KERN HEALTH SYSTEMS

REGULAR MEETING OF THE QI/UM COMMITTEE

Thursday, August 23, 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, August 23, 2018

7:00 A.M.

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COMMITTEE MEMBERS: Jennifer Ansolabehere, PHN; Satya Arya, MD; Danielle C Colayco, PharmD, MS; Felicia Crawford, RN; Allen Kennedy; Philipp Melendez, MD; Chan Park, MD; Maridette Schloe MS, LSSBB; Martha Tasinga, MD, CMO

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

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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
4) Closed Session
5) CMO Report

CA-6) QI/UM Committee Summary of Proceedings May 24, 2018 – RECEIVE AND FILE

CA-7) Physician's Advisory Committee (PAC) Summary of Proceedings 2nd Quarter – RECEIVE AND FILE

- April 2018
- May 2018
- June 2018

CA-8) Pharmacy TAR Log Statistics 2nd Quarter 2018 – RECEIVE AND FILE

- April 2018
- May 2018
- June 2018

CA-9) QI Focus Review Report 2nd Quarter 2018 – RECEIVE AND FILE

- Critical Elements Monitoring Ending June 30, 2018
- IHEBA Monitoring Ending June 30, 2018
- IHA Monitoring Ending June 30, 2018
- KRC Monitoring Ending June 30, 2018
- CCS Monitoring Ending June 30, 2018
- Perinatal Care Monitoring Ending June 30, 2018

CA-10) QI Site Review Summary Report 2nd Quarter 2018 – RECEIVE AND FILE
CA-11) QI SHA Monitoring Report 2nd Quarter 2018 – RECEIVE AND FILE

Kaiser Reports

CA-12) Kaiser KHS UM DME Authorization Denial Report – RECEIVE AND FILE

- 1st Quarter 2018

CA-13) Kaiser KHS Health Plan Dental Report– RECEIVE AND FILE

- 2nd Quarter 2018

CA-14) Kaiser KHS Mental Health Report – RECEIVE AND FILE

- 1st Quarter 2018

CA-15) Kaiser CBA Reports – RECEIVE AND FILE

- 2nd Quarter 2018

CA-16) Kaiser APL Grievance Report – RECEIVE AND FILE

- 2nd Quarter 2018

CA-17) Kaiser Volumes Report – RECEIVE AND FILE

- 2nd Quarter 2018

VSP Reports

CA-18) VSP Medical Data Collection Summary Reports – RECEIVE AND FILE

- June 2017-May 2018

Member Services

CA-19) Call Center Report 2nd Quarter 2018 – RECEIVE AND FILE

- Kern Health Systems/Kaiser

CA-20) Comparative Tabulated Grievance Reports – RECEIVE AND FILE

- 1st Quarter 2018

CA-21) Grievance Summary Reports – RECEIVE AND FILE

- 1st Quarter 2018

Provider Relations

CA-22) Re-credentialing Report 2nd Quarter 2018 – RECEIVE AND FILE

CA-23) Board Approved New Contracts – RECEIVE AND FILE

- Effective June 1, 2018
- Effective July 1, 2018

CA-24) Board Approved Providers Reports – RECEIVE AND FILE

- Effective June 1, 2018
- Effective July 1, 2018

CA-25) Access Monitoring Report 2nd Quarter 2018 – RECEIVE AND FILE

Disease Management

CA-26) Disease Management 2nd Quarter 2018 Report – RECEIVE AND FILE

Policies and Procedures

CA-27) UM Policies and Procedures 3.05-3.73 – RECEIVE AND FILE

- 3.05-P Preventive Medical Care
- 3.13-P EPSDT Supplemental Services and Targeted Case Management (TCM)
- 3.22-P Referral and Authorization Process
- 3.23-P Provider Appeals Regarding Authorization
- 3.40-I Continuity of Care for New Members
- 3.72-P Behavioral Health Therapy and Behavioral Intervention Services

- 3.73-I Medical Decision Making

Health Education Reports

CA-28) Health Ed 2017 Program Evaluation – RECEIVE AND FILE

CA-29) Health Ed 2018 Program Plan – RECEIVE AND FILE

UM Department Reports

30) Combined UM Reporting 2nd Quarter 2018 – APPROVE

ADJOURN TO THURSDAY, NOVEMBER 15, 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, May 24, 2018
7:00 A.M.

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Members Present: Satya Arya, M.D.; LSSBB; Danielle C Colayco, PharmD, MS; Allen Kennedy; Philipp Melendez, M.D., Chan Park, MD; Maridette Schloe MS, Martha Tasinga, M.D., C.M.O.

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

Meeting called to order by Dr. Martha Tasinga, M.D., C.M.O. @ 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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Allen Kennedy DME concern – Per Medi-Cal guidelines oxygen concentrators are now a rent-to-purchase item. This practice isn't financially sustainable for Oxygen companies. Dr. Tasinga to follow up with Compliance and Provider Relations & the State on this issue. MDA Fee for Service is not yet at this point, they are renting indefinitely.

3) Announcements
- Form 700 - **Committee members that were present at today's meeting turned in their 700 forms for 2018.**

4) Closed Session – **N/A**

5) CMO Report – **Evidence Based Medicine will be a topic at the next QI-UM Meeting per Dr. Tasinga. She will give a short presentation.**

CA-6) QI/UM Committee Summary of Proceedings February 22, 2018 – RECEIVED AND FILED
Arya-Park: All Ayes (Items CA-6 through CA-31)

CA-7) Physician's Advisory Committee (PAC) Summary of Proceedings 1st Quarter – RECEIVED AND FILED
- February 2018
- March 2018

CA-8) Pharmacy TAR Log Statistics 1st Quarter 2018 – RECEIVED AND FILED
- January 2018
- February 2018
- March 2018

CA-9) QI Focus Review Report 1st Quarter 2018 – RECEIVED AND FILED

- Critical Elements Monitoring Ending March 31, 2018
- IHEBA Monitoring Ending March 31, 2018
- IHA Monitoring Ending March 31, 2018
- KRC Monitoring Ending March 31, 2018
- CCS Monitoring Ending March 31, 2018
- Perinatal Care Monitoring Ending March 31, 2018

CA-10) QI Site Review Summary Report 1st Quarter 2018 – RECEIVED AND FILED

CA-11) QI SHA Monitoring Report 1st Quarter 2018 – RECEIVED AND FILED

Kaiser Reports

CA-12) Kaiser KHS UM DME Authorization Denial Report – RECEIVED AND FILED

- 4th Quarter 2017

CA-13) Kaiser KHS Health Plan Dental Report– RECEIVED AND FILED

- 1st Quarter 2018

CA-14) Kaiser KHS Mental Health Report – RECEIVED AND FILED

- 4th Quarter 2017

CA-15) Kaiser CBA Reports – RECEIVED AND FILED

- 1st Quarter 2018

CA-16) Kaiser APL Grievance Report – RECEIVED AND FILED

- 1st Quarter 2018

CA-17) Kaiser Volumes Report – RECEIVED AND FILED

- 1st Quarter 2018

VSP Reports

CA-18) VSP Medical Data Collection Summary Reports – RECEIVED AND FILED

- March 2017-February 2018

CA-19) QI Program Description Policy 4010
CA-20) VSP QI Work Plan Evaluation 2017
CA-21) VSP QI Work Plan 2018

Member Services

CA-22) Call Center Report 1st Quarter 2018 – RECEIVED AND FILED

- Kern Health Systems/Kaiser - **Nate Scott, Director of Member Services, replaced the Q1 2018 Call Center Report with an updated version during the meeting as a hand-out, due to incorrect data in the original report.**

CA-23) Comparative Tabulated Grievance Reports – RECEIVED AND FILED

- 4th Quarter 2017

CA-24) Grievance Summary Reports – RECEIVED AND FILED

- 4th Quarter 2017

Provider Relations

CA-25) Re-credentialing Report 2018 1st Quarter – RECEIVED AND FILED

CA-26) Board Approved New Contracts – RECEIVED AND FILED

- Effective March 1, 2018
- Effective April 1, 2018
- Effective May 1, 2018

CA-27) Board Approved Providers Reports – RECEIVED AND FILED

- Effective March 1, 2018
- Effective April 1, 2018
- Effective May 1, 2018

CA-28) Access Monitoring Report 1st Quarter 2018 – RECEIVED AND FILED

Disease Management

CA-29) Disease Management 1st Quarter 2018 Report – RECEIVED AND FILED

Policies and Procedures

CA-30) Health Education Policies and Procedures 2.30 and 3.70 – RECEIVED AND FILED

- 2.30-I Health Education 2017-12
- 3.70-I Cultural and Linguistic Services 2018-01 - **Policy updated to meet the new requirements of Section 1557 of the ACA and APL17-011 which includes the nondiscrimination notice and language access taglines.**

CA-31) UM Policies and Procedures 2.45-3.77 – RECEIVED AND FILED

- 2.45-I Delegation of QI, UM, Care and Case Management and Pharmacy 2017-12
- 3.10-P Alcohol and Substance Abuse Treatment 2018-03
- 3.13-P EPSDT Supplemental Services and Targeted Case Management 2018-01
- 3.14-P Mental Health Services 2018-01
- 3.23-P Provider Appeals Regarding Authorization 2017-11
- 3.61-I Comprehensive Case Management and Coordination of Care 2017-11
- 3.69-I Provider Preventable Conditions 2018-03
- 3.75-I Health Risk Assessment 2018-01
- 3.77-I Palliative Care 2018-02

Health Education Reports

32) Health Ed Activities Report 1st Quarter 2018 – APPROVED

Melendez-Arya: All Ayes

QI Department Reports

33) 2017 QI Program Evaluation – APPROVED
Melendez-Arya: All Ayes

34) 2018 QI Program Description – APPROVED
Melendez-Arya: All Ayes

35) 2018 QI Work Plan – APPROVED
Melendez-Arya: All Ayes

36) HEDIS – APPROVED
Melendez-Arya: All Ayes

UM Department Reports

37) 2017 UM Evaluation – APPROVED
Melendez-Schloe: All Ayes

38) 2018 UM Program Description – APPROVED
Melendez-Schloe: All Ayes

39) Combined UM Reporting 1st Quarter 2018 – APPROVED
Melendez-Schloe: All Ayes

Meeting adjourned by Dr. Martha Tasinga, M.D., C.M.O. @ 8:15 A.M.
to Thursday, August 23, 2018

AMERICANS WITH DISABILITIES ACT
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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, April 4, 2018
7:00 A.M.

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COMMITTEE RECONVENED

Members Present: 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: Hasmukh Amin, M.D.

Meeting called to order at 7:05 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 March 7, 2018 – APPROVED
Paul Gordon-Egbikuadje:All Ayes

ADJOURNED TO CLOSED SESSION @ 7:07 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 RECREDENTIALING.**

COMMITTEE RECONVENED TO OPEN SESSION @ 7:12 A.M.

5) Review Policy 4.04-P Non-Physician Medical Practitioners – APPROVED
Patel-Parmar: All Ayes

- **Yolanda Herrera, KHS Credentialing Lead, explained changes to Policy and Procedure 4.04-P. Changes were made to ensure compliance with current state statute specific to the Nurse Practice Act and the Physician Assistant Guidelines. Additional policy updates were also implemented to ensure compliance with our DHCS Contract requirements, updated monitoring activities performed by QI Department and supervising physician attestation to comply with all applicable state and federal laws, regulations, standards that govern supervision of any and all activities related to non-physician medical practitioners.**

6) Opioid Protocols (Handout) – RECEIVED AND FILED

- **Bruce Wearda, KHS Director of Pharmacy, informed the PAC committee of actions taken by the P&T committee. They incorporated CDC guidance positions and statements. They also took into consideration KHS Opioid Coalition suggestions.**
- **The suggestions were to limit new Opioid prescriptions to 7-day supply, and to limit antispasmodics to 3-months cumulative therapy.**

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 8:07 A.M. TO WEDNESDAY, MAY 2, 2018 AT 7:00 A.M.

AMERICANS WITH DISABILITIES ACT
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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, May 2, 2018
7:00 A.M.

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COMMITTEE RECONVENED

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

Members Absent: Hasmukh Amin, M.D., Miguel Lascano, M.D.

Meeting called to order at 7:02 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 April 4, 2018 – APPROVED
Paul Gordon-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 RECREDENTIALING.**

COMMITTEE RECONVENE TO OPEN SESSION @ 7:26 A.M.

5) Review Revised Varicose Vein Treatment Modalities Criteria – APPROVED
Committee outlined the following:

- **Vascular Interventionalist must demonstrate board eligible or board certified for the requested specialty services.**
- **Removed requirement for minimum number of cases or documents outlining residency or fellowship.**
- **Credentialing approval by KHS PAC committee to perform services.**

ITEMS 6-11 ARE HELD UNTIL NEXT MEETING ON 06/05/18 FOR COMMITTEE'S REVIEW. THERE WAS NOT ENOUGH TIME DURING THIS MEETING TO COMPLETE THESE ITEMS.

6) Review Policy 3.10-P Alcohol and Substance Abuse Treatment – HELD

7) Review Policy 3.13-P EPSDT Supplemental Services and Targeted Case Management (TCM) – HELD

8) Review Policy 3.14-P Mental Health Services – HELD

9) Review Policy 3.69-I Provider Preventable Conditions – HELD

10) Review Policy 3.75-I Health Risk Assessment (Previously 2.41-I) – HELD

11) Review Policy 3.77-I Palliative Care – HELD

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 8:06 A.M. TO WEDNESDAY, JUNE 6, 2018

AMERICANS WITH DISABILITIES ACT
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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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Wednesday, June 6, 2018
7:00 A.M.

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COMMITTEE RECONVENE

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.

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

Meeting called to order at 7:03 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 May 2, 2018 – APPROVED
Parmar-Amin: All Ayes

ADJOURNED TO CLOSED SESSION @ 7:04 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 RECREDENTIALING.**

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

5) Review Policy 3.10-P Alcohol and Substance Abuse Treatment – RECEIVED AND FILED

6) Review Policy 3.13-P EPSDT Supplemental Services and Targeted Case Management (TCM) – RECEIVED AND FILED

7) Review Policy 3.14-P Mental Health Services – RECEIVED AND FILED
- **Dr. Hasmukh Amin brought up issue to committee regarding Mental Health access. Deborah Murr, (KHS Administrative Director of Health Services) specified that no authorization is required for Mental Health Services, similar to other medical diagnoses (parity.) Unless member is**

case managed by KHS Social Workers, members are accountable for scheduling appointments.

8) Review Policy 3.69-I Provider Preventable Conditions – RECEIVED AND FILED

9) Review Policy 3.75-I Health Risk Assessment (Previously 2.41-I) – RECEIVED AND FILED

10) Review Policy 3.77-I Palliative Care – RECEIVED AND FILED

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:53 A.M.
TO WEDNESDAY, AUGUST 1, 2018

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

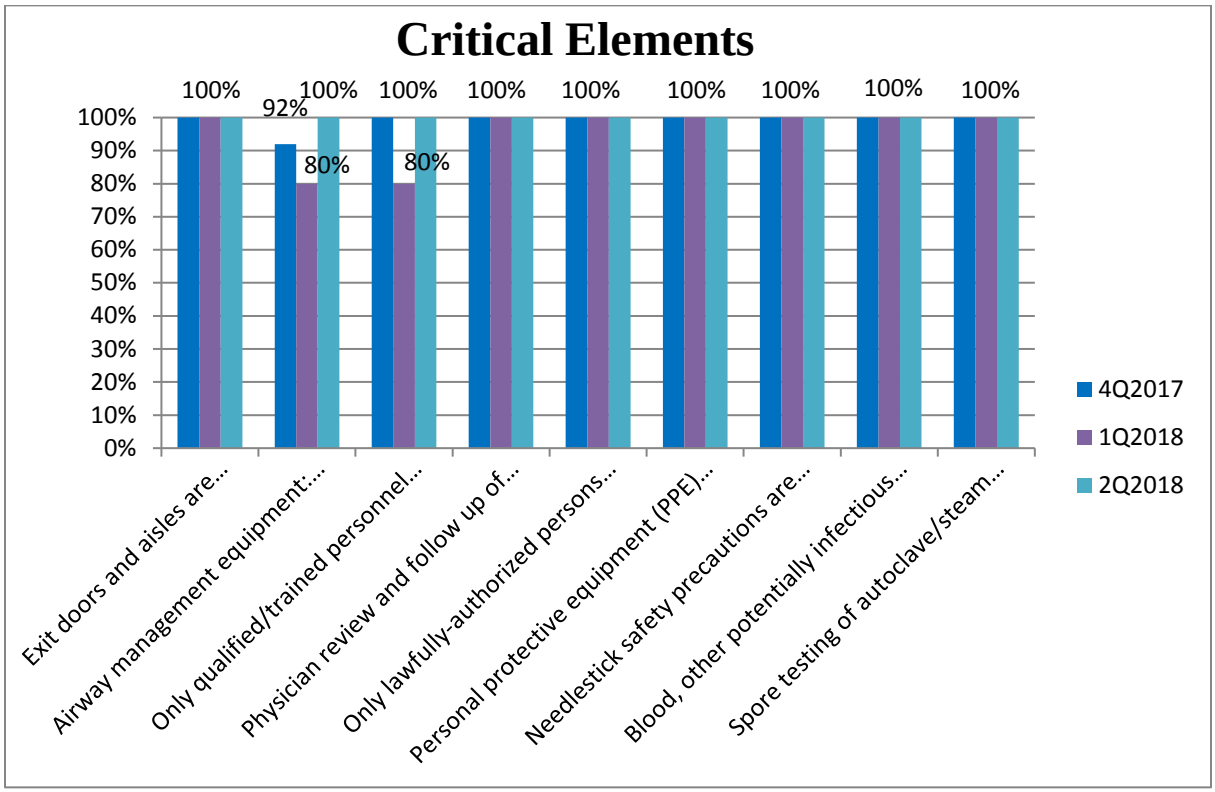
The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the KHS Finance Committee may request assistance at the Kern Health Systems office, 9700 Stockdale Highway, Bakersfield, California or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

Quarter/Year of Audit	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018
Month Audited	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Total TAR's for the month	3359	3056	3812	3046	3831	3551						
Compliant	100%	99%	99%	100%	100%	100%						
APPROVED TAR'S												
Timeliness - Reviewed & Returned in 1 busines day	76/76	72/72	87/88	69/69	80/80	71/71						
Date Stamped	76/76	72/72	88/88	69/69	80/80	71/71						
Fax copy attached	76/76	72/72	88/88	69/69	80/80	71/71						
Decision marked	76/76	72/72	88/88	69/69	80/80	71/71						
DENIED TAR'S												
Timeliness - Reviewed & Returned in 1 business day	63/63	53/53	63/63	54/54	72/72	72/72						
Initally Denied - Signed by Medical Dir and/or Pharm	63/63	53/53	63/63	54/54	72/72	72/72						
Letter sent within time frame	63/63	53/53	63/63	54/54	72/72	72/72						
Date Stamped	63/63	53/53	63/63	54/54	72/72	72/72						
Fax copy attached	63/63	53/53	63/63	54/54	72/72	72/72						
Decision marked	63/63	53/53	63/63	54/54	72/72	72/72						
Correct form letter, per current policies used	63/63	53/53	63/63	54/54	72/72	72/72						
MODIFIED TAR'S												
Timeliness - Reviewed & Returned in 1 business day	0	0	0	0	0	0						
Date Stamped	0	0	0	0	0	0						
Fax copy attached	0	0	0	0	0	0						
Decision marked	0	0	0	0	0	0						
Correct form letter, per current policies used	0	0	0	0	0	0						
DUPLICATE TAR'S												
Timeliness - Reviewd & Returned in 1 business day	12/12	9/10	17/17	14/14	10/10	17/17						
Date Stamped	12/12	10/10	17/17	14/14	10/10	17/17						
Fax copy attached	12/12	10/10	17/17	14/14	10/10	17/17						

Kern Health Systems
Focus Review Summary Report

Critical Elements Reviews: Sixteen (16) providers were evaluated in 2nd Quarter 2018.

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.

