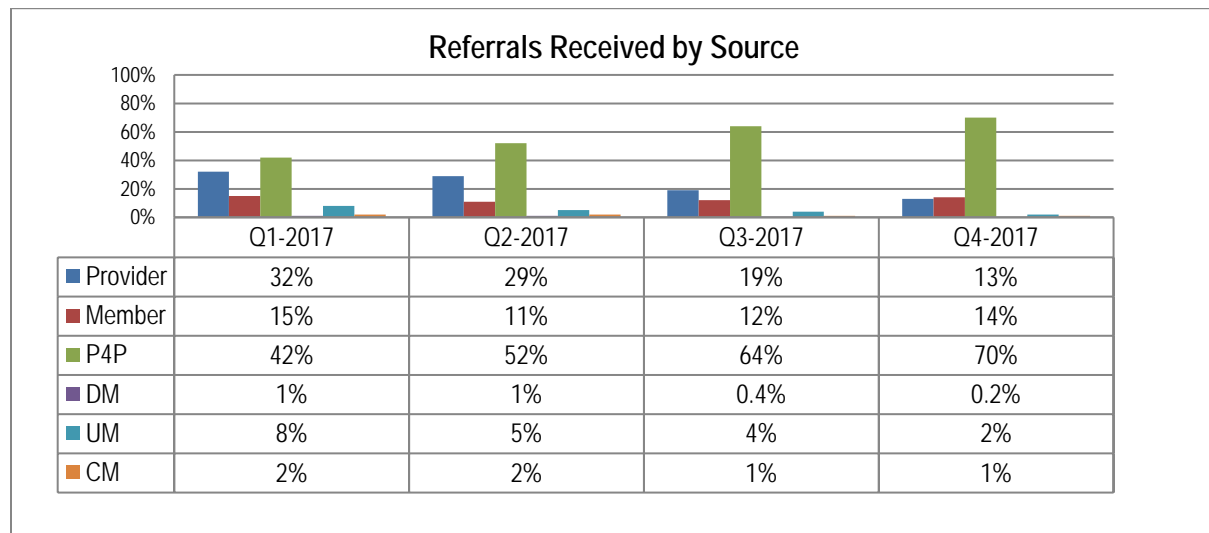
The following pages reflect statistical measurements for the Health Education department detailing the ongoing activity for 4th quarter 2017.

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

**KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017**

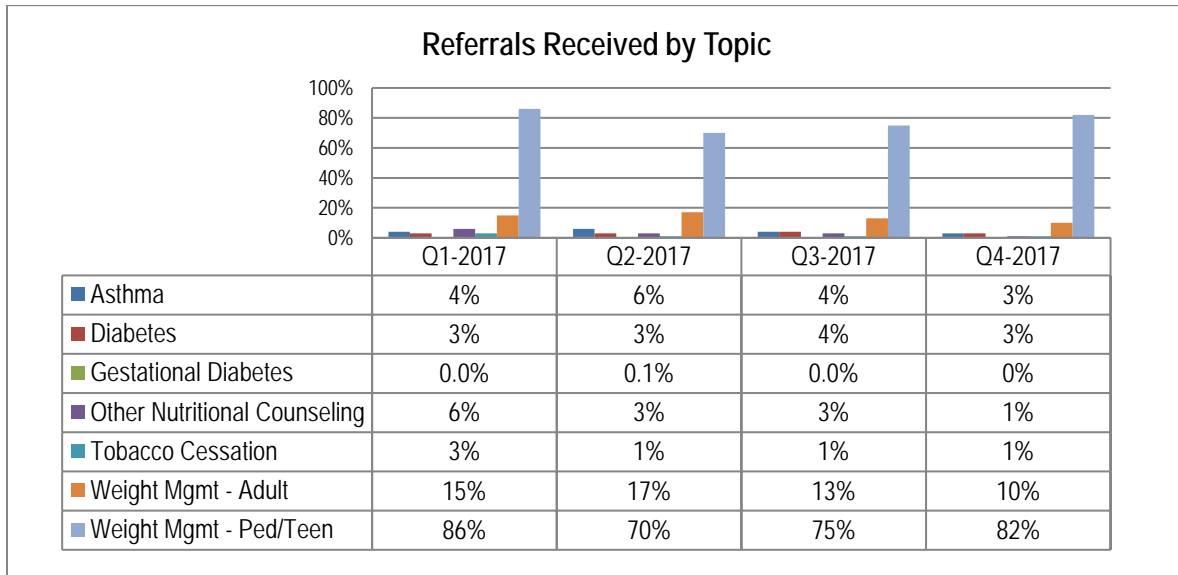
REFERRALS FOR HEALTH EDUCATION SERVICES

The Health Education Department (HE) receives referrals from various sources. Internal referrals are received from the Kern Health Systems (KHS) Utilization Management Department (UM), the Disease Management Department (DM), Case Management (CM), and the Provider Pay for Performance Program (P4P). Externally, KHS providers submit referrals for health education services according to the member's diagnosis. Kern Family Health Care (KFHC) members can also self-refer for health education services.

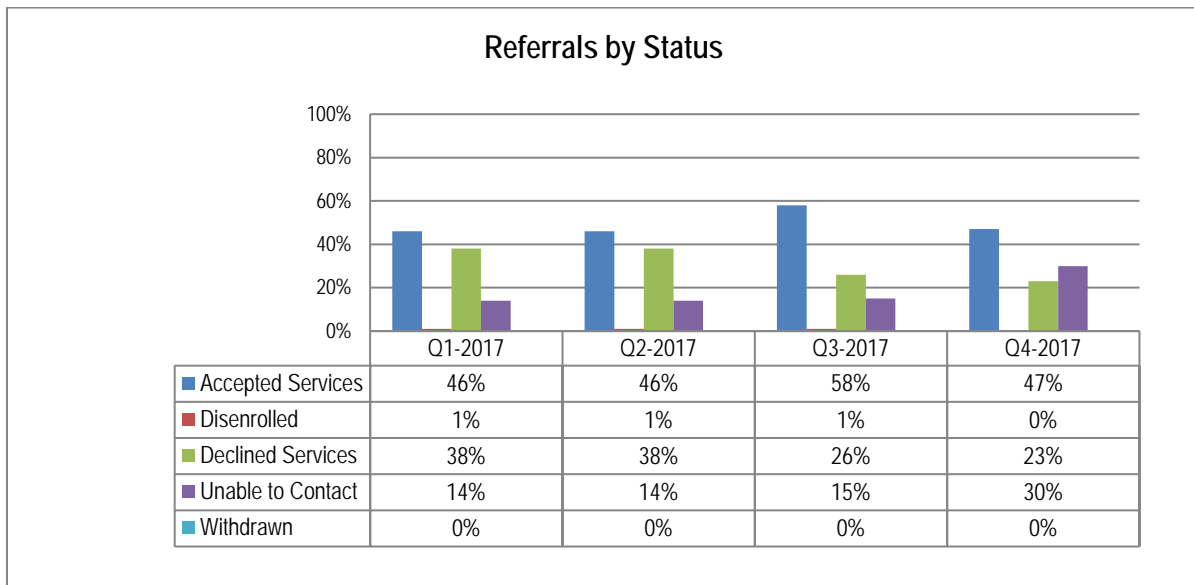


During this quarter, 1,071 referrals were received which is a 43% decrease in comparison to the previous quarter. This decrease is attributed to a decline in provider requests for health education services.

**KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017**



The HE department receives referrals for various health conditions. Weight management education continues to be the most requested service for members. It accounted for 92% of all referrals received in the 4th Quarter of 2017.



The rate of members who accepted to receive health education services decreased from 58% in the 3rd quarter to 47% in the 4th quarter in 2017.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017

Member reasons for declining health education services were also collected. During this quarter, the top 3 reasons for referral refusal were due to the following:

1. The member prefers to be mailed educational material.
2. The member is not interested in the services.
3. Member received previous education.

HEALTH EDUCATION SERVICE PROVIDERS

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

Kern Family Health Care (KFHC):

- Healthy Eating and Active Lifestyle Workshop
- Breathe Well Asthma Workshop

Bakersfield Memorial Hospital (BMH):

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

Community Wellness Program (CWP):

- In-home or group setting for Asthma, Diabetes, Nutrition or Stroke Prevention Education
- Freedom from Smoking Program

Clinica Sierra Vista (CSV) WIC:

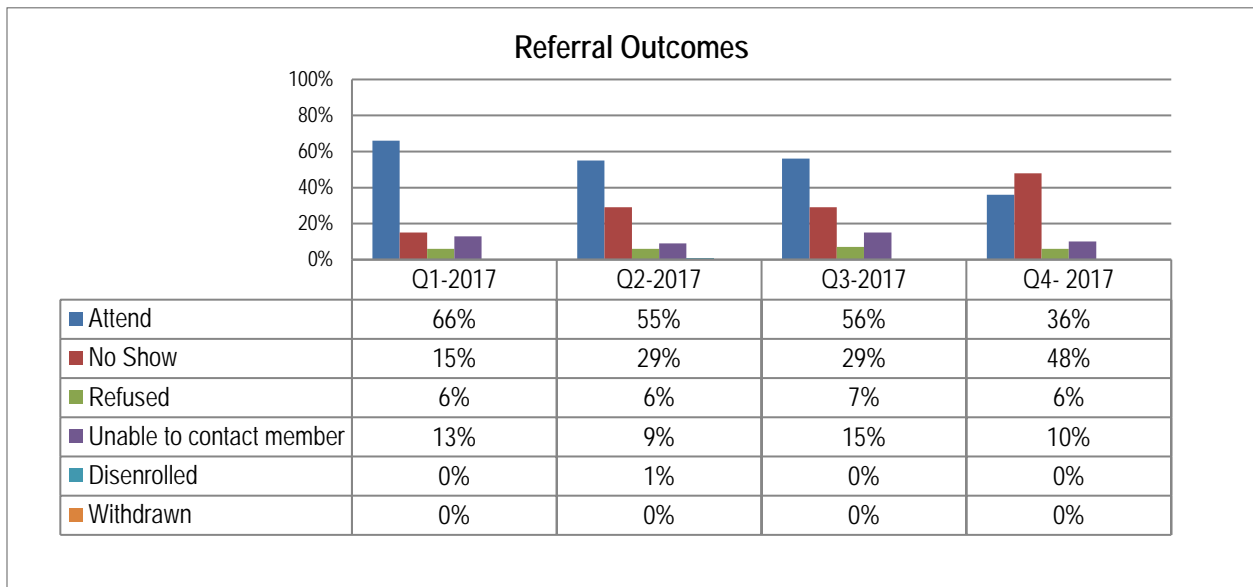
- Diabetes Management Classes
- Heart Healthy Classes

California Smokers' Helpline (CSH):

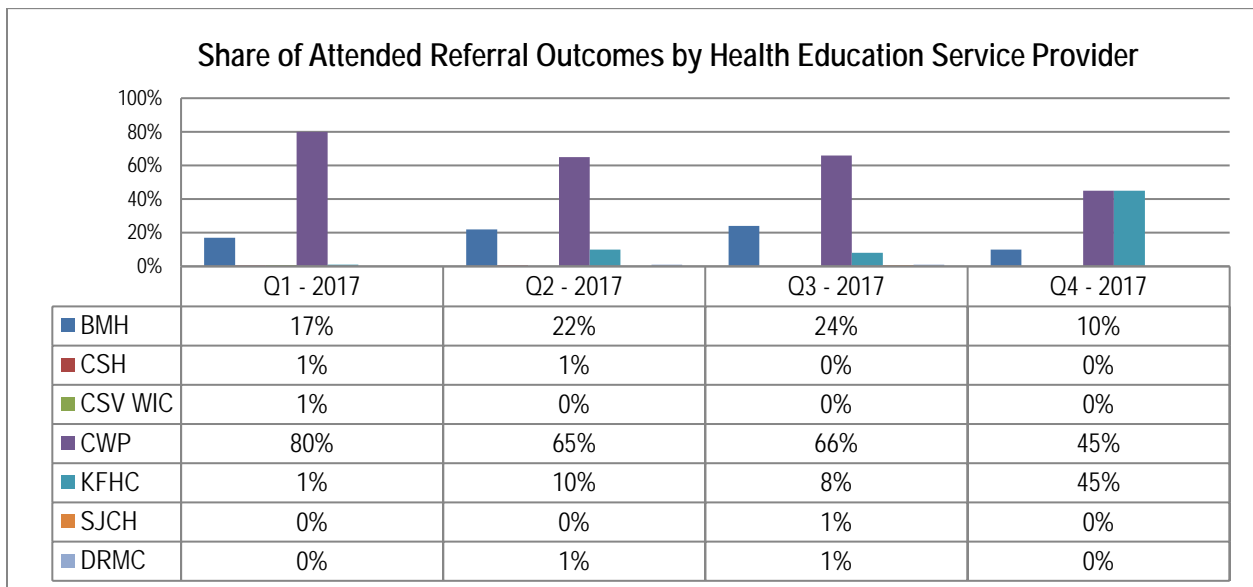
- Telephone Smoking Cessation Counseling

**KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017**

REFERRAL OUTCOMES



During this quarter, the rate of members who attended or received health education services out of all members who accepted services decreased from a 56% to a 36%.

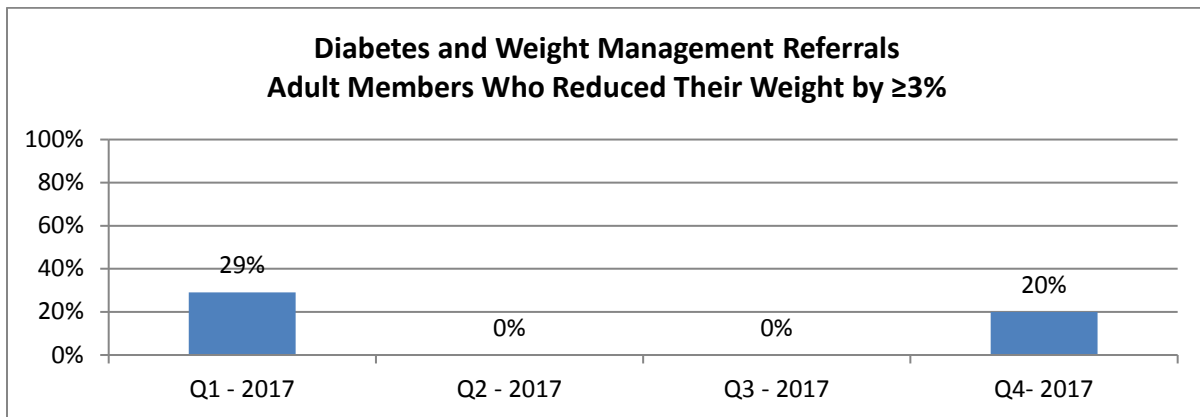


Services through CWP continue to account for the largest share of referral outcomes. This quarter KFHC and CWP's share in percentage for attending service both showing 45%.

**KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017**

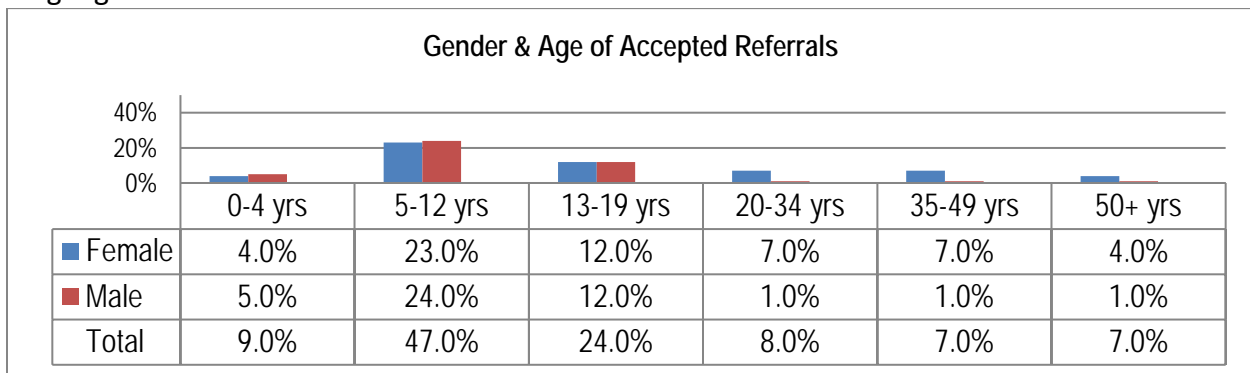
Effectiveness of Health Education Services

To evaluate the effectiveness of the diabetes and weight management health education services provided to members, a 3-month follow up call was conducted on members who received services during the prior quarter. The Health Education department was in the process of revising the evaluation metrics for its health education services which resulted in no follow up calls performed in the 2nd or 3rd quarter.. The Health Education department resumed the 3-month follow up calls in December and found 20% of members had reduced their weight by 3% or greater.



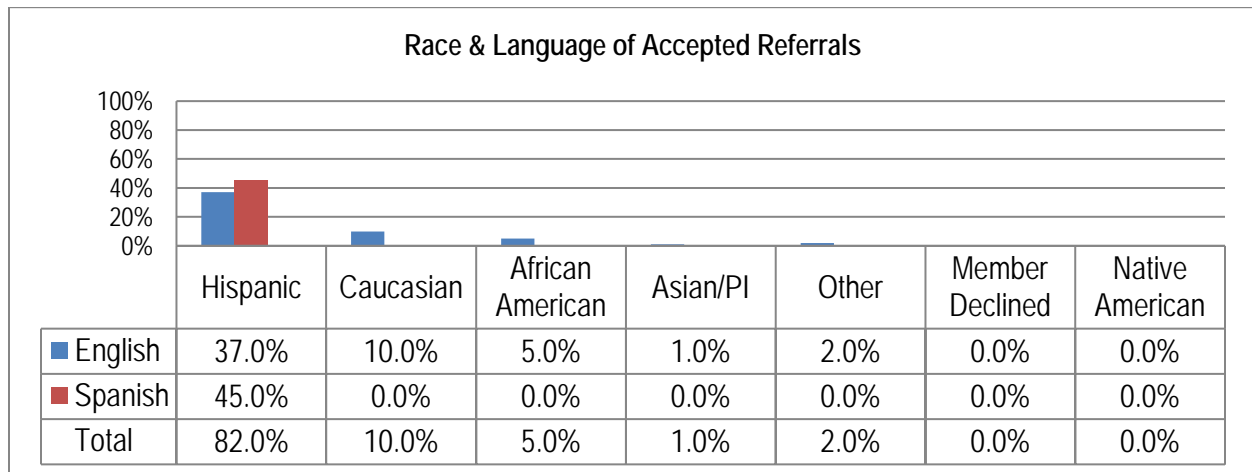
Demographics of Members Served

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



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

**KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017**



A breakdown of member classifications by race and language preferences revealed that 45% of members who accepted services are Hispanic and prefer to speak Spanish.

Referrals Accepted by Top Bakersfield Zip Codes			
Q1 - 2017	Q2-2017	Q3-2017	Q4-2017
93306	93307	93307	93307
93307	93306	93306	93306
93304	93305	93304	93305
93305	93304	93301	93304
93301	93308	93305	93309

KHS serves members in the Kern County area. During this quarter, 73% of the members who accepted services reside in Bakersfield and the highest concentration of members were in the 93307 area.

Referrals Accepted by Top Outlying Areas			
Q1 - 2017	Q2-2017	Q3-2017	Q4-2017
Delano	Delano	Delano	Delano
Shafter	Shafter	Wasco	Lamont
Wasco	Wasco	Shafter	Shafter
Lamont	McFarland	Taft	Arvin
Arvin	Arvin	McFarland	McFarland
	Taft		Wasco

Additionally, 27% of the members who accepted services reside in the outlying areas of Kern County and the highest concentration of members continue to be in Delano.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017

Health Education Mailings

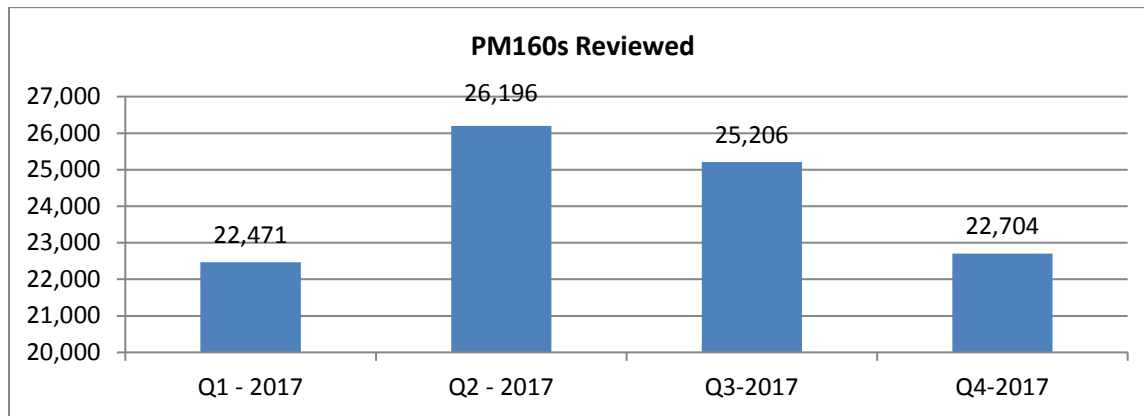
In addition to referrals, the HE department mails out a variety of educational material in an effort to assist members with gaining knowledge on their specific diagnosis or health concern. During this quarter, the HE department mailed 14,574 educational packets to members on the following health topics:

Educational Mailings				
	Q1-2017	Q2-2017	Q3-2017	Q4-2017
Anemia	147	1	0	0
Asthma	84	52	36	31
High Cholesterol	24	8	4	6
Diabetes	31	33	25	15
Gestational Diabetes	0	0	1	0
High Blood Pressure	48	28	19	20
Nutrition	0	0	0	0
COPD	0	1	0	0
Postpartum Care	666	300	953	408
Prenatal Care	354	73	241	254
Smoking Cessation	32	18	22	10,199
Weight Management	2111	1497	1472	893
Postpartum Incentive	513	0	0	275
WIC	0	0	0	2473
Total	4010	2011	2773	14,574

PM160 PROCESSING

KHS Primary Care Providers (PCP) are required to document pediatric preventive care services on a PM160 and submit these forms to KHS. On a daily basis, the HE department reviews these forms to evaluate for possible health education interventions.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017



INTERPRETER REQUESTS

Face-to-Face Interpreter Requests

During this quarter, there were 49 requests for face-to-face interpreting services received. KHS employs qualified staff interpreters in Spanish and contracts with the interpreting vendor, CommGap. The majority of these requests were for a Spanish interpreter.

Top Languages Requested	
Q4-2017	
Spanish	
Arabic	
Cambodian	

Telephonic Interpreter Requests

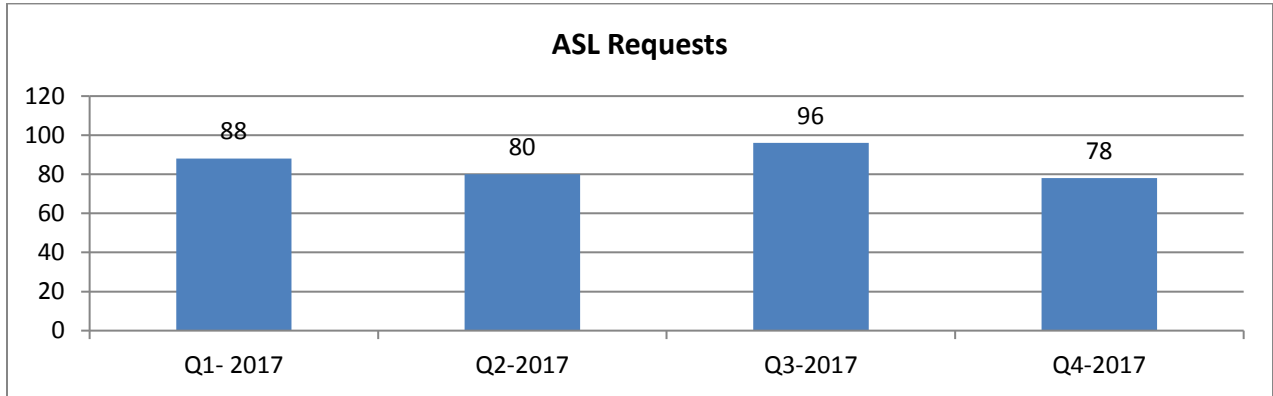
During this quarter, there were 494 requests for telephonic interpreting services through KHS' interpreting vendor, Language Line Solutions. The majority of these requests were for a Spanish interpreter.

Top Languages Requested			
Q1 - 2017	Q2-2017	Q3-2017	Q4-2017
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic
Vietnamese	Tagalog	Tagalog	Tagalog
Tagalog	Mandarin	Vietnamese	Vietnamese

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017

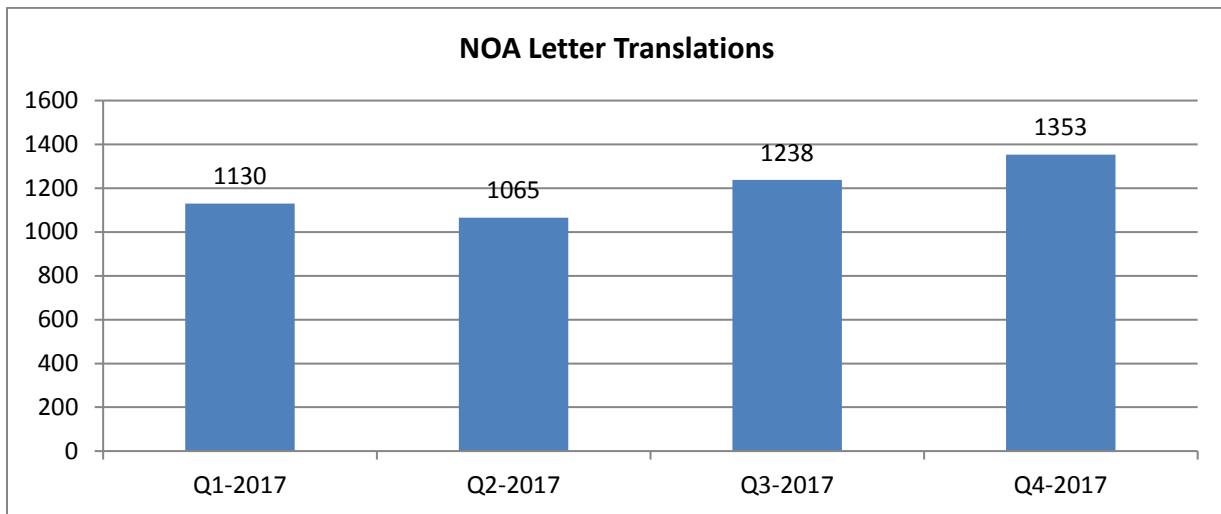
American Sign Language (ASL) Requests

During this quarter, there were a total of 78 requests received for an American Sign Language interpreter, which was a decrease in comparison to the previous quarter.



DOCUMENT TRANSLATIONS

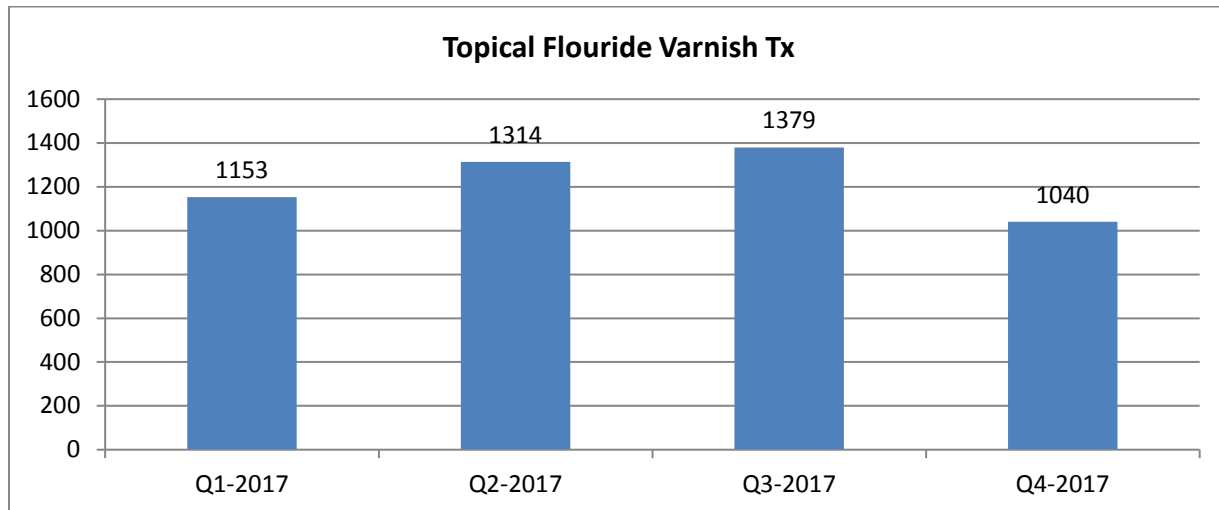
The Health Education department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 1,353 Notice of Action letters were translated into Spanish for the UM and Pharmacy departments.



KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017

TOPICAL FLUORIDE VARNISH TREATMENTS

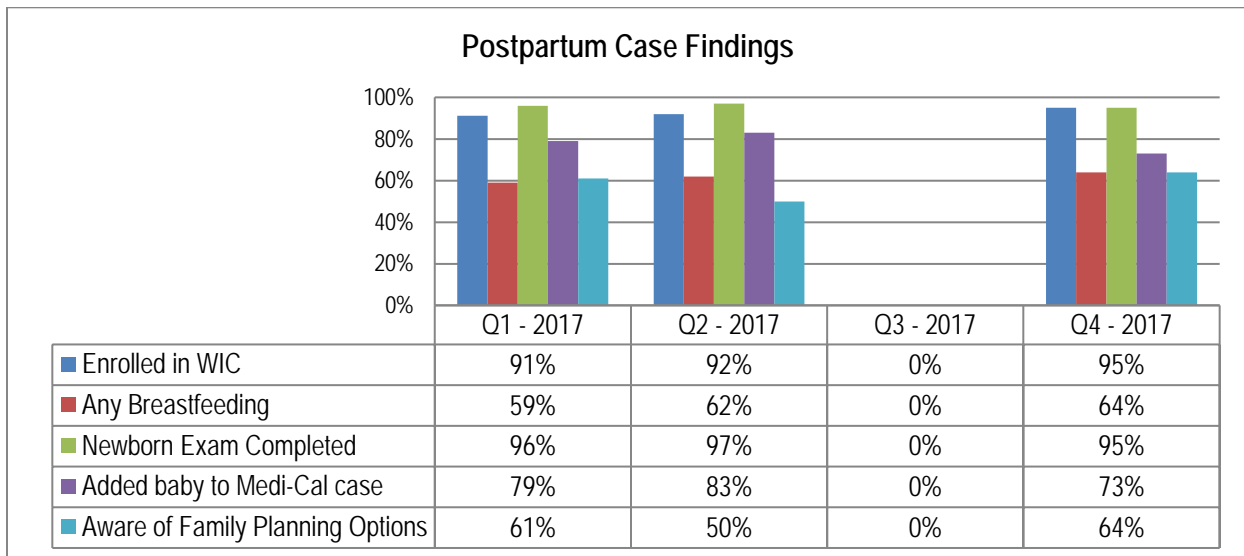
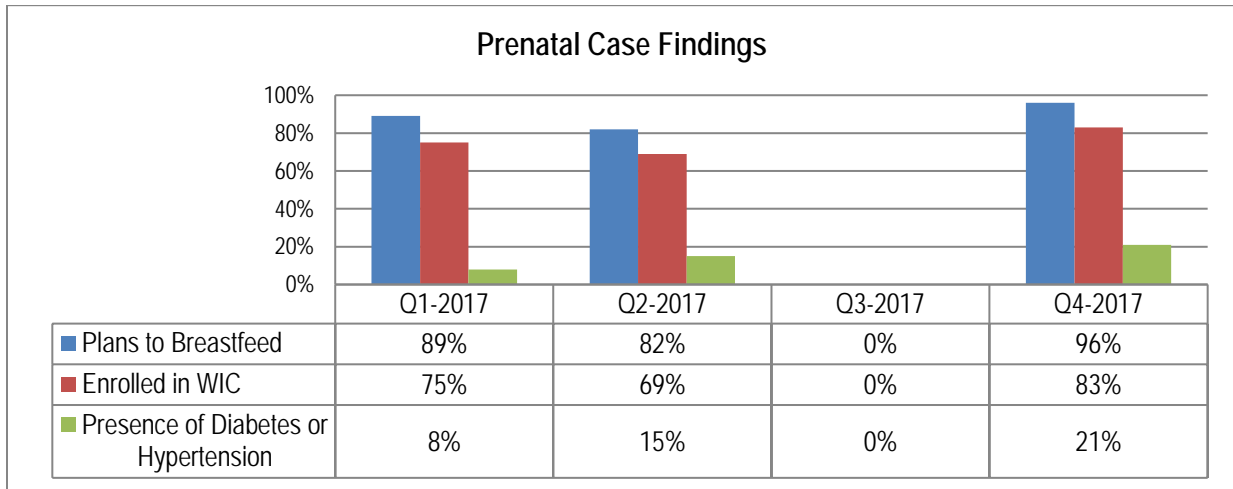
Fluoride varnish treatments are effective in preventing tooth decay and more practical and safer to use with young children. KHS covers up to three topical fluoride varnish treatments in a 12-month period for all members younger than 6 years.



OB CASE MANAGEMENT PROJECT

The HE department performs outreach education calls to all members identified as being pregnant or postpartum and meet specific criteria. During the 3rd quarter no calls were made to OB case management members due to pending program revisions. However, educational materials were mailed out to members. The prenatal and postpartum outreach education calls resumed in the 4th quarter and targeted minors (under the age of 18 years) and 1st trimester pregnancies.

**KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017**



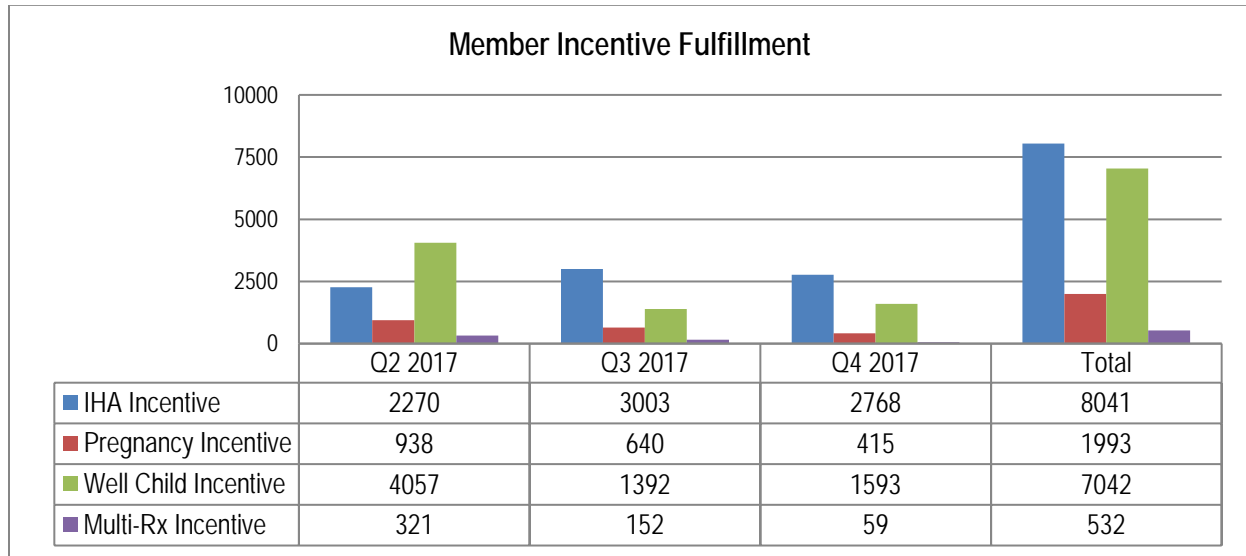
MEMBER WELLNESS AND CHRONIC CONDITION BASED INCENTIVES

During the 4th quarter of 2017, KHS continued to offer three wellness based incentives and one chronic condition based incentive for members.

- **Initial Health Assessment (IHA)** – newly enrolled members who complete the IHA visit within 120 days of enrollment are mailed a first aid kit. There is a limit of one incentive per household.

**KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
FOURTH QUARTER 2017**

- **Pregnancy** – pregnant members who completed at least 6 prenatal visits and the postpartum visit within 3-8 weeks are mailed a \$65 voucher to redeem diapers, wipes or a portable play yard at Toys R Us or Babies R Us.
- **Well Child** – members ages 12 -23 months who complete a well child visit are mailed a \$25 voucher to redeem an umbrella stroller at Toys R Us or Babies R Us.
- **Multi-Medication** – members on multiple medications and would benefit from a pill box. KHS disease and case management departments identify and mail this incentive to members.



Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

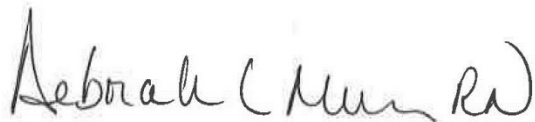
Health Services Overview

The 2017 membership enrollment remained stable at 248,000 in Q4 2017. Additional benefit coverage and broadening interdisciplinary collaboration to support the membership growth will continue through 2018.

- Phase 1 Medical Management Platform-Utilization Management-JIVA- in production 11/13/2017
- Phase 2 Medical Management Platform-Case and Disease Management and Health Education-in production beginning Q2 2018
- Palliative Care-new benefit 1/1/2018
- Behavioral Health Therapy- Autism-expansion of eligibility 7/2018
- Exploration for additional Diabetic and Transitional Care Clinics

The following pages reflect statistical measurements for Utilization Management, Case Management and Disease Management detailing the ongoing compliance activity for the 4th Quarter 2017.

Respectfully submitted,



Deborah Murr RN, BS HCM
Administrative Director of Health Services
Kern Health System

Utilization Management Reporting

Timeliness of Decision Trending

Summary:

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

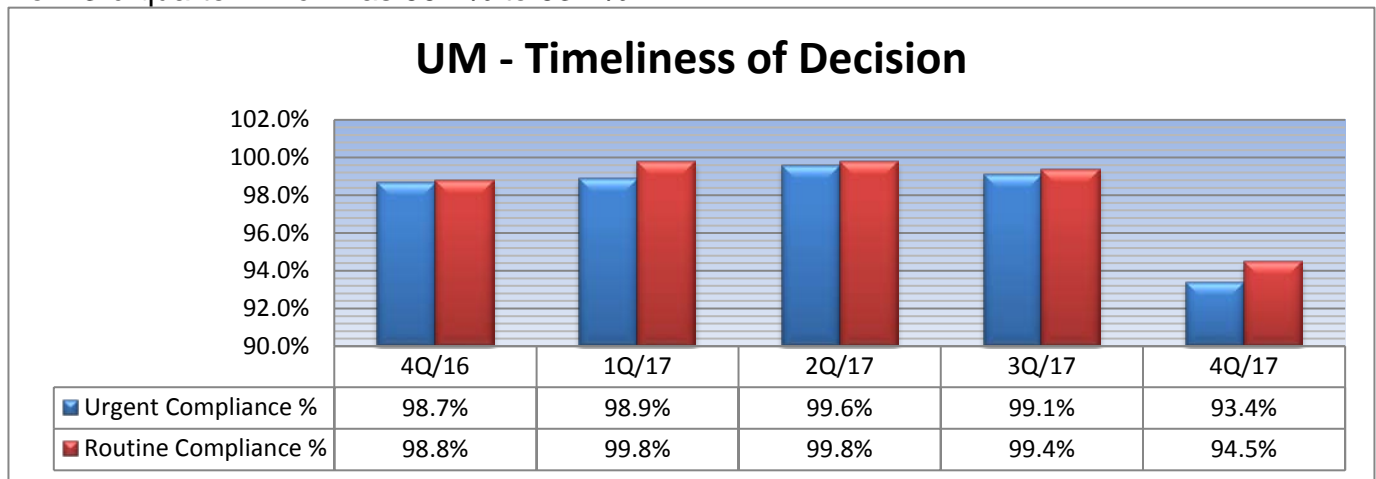
Providers may indicate 'Urgent' on the referrals indicating a decision needs to be made within 3 business days. Routine/non-emergent referrals must be processed within 5 business days. Once an urgent referral has been reviewed it may be downgraded for medical necessity at which time the provider will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

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

Urgent: Response back to Provider in 3 business days

Routine: Response back to Provider in 5 business day

There were 26,482 referrals processed in the 4th quarter 2017 of which 2,321 referrals were reviewed for timeliness of decision. In comparison to the 3rd quarter's processing time, the routine referrals decreased from the 3rd quarter which was 99.4% to 94.5% and urgent referrals decreased from 3rd quarter which was 99.1% to 93.4%.



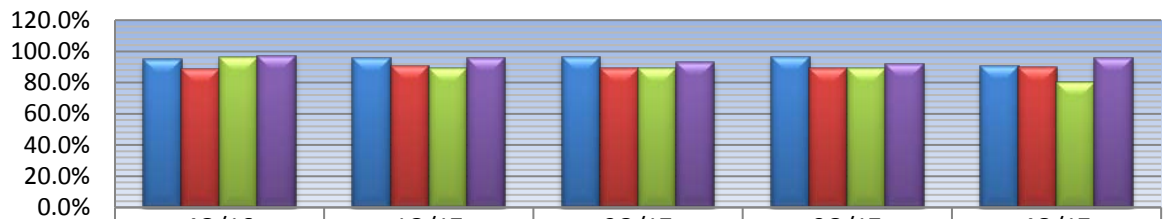
Audit Criteria:

- Member Notification: Letter of referral decision sent to member within 24 hours
- Provider Notification: Referral is faxed back to the provider with 24 hours of decision

Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

- Criteria Included: Criteria provided to provider on denial reason
- MD Signature: MD Signature included all referrals/NOA letters upon denial

UM - Referral Notification Compliance

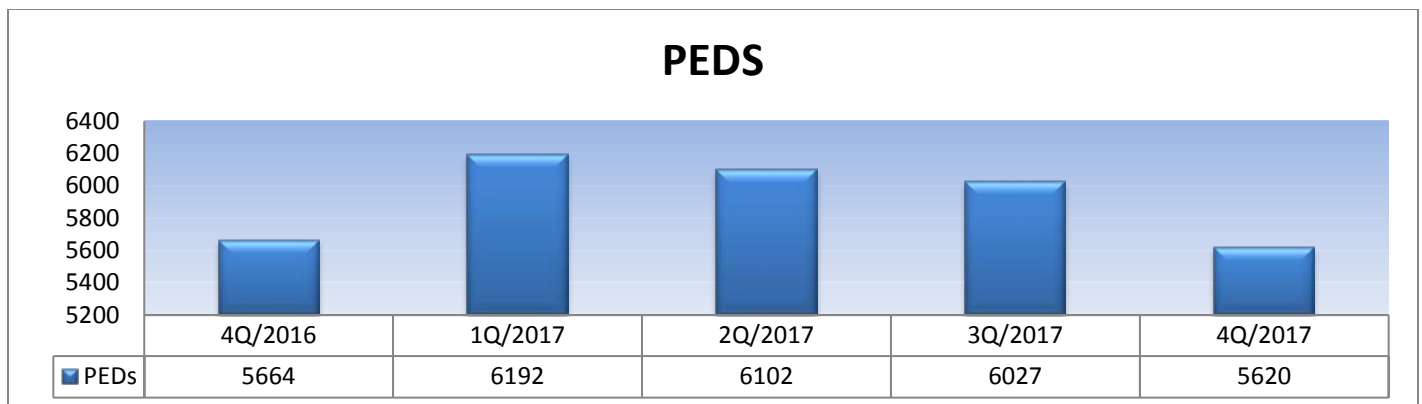
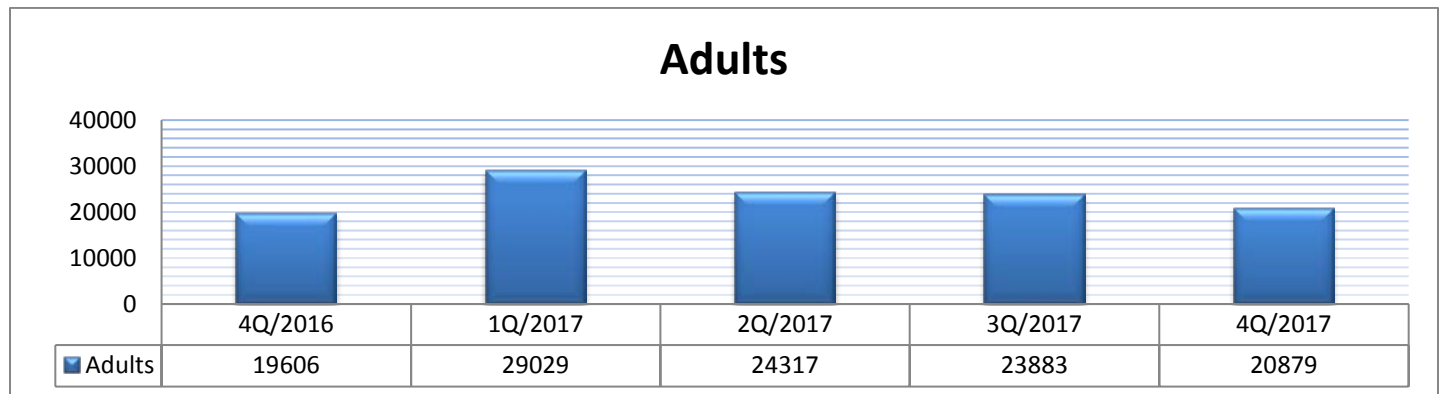
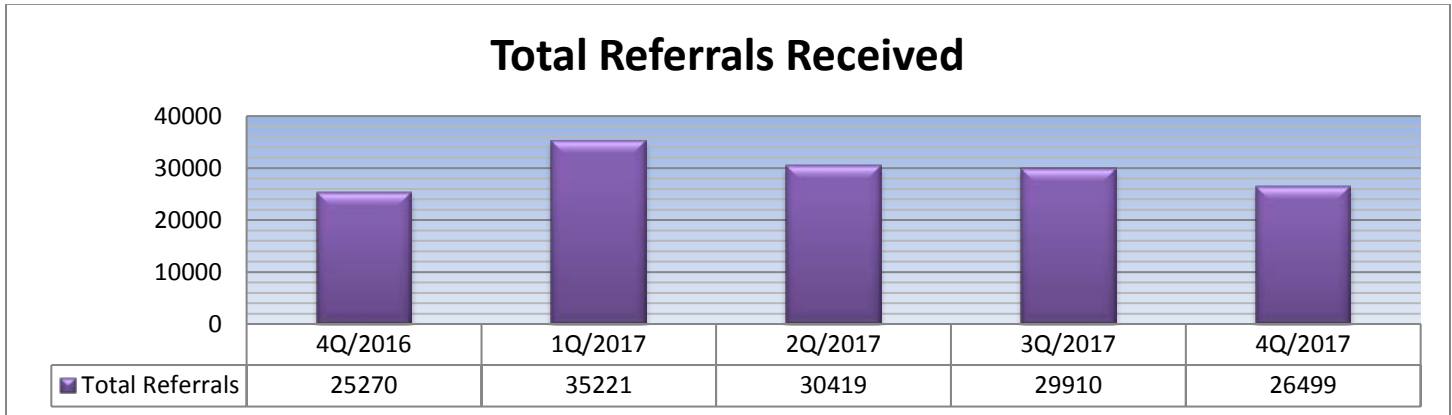


	4Q/16	1Q/17	2Q/17	3Q/17	4Q/17
Member Notification	94.7%	96.0%	97.0%	97.0%	91.0%
Provider Notification	89.4%	91.0%	89.0%	89.0%	90.0%
Criteria Included	96.4%	89.0%	89.0%	89.0%	80.0%
MD Signature Included	97.7%	96.0%	93.0%	92.0%	96.0%

Summary: Overall compliance rate from the 4th Qtr of 2017 is 89.3% which decreased from the 3rd Qtr which was 91.7%. **Action:** This compliance audit will be discussed at the UM Staff meeting. Compliance deficiencies have been discussed with individual staff members as appropriate.

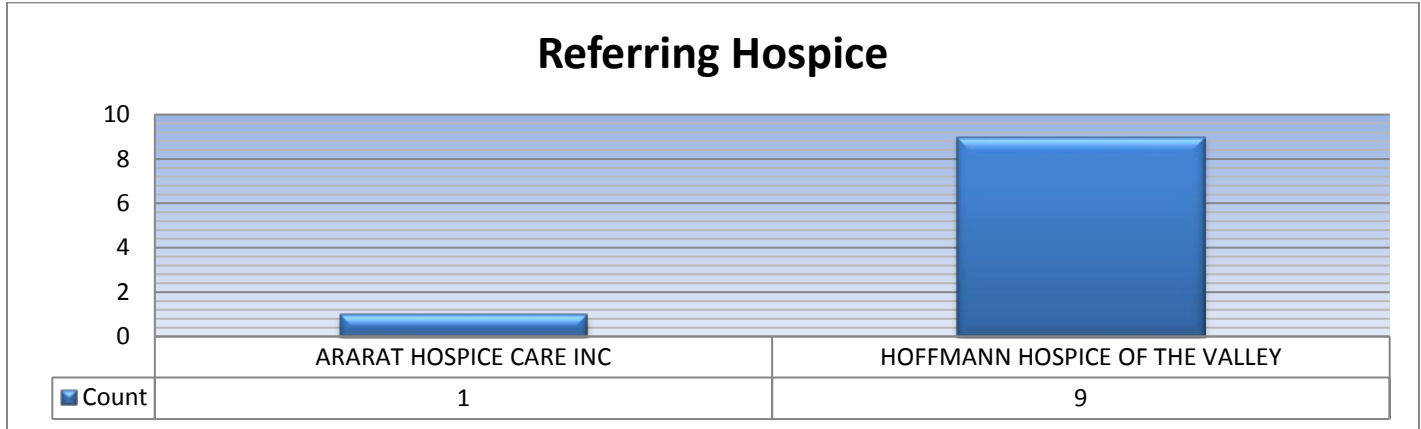
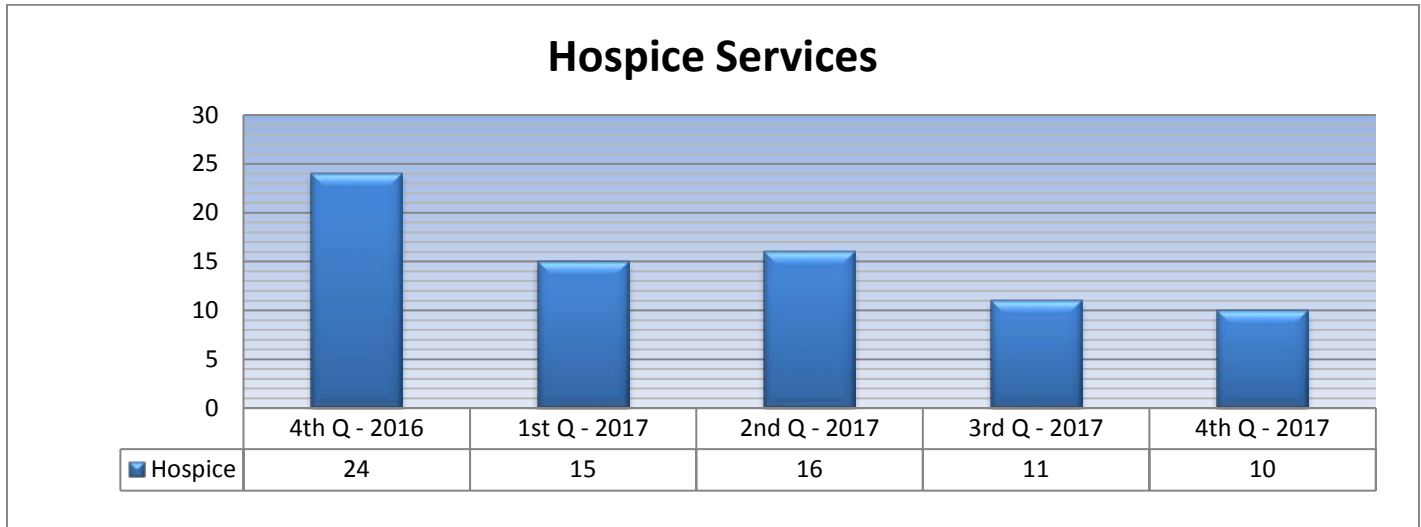
Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Outpatient Referral Denial Statistics



Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Hospice Utilization has decreased in the 4th Quarter 2017. KHS staff are reviewing potential diagnoses that may qualify for specific measures or treatments provided under hospice care which may assist in improving the quality of life and decrease hospitalizations during the end stages of a members chronic disease.