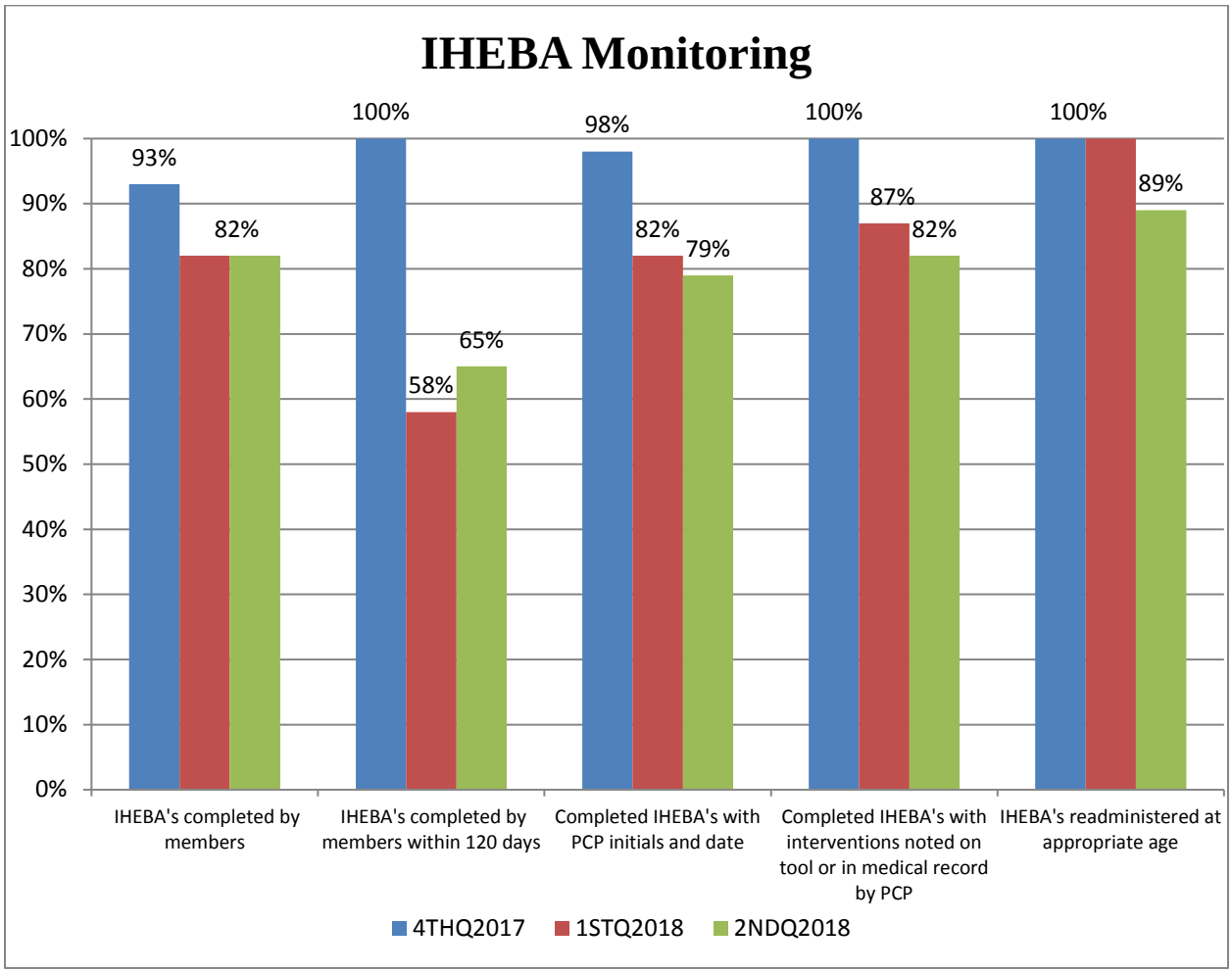


All providers evaluated over the last 3 Quarters scored 100% in all areas in 2 out of 3 Quarters. The two areas with opportunities for improvement in 1st Quarter 2018 were related to qualified personnel preparing and administering medications and Physician Review and Follow-up on referral and diagnostic test results. Correction Action Plans (CAPs) were issued and the deficiencies were corrected.

IHEBA Reviews: In 2nd Quarter 2018, 80 charts were reviewed from sixteen (16) providers. . The areas for improvement noted were:

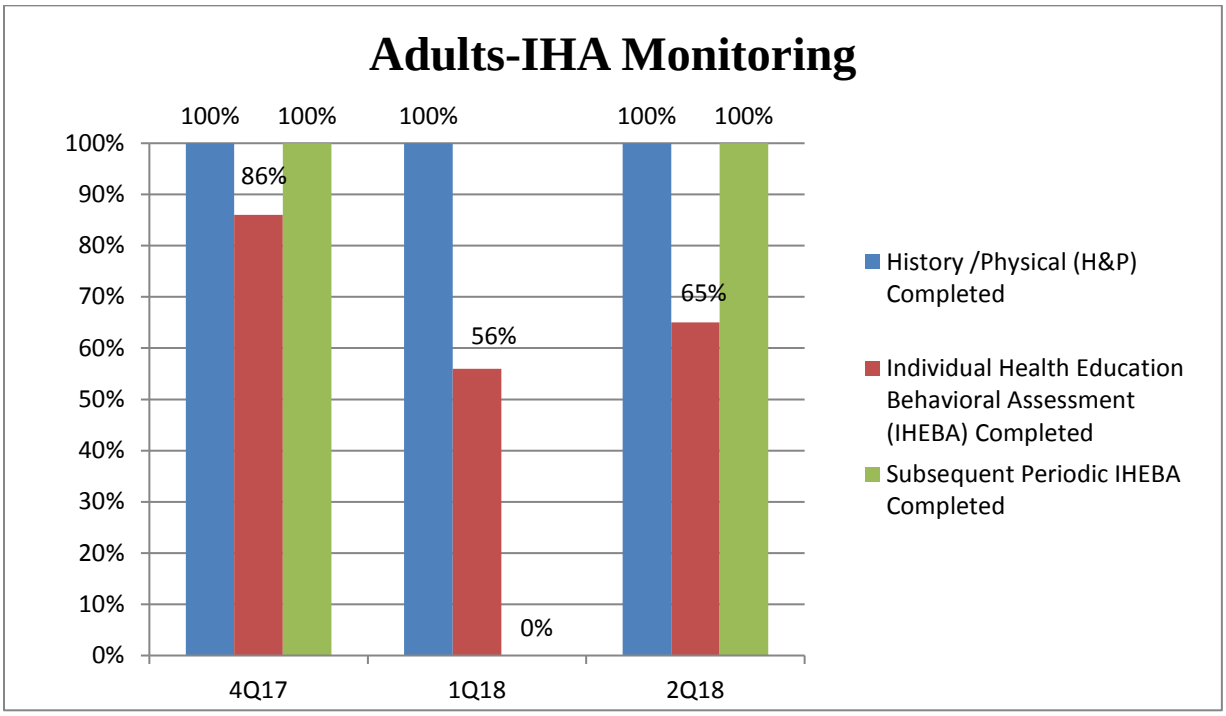
- member completion of IHEBAs,
- member completion of IHEBAs within 120 days,
- PCP initialing and dating of completed IHEBAs,
- PCP notation of IHEBA interventions in medical records.
- IHEBA's re-administered at appropriate age

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.



Initial Health Assessment Reviews: In the 2nd Quarter 2018, sixteen (16) providers were evaluated. There were thirty-two (32) Adult records and twenty-one (21) Pediatric records reviewed.

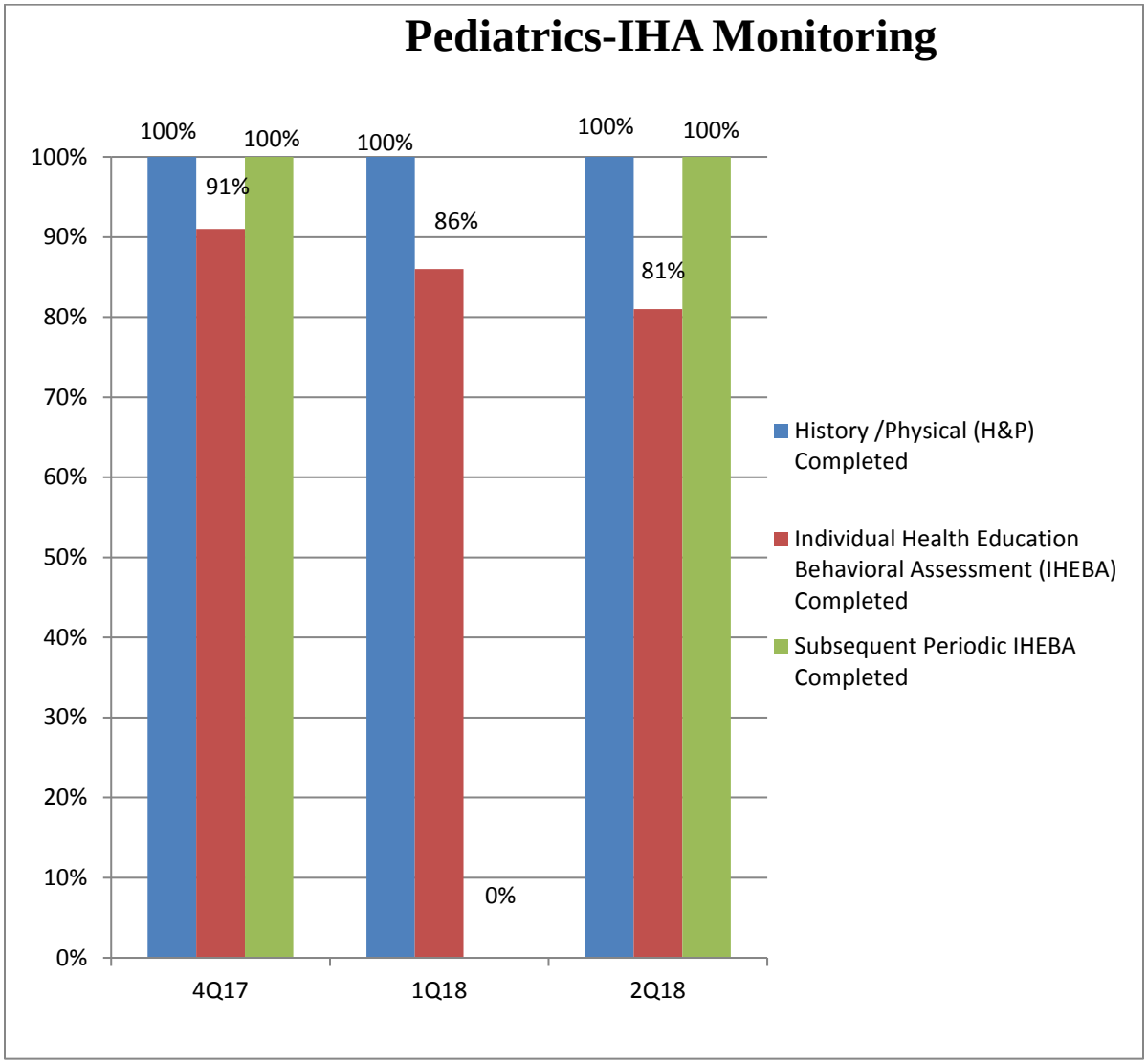
SUMMARY: An Initial Health Assessment (IHA) must be provided to each member within 120 days of enrollment. As PCP's receive their assigned panels, the Practitioner's office should contact members to schedule an IHA to be performed within the 120 day time limit. If the practitioner/staff is unable to 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.



The sixteen (16) providers reviewed serving adults had all of the H&Ps and Subsequent IHEBAs completed in the 2nd quarter. Although improved from 1st Quarter 2018, the area in most need of improvement was the Staying Health Assessment.

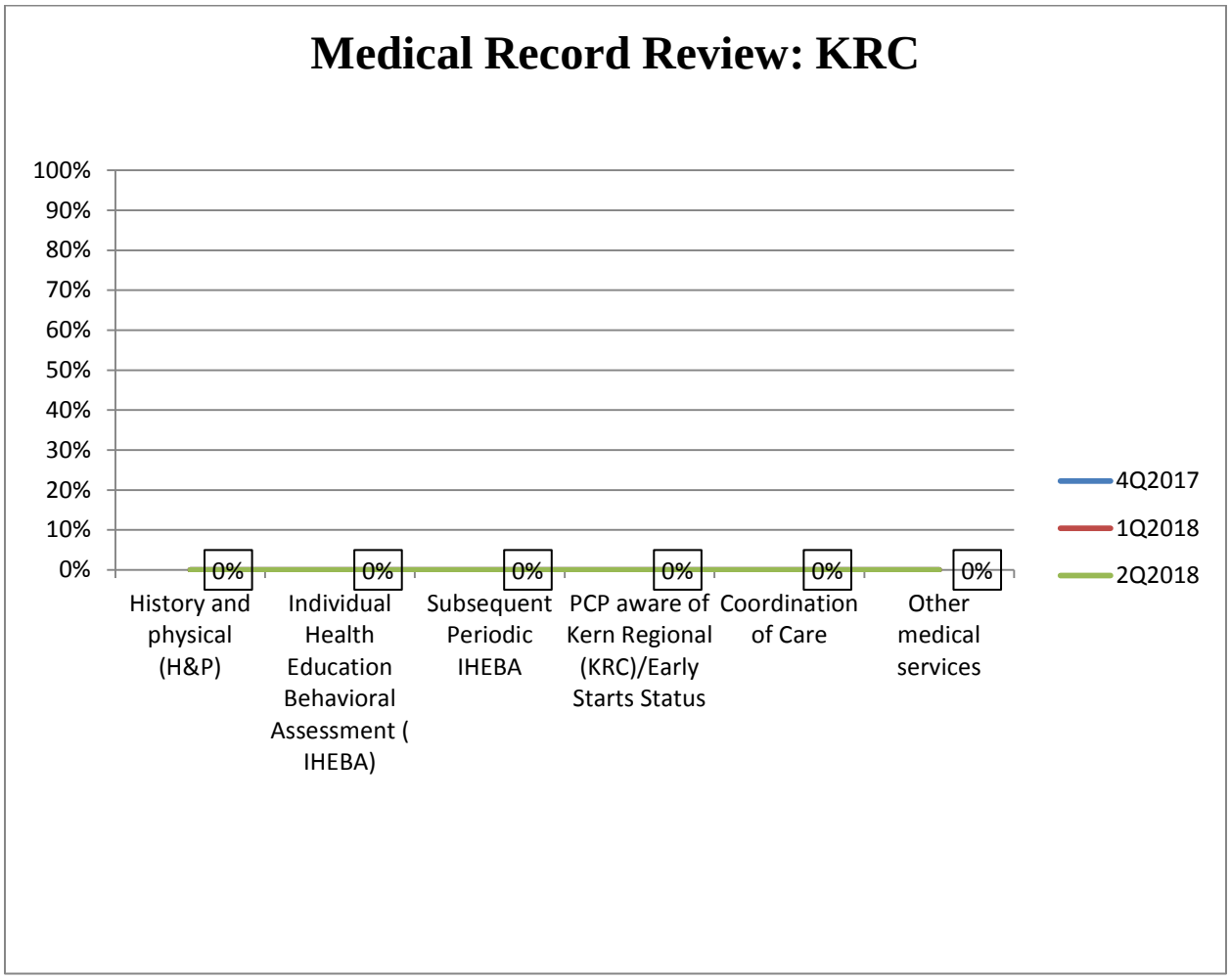
Both adult and pediatric providers perform H&Ps during the initial health assessment. The initial IHEBA/Staying Health Assessment should be performed during the IHA. Performance in Pediatric IHEBA use remains higher than in the adult population for all elements. Corrective Action Plans were implemented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

This quarter, all sixteen providers surveyed scored 100% in completing the History/Physicals (H&P) and the Subsequent Periodic IHEBAs in the pediatric records reviewed. The area most in need of improvement over the last 3 quarters was completion of the Staying Health Assessments during the IHA. Corrective Action Plans for deficiencies have been implemented and follow-up visits will be conducted.



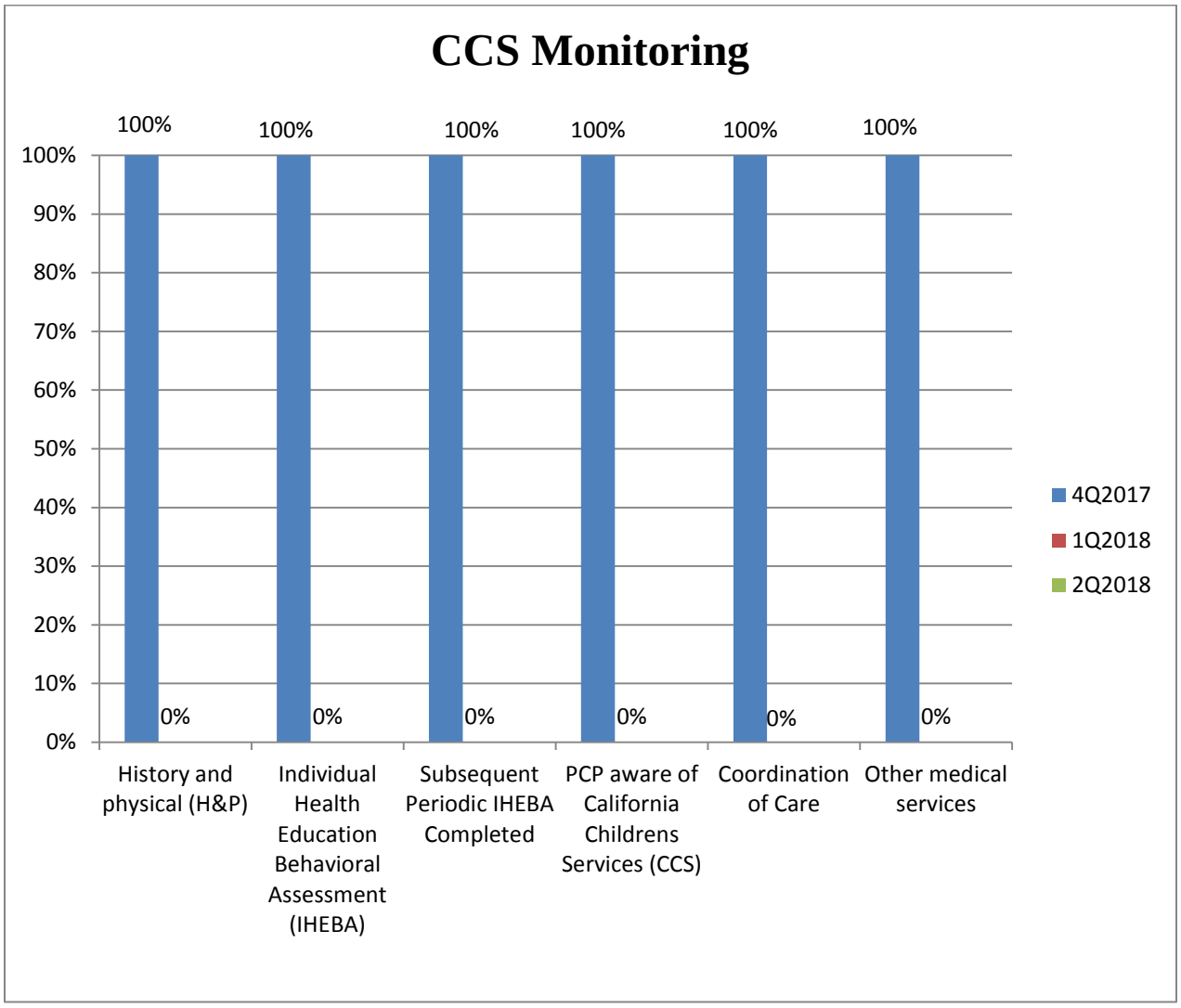
KRC Reviews: In 2nd Quarter 2018 there were no KRC charts reviewed.

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.



CCS Reviews: Out of the sixteen (16) providers surveyed in 2nd Quarter 2018, there were no CCS charts reviewed.

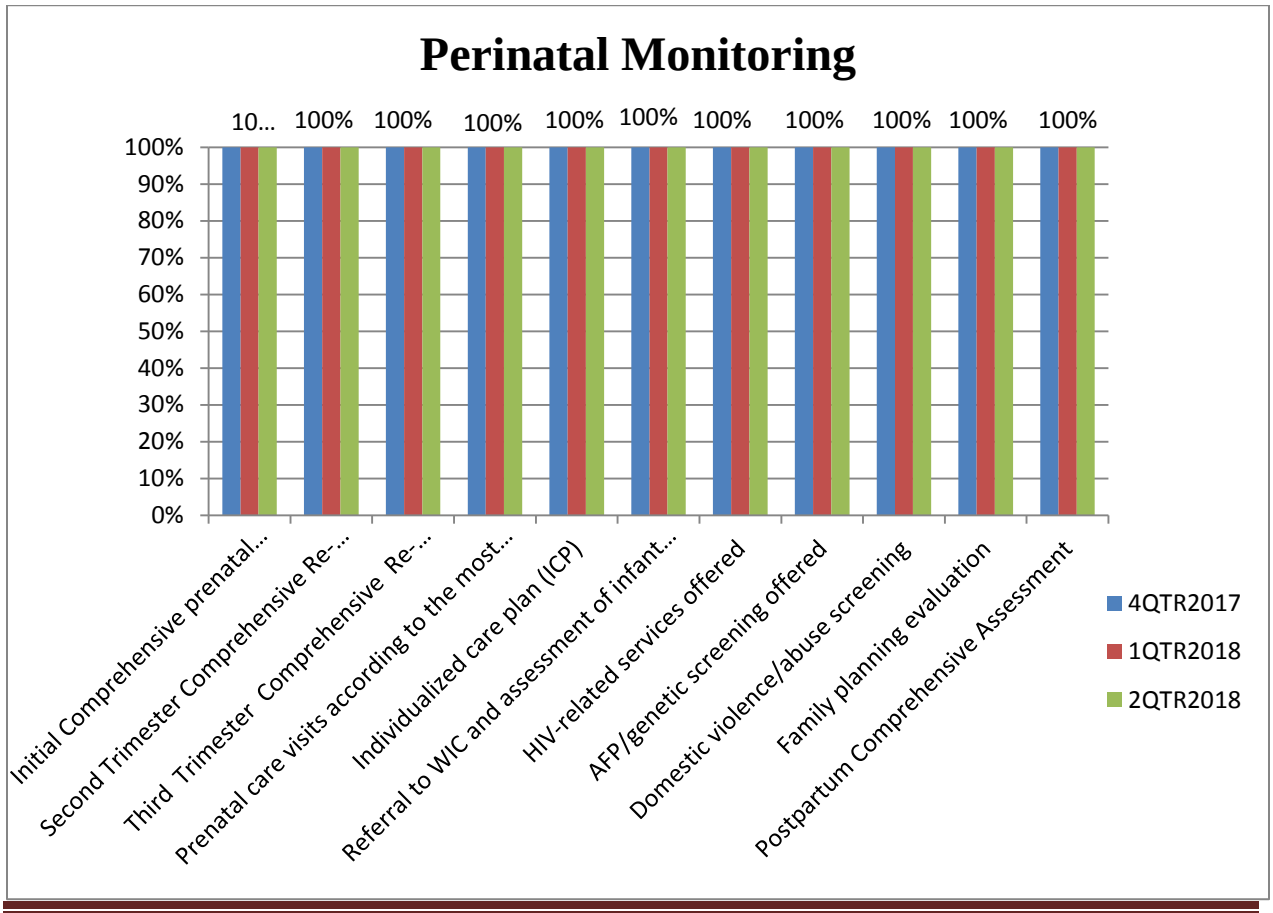
SUMMARY: KHS ensures the provision of primary care interventions and other medically necessary covered services unrelated to the CCS eligible condition through medical record review evidenced by appropriate primary care and other necessary intervention. KHS collaborates with CCS, the CCS Specialist,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



Perinatal Reviews: Out of the sixteen (16) providers surveyed in 2nd Quarter 2018 there were 55 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 2Q18 all Providers scored 100% in all areas.

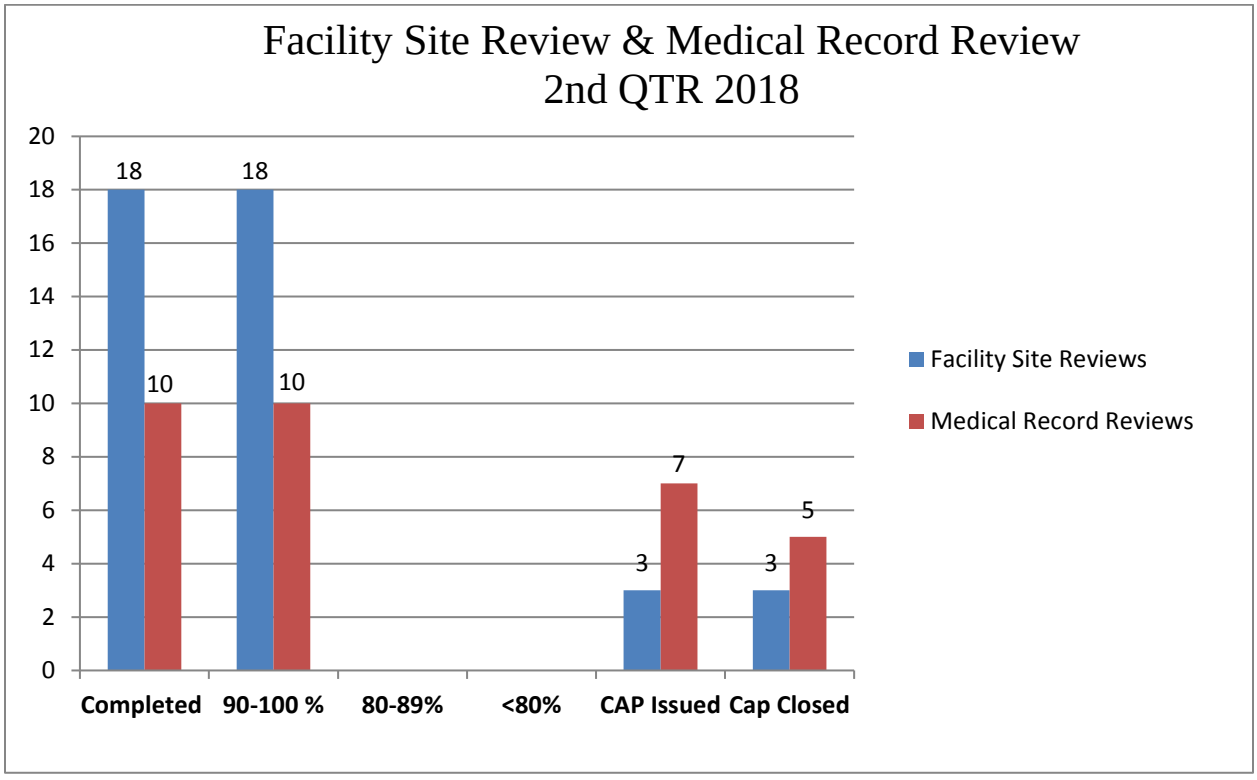


Kern Health Systems
Site Review Summary Report

Disciplinary Involvement: Quality Improvement and Provider Relations
Data Retrieval Method: Chart Review, Observation, Interview/Survey, Physical Inspection
Department: Quality Improvement
Monitoring Period: April 1, 2018- June 30, 2018

A total of eighteen (18) Office Site Reviews were completed in the 2nd Quarter of 2018. Out of the eighteen (18) completed, ten (10) were Initial Reviews and eight (8) were Periodic Reviews. Three (3) out of the eighteen (18) performed were for Urgent Care Centers.

A total of ten (10) Medical Record Reviews were completed in the 2nd Quarter of 2018. Three (3) were Initial Medical Record Reviews, and seven (7) were Periodic Medical Record Reviews. There were three (3) Facility Site Review CAPs and seven (7) Medical Record Review CAPs issued. All three (3) Full Site Review CAPs were closed, and Five (5) Medical Record Review CAPs were closed. Three Medical Record Review CAPs remain open.



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:

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

- There were no Critical Element Deficiencies noted in 2nd Quarter 2018.

Top Medical Record Review Deficiencies

- IHEBAs completed by members.
- IHEBAs completed by member within 120 days.
- PCP initials and dates on completed IHEBAS,
- PCP Notation of Interventions noted in medical records.
- IHEBAs administered at the appropriate age,

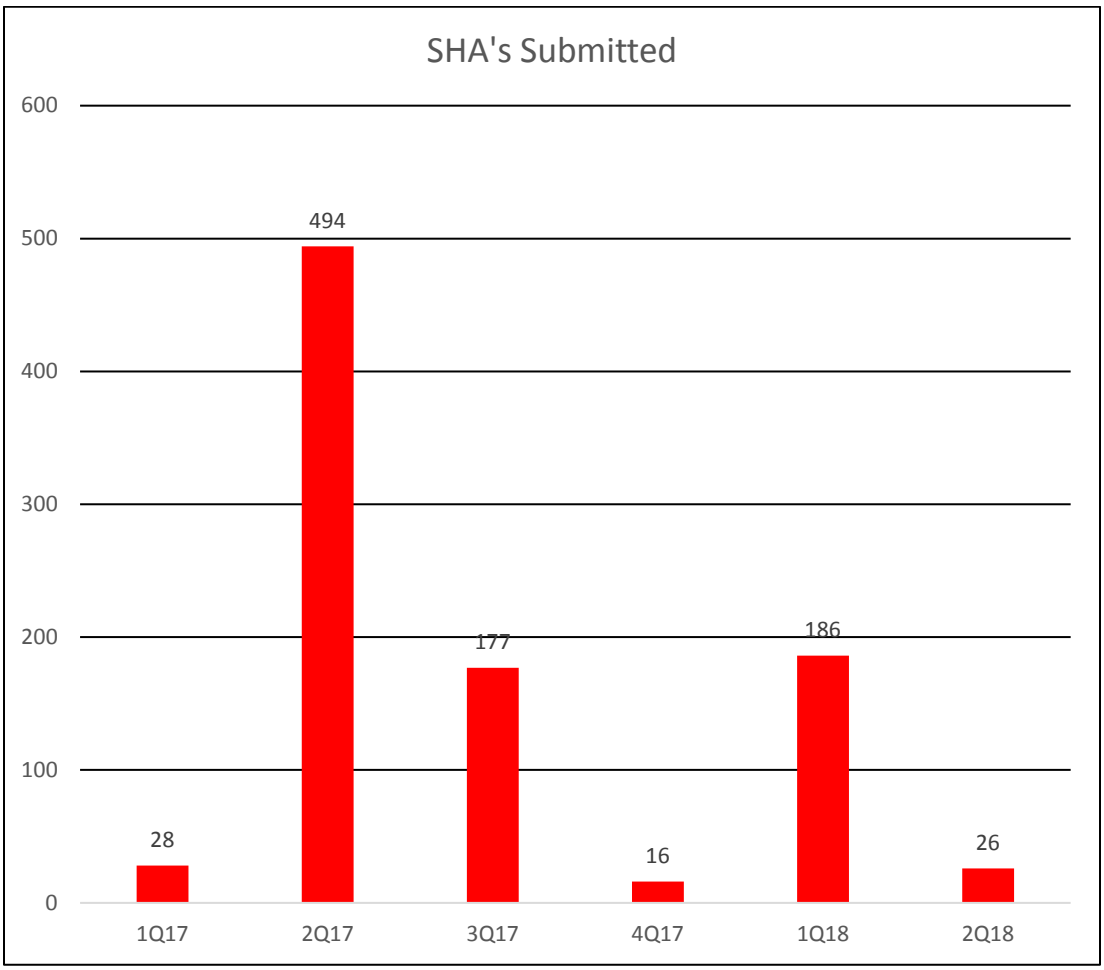
Providers are responsible for coming into compliance with the full site review criteria. If a site remains out of compliance and/or has a recurrent failing score through subsequent follow-up visits, disciplinary action may be imposed.

Kern Health Systems
Staying Healthy Assessments Monitoring

SUMMARY: KHS works 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 1st Quarter 2018, there were 186 positive SHAs sent to Health Education. This increase was related to the number of records reviewed for HEDIS. 2nd Quarter 2018 saw a decrease though with only 26 SHAs submitted as the Medical Record Review drew to a close at the end of HEDIS.



Kaiser Foundation Health Plan
Southern California Region
1st Quarter UM DME Report 2018

Kern Family Health

Q4 2017	ALL PLAN MEDI-CAL	Kern Family Health
ENROLLMENT	422462.33	8137.33
ACUTE DAYS/1000 MEMB	168.63	83.71
ACUTE DISCHARGES/1000 MEMB	44.09	35.54
ACUTE ALOS	3.74	2.37
ACUTE READMISSION RATE	0.13	0.04
SNF DAYS/1000 MEMB	19.11	0.00
SNF DISCHARGES/1000 MEMB	1.06	0.00
SNF ALOS	22.22	0.00
INPT PSYCH DAYS/1000 MEMB	2.02	1.54
INPT PSYCH DISCHARGES/1000 MEMB	0.45	0.00
INPT PSYCH ALOS	4.34	0.00
OUTPATIENT VISITS/MEMB	5.48	6.12
ER VISITS/1000 MEMB	333.99	156.99
UM DENIALS		1
UM AUTHORIZATIONS*		0
TOTAL		1
UM DENIAL RATE		100.0%
UM APPEALS**		0
DME DENIALS		3
DME AUTHORIZATIONS		209
TOTAL		212
DME DENIAL RATE		1.4%
DME APPEALS**		0

*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 2nd Quarter 2018

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	Q2 2018	0	0	0	0	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 Submitted	Number of Denials for DD Adults Due to Not Meeting Medical Necessity Criteria	Number of Denials for DD Adults Due to Other Reasons	Other Denial Reasons for DD Adults
303	KERN HEALTH SYSTEMS	Kern	Q2 2018	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 Not Submitted	Number of Denials for Non-DD Children Due to Not Meeting Medical Necessity Criteria	Number of Denials for Non-DD Children Due to Other Reasons	Other Denial Reasons for Non-DD Children
303	KERN HEALTH SYSTEMS	Kern	Q2 2018	0	0	0	0	0	

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 Submitted	Number of Denials for DD Children Due to Not Meeting Medical Necessity Criteria	Number of Denials for DD Children Due to Other Reasons	Other Denial Reasons for DD Children
303	KERN HEALTH SYSTEMS	Kern	Q2 2018	0	0	0	0	0	

Kaiser KHS Mental Health Report 1Q 2018
Screenshot

1. MH Referrals Reporting

A	B	C	D	F	G	H	I	J	K
Plan Code	Plan Name	County	Reporting Quarter	Total # of Plan Members	# of Referrals by SMHP to MCP	# of Referrals by MCP to SMHP (Within County)	# Referrals to MCP Mental Health Provider	# of Referrals by MCP to SMHP (Other County)	County Code for Referrals to SMHP Outside the County
303	KERN HEALTH SYSTEMS	Kern	Q1 2018	8,235	0	6	125	0	0

2. MH Grievance & Appeal Reporting

A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R
Plan Code	Plan Name	County	Reporting Quarter	Total Grievances Do not fill in	Reason for Grievance: Psychotherapy (Evaluation & Treatment)	Reason for Grievance: Outpatient Services	Reason for Grievance: Laboratory, Supplies, etc.	Reason for Grievance: Access to SMHP	Reason for Grievance: Authorization/ Referral to SMHP	Reason for Grievance: Medication / Pharmacy	Reason for Grievance: All Other	Other Grievance Description	# of Grievances Resolved Within 30 Days	# of Grievance Pending in Plan's Internal Grievance System Less Than 30 Days	# of Grievance Pending in Plan's Internal Grievance System Greater Than	# of Grievances Resolved from a Previous Reporting Period
303	KERN HEALTH SYSTEMS	Kern	Q12018	2	0	0	0	0	1	0	1	Other/No Issu	2	0	0	0

3. MH Continuity Of Care Reporting

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Plan Code	Plan Name	County	Reporting Quarter	Total # of Mental Health COC Approvals	The Average # of Days it took to Approve Request	The Average # of Sessions the COC Request was	Total # of COC Denials Do not fill in	The Average # of Days it took to Deny COC	Denial Reason: Care Relationship Not Established	Denial Reason: Quality of Care	Denial Reason: Disagreement on the Rate	Denial Reason: Provider Refused to Work with a Managed	Denial Reason: Other	Explanation of Denial Reason: Other	# of COC Requests In Process
303	KERN HEALTH SYSTEMS	Kern	Q12018	0	0	0	0	0	0	0	0	0	0	0	0

2. MH Reporting Comments

Mental Health Referrals:

Data is not available for column G, J and K

Column H reflects SMHP referrals from Kaiser to the County

Column I reflects Sum of Total MH visits within Kaiser (initial visits) + referrals to outside Kaiser providers (Value Option & Magellan)

Kaiser KHS CBAS Report Q2 2018

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
												CBAS Outcome					
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	Discharged: Other Services	Patient Moved Out of Plan	Patient Chose to Leave CBAS	Patient Transferred to Different CBAS Center
303	KERN HEALTH SYSTEMS	Kern	Q2 2018	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	Q2 2018	0	0	0	0

3. CBAS Appeals Reporting

A	B	C	D	E	F	G	H	I	J	K
				(E+F+G)=(H+I+J+K)			(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
303	KERN HEALTH SYSTEMS	Kern	Q2 2018	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	Q2 2018	0	0

Kaiser KHS 2Q2018

APL Grievance Report

1. Grievance & Appeal Reporting

A	B	C	D	F	G	H	I	J	K	L	M	N	O
Plan Code	**Plan Name**	**County**	**Reporting Quarter**	**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	**Resolved Accessibility Grievance** 0- Unresolved 1- Resolved in Favor of Member 2- Resolved in Favor of Plan	**Benefits/ Coverage** 1- Dispute over covered services	**Resolved Benefits/ Coverage Grievance** 0- Unresolved 1- Resolved in Favor of Member 2- Resolved in Favor of Plan	**Referral** 1- Plan Refusal to Refer 2- Provider Refusal to Refer 3- Delay in Referral	**Resolved Referral Grievance** 0- Unresolved 1- Resolved in Favor of Member 2- Resolved in Favor of Plan	**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	**Resolved Quality of Service Grievance** 0- Unresolved 1- Resolved in Favor of Member 2- Resolved in Favor of Plan	**Other** Please specify 1- Operation Policy 2- Billing 3- Systems and Technology 4- Benefit 5- Elig/Enroll 6- Other	**Resolved Other Grievance** 0- Unresolved 1- Resolved in Favor of Member 2- Resolved in Favor of Plan
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							1	1	1	1
303	KERN HEALTH SYSTEMS	Kern	Q2 2018	2	1							4	2
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018			1	1					2	1
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018									4	1
303	KERN HEALTH SYSTEMS	Kern	Q2 2018									4	1
303	KERN HEALTH SYSTEMS	Kern	Q2 2018					2	1			6	1
303	KERN HEALTH SYSTEMS	Kern	Q2 2018	1	1			2	1				
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018					2	2			6	1
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							4	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							4	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							4	1	4	1
303	KERN HEALTH SYSTEMS	Kern	Q2 2018	1	1			2	1	4	1	4	1
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	0		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018							7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018			1	1	2	1	7	1		
303	KERN HEALTH SYSTEMS	Kern	Q2 2018			1	1					6	1
303	KERN HEALTH SYSTEMS	Kern	Q2 2018					2	1	7	1	1	1

Kern Family Health Care Report, 2018Q2
Overall Grievance Volumes, Northern and Southern California Regions

Category	Total All Grievance Types	Coverage Disputes	Disputes Involving Medical Necessity	Quality of Care	Access to Care (including appts.)	Quality of Service	Other
Medi-Cal	*25*	1	0	0	3	21	0
	25	*1*	*0*	*0*	*3*	*21*	*0*

*:
1. Excludes CSI and Self Funding
2. Excludes Withdrawns And Soft Deletes
3. Excludes Level Categories Praise(7), Inquiry(8) and Effectuation (9)

Medical Data Collection Summary Report

Period Covered: June, 2017 through May, 2018
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:	20,335	
Diabetes?:	1,091	5.4%
Diabetic Retinopathy:	152	.7%
Glaucoma:	200	1.0%
Hypertension:	832	4.1%
High Cholesterol	239	1.2%
Macular Degeneration:	40	.2%

Estimated Number of Cases

Total Members:	246,019	
Diabetes?:	5,662	2.3%
Diabetic Retinopathy:	485	.2%
Glaucoma:	942	.4%
Hypertension:	24,674	10.0%
High Cholesterol	37,187	15.1%
Macular Degeneration:	303	.1%

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

Call Center Q2 2018
Screenshot

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	Q2 2018	54421	478	53943	0:00:10	0:06:08	0.9%	94%	Y	Y

2016-2017 COMPARATIVE TABULATED GRIEVANCES

Kern Family Health Care Grievances	4th Quarter 2017	1st Quarter 2018	1st Quarter 2017
Access to Care (PCP)	**20**	**25**	**6**
Difficulty Accessing Specialist	**5**	**8**	**3**
Quality of Care	**26**	**32**	**36**
Quality of Service	**44**	**2**	**119**
Medical Necessity	**67**	**127**	**18**
Coverage Dispute	**37**	**38**	**19**
Cultural and Lingustic Dissatisfaction	**0**	**3**	**2**
Other Issue	**0**	**1**	**5**
Total Grievances	**199**	**236**	**208**
MCAL (NonSPD) Grievances	**81**	**97**	**105**
SPD Grievances	**59**	**46**	**52**
Expansion Grievances	**59**	**93**	**51**
Cases Upheld by Plan	**18**	**210**	**158**
Cases Found in Favor of the Enrollee	**14**	**26**	**49**
Pending at the time of report	**0**	**0**	**1**
Kaiser Permanente Grievances			
Access to Care (PCP)	**2**	**3**	**2**
Difficulty Accessing Specialist	**0**	**0**	**1**
Quality of Care	**3**	**6**	**7**
Quality of Servive	**14**	**11**	**9**
Medical Necessity	**4**	**6**	**6**
Coverage Dispute	**8**	**6**	**0**
Cultural and Lingustic Dissatisfaction	**0**	**0**	**0**
Other Issue	**12**	**7**	**1**
Total Grievances	**43**	**39**	**26**
State Fair Hearings			
Coverage Dispute	**0**	**1**	**3**
Medical Necessity	**1**	**0**	**6**
Quality of Care	**0**	**0**	**0**
Access to Care	**0**	**0**	**0**
Quality of Service	**0**	**0**	**1**
Other Issues	**0**	**0**	**0**
Total	**1**	**1**	**10**
Cases Found in Favor of the Plan	**0**	**0**	**1**
Cases Found in Favor of the Enrollee	**0**	**0**	**0**
Waiting on Decision or Case not Heard Yet	**1**	**1**	**9**
DMHC Complaints			
Coverage Dispute	3	4	0
Medical Necessity	1	2	2
Quality of Care	0	0	1
Access to Care	0	0	0
Quality of Service	0	0	1
Other Issues	0	0	0
Total	**4**	**6**	**4**
DMHC Complaints Found in Favor of the Plan	0	4	3
DMHC Complaints Found in Favor of the Enrollee	3	1	1
Decisions Pending at the time of report	1	1	0