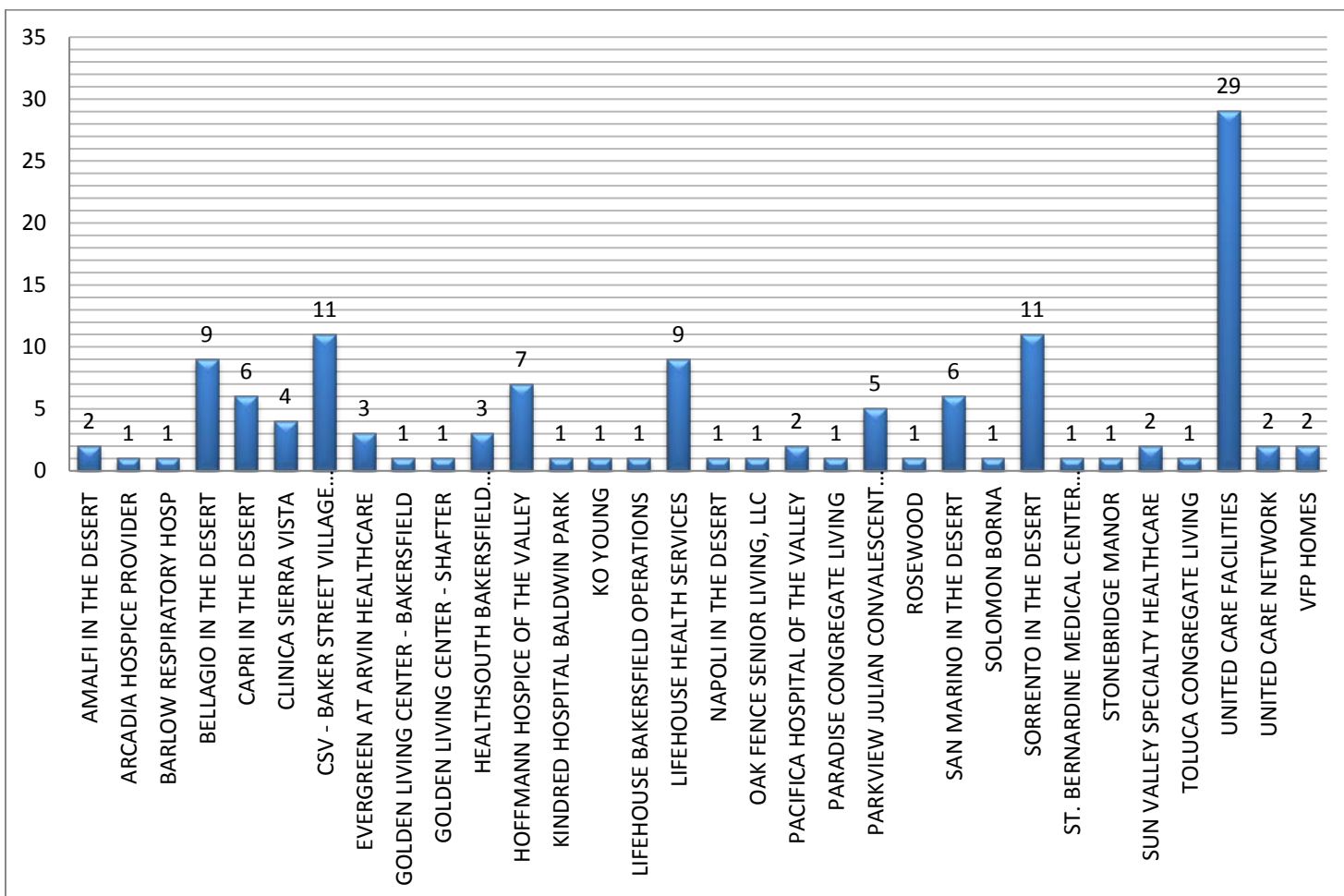


Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Nursing Facility Services Report

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

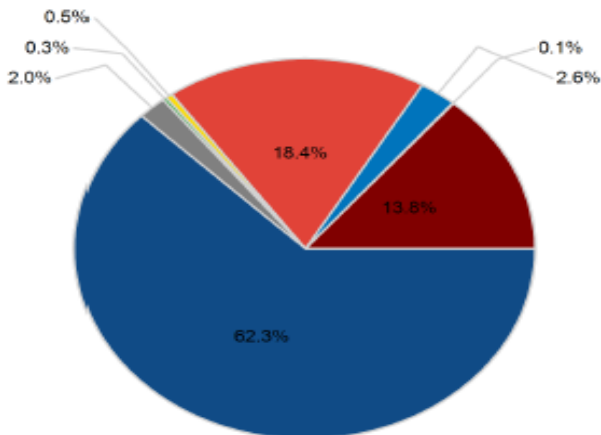
Summary: During the 4th quarter 2017, there were 132 referrals for Nursing Facility Services. The average length of stay was 29 days for these members. During the 3rd quarter there was only 1 denial of the 115 referrals.



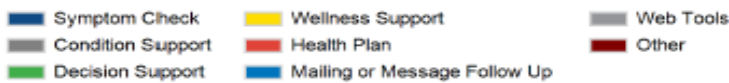
Health Dialog Report

October:

Member Inbound Call Reasons (Rolling Twelve Months)

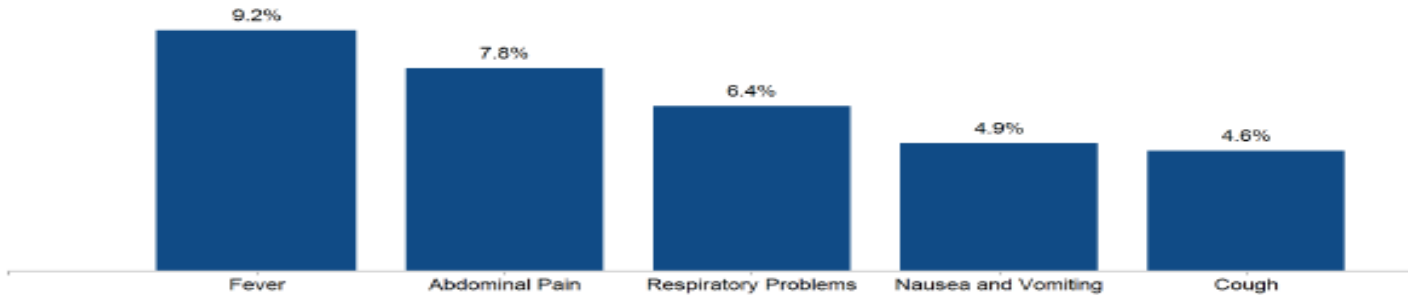


REASON	NUMBER
Symptom Check	3,408
Condition Support	110
Decision Support	16
Wellness Support	26
Health Plan	1,006
Mailing or Message Follow Up	142
Web Tools	4
Other	757

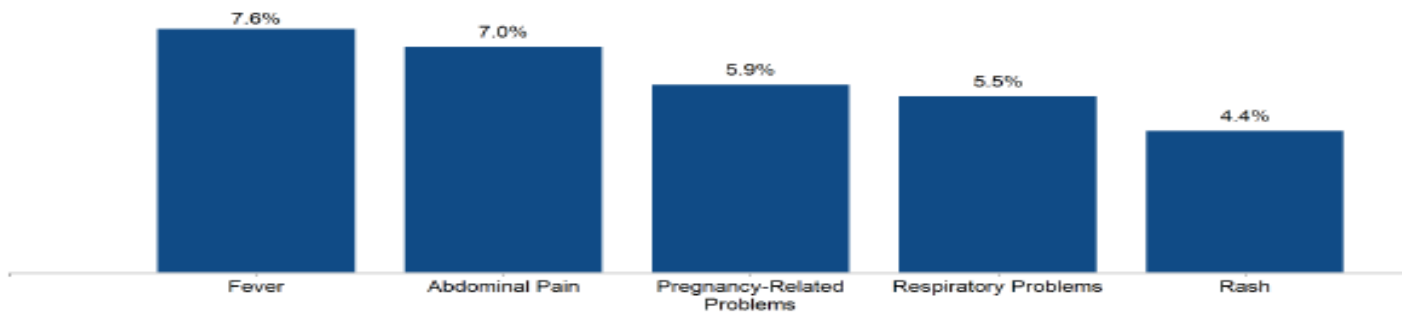


Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Top Symptoms - Inbound Symptom Check Calls (Oct-2017)

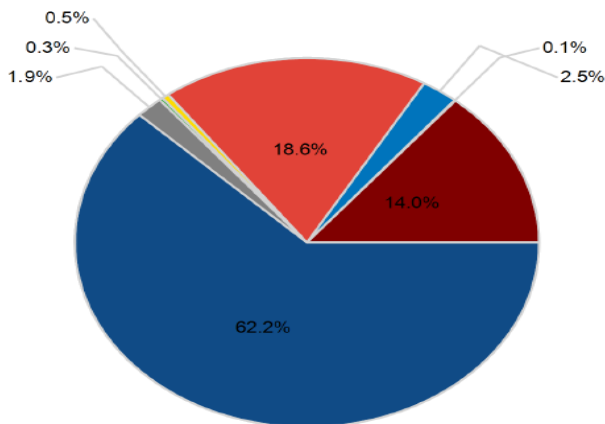


Top Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



November:

Member Inbound Call Reasons (Rolling Twelve Months)

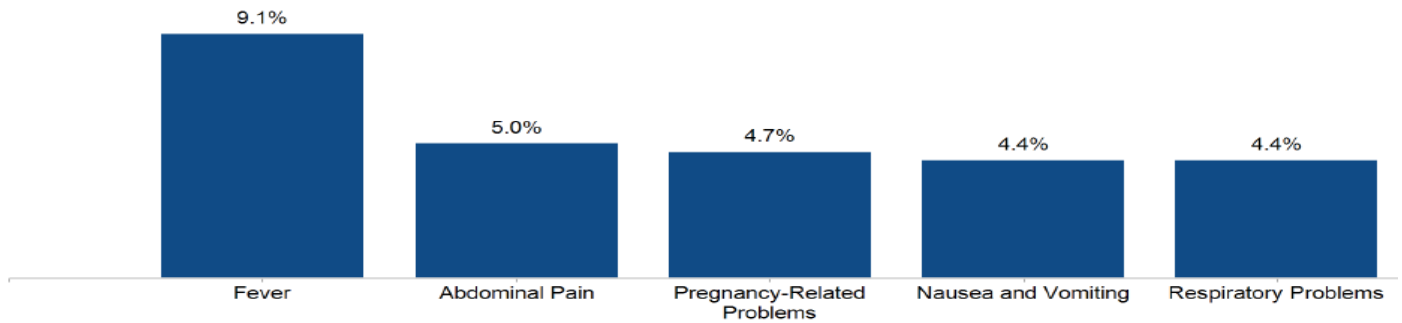


- Symptom Check
- Wellness Support
- Web Tools
- Condition Support
- Health Plan
- Other
- Decision Support
- Mailing or Message Follow Up

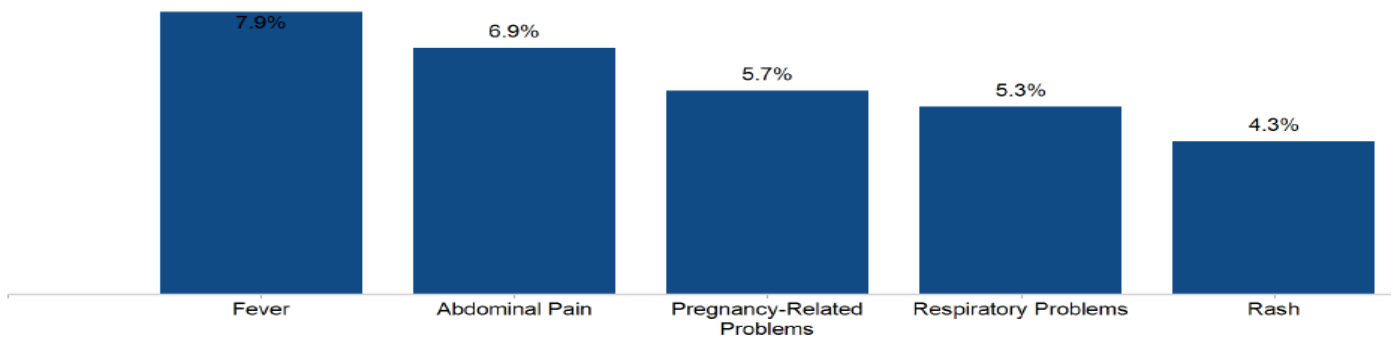
REASON	NUMBER
Symptom Check	3,345
Condition Support	102
Decision Support	14
Wellness Support	26
Health Plan	1,002
Mailing or Message Follow Up	137
Web Tools	4
Other	751

Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Top Symptoms - Inbound Symptom Check Calls (Nov-2017)

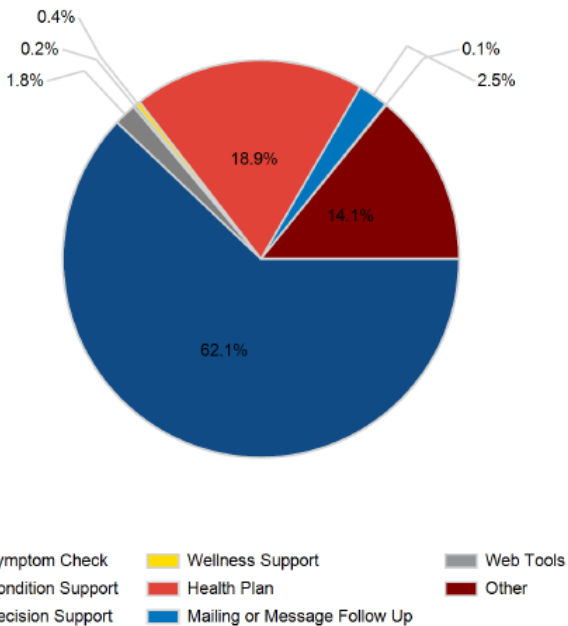


Top Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



December:

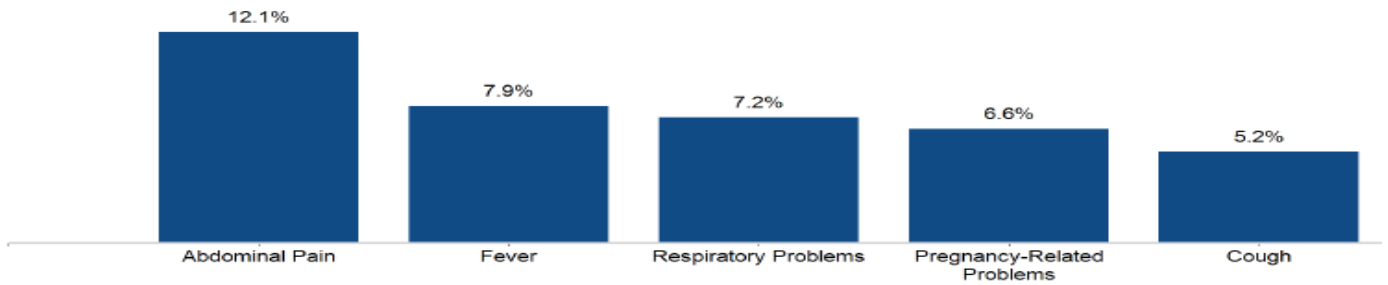
Member Inbound Call Reasons (Rolling Twelve Months)



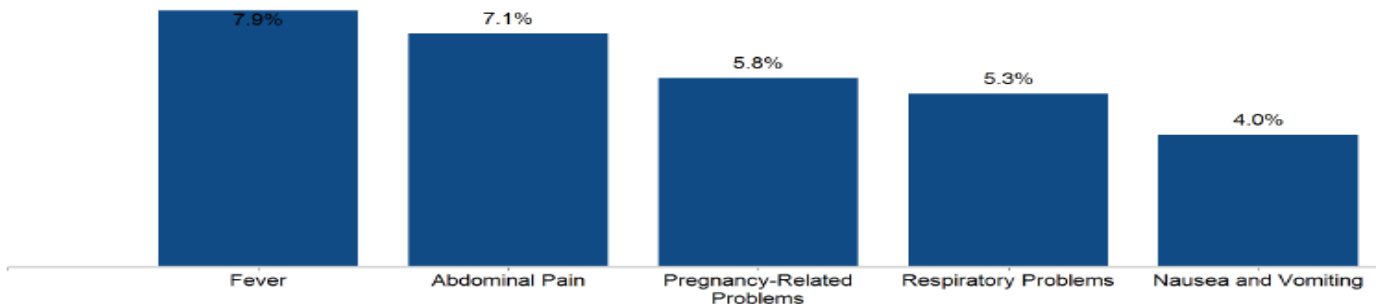
REASON	NUMBER
Symptom Check	3,326
Condition Support	98
Decision Support	12
Wellness Support	21
Health Plan	1,011
Mailing or Message Follow Up	132
Web Tools	4
Other	756

Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Top Symptoms - Inbound Symptom Check Calls (Dec-2017)



Top Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Continuity of Care

Total Referral – 20

Total Approval – 20

Total SPD COC -4

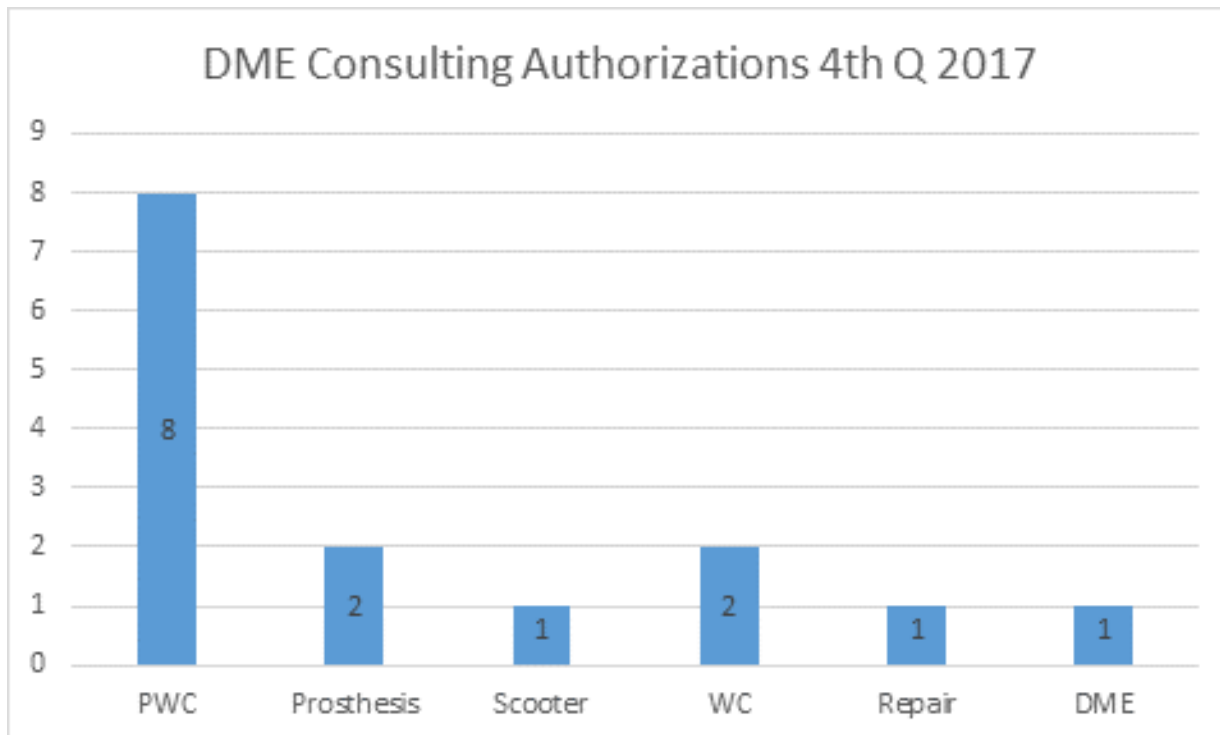
UM Provider Disputes

Total Disputes – 8

Favor of Provider -2

Favor of Plan – 6

DME Consulting

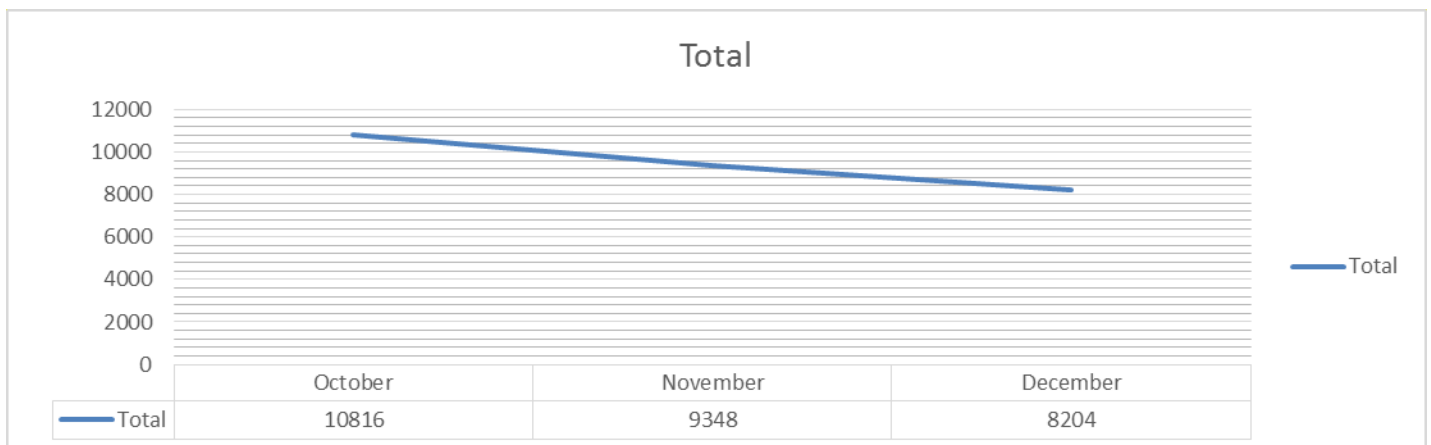


Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Autism Reporting

UNIQUE CASES		Mild	Moderate	Severe	Total	Undetermined
MEMBER COUNT	177	7	29	11	47	130
Severity %		14.89%	61.70%	23.40%	100%	
SEVERITY	Oct	Nov	Dec	Total		
MILD	6	1		7		
MODERATE	19	10		29		
SEVERE	5	6		11		
Approved FBA	26	42	34	102		
Approved Treatment	31	41	48	120		
PENDING DX	20	50	66	136		
	Oct	Nov	Dec	Total		
AGE 7 OR LESS	28	46	39	113		
AGE 8 OR GREATER	22	21	27	70		
TOTAL	50	67	66	183		
% < 7	56.00%	68.66%	59.09%	61.75%		
% > 8	44.00%	31.34%	40.91%	38.25%		

Mental Health



Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017



Diabetic Exam Reminder Effectiveness Report

Client: - 12049397

Reminder Year:	Reminder Month:	Reminders Sent	Received Exam Within 0-90 Days	Received Exam Within 91-180 Days	Total Exams Within 180 Days
2017	January	687	31	23	54
	February	224	10	6	16
	March	188	19	5	24
	April	155	16	7	23
	May	105	10	8	18
	June	516	26	13	39
	July	99	15	2	17
	August	348	34	3	37
	September	101	8	0	8
	October	374	6	0	6
	November	641	16	0	16
	December	10,512	26	0	26
Totals		13,950	217	67	284

LTM Effectiveness* : 2 %

12-Month Effectiveness (Jul 2016 - Jun 2017) : 8 %



Medical Data Collection Summary Report

Period Covered: January, 2017 through December, 2017
Prepared for: KERN HEALTH SYSTEMS - (12049397)

Reported Cases

	Members	
Received Eye Exam:	20,431	
Diabetes?:	937	4.6%
Diabetic Retinopathy:	103	.5%
Glaucoma:	138	.7%
Hypertension:	766	3.7%
High Cholesterol:	238	1.2%
Macular Degeneration:	41	.2%

Estimated Number of Cases

Total Members:	239,434	
Diabetes?:	5,502	2.3%
Diabetic Retinopathy:	469	.2%
Glaucoma:	914	.4%
Hypertension:	23,976	10.0%
High Cholesterol:	36,192	15.1%
Macular Degeneration:	293	.1%

Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

KERN HEALTH SYSTEMS CASE MANAGEMENT DEPARTMENT MONTHLY REPORT

Reporting Period: October 1st, 2017 – December 31st, 2017.

CASE MANAGEMENT DEPARTMENT OVERVIEW:

The goal of the Case Management Department is to help members maintain optimum health and/or improved functional capability, educate members regarding their health and reinforce the PCP prescribed treatment plan. These efforts are anticipated to decrease costs and improve quality through focusing on the delivery of care at the appropriate time and in the appropriate setting.

Complex Case Management is the systematic coordination and assessment of care and services provided to members who have experienced a critical event or diagnosis that requires the extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services. Complex Case Management includes Basic Case Management. Basic Case Management means a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs. Services are provided by the Primary Care Physician (PCP) or by a PCP-supervised Physician Assistant (PA), Nurse practitioner (NP), or Certified Nurse Midwife, as the Medical Home. Coordination of carved out and linked services are considered basic case management services.

Members in the Complex Case Management Group and members assigned to the Case Management Team will be assigned a Nurse Care Manager and respective support staff. The team will focus on comprehensive coordination of services based on patient-specific needs to improve increase the quality and impact of the health care and supportive services the member is receiving. This will be accomplished through:

- Promotion and support of the Medical Home as the source of the member's primary healthcare and source of specialty referrals, and enhancing this with the necessary social, care management and medical support to facilitate comprehensive patient-centered planning
- Identification and elimination of potential barriers to seeking and receiving appropriate care within their designated medical home (e.g., housing, transportation, child care, nutrition, mental and behavioral health needs, identification of culturally competent providers and appropriate access, discharge and transitional care planning, health education, etc.)
 - Potential assessment and education modules may include:
 1. Social needs
 2. Medical and/or behavioral health home
 3. Appointment attendance
 4. Urgent symptom management
 5. Medication and treatment adherence
 6. Behavioral risk
 7. Condition-specific self-management

Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

As a result of this assessment, the Case Manager will:

- Contact the Primary Care Physician as needed to identify areas where he/she would like assistance (e.g., improving medication compliance)
- Identify communication preferences when more than one provider is involved in the medical care (e.g., does the PCP prefer all coordination go through his/her office or should the disease manager reach out to the specialist as appropriate?)
- Determine the type and frequency of information the PCP wants going forward
- Develop the person-centered care plan in conjunction with the PCP using predictive modeling risk scores with clinical based rules and medical management platforms (e.g., Milliman Care Guidelines, KHS internal criteria, etc.)

The following processes and activities are in place for Case Management/Coordination of Care:

- Collaborate with PCPs for basic CM services
- Arrange and track referrals to specialists
- Track referrals and coordination of care for carved out and other out-of-network services and providers
- Identify community resources and refer members
- Offer health education services
- Implement continuous quality improvement activities

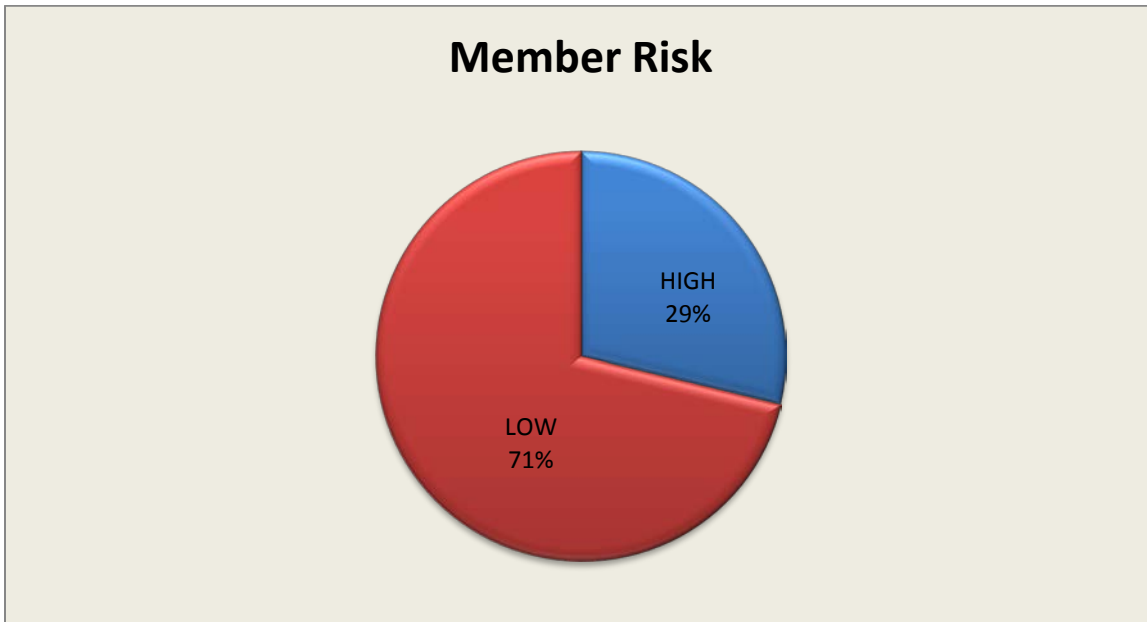
Case Management Team Staffing:

October - December 2017 Case Management Staffing:

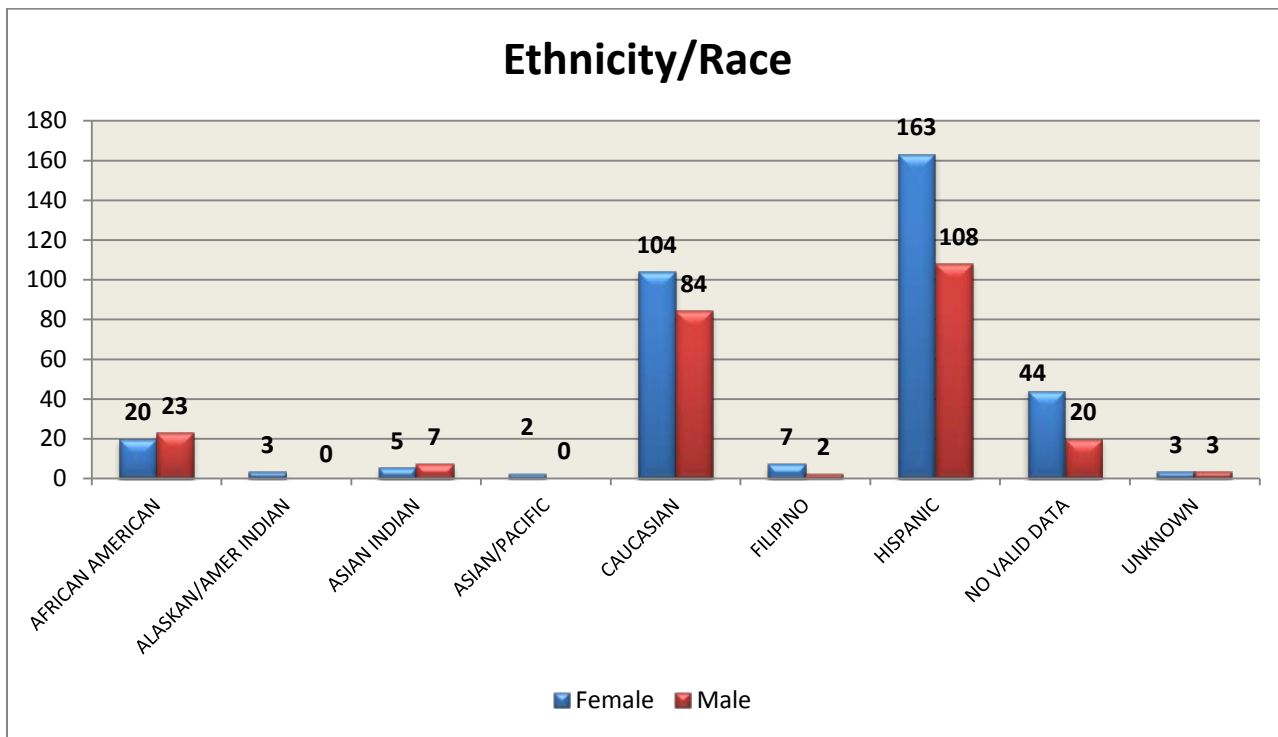
Position	Quantity
Case Management RN	6
Case Management CMA's	6
Case Management MSW	6
Case Management Sr. Analyst and Trainer	1

During this 4th Quarter 2017, there were a total of 1476 KFHC members that were managed by the CM staff department. The majority of the members at 71% are low risk.

Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

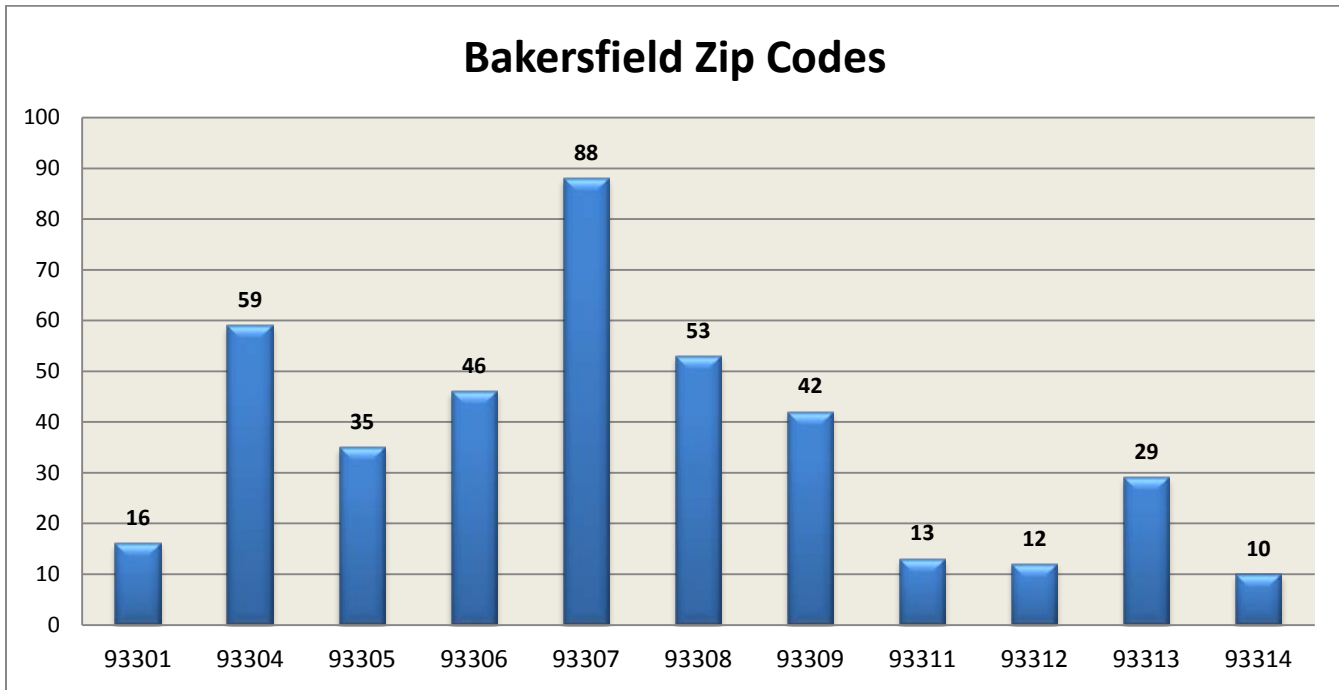


Majority of the members managed during the 4th Quarter 2017 were female at 59%. The majority of the members managed this quarter at 45% are Hispanic.

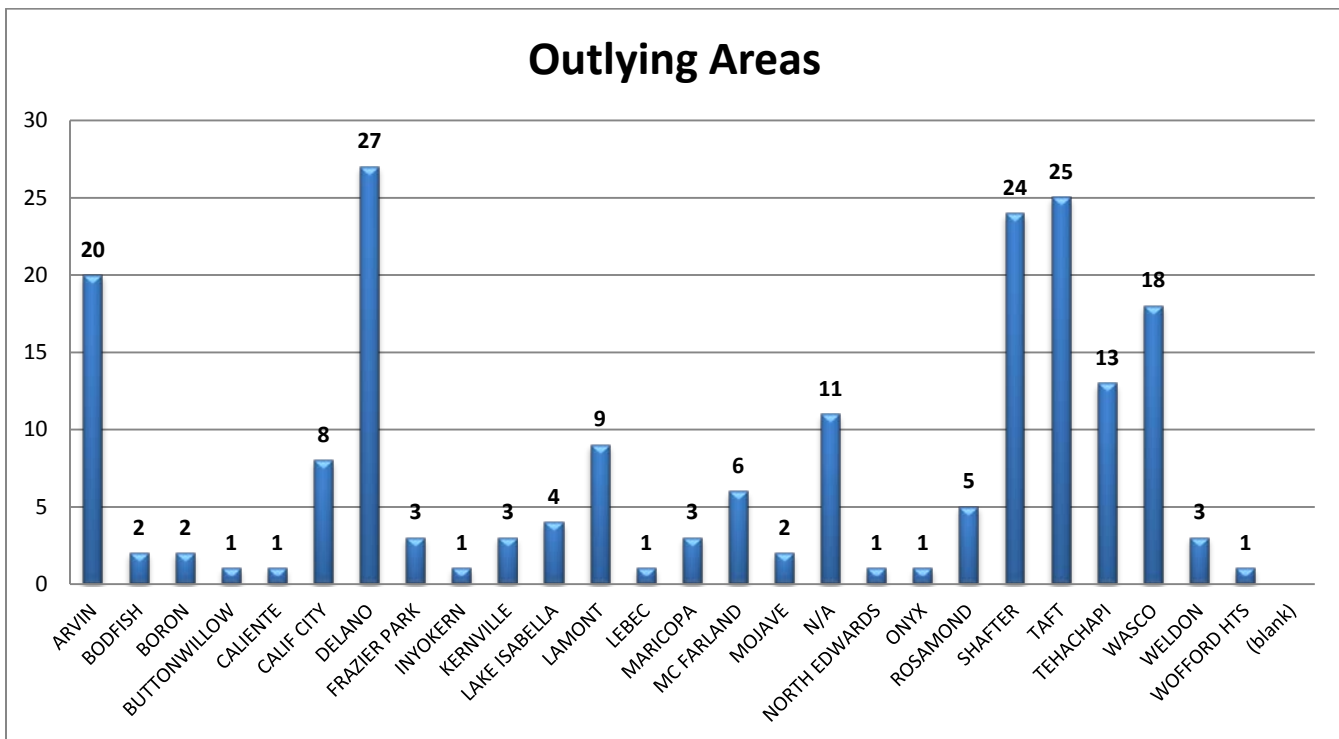


The majority of the members that were managed during the 4th Quarter 2017 reside in Bakersfield at 73%. Of the members from Bakersfield, the majority at 22% reside in the 93307 zip code.

Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017



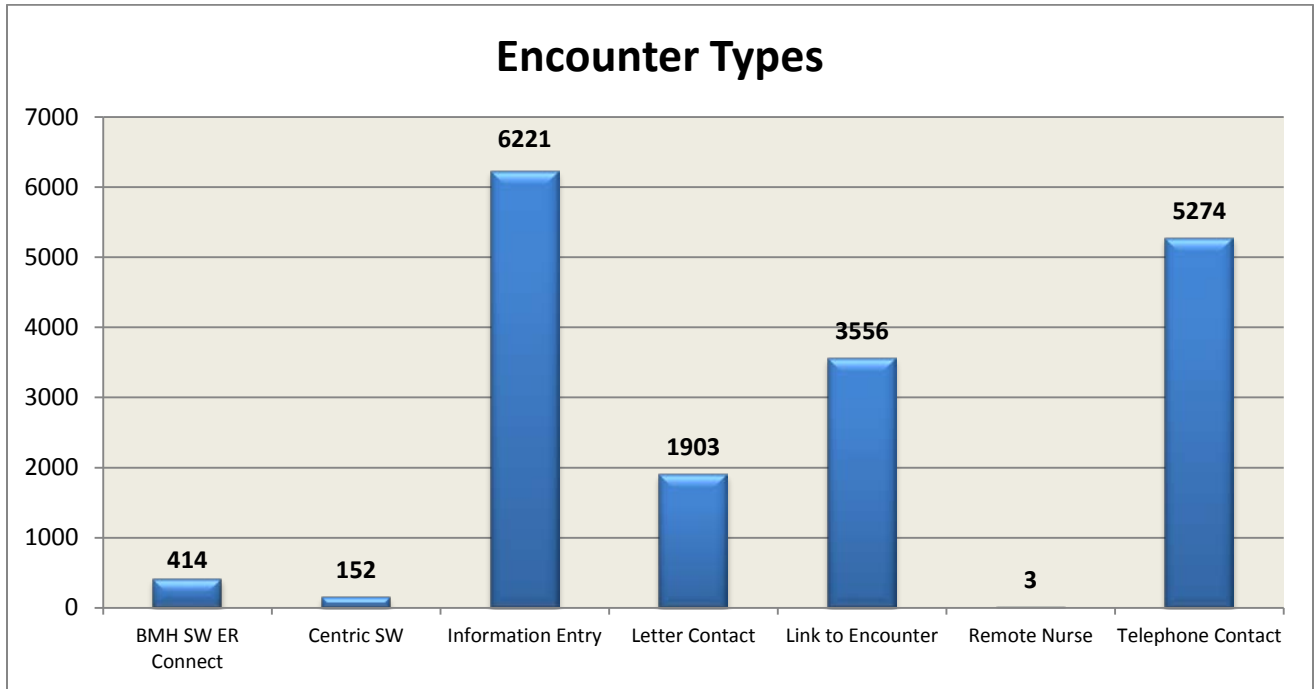
Of the outlying areas, majority of the members at 14% reside in Delano.



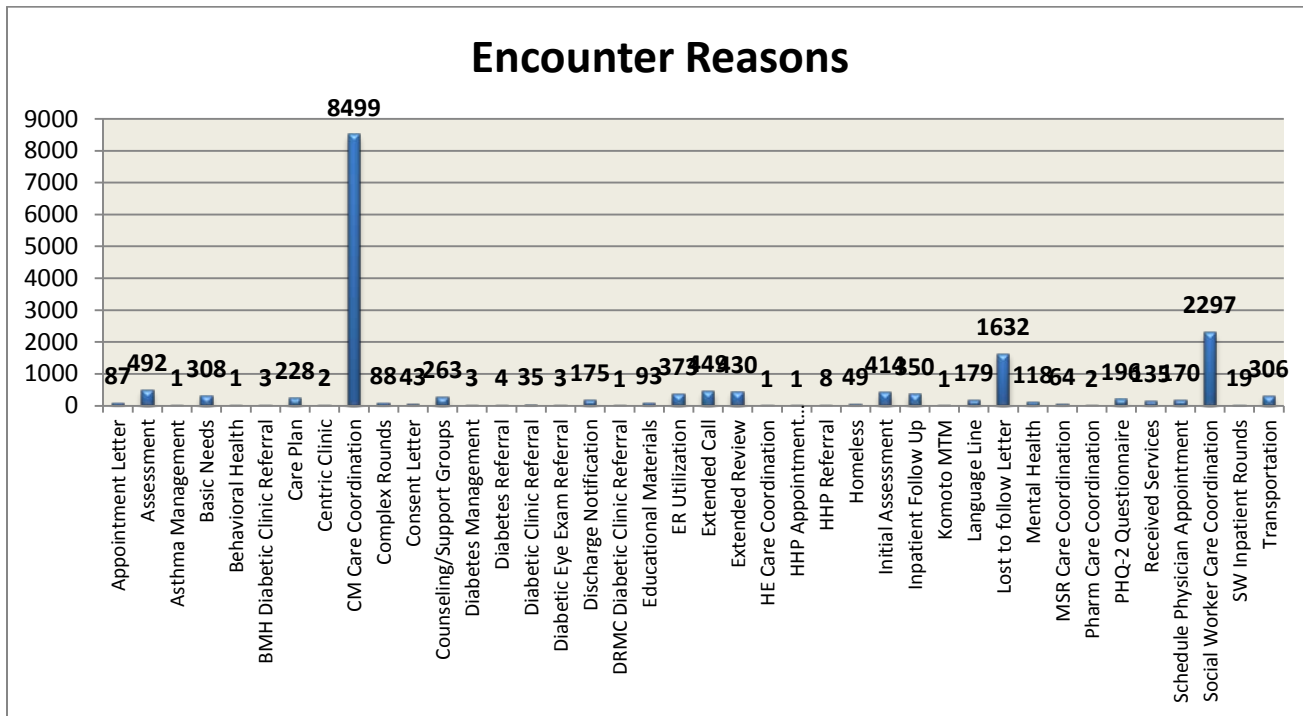
Encounters:

Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

There were a total of 17,523 encounters submitted during the 4th Quarter for 1476 KFHC members and the majority of the encounter types were listed as Information Entry at 36%.

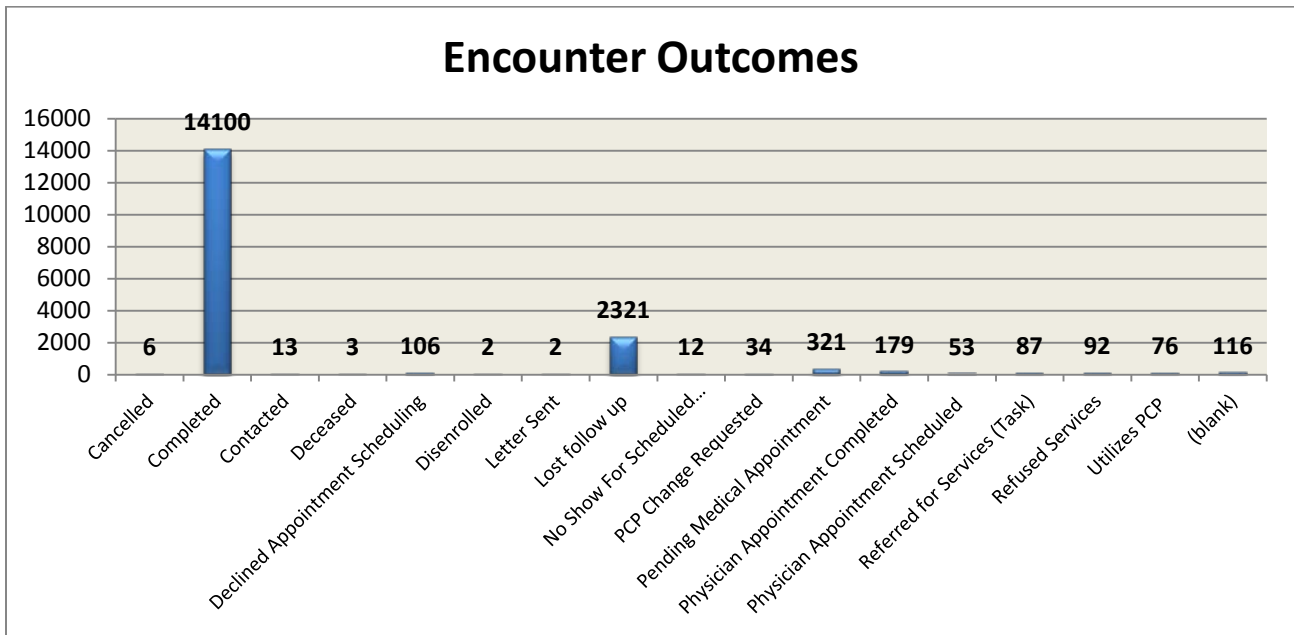


Majority of the encounter reasons at 49% was listed as CM Care Coordination.

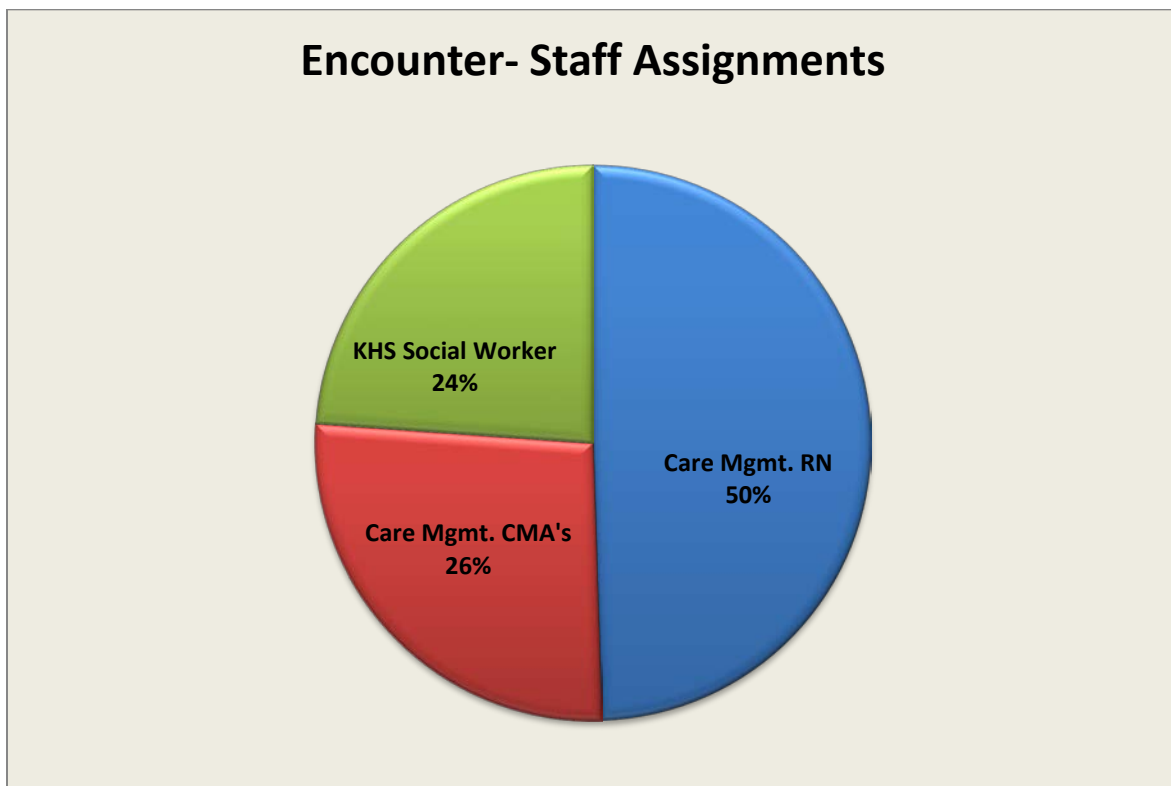


Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Majority of the encounter outcomes at 81% are listed as Completed.