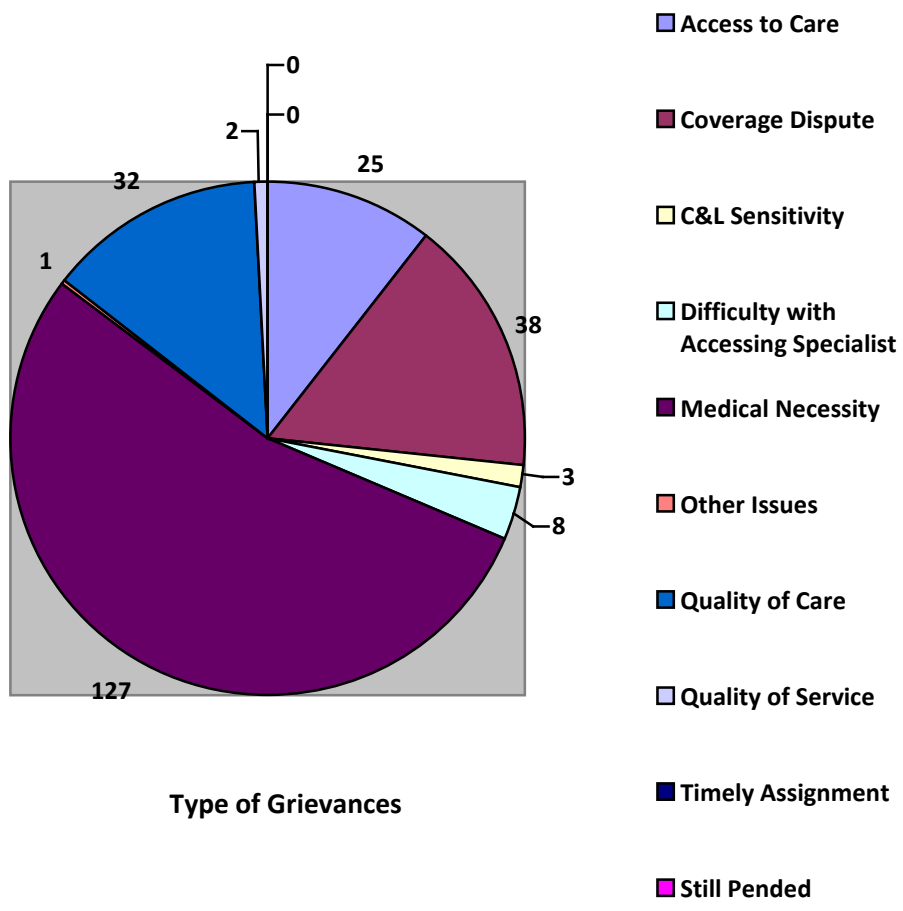
LEGEND OF CATEGORIES
Access to Care (PCP) - Issues related to long wait times or difficulty scheduling PCP appointments.
Difficulty Accessing Specialist - Issues related to difficulty scheduling specialty appointments.
Quality of Care - Dissatisfied with care received from provider, staff or facility staff.
Quality of Service - Dissatisfied with serive 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	4th Quarter 2017	1st Quarter 2018	1st Quarter 2017
Delay of Services	0	0	0
Modification of Services	0	1	0
Denial of Services	3	7	3
Total	**3**	**8**	**3**
IMR Cases Found in Favor of the Plan	1	6	1
IMR Cases Found in Favor of the Enrollee	1	1	2
Decisions Pending at the time of report	1	1	0
Enrollment Counts vs Grievances Received Per Quarter - Total Enrollment			
Total Enrollment	249,457	253,166	222,155
Grievances per 1,000 Members	0.80	0.93	1.35
Percentage of Grievances	0.080%	0.093%	0.135%
Enrollment Counts vs Grievances Received Per Quarter - MCAL (Non SPD) Members			
Total Enrollment	234,968	238,732	203,985
Grievances per 1,000 Members	0.34	0.80	0.89
Percentage of Grievances	0.034%	0.080%	0.089%
Enrollment Counts vs Grievances Received Per Quarter - SPD Members			
Total Enrollment	14,489	14,434	13,453
Grievances per 1,000 Members	4.07	3.19	1.86
Percentage of Grievances	0.41%	0.31%	0.19%
Enrollment Counts vs Grievances Received Per Quarter - Expansion Members			
Total Enrollment	58,789	60,008	50,935
Grievances per 1,000 Members	1.00	1.55	1.85
Percentage of Grievances	0.10%	0.16%	0.19%
Enrollment Counts vs Grievances Received Per Quarter - Kaiser Members			
Total Enrollment	7,890	8,225	7,466
Grievances per 1,000 Members	5.44	4.74	3.48
Percentage of Grievances	0.54%	0.47%	0.35%

1st Quarter 2018 Grievance Summary

Issue	Number	In Favor of Health Plan	In Favor of Enrollee
Access to care	25	16	9
Coverage dispute	38	38	0
Cultural and Linguistic Sensitivity	3	3	0
Difficulty with accessing specialists	8	6	2
Medical necessity	127	117	10
Other issues	1	1	0
Quality of care	32	27	5
Quality of service	2	2	0
Timely assignment to provider	0	0	0
Still under review	0	0	0



Type of Grievances

Grievances per 1,000 Members = 0.93

During the first quarter of 2018, there were two hundred and thirty six grievances received. Twenty six cases were closed in favor of the Enrollee and two hundred and ten were closed in favor of the Plan. There were five grievances not closed within thirty days and had to be pended for further review. Forty six cases were received from SPD (Seniors and Persons with Disabilities) members. Ninety three were received from Medi-Cal Expansion members.

1st Quarter 2018 Grievance Summary

Access to Care

There were twenty five grievances pertaining to access to care. Sixteen 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). Eight 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. Three of the cases closed in favor of the Enrollee after the responses indicated the office may not have provided appropriate access to care.

Fourteen members complained about the wait time to be seen for a Primary Care Provider (PCP) appointment. Eight cases closed in favor of the Plan after the responses indicated the member was seen within the appropriate wait time for an appointment or the member was there as a walk-in, which are not held to Access to Care standards. Six 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 thirty eight 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 one members complained about the denial of a TAR for non-formulary or restricted medications. All of 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.

Seven members complained about the denial of a referral authorization request. All of these 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 three grievances pertaining to Cultural and Linguistic Sensitivity. All of the cases closed in favor of the Plan. The following is a summary of these cases.

One member complained about the lack of an American Sign Language (ASL) interpreter for a scheduled appointment. This case closed in favor of the Plan after it was determined an ASL interpreter was present for the appointment.

Two members complained about the lack of Spanish speaking interpreters at a provider's office. These cases closed in favor of the Plan after it was determined the facility has bilingual staff on hand to assist member with interpreter services and/or the member did not request interpreter services.

1st Quarter 2018 Grievance Summary

Difficulty with Accessing a Specialist

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

Five members complained about the lack of available appointments with a specialist. Three case 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. Two cases 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.

Three members complained about the wait time to be seen for a specialist appointment. All of the cases closed in favor of the Plan after the responses indicated the member was seen within the appropriate wait time for an appointment.

Medical Necessity

There were one hundred and twenty seven grievances pertaining to Medical Necessity. One hundred and seventeen of the cases were closed in favor of the Plan. Ten of the case closed in favor of the Enrollee. The following is a summary of these issues.

One hundred and one members complained about the denial or modification of a referral authorization request. Ninety three 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.

Twenty six members complained about the denial or modification of a TAR. Twenty four 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. Two of the cases closed in favor of the Enrollee after it was determined the TAR may have been denied inappropriately.

Other Issues

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

One member complained about the TAR process, as he felt he should not have to go through the process. This case closed in favor of the Plan as it was determined KFHC followed the TAR process and guidelines.

1st Quarter 2018 Grievance Summary

Quality of Care

There were thirty two grievances involving Quality of Care issues. Twenty seven cases were closed in favor of the Plan. Five cases were closed in favor of the Enrollee. The following is a summary of these issues:

Twenty six members complained about the quality of care received from a Primary Care Provider (PCP). Twenty one 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. Five cases 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.

Five 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.

One member complained about the quality of care received from the provider or staff with a hospital or urgent care. This case closed in favor of the Plan after review of medical records and written responses received indicated that the members were provided 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 two grievances pertaining to Quality of Service. Both of the cases were closed in favor of the Plan. The following is a summary of these issues:

Two members complained about the service they received from a provider and their staff. All of the 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.

Timely Assignment to Provider

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

Kaiser Permanente Grievances

During the first quarter of 2018, there were thirty nine grievances and appeals received by KFHC members assigned to Kaiser Permanente. Thirty three cases were closed in favor of the Enrollee, while six cases closed in favor of the Plan.

Access to Care

There were three 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 of these cases closed in favor of the Enrollee.

One member complained about the lack of PCP appointments available. This case closed in favor of the Enrollee.

Coverage Dispute

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

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

Medical Necessity

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

Six members complained about a requested service that was denied, delayed or otherwise modified. Three cases closed in favor of the Enrollee and services were provided. Three cases were closed in favor of the Plan.

Quality of Care

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

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

Quality of Service

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

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

Other Issues

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

Seven members complained about operations or policy issues. All seven cases closed in favor of Enrollee.

KERN HEALTH SYSTEMS
2nd Quarter 2018
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Report Date: July 2, 2018

Department: Provider Relations

Monitoring Period: April 1, 2018 through June 30, 2018

Population:

Providers	Credentialed	Recredentialed
MD's	35	55
DO's	1	2
AU's	0	0
DC's	0	0
AC's	0	0
PA's	2	5
NP's	19	3
CRNA's	1	2
DPM's	0	0
OD's	1	0
ND's	0	0
RD's	3	0
BCBA's	6	0
Mental Health	5	2
Ocularist	0	0
Ancillary	4	20
OT	0	0
TOTAL	**77**	**89**

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Acupuncture	0	0	0	0
Allergy & Immunology	0	0	0	0
Anesthesiology / CRNA	2	3	5	0
Audiology	0	0	0	0
Autism / Behavioral Analyst	6	0	6	0
Cardiology	0	1	1	0
Chiropractor	0	0	0	0
Colon & Rectal Surgery	0	0	0	0
Critical Care	0	3	3	0
Dermatology	0	3	3	0
Emergency Medicine	0	0	0	0
Endocrinology	3	1	4	0
Family Practice	17	9	26	0
Gastroenterology	0	0	0	0
General Practice	2	2	4	0
General Surgery	4	3	7	0
Genetics	0	0	0	0
Gynecology	0	0	0	0

KERN HEALTH SYSTEMS
2nd Quarter 2018
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Gynecology/Oncology	0	0	0	0
Hematology/Oncology	1	1	2	0
Hospitalist	0	0	0	0
Infectious Disease	0	0	0	0
Internal Medicine	6	7	13	0
Mental Health	5	2	7	0
Mid Wife	0	0	0	0
Naturopathic Medicine	0	0	0	0
Neonatology	0	0	0	0
Nephrology	0	0	0	0
Neurological Surgery	1	1	2	0
Neurology	0	0	0	0
Obstetrics & Gynecology	0	7	7	0
Ocularist	0	0	0	0
Occupational Therapy	0	0	0	0
Ophthalmology	1	2	3	0
Optometry	1	0	1	0
Orthopedic Surgery / Hand Surg	0	1	1	0
Otolaryngology	1	2	3	0
Pain Management	1	1	2	0
Pathology	2	2	4	0
Pediatrics	2	3	5	0
Physical Medicine & Rehab	1	0	1	0
Plastic Sugery	0	0	0	0
Podiatry	0	0	0	0
Psychiatry	2	0	2	0
Pulmonary	0	5	5	0
Radiation Oncology	0	0	0	0
Radiology	10	11	21	0
Registered Dieticians	3	0	3	0
Rheumatology	2	0	2	0
Sleep Medicine	0	0	0	0
Thoracic Surgery	0	0	0	0
Vascular Medicine	0	0	0	0
Vascular Surgery	0	1	1	0
Urology	0	0	0	0
KHS Medical Directors	0	0	0	0
TOTAL	**73**	**71**	**144**	**0**

KERN HEALTH SYSTEMS
2nd Quarter 2018
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

ANCILLARY	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Ambulance	0	0	0	0
Cardiac Sonography	0	0	0	0
Comm. Based Adult Services	0	0	0	0
Dialysis Center	0	1	1	0
DME	0	1	1	0
Hearing Aid Dispenser	0	0	0	0
Home Health	0	2	2	0
Home Infusion/Compounding	0	0	0	0
Hospice	0	1	1	0
Hospital	0	1	1	0
Laboratory	1	4	5	0
Lactation Consultant	0	0	0	0
MRI	0	0	0	0
Ocular Prosthetics	0	0	0	0
Pharmacy	1	2	3	0
Pharmacy/DME	0	0	0	0
Physical / Speech Therapy	0	0	0	0
Prosthetics & Orthotics	0	1	1	0
Radiology	0	3	3	0
Skilled Nursing	0	3	3	0
Sleep Lab	0	0	0	0
Surgery Center	0	1	1	0
Transportation	0	0	0	0
Urgent Care	2	0	2	0
TOTAL	**4**	**20**	**24**	**0**

Defer = 0 **Denied = 0**

KERN HEALTH SYSTEMS
2nd Quarter 2018
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

KERN HEALTH SYSTEMS
2nd Quarter 2018
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Kern Health Systems
Board of Directors
New Vendor Contracts for May and June
BOD: June 14, 2018

Name	DBA	Specialty	Address	Contract Effective Date
PAC 05/02/2018				
Mandeep Singh, MD	Metro Physicians Medical Group	Nephrology	2828 H Street, Suite F Bakersfield, CA 93301	06/01/2018
Sillect Integrated Medical Services Professional Corporation	Sillect Integrated Medical Services Professional Corporation	Wound Care	3012 Sillect Ave. Ste B Bakersfield CA 93308	06/01/2018
NeoGenomics	NeoGenomics	Laboratory	31 Columbia Ave Aliso Viejo, CA 92656	06/01/2018
PAC 06/06/2018				
Premier Family Health Care, A Professional Corporation	Premier Family Health Care, A Professional Corporation	Family Practice	3300 Buena Vista Road, Building K Bakersfield, CA 93311	07/01/2018
Bakersfield City School District	Bakersfield City School District	School Based Clinic	Admin Office: 1300 Baker Street Site #1: 4th Street Wellness Center @ 609 4th Street Bakersfield CA 93304 Site #2: So. Chester Partnership Wellness Center @ 800 Ming Avenue Bakersfield CA 93307 Site #3 (Pending Site Review f/up): Center Street Wellness Center @ 2951 Center Street Bakersfield 93306	07/01/2018
Grand Avenue Emergency Phsycians Medical Group, Inc.	Grand Avenue Emergency Physicans Medical Group, Inc.	ER Group	2215 Truxtun Ave Bakersfield, CA 93301	Retro Eff - 6/1/2018
Behavior Frontiers, LLC	Behavior Frontiers, LLC	ABA	5401 Business Park South, Suite 210 Bakersfield CA, 93309-1661	07/01/2018

Kern Health Systems

Board Aproved Effective 6/1/18

	A	B	C	D	E	F
1	NAME	LEGAL NAME AND ADDRESS	Specialty	Provider #	Pay To #	Effective
2	NeoGenomics Laboratories	Neogenomics Laboratories Inc 31 Columbia Aliso Viejo CA 92656	Laboratory	PRV011400	PRV011400	06/01/2018
3	Mungalpara, Vinod MD	Ashok Parmar MD, Inc. 8303 Brimhall Road Bldg 1500 Bakersfield CA 93312	Pain Medicine	PRV045585	PRV000521	06/01/2018
4	Newman, Steven MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV045694	PRV000324	06/01/2018
5	Alexander, Alan MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV045666	PRV000324	06/01/2018
6	Cantor, Nadia NP-C	Kern Rural Wellness Center, Inc. Dba: Arvin Medical Clinic 146 N. Hill Street Arvin CA 93203	Family Practice	PRV045586	PRV000264	06/01/2018
7	Chng, BeiWei RD	Omni Family Health 4600 Panama Lane Ste. 102B 4151 Mexicali Drive 4131 Ming Avenue Bakersfield CA 93313, 93313, 93309	Registered Dietician	PRV044853	PRV000019	06/01/2018
8	Cheriyan, Jerry MD	Kern County Hospital Authority 1700 Mt Vernon Avenue & 9300 Stockdale Highway Ste. 100 & 300 Bakersfield CA 93306 & 93311	General Surgery & Surgical Critical Care	PRV044848	ALL KM	06/01/2018

Kern Health Systems
Board Aproved Effective 6/1/18

	A	B	C	D	E	F
9	Clark, Janet BCBA	California Spectrum Services 841 Mohawk Avenue Ste. 120 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV045590	PRV031975	06/01/2018
10	Eaton, Philip DO	Kern County Hospital Authority 1700 Mt Vernon Avenue & Bakersfield CA 93306	Diagnostic Radiology	PRV042722	ALL KM	06/01/2018
11	Farias, Ginger RD	Telehealthdocs Medical Corporation dba: Telehealthdocs Medical Group 2215 Truxtun Avenue Ste. 100 100 E North Street Bakersfield CA 93301 & Taft CA 93268	Registered Dietician	PRV045126	PRV036952	06/01/2018
12	Grove, Ira MD	Universal Urgent Care - Ming *All locations 2728 Ming Avenue Bakersfield CA 93304	General Practice	PRV007369	PRV012894 PRV045444	06/01/2018
13	Hively, Joselyn BCBA	California Spectrum Services 841 Mohawk Avenue Ste. 120 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV045587	PRV031975	06/01/2018
14	Liu, Chao-Hsu MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV045695	PRV000324	06/01/2018
15	Liuzzi, Michelle PsyD	Omni Family Health 210 N. Chester Avenue, 4151 Mexicali Drive 1022 Calloway Drive Bakersfield CA 93308, 93313, 93312	Psychology	PRV045343	PRV000019	06/01/2018

Kern Health Systems
Board Aproved Effective 6/1/18

	A	B	C	D	E	F
16	Macanas, Jelita RD	Omni Family Health 1014 Calloway Drive 1022 Calloway Drive 4151 Mexicali Drive Bakersfield CA 93312, 93312, 93313	Registered Dietician	PRV000721	PRV000019	06/01/2018
17	Membreve, Carmelita NP-C	Kern Rural Wellness Center, Inc. Dba: Arvin Medical Clinic 146 N. Hill Street Arvin CA 93203	Family Practice	PRV045589	PRV000264	06/01/2018
18	Memon, Parvez MD	GMA Healthcare Providers dba: GMA Health Homes 3737 San Dimas Street Ste. 101 Bakersfield CA 93301	Internal Medicine	PRV006653	PRV036952	06/01/2018
19	Meredith, Gary MD	Telehealthdocs Medical Corporation dba: Telehealthdocs Medical Group 2215 Truxtun Avenue Ste. 100 100 E North Street Bakersfield CA 93301 & Taft CA 93268	Rheumatology	PRV044805	PRV036952	06/01/2018
20	Rivas, Angelica LCSW	Clinica Sierra Vista (CSV) 1305 Bear Mountain Blvd. Arvin CA 93203	Clinical Social Worker	PRV045127	PRV000002	06/01/2018
21	Rizzo, Isaura LCSW	Central California Foundation for Health dba: Wasco Medical Plaza 2300 7th Street Wasco CA 93280	Clinical Social Worker	PRV045588	PRV005640	06/01/2018

Kern Health Systems
Board Aproved Effective 6/1/18

	A	B	C	D	E	F
22	Sanchez, Isaac MD	Reedley Community Hospital Adventist Health Community Care-Wasco 1040 7th Street Wasco CA 93280	Family Practice	PRV044373	PRV036302	06/01/2018
23	Schwartz, Martin MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology & Nuclear	PRV002245	PRV000324	06/01/2018
24	Universal Urgent Care, PC	Universal Urgent Care - Ming 2728 Ming Avenue Bakersfield CA 93304	Urgent Care Center	PRV045444	PRV045444	Retro 5/1/2018

KERN HEALTH SYSTEMS

Access Monitoring

2018 - Quarter 2

- **After Hours Calls Results**
- **Appointment Availability Survey Results**
- **Geographic Accessibility Analysis**
- **Access Grievance Review** (Q1 2018)
- **FTE & Provider to Enrollee Ratios**

KERN HEALTH SYSTEMS

AFTER HOURS CALLS RESULTS

2018 - Quarter 2

Provider Relations Department

AFTER HOURS CALLS SURVEY

Q2, 2018

KERN HEALTH SYSTEMS

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:

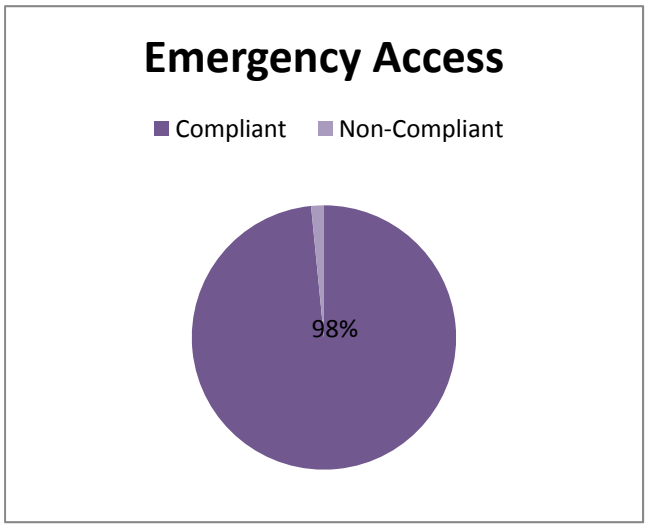
1.) Provider's answering machine or answering service must instruct the member to call 911 if the purpose of the call is a medical emergency.

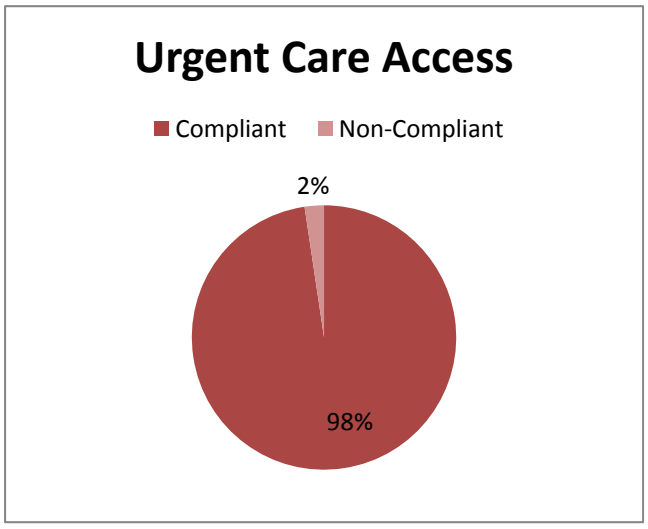
2.) For urgent matters, Provider's answering machine must provide an on-call number. If an answering service is used, the member must receive a call back from an on-call member of your office within 30 minutes of call.

An initial survey is conducted by Health Dialog and then forwarded to the Plan's Provider Network Analysts who make additional calls each quarter based on the results received from the survey vendor. Results are to be reported to the KHS QI/UM Committees and to Executive Staff.

Results

127 provider offices were contacted during Q2 2018. Of those offices, 125 were compliant with the Emergency Access Standards and 124 were compliant with the Urgent Care Access Standards.





AFTER HOURS CALLS SURVEY

Q2, 2018

Trending / Follow –Up / Outreach

The Plan reviewed results against past quarters. The Plan found that one provider group was out of compliance with the emergency care access standard and the urgent care access standards for a second quarter in a row and it appeared to be an issue with the provider office phone line; the Plan's provider relations representative reached out and found the office had closed and has now termed with the Plan. One (1) of the provider groups that was found to be out of compliance with the emergency and urgent care access standards was due to the provider group being in the process of terming with the Plan and reassigning Plan members. One (1) of the provider groups found to be out of compliance with the urgent care standard appears to a singular instance of non-compliance and the Plan's provider relations representative assigned to this office will reach out to inform them of survey results and provide additional coaching on the Plan's after-hours access standards.

Q2 2018 Out of Compliance Providers - Trending:

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

KERN HEALTH SYSTEMS

APPOINTMENT AVAILABILITY SURVEY RESULTS

2018 - Quarter 2

Provider Relations Department

APPOINTMENT AVAILABILITY SURVEY

Q2, 2018

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; compliance is determined using the methodology utilized by the DHCS during the 2017 Medical Audit in which they conducted a similar appointment availability survey. Results are to be reported to the KHS QI/UM Committees and to Executive Staff. This is the first quarter in which the plan applied this methodology.

Results

A random sample of 15 primary care provider offices and 15 specialist offices were contacted during Q2 2018. Of the primary care providers surveyed, the plan compiled the wait time (in days) to determine the Plan's average wait time for a primary care appointment; for Q2 2018 the Plan's average wait time for a primary care appointment was 5.85 days, and was found to be in-compliance with the 10 business day standard. Of the specialist providers surveyed, the plan compiled the wait time (in days) to determine the Plan's average wait time for a specialist appointment; for Q2 2018 the Plan's average wait time for a specialist appointment was 8.28 days, and was found to be in-compliance with the 15 business day standard.

KERN HEALTH SYSTEMS

ACCESS GRIEVANCE REVIEW

2018 - Quarter 1

Provider Relations Department

Access Grievance Review

Q1, 2018

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 Q1 2018, thirty-three (33) grievances were received and reviewed by the KHS grievance committee. In twenty-one (21) of the cases no issues were identified and were closed in favor of the plan. The remaining twelve (12) 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 Q1 2018 Access Grievance Review meeting, the twelve (12) cases that were closed in favor of the enrollee were reviewed against all access grievances received in the previous year.

Of the twelve (12) cases reviewed, three (3) grievances were classified as "Difficulty Accessing a Specialist"; KHS did not identify any trends amongst these providers.

The remaining nine (9) cases reviewed were classified as "Access to Care". Three (3) of the grievances were brought against providers without any grievances in the prior year and KHS did not identify any trends amongst these providers.

The remaining six (6) were brought against two (2) Plan contracted provider groups who had additional access grievances closed in favor of the enrollee within the past year. Both of these provider groups are primary care provider offices, receiving grievances having to do with in-office wait time. KHS outreach to these providers is outlined below.

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.*

As a result of Q4 2017 grievance review, during Q1 2018 the Provider Relations Management team conducted outreach out to one (1) of the providers identified above in the Plans tracking and trending; this provider and provider's office staff was coached on the Plan's policies and procedures in regards to accessibility standards. As this outreach was conducted in Q1 2018, the Plan will delay further action/outreach to the provider until review of future access grievances, allowing provider to enact corrective action as a result of Plan training.

The Provider Relations Management team will conduct outreach to the remaining provider identified above in the Plan's tracking and trending; this provider and provider's office staff will be coached on the Plan's policies and procedures in regards to accessibility standards.

KERN HEALTH SYSTEMS

Quarter 1, 2018 Access Grievances Review Agenda
Date: 8/6/2018

Discussion:

1. **Review access grievances for Q1 2018**
   - **Identify any trends regarding access**
   - **Conduct file review for grievances closed in favor of the enrollee**

2. **Review Access Grievances for Q1 2018 against last year of annual grievances**
   - **Identify any trends regarding access**

Category	Provider	Total
Closed in Favor of the Enrollee		12
Difficulty Accessing Specialist		3
	Jeffery Bacon, MD	1
	Mark Paul (VSP)	1
	Azam Qureshi, MD	1
Access to Care		9
	William Bichai, MD	4
	Clinica Sierra Vista - 34th Street	1
	Clinica Sierra Vista - Central Bakersfield	1
	Clinica Sierra Vista - Baker Street	1
	Kern Pediatrics	2

Name	Title	Date
Yolanda Herrera	Cred Coord. Lead.	8/6/18
Melissa Lopez	PR Manager	8/6/2018
Adriana Zavala	Network Analyst	8/6/18
James Winfrey	Provider Network Analyst	8/6/2018

KERN HEALTH SYSTEMS

GEOGRAPHIC ACCESSIBILITY ANALYSIS

2018 - Quarter 2

Provider Relations Department

Geographic Accessibility Analysis

Q2, 2018

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.

DHCS Network Adequacy Standards	
Primary Care (Adult and Pediatric)	10 miles or 30 minutes
Specialty Care (Adult and Pediatric)	45 miles or 75 minutes
OB/GYN Primary Care	10 miles or 30 minutes
OB/GYN Specialty Care	45 miles or 75 minutes
Hospitals	15 miles or 30 minutes
Pharmacy	10 miles or 30 minutes
Mental Health	45 miles or 75 minutes

As a part of the new annual network certification requirement, the Plan was required to submit geographic access maps outlining compliance with the above referenced standards. For all zip codes in which the Plan was not compliant with the above standard, Plan was able to submit alternative access standards to ensure compliance. During Q2 2018, the Plan received notice from the DHCS that all alternative access standards were approved and the Plan was compliant with DHCS Network Certification requirements. The Plan has attached the DHCS 2018 Annual Network Certification, Compliance Assurance Report for Kern Health Systems.

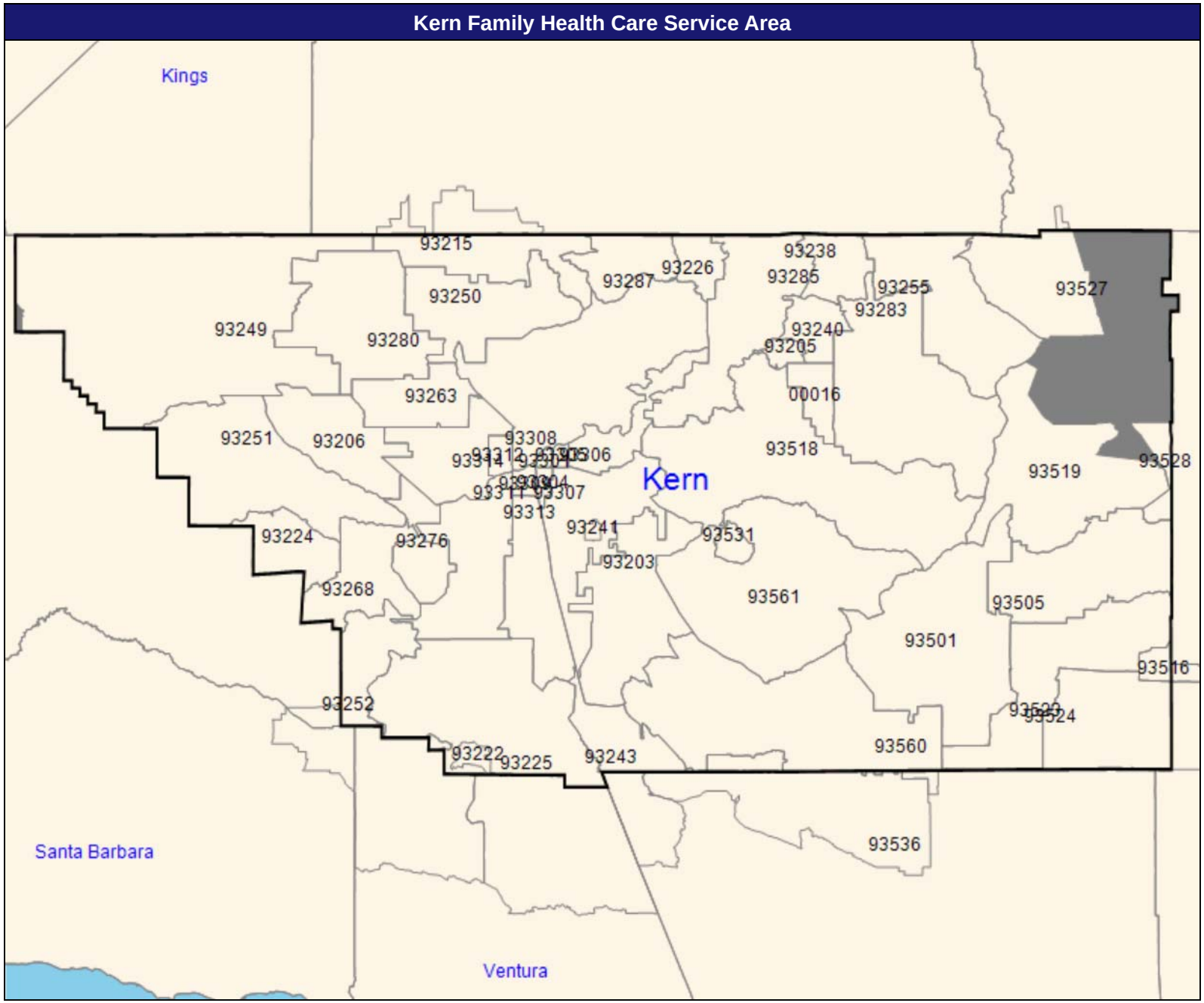
Annual Network Certification Results		*MCP Name*	Kern Family Health Care
		Reporting Unit	Kern County
Overall Results			Pass
Provider to Member Ratios			
PCP Ratio (1: 1,200)			Pass
Physician Extenders (1: 1,000)			N/A
Total Physician Ratio (1: 2,000)			Pass
Time and Distance			
PCPs	Adult		Pass
	Pediatric		Pass
OB/GYN	Primary Care		AAS Pass
	Specialty Care		Pass
Specialists	Adult	Cardiology/ Interventional Cardiology	Pass
		Dermatology	AAS Pass
		Endocrinology	AAS Pass
		ENT/ Otolaryngology	AAS Pass
		Gastroenterology	Pass
		General Surgery	Pass
		Hematology	AAS Pass
		HIV/AIDS Specialists/ Infectious Diseases	AAS Pass
		Nephrology	AAS Pass
		Neurology	AAS Pass
		Oncology	Pass
		Ophthalmology	AAS Pass
		Orthopedic Surgery	Pass
		Physical Medicine and Rehabilitation	AAS Pass
		Psychiatry	Pass
		Pulmonology	AAS Pass
	Pediatric	Cardiology/ Interventional Cardiology	Pass
		Dermatology	AAS Pass
		Endocrinology	AAS Pass
		ENT/ Otolaryngology	AAS Pass
		Gastroenterology	Pass
		General Surgery	Pass
		Hematology	AAS Pass
		HIV/AIDS Specialists/ Infectious Diseases	AAS Pass
		Nephrology	AAS Pass
		Neurology	AAS Pass
		Oncology	Pass

Annual Network Certification Results		*MCP Name*	Kern Family Health Care
		Reporting Unit	Kern County
		Ophthalmology	AAS Pass
		Orthopedic Surgery	Pass
		Physical Medicine and Rehabilitation	AAS Pass
		Psychiatry	Pass
		Pulmonology	AAS Pass
Mental Health Outpatient Services			Pass
Facilities	Hospitals		AAS Pass
	Pharmacies		Pass
Mandatory Provider Types			
FQHC, FBC, RHC, IHF	1 of each in the Provider Network		Pass
Midwifery Services	Available in the network		Pass
Policies and Procedures			
A&I Audits	Category 3.1. Appointment Procedures / Wait Times		Pass
A&I Audits	Category 3.2 Urgent Care / Emergency Care		Pass
A&I Audits	Category 3.3 Telephone Procedures / After Hours		Pass
A&I Audits	Category 3.4 Specialist and Specialty Services		Pass
Validation			Pass
Alternative Access Standards Requests			AAS Pass