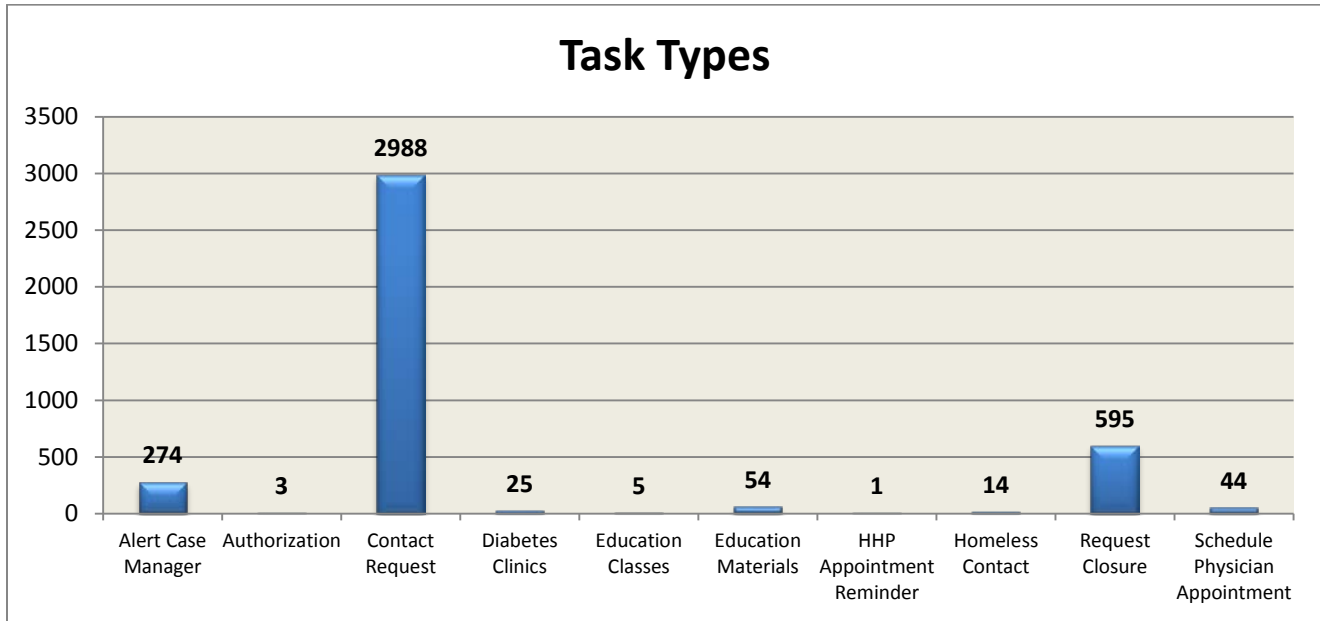
Majority of the encounters were completed by the Care Management RN's at 50%.



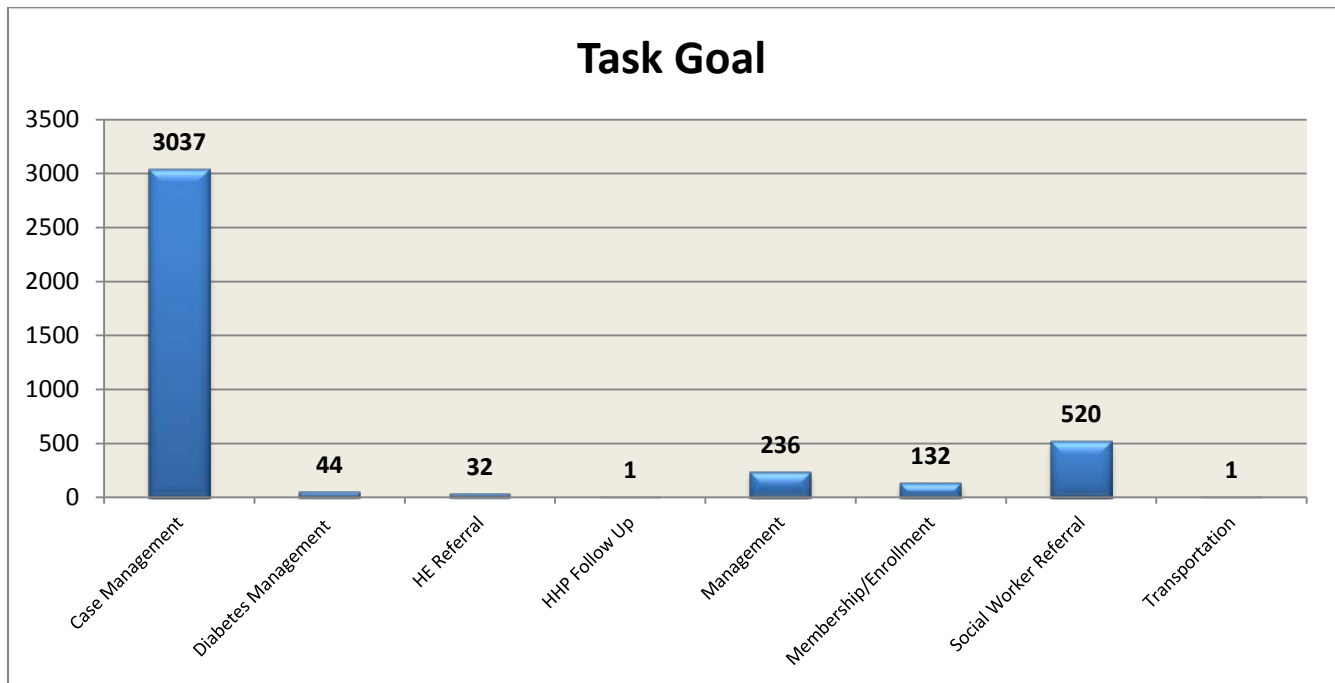
Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Tasks:

There were a total of 4,003 tasks submitted during the 4th Quarter for 1476 KFHC members. The majority of Task Types were Contact Request at 75%.

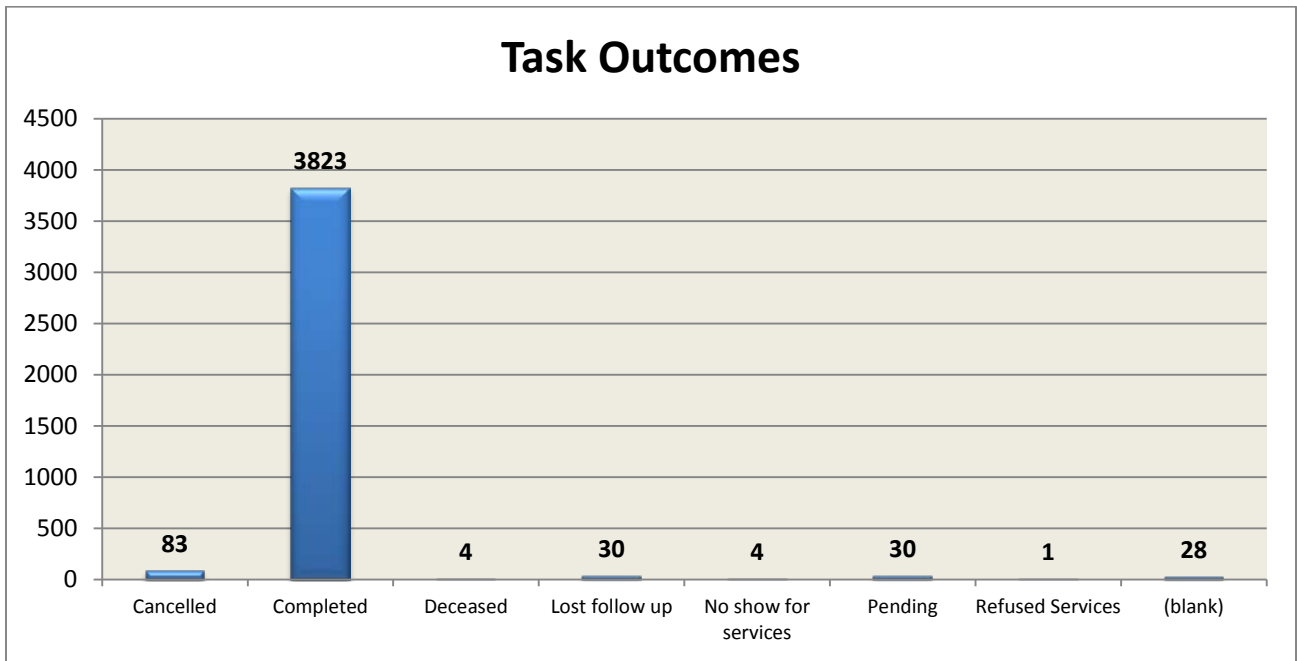


Majority of task goals during the 4th Quarter at 76% were listed as Case Management.

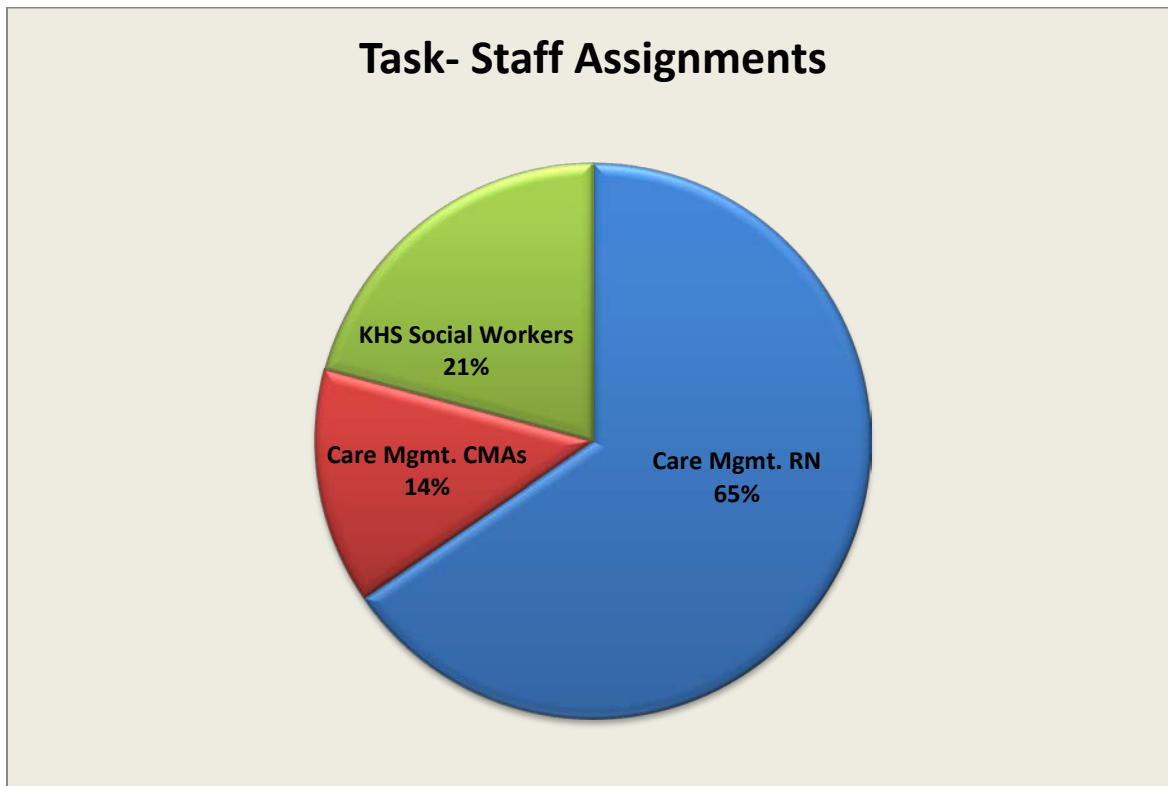


Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Majority of the task outcomes at 96% are completed.



Majority of the tasks were assigned by the Case Management RN' at 65%.



Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

Seniors and Persons with Disabilities (SPDs):

There were a total of 486 SPD members that were enrolled during the 4th Quarter 2017, according to the high risk stratification report.

There are a total of 13,181 SPD members to date.

SPD Members are stratified into the Complex Case Management Group through use of the John Hopkins Predictive Modeler and represent on the average 48 percent of the Complex Group during the 4th Quarter.

Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

KERN HEALTH SYSTEMS DISEASE MANAGEMENT DEPARTMENT QUARTERLY REPORT

Reporting Period: October 1, 2017 – December 31, 2017

DISEASE MANAGEMENT DEPARTMENT OVERVIEW:

Disease Management is a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant variables in achievement of desirable outcomes. Disease Management supports the physician or practitioner/member relationship and plan of care; emphasizes prevention of exacerbations and complications utilizing evidence-based practice guidelines, and member empowerment strategies, and; evaluates clinical, humanistic, and economic outcomes.

The Disease Management Department performs assessments, coordinates care, monitors and evaluates medical services for members with an emphasis on quality of care, continuity of services, and cost-effectiveness. The three program areas of the Disease Management Department are Diabetes and Hypertension, Asthma and High Risk Pregnancies.

Disease Management Department Staffing:

Position	Quantity
Disease Management RN	3
Disease Management SSC's	4

Case Manager RN Caseload:

Staff	Caseload
RN 1	92
RN 2	119
RN 3	181
RN 4 (Vacant)	0
TOTAL	392

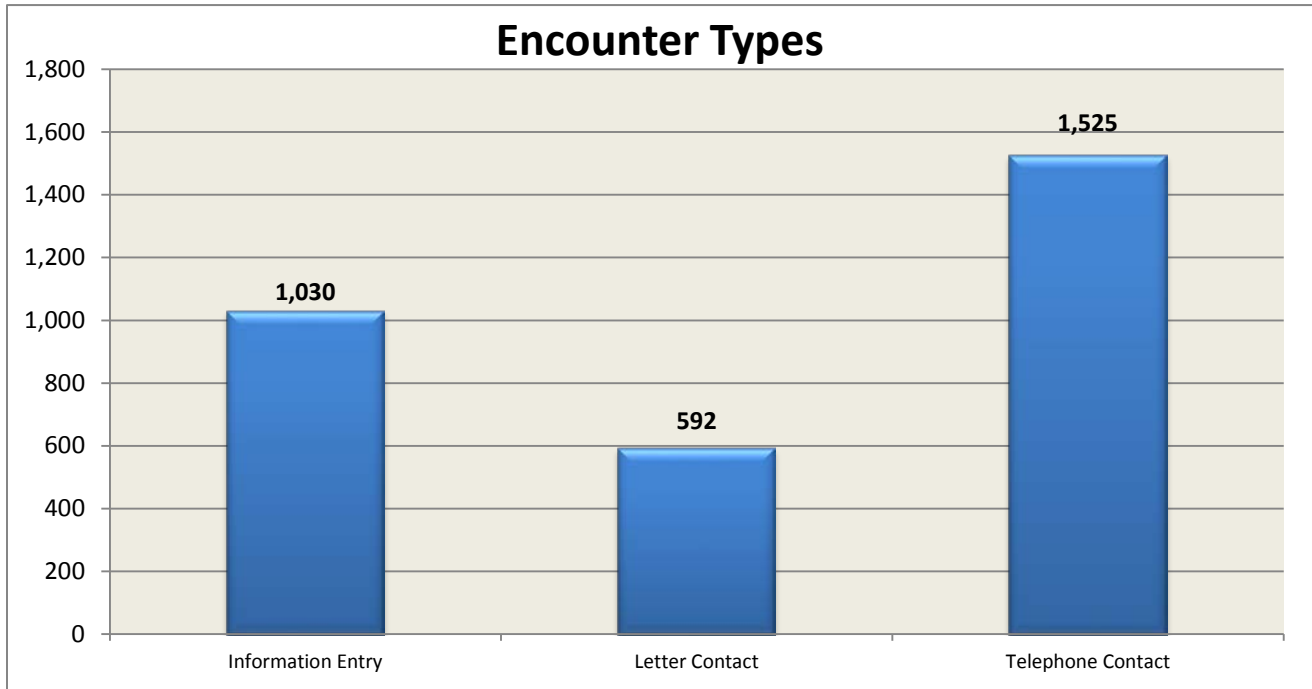
DM Program Caseload:

DM Program	Caseload
Asthma	91
Diabetes and Hypertension	294
High Risk Pregnancy	7
TOTAL	392

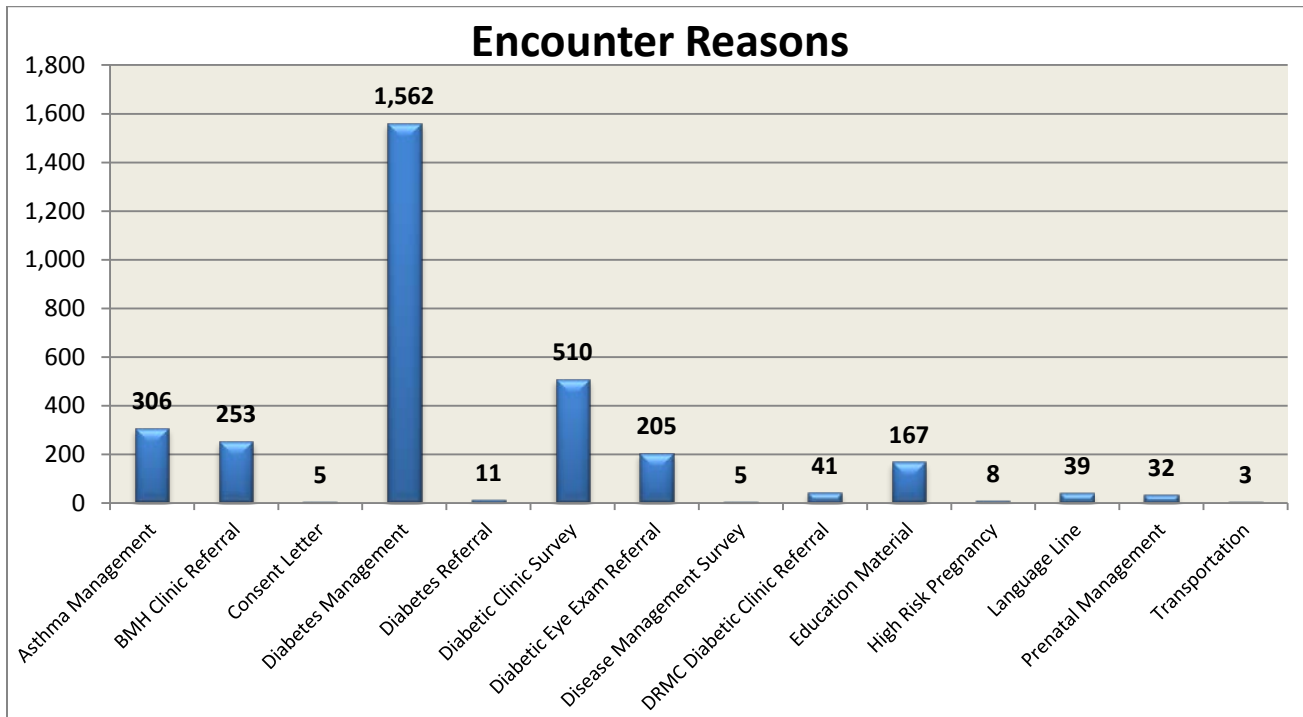
Encounters:

Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

There were a total of 3,147 encounters submitted during this quarter for 1,525 KFHC members and the majority of the encounter types were listed as a Telephone Contact at 48%.