Exhibit B-1

Kern Family Health Care

18.17 miles



Excluded from MCP Service Area

Exhibit B-1

Kern Family Health Care

6.30 miles

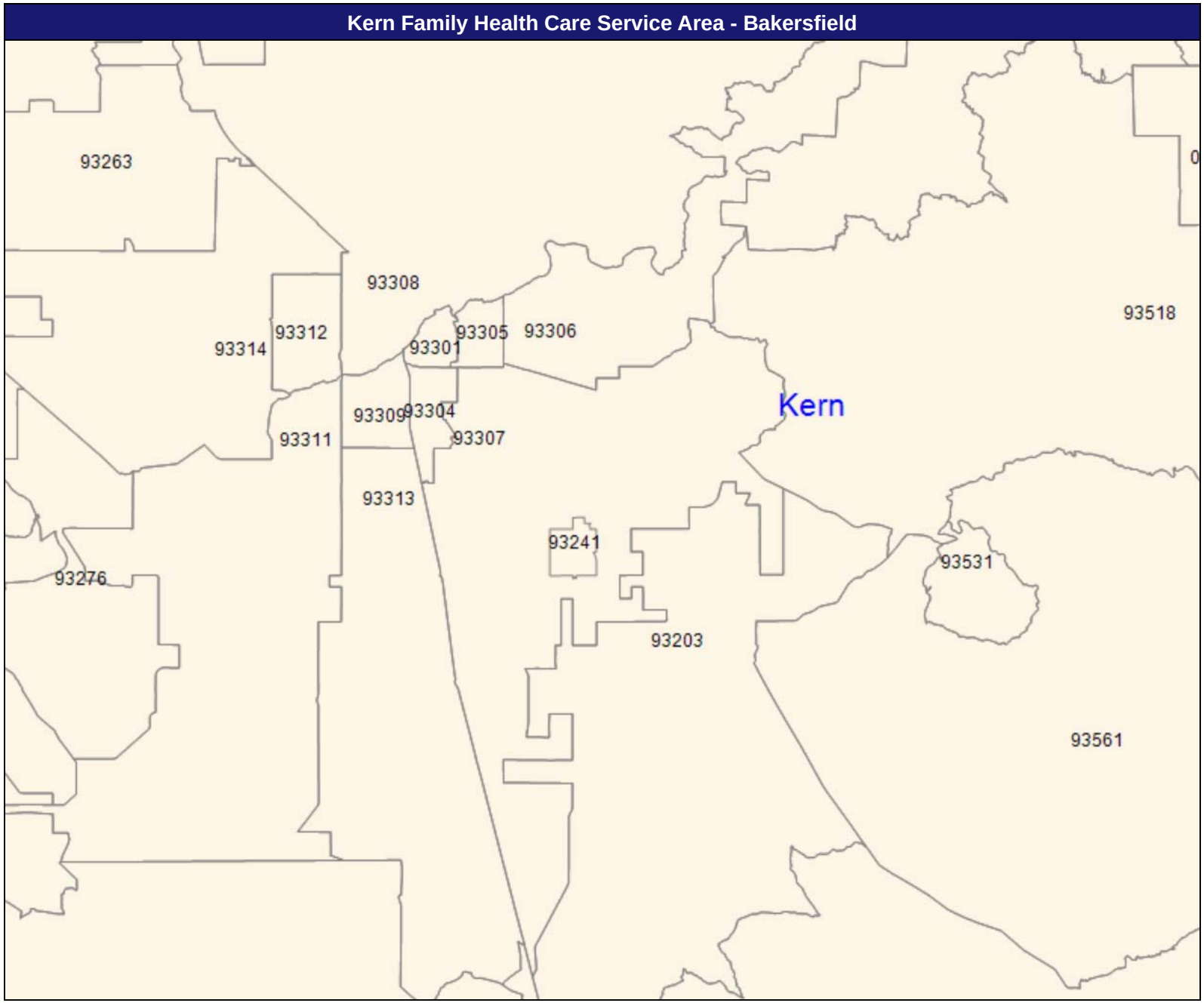


Exhibit B-2

Kern Family Health Care

Kern Family Health Care - All Enrollees

243,028 member locations

◆ All Members

18.17 miles

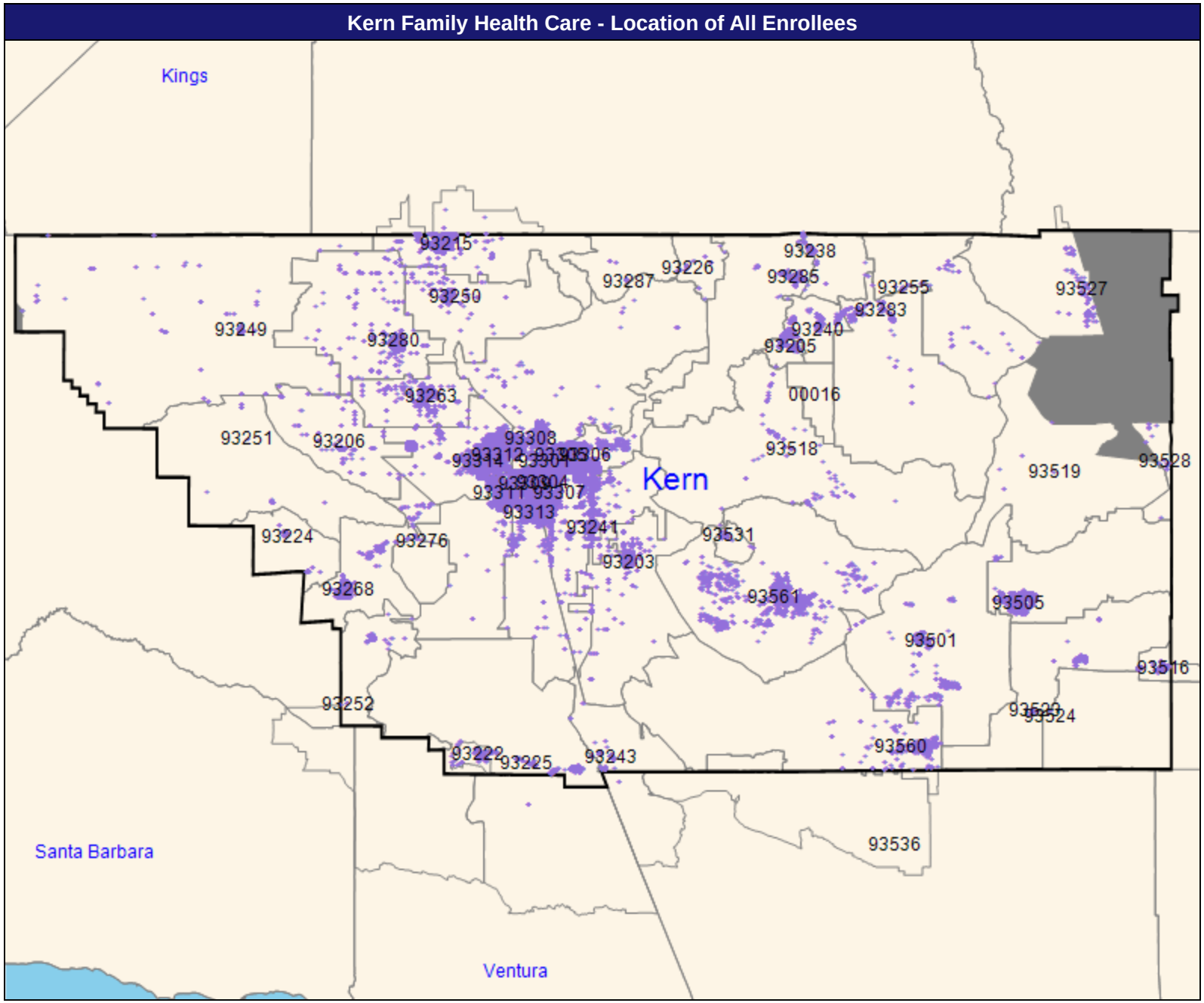


Exhibit B-2

Kern Family Health Care

Kern Family Health Care - All Enrollees

243,028 member locations

◆ All Members

6.30 miles

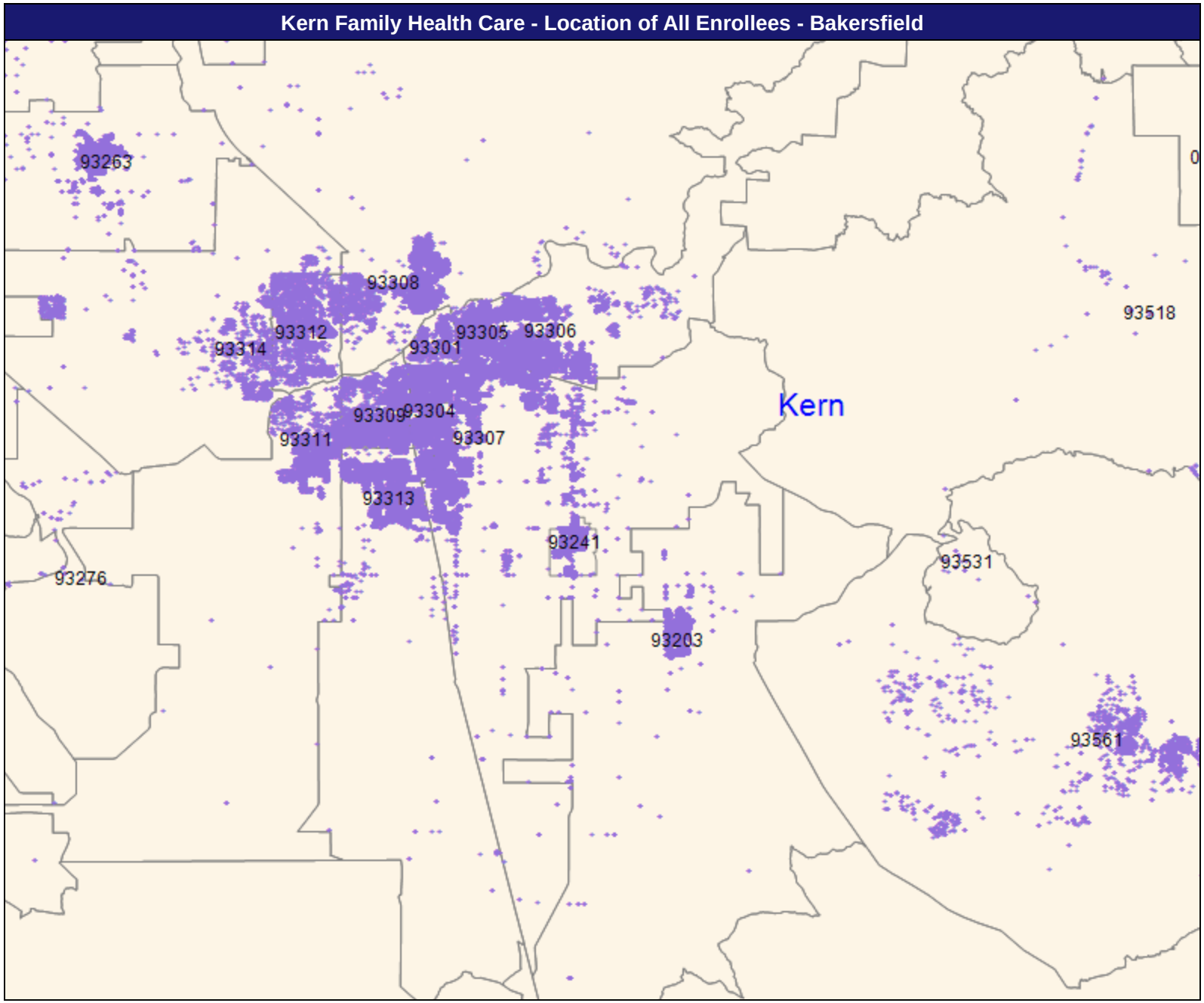


Exhibit B-3

Kern Family Health Care - Adult Primary Care

Access Analysis

Kern Family Health Care - Adult Primary Care

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Adult Primary Care

Access Map

Member locations

◆ With access

● Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Adult Primary Care) provider in 10 miles or 30 minutes

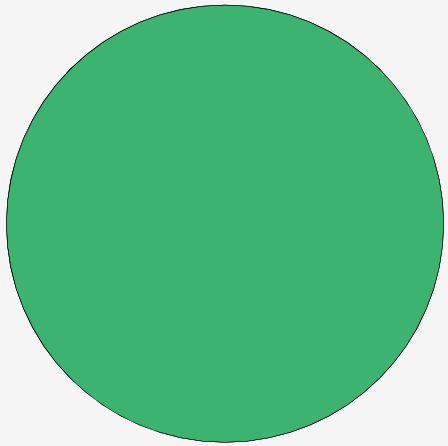
Overall Access[1]

243,028 Members
294 providers at 101 locations (Kern Family Health Care - Adult Primary Care)

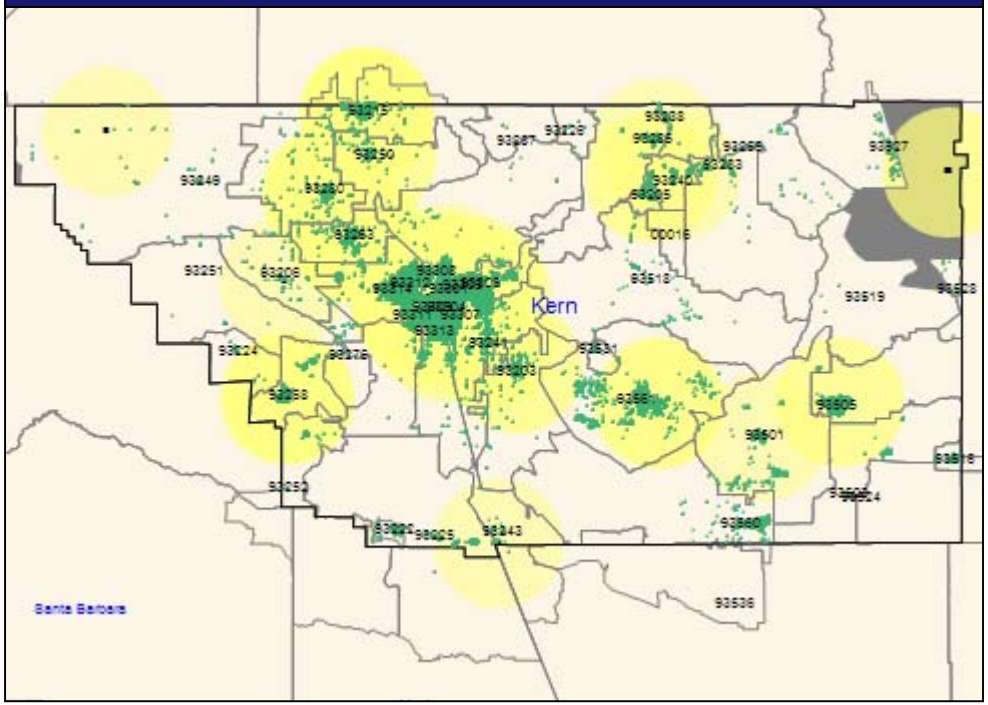
243,028 (100.0%) Members with access

0 (0.0%) Members without access

0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	1.3 miles 1.6 mins

Access Standard Comparison

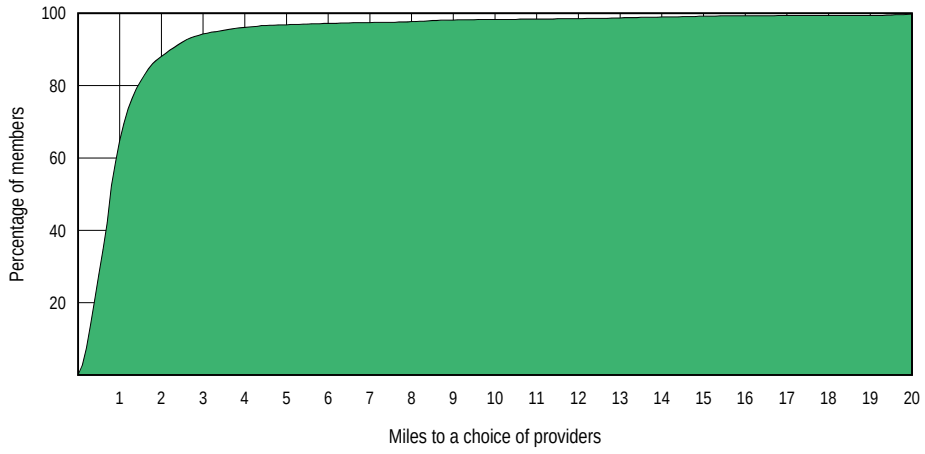


Exhibit B-3

Kern Family Health Care - Pediatric Primary Care

Access Analysis

Kern Family Health Care - Pediatric Primary Care

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Pediatric Primary Care

Access Map

Member locations

◆ With access

● Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Pediatric Primary Care) provider in 10 miles or 30 minutes

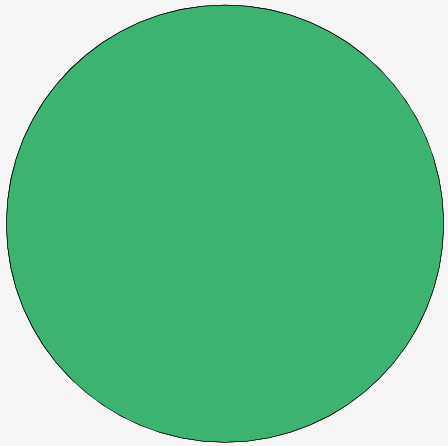
Overall Access[1]

243,028 Members
230 providers at 88 locations (Kern Family Health Care - Pediatric Primary Care)

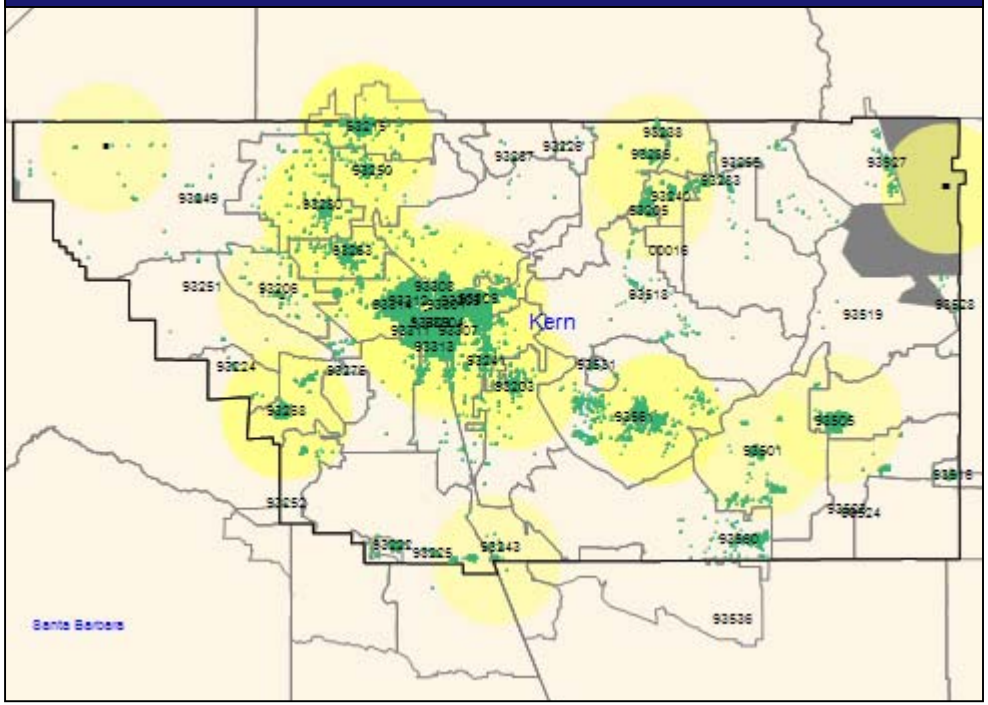
243,028 (100.0%) Members with access

0 (0.0%) Members without access

0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	1.5 miles 1.8 mins

Access Standard Comparison

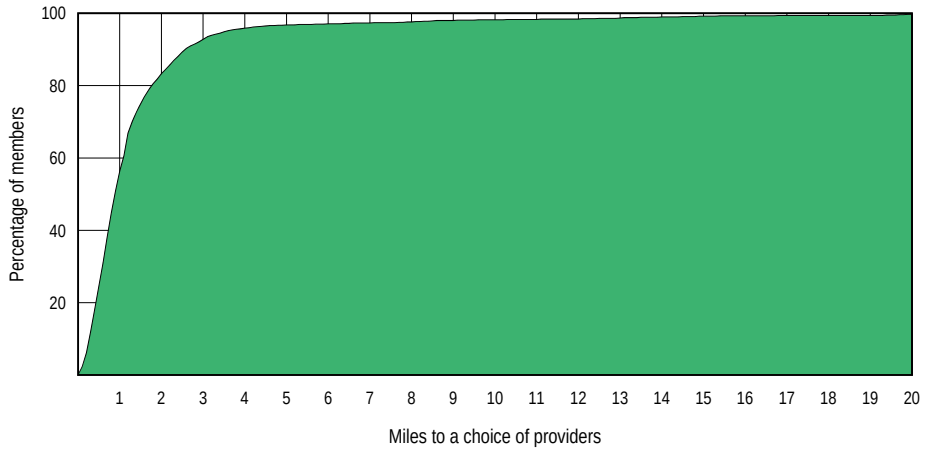


Exhibit B-4

Kern Family Health Care - Cardiology

Access Analysis
Kern Family Health Care - Cardiology

Member / Provider Groups
Kern Family Health Care - All Enrollees
Kern Family Health Care - Cardiology

Access Map
Member locations
- With access
- Without access

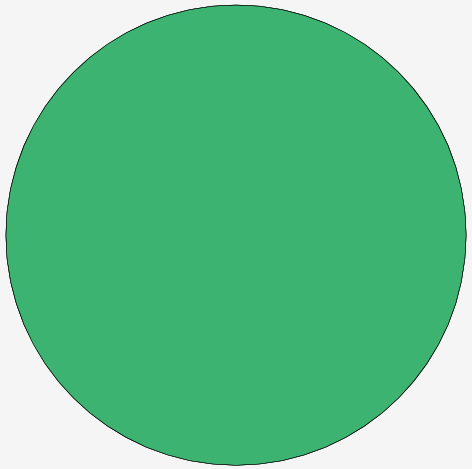
Comparison Graph
Percent of members with access to a choice of providers over miles
- 1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:
1 (Kern Family Health Care - Cardiology) provider in 45 miles or 75 minutes

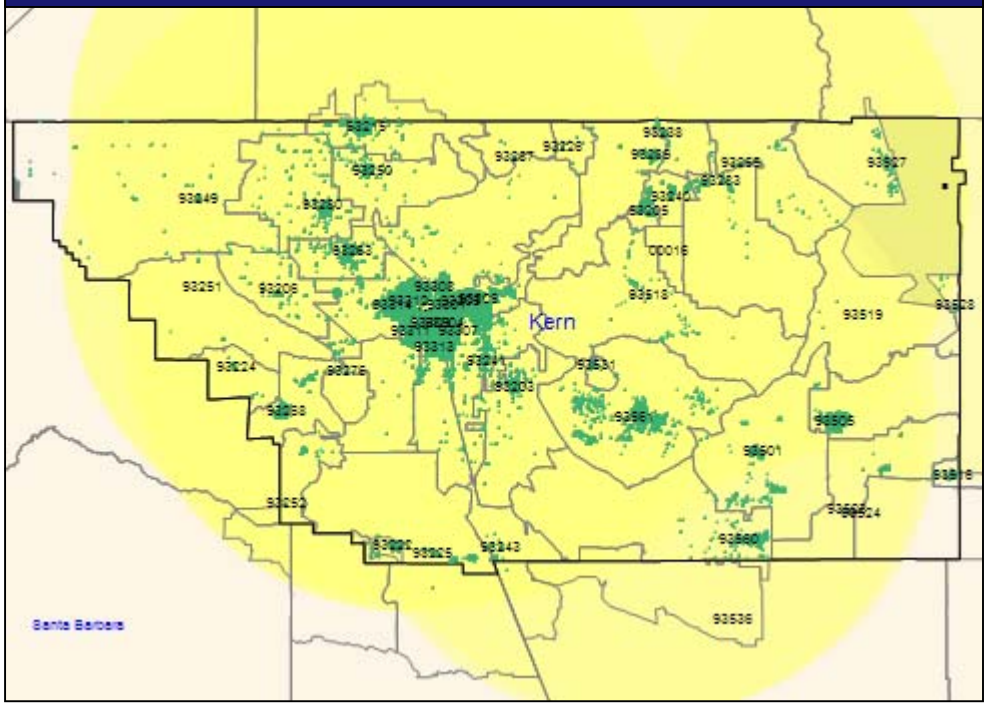
Overall Access[1]

243,028 Members
40 providers at 26 locations (Kern Family Health Care - Cardiology)

- 243,028 (100.0%) Members with access
- 0 (0.0%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	5.4 miles 6.4 mins

Access Standard Comparison

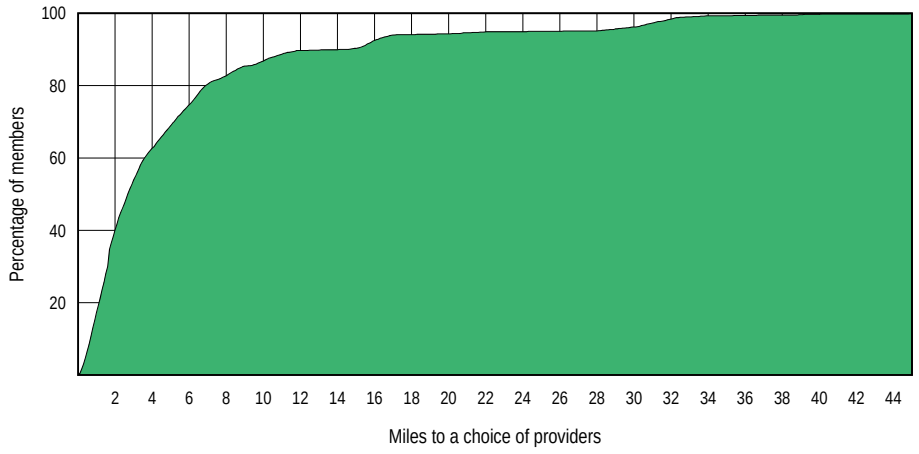


Exhibit B-4

Kern Family Health Care - Dermatology

Access Analysis

Kern Family Health Care - Dermataology

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Dermatology

Access Map

Member locations

- With access
- Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

- 1st closest

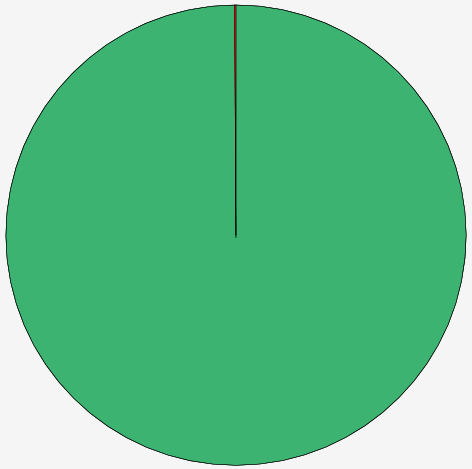
[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Dermatology) provider in 45 miles or 75 minutes

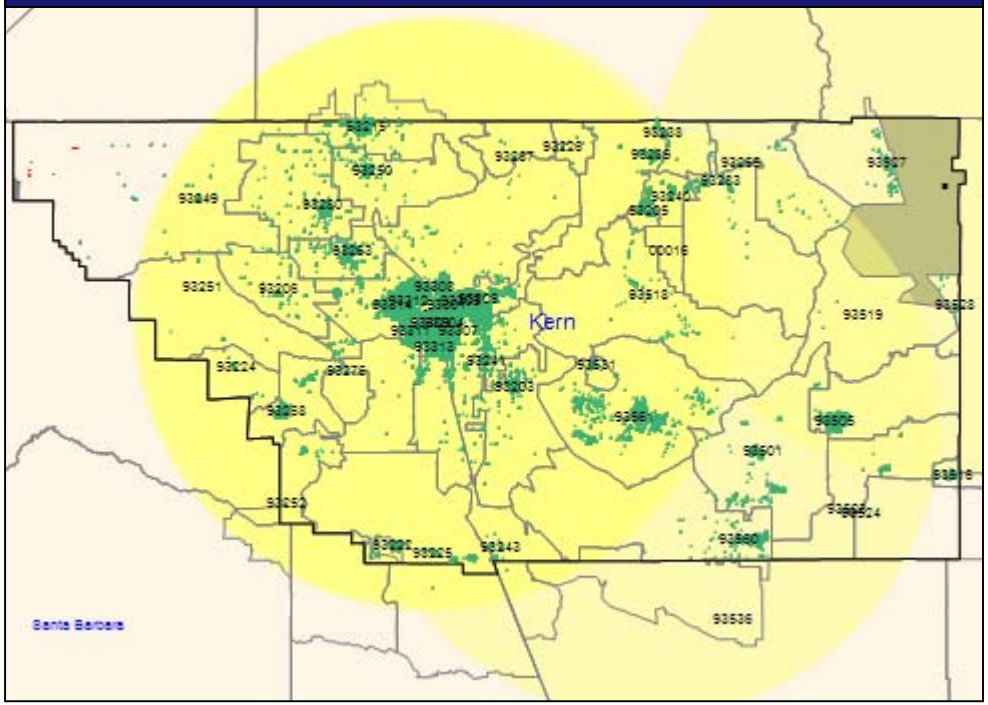
Overall Access[1]

243,028 Members
12 providers at 6 locations (Kern Family Health Care - Dermatology)

- 242,992 (99.9%) Members with access
- 36 (0.1%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	11.6 miles 14.8 mins

Access Standard Comparison

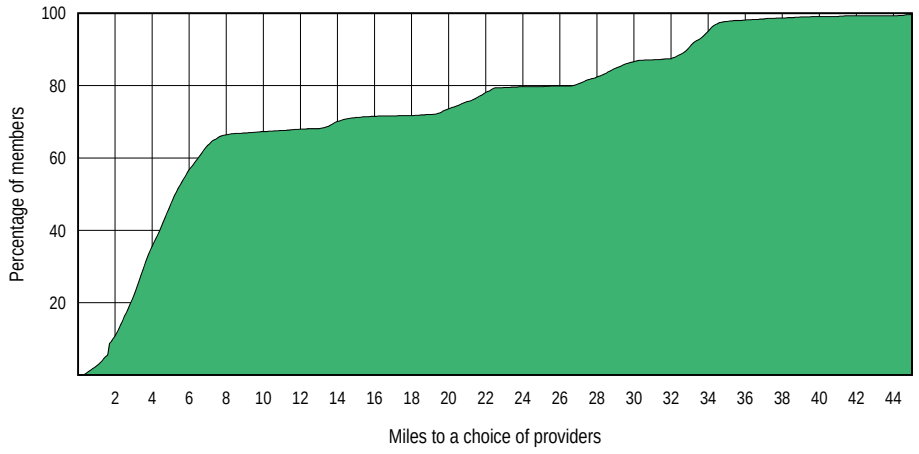


Exhibit B-4

Kern Family Health Care - Endocrinology

Access Analysis

Kern Family Health Care - Endocrinology

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Endocrinology

Access Map

Member locations

◆ With access

● Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Endocrinology) provider in 45 miles or 75 minutes

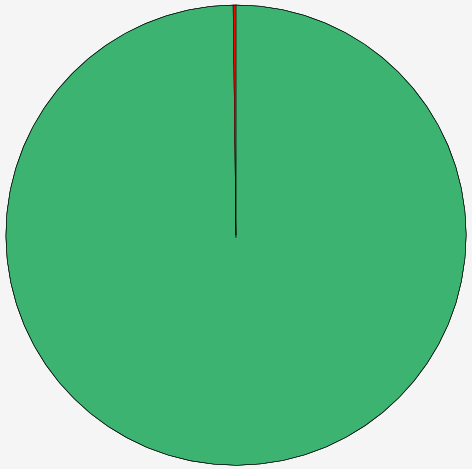
Overall Access[1]

243,028 Members
13 providers at 10 locations (Kern Family Health Care - Endocrinology)

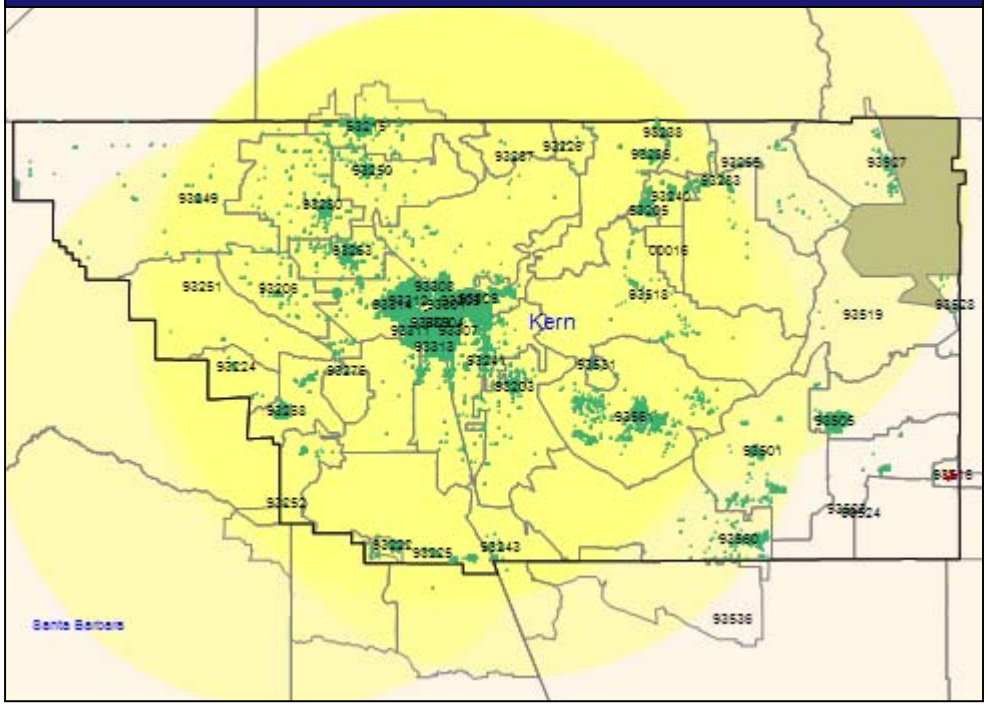
242,640 (99.8%) Members with access

388 (0.2%) Members without access

0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	9.6 miles 11.1 mins

Access Standard Comparison

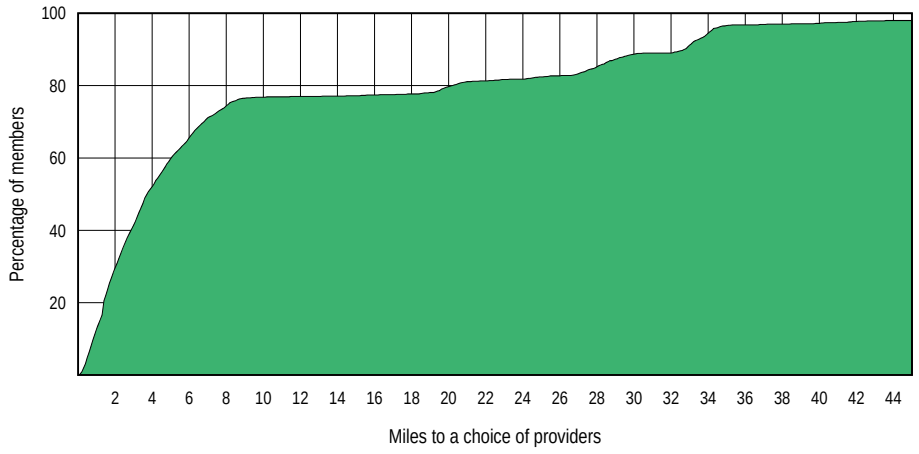


Exhibit B-4

Kern Family Health Care - ENT

Access Analysis
Kern Family Health Care - ENT

Member / Provider Groups
Kern Family Health Care - All Enrollees
Kern Family Health Care - ENT

Access Map
Member locations
◆ With access
● Without access

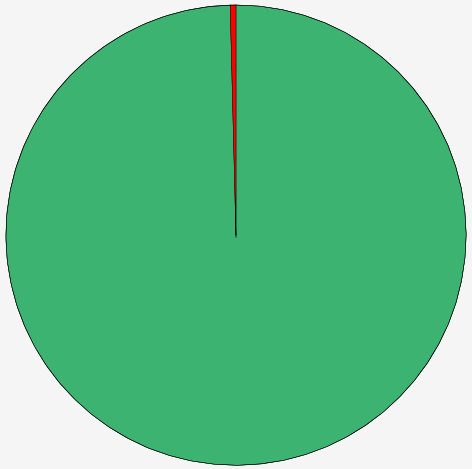
Comparison Graph
Percent of members with access to a choice of providers over miles
1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:
1 (Kern Family Health Care - ENT) provider in 45 miles or 75 minutes

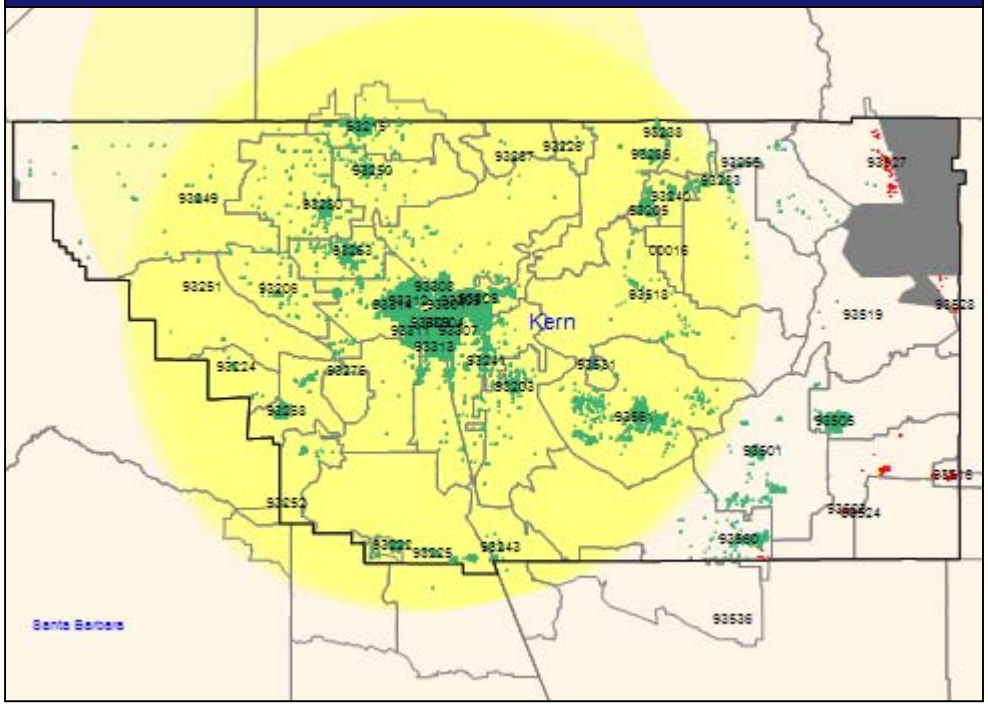
Overall Access[1]

243,028 Members
12 providers at 10 locations (Kern Family Health Care - ENT)

242,090 (99.6%) Members with access
938 (0.4%) Members without access
0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	8.7 miles 10.0 mins

Access Standard Comparison

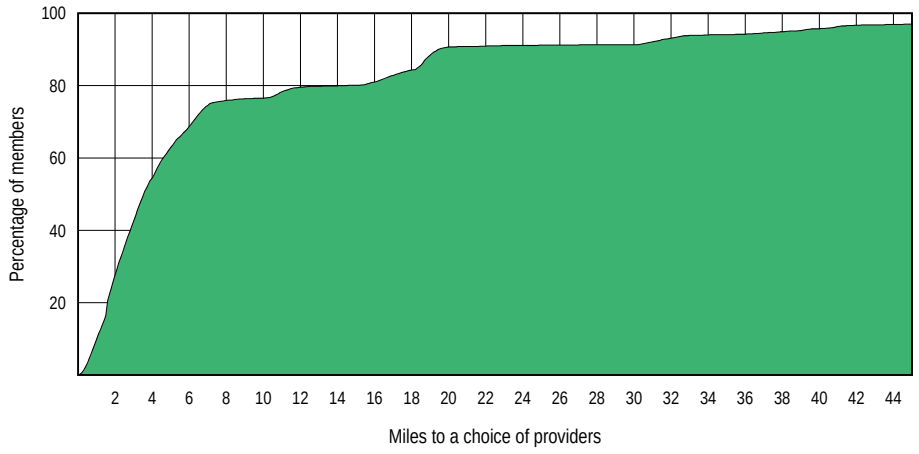


Exhibit B-4

Kern Family Health Care - Gastroenteroloy

Access Analysis

Kern Family Health Care - Gastroenterology

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Gastroenterology

Access Map

Member locations

- With access
- Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

- 1st closest

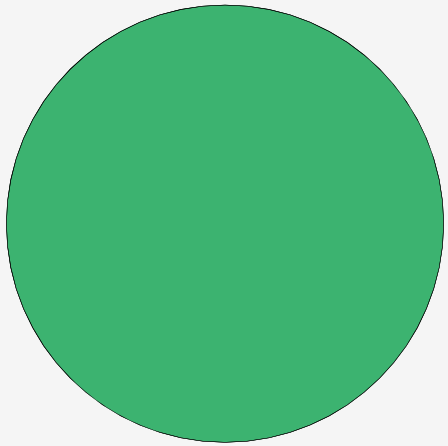
[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Gastroenterology) provider in 45 miles or 75 minutes

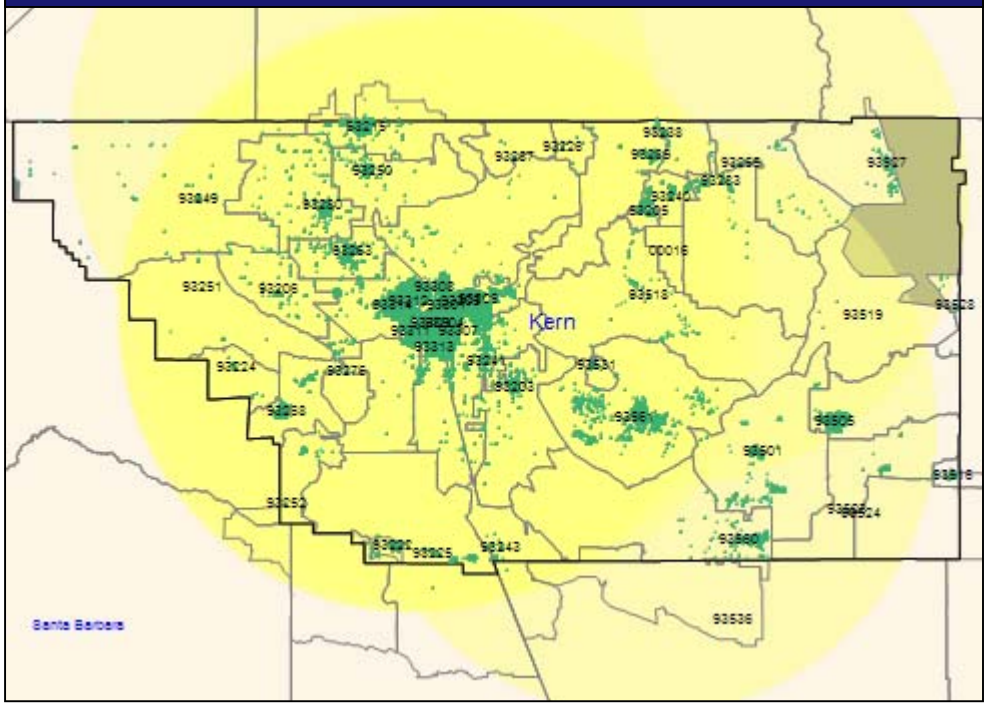
Overall Access[1]

243,028 Members
14 providers at 10 locations (Kern Family Health Care - Gastroenterology)

- 243,028 (100.0%) Members with access
- 0 (0.0%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	6.9 miles 8.2 mins

Access Standard Comparison

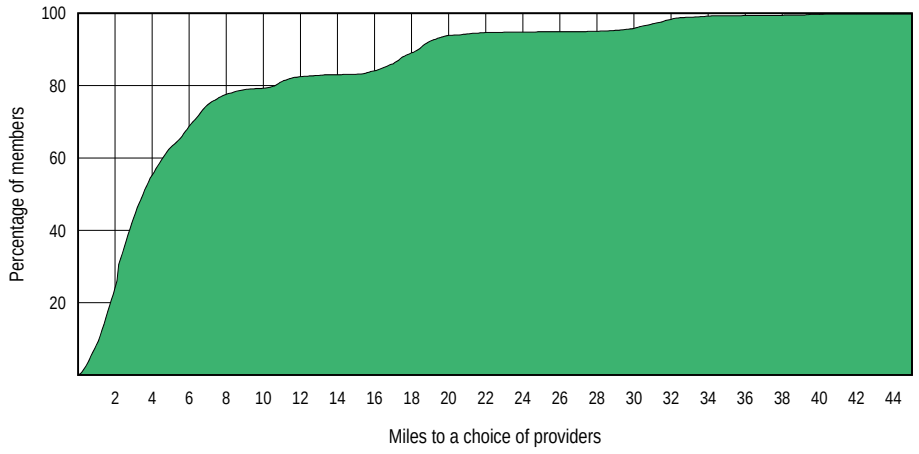


Exhibit B-4

Kern Family Health Care - General Surgery

Access Analysis

Kern Family Health Care - General Surgery

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - General Surgery

Access Map

Member locations

◆ With access

● Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - General Surgery) provider in 45 miles or 75 minutes

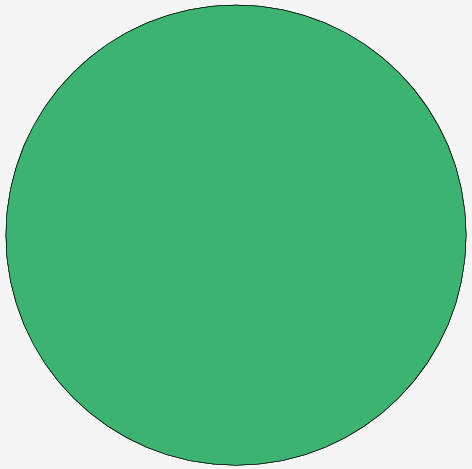
Overall Access[1]