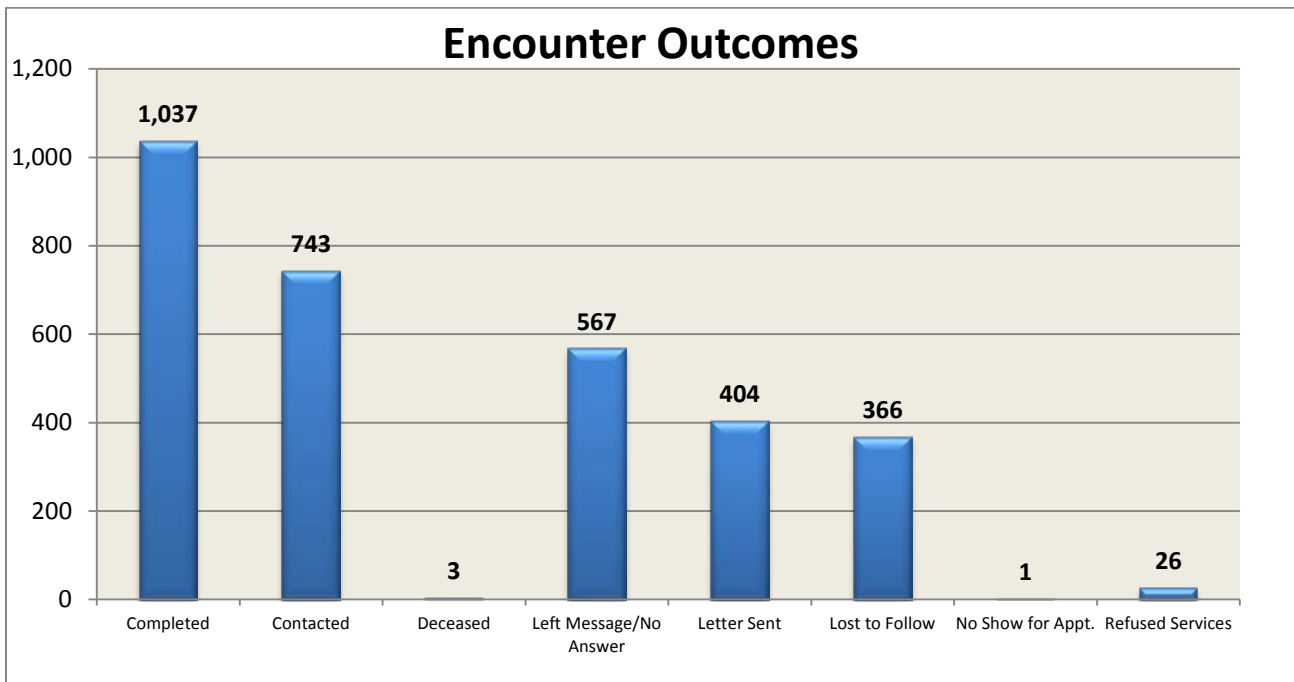


The majority of the encounter reasons at 50% was listed as Diabetes Management.



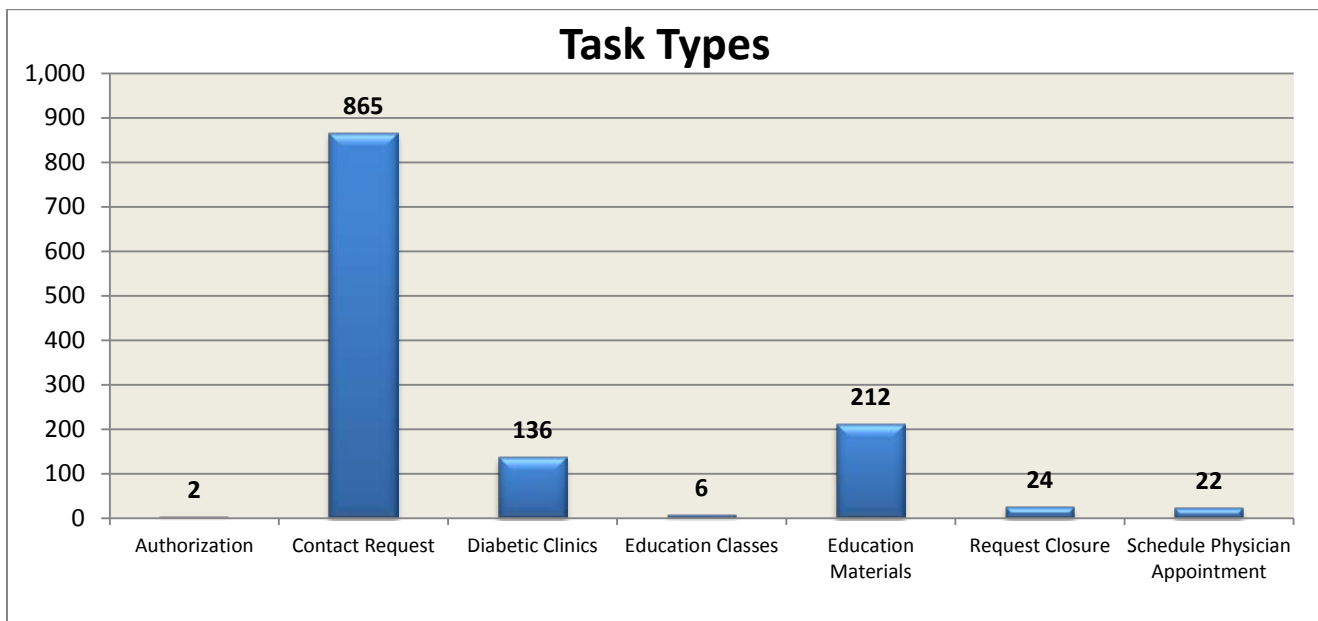
Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

The majority of the encounter outcomes at 33% are listed as completed.



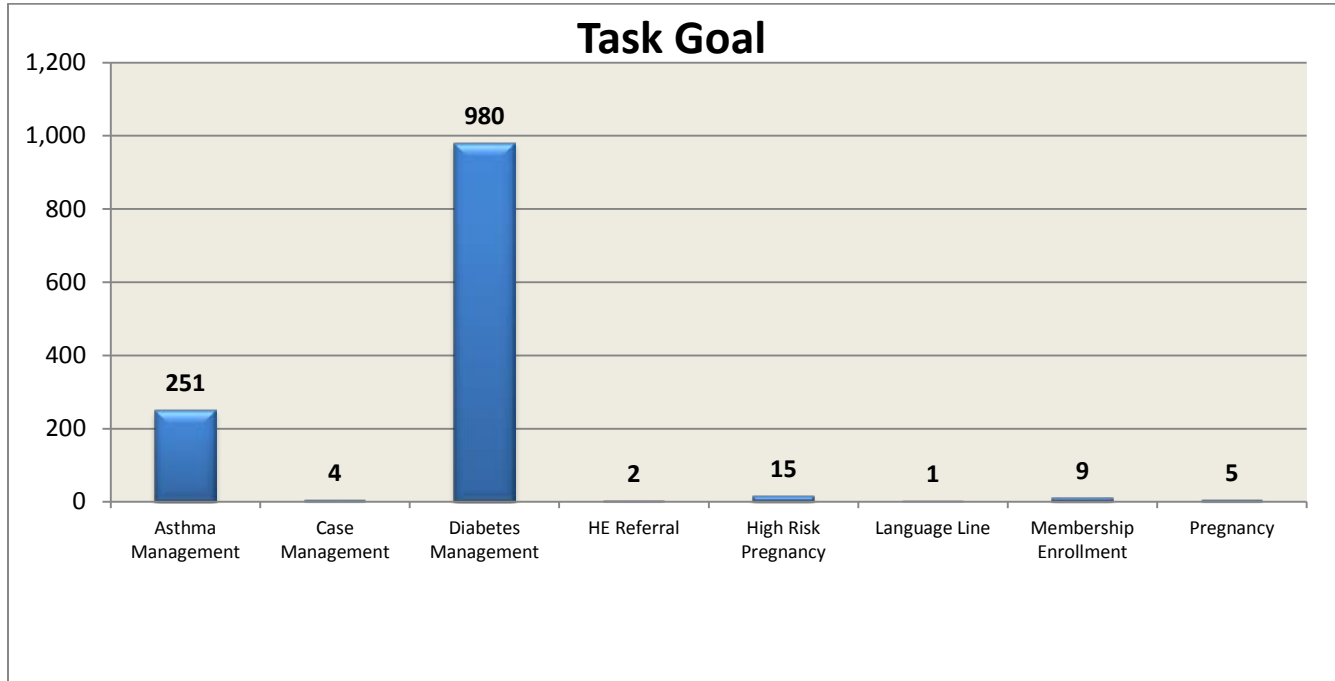
Tasks:

There were a total of 1,267 tasks assigned to the Disease Management department during the quarter for 675 KFHC members. The majority of Task Types were Contact Request at 68%.

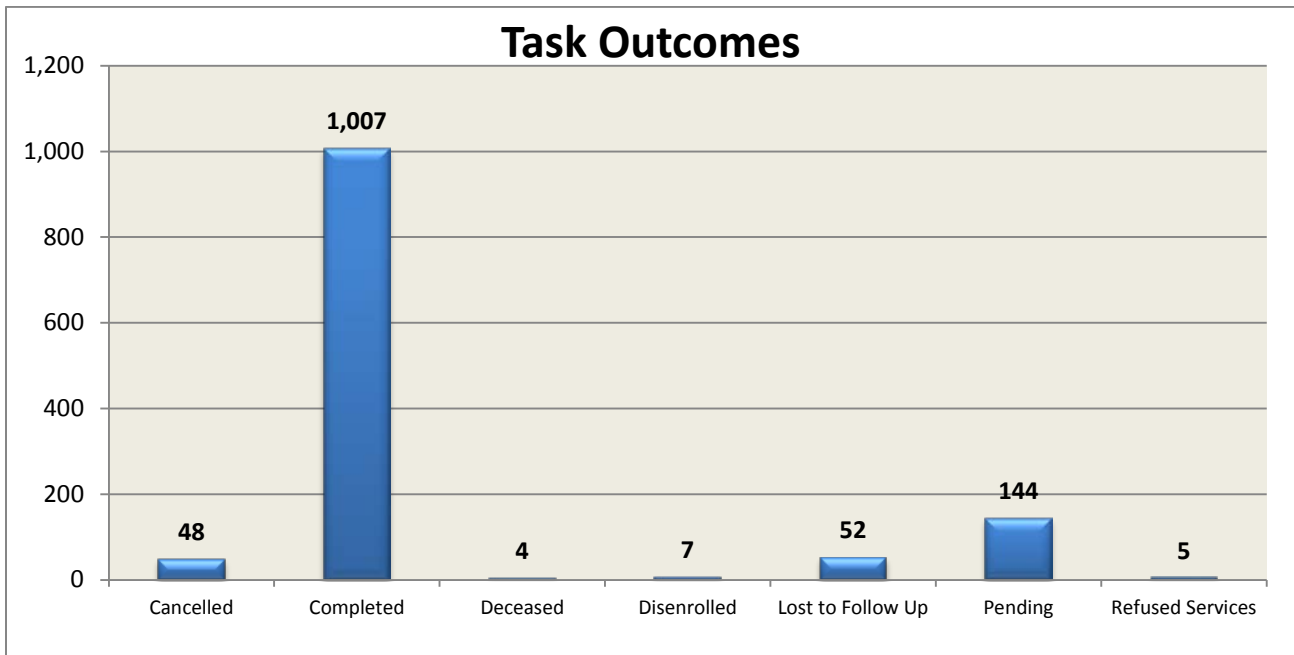


Health Services Quarterly Committee Reporting- Reporting Period October 1, 2017 to December 31, 2017

The majority of task goals at 77% was listed as Diabetes Management.

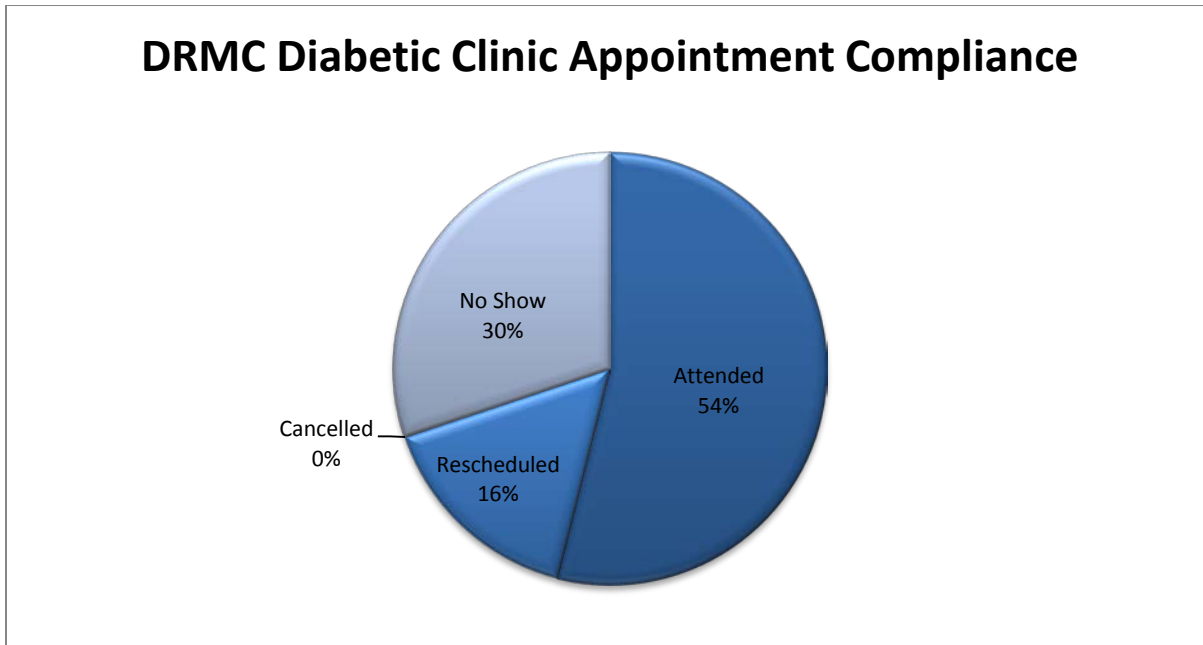


The majority of the task outcomes at 79% are completed.



Delano Regional Medical Center (DRMC) Diabetic Clinic

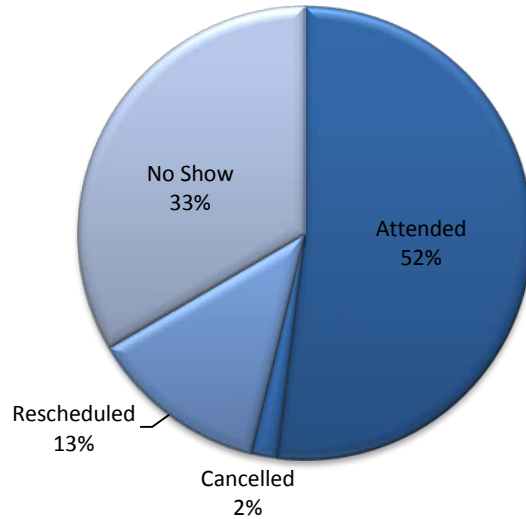
Appointment compliance at the DRMC Diabetic Clinic revealed 54% of members attended their scheduled appointment.



Bakersfield Memorial Hospital (BMH) Diabetic Clinic

Appointment compliance at the BMH Diabetic Clinic revealed 52% of members attended their scheduled appointment.

BMH Diabetic Clinic Appointment Compliance



Diabetes Text Messaging Program

Thirteen diabetes related text messages, totaling 3,562 were sent to members during this quarter. 99.3% of those messages were successfully received by the members.

Diabetes Text Messages