243,028 Members
53 providers at 25 locations (Kern Family Health Care - General Surgery)

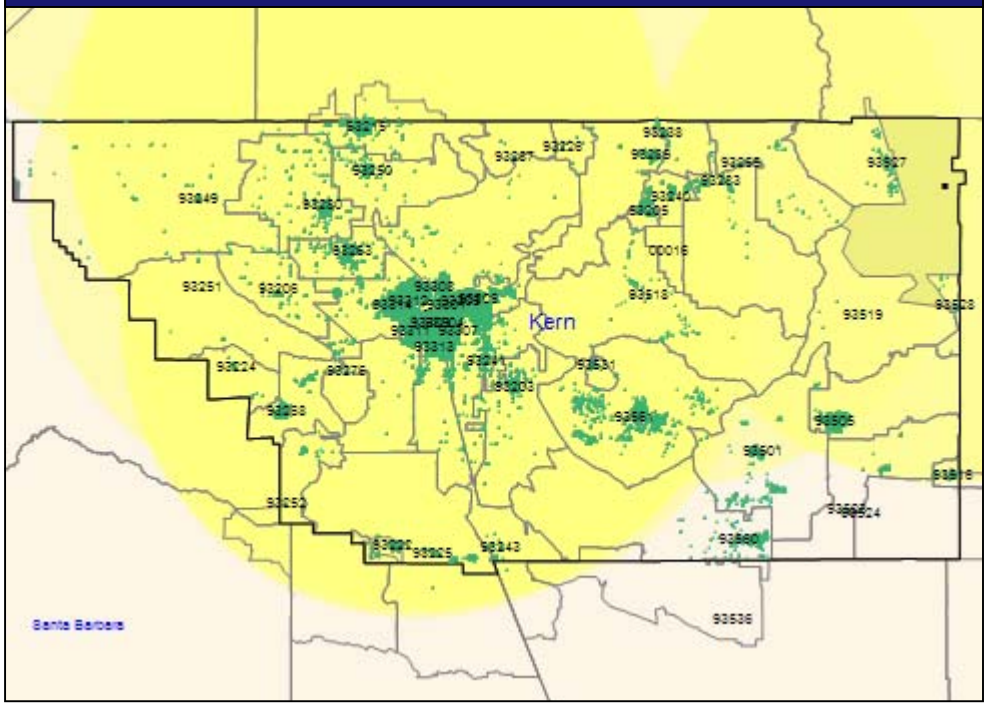
243,028 (100.0%) Members with access

0 (0.0%) Members without access

0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	6.6 miles 7.7 mins

Access Standard Comparison

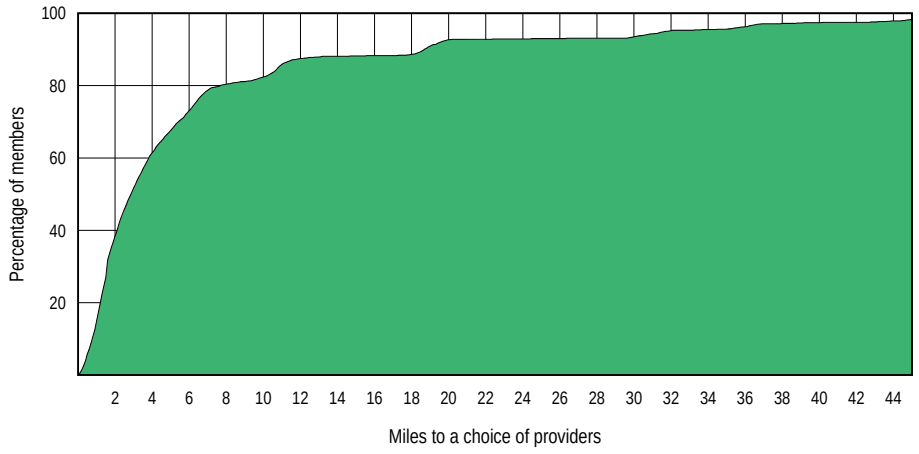


Exhibit B-4

Kern Family Health Care - Hematology

Access Analysis

Kern Family Health Care - Hematology

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Hematology

Access Map

Member locations

- With access
- Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

- 1st closest

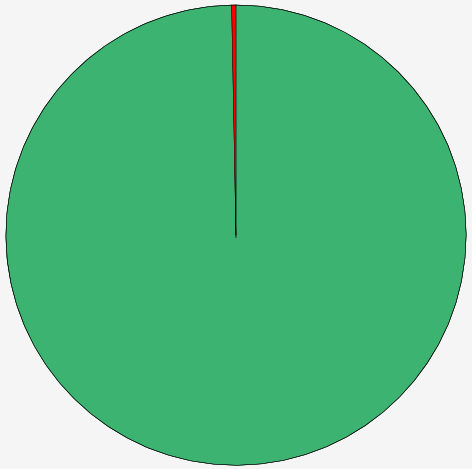
[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Hematology) provider in 45 miles or 75 minutes

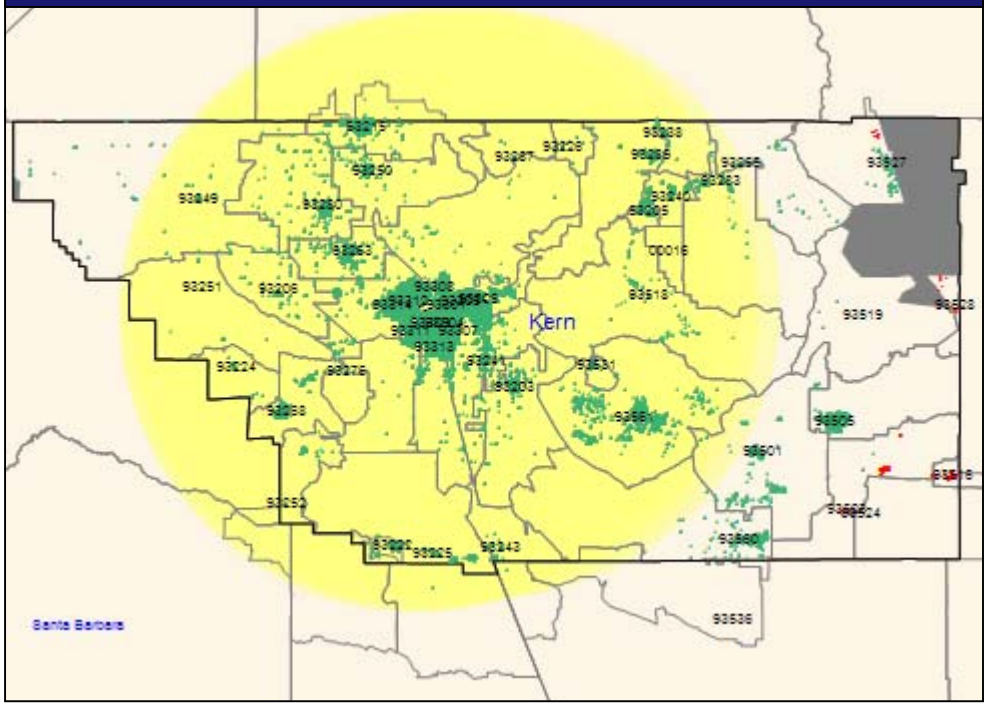
Overall Access[1]

243,028 Members
17 providers at 9 locations (Kern Family Health Care - Hematology)

- 242,276 (99.7%) Members with access
- 752 (0.3%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	11.6 miles 13.2 mins

Access Standard Comparison

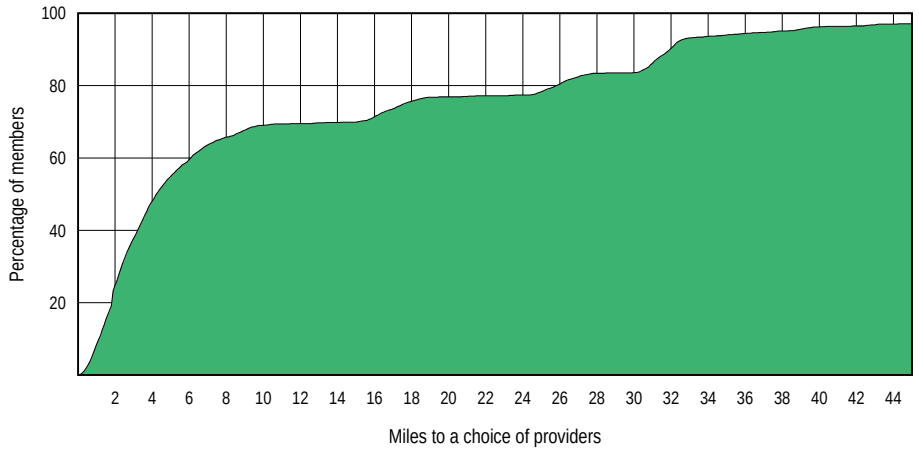


Exhibit B-4

Kern Family Health Care - Infectious Disease

Access Analysis

Kern Family Health Care - Infectious Diseases

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Infectious Diseases

Access Map

Member locations

◆ With access

● Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Infectious Diseases) provider in 45 miles or 75 minutes

Overall Access[1]

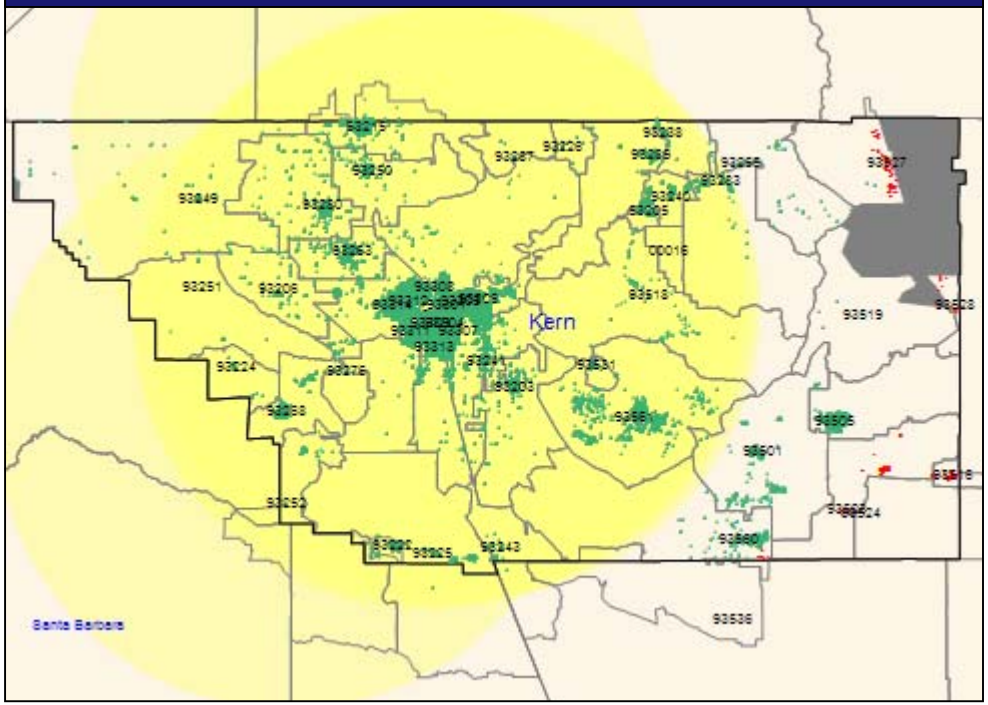
243,028 Members
11 providers at 12 locations (Kern Family Health Care - Infectious Diseases)

242,090 (99.6%) Members with access

938 (0.4%) Members without access

0 (0.0%) Members excluded

All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	8.1 miles 9.4 mins

Access Standard Comparison

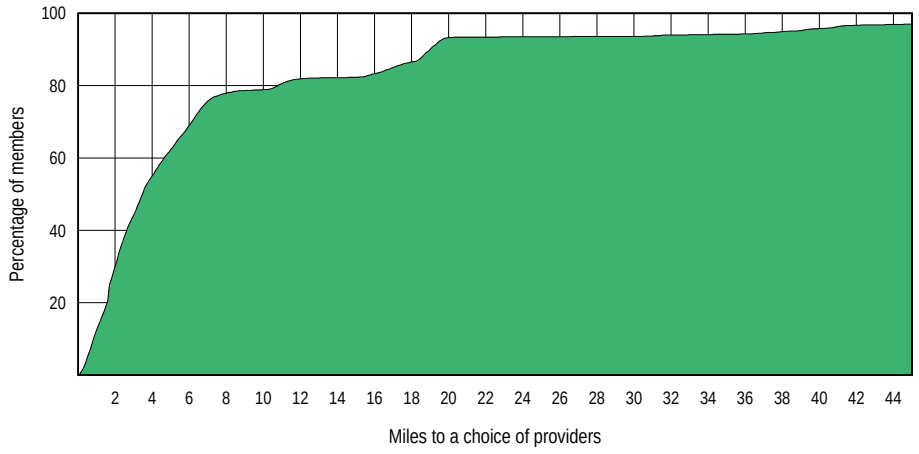


Exhibit B-4

Kern Family Health Care - Nephrology

Access Analysis
Kern Family Health Care - Nephrology

Member / Provider Groups
Kern Family Health Care - All Enrollees
Kern Family Health Care - Nephrology

Access Map
Member locations
- With access
- Without access

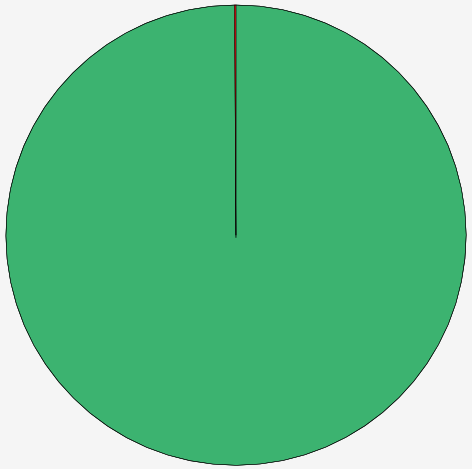
Comparison Graph
Percent of members with access to a choice of providers over miles
- 1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:
1 (Kern Family Health Care - Nephrology) provider in 45 miles or 75 minutes

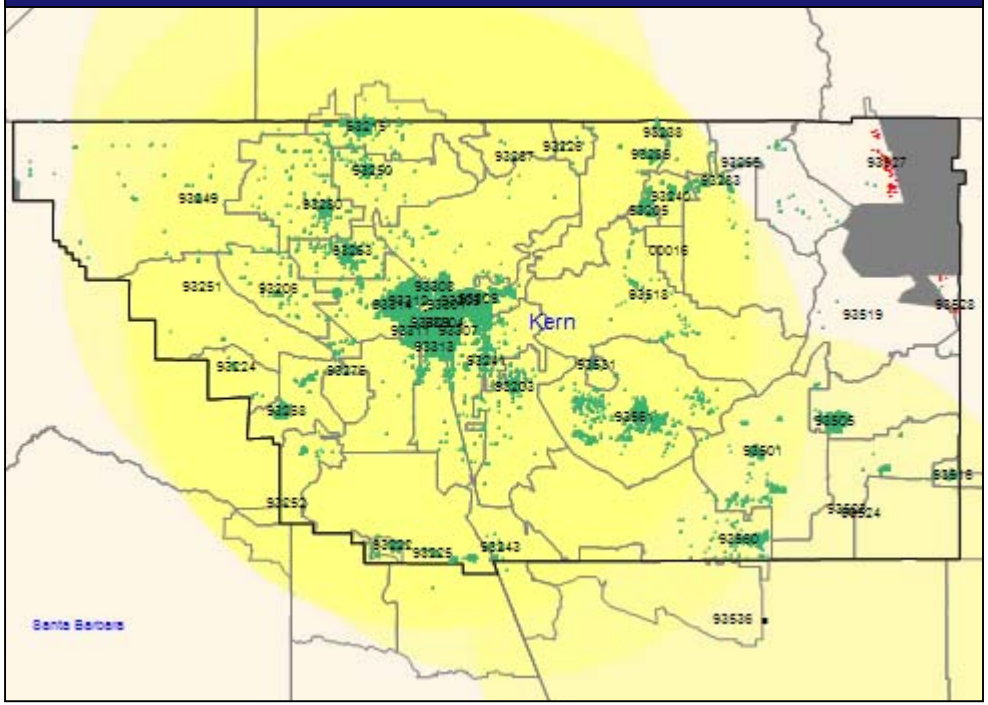
Overall Access[1]

243,028 Members
22 providers at 18 locations (Kern Family Health Care - Nephrology)

- 242,812 (99.9%) Members with access
- 216 (0.1%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	5.4 miles 6.3 mins

Access Standard Comparison

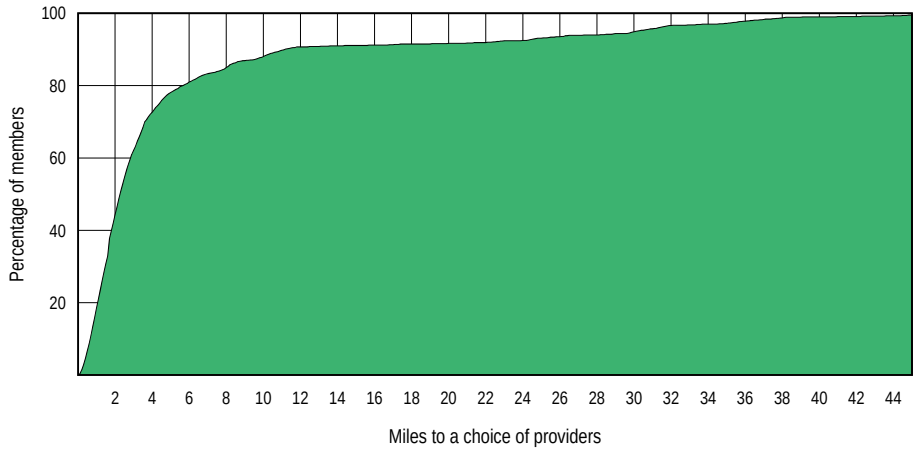


Exhibit B-4

Kern Family Health Care - Neurology

Access Analysis
Kern Family Health Care - Neurology

Member / Provider Groups
Kern Family Health Care - All Enrollees
Kern Family Health Care - Neurology

Access Map
Member locations
◆ With access
● Without access

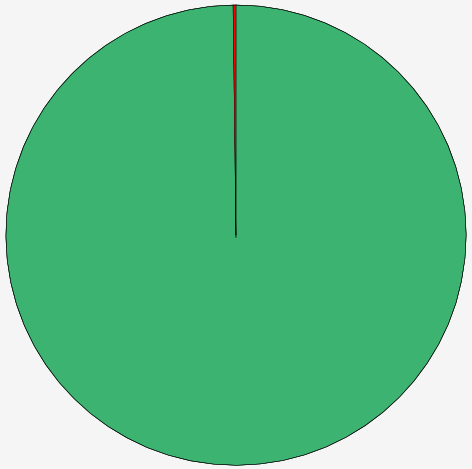
Comparison Graph
Percent of members with access to a choice of providers over miles
1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:
1 (Kern Family Health Care - Neurology) provider in 45 miles or 75 minutes

Overall Access[1]

243,028 Members
19 providers at 13 locations (Kern Family Health Care - Neurology)

242,520 (99.8%) Members with access
508 (0.2%) Members without access
0 (0.0%) Members excluded



All Members

Distances/Times

	Average
Distance/Time to 1st closest provider	10.8 miles 12.5 mins

Access Standard Comparison

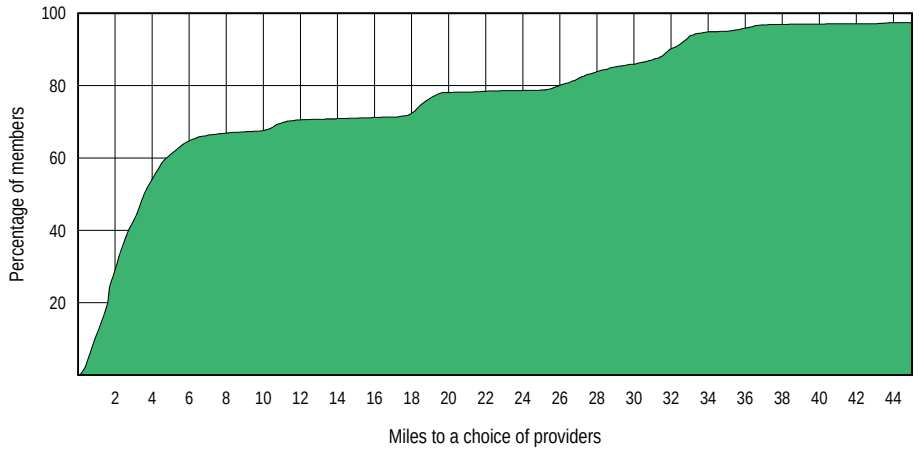


Exhibit B-4

Kern Family Health Care - Oncology

Access Analysis
Kern Family Health Care - Oncology

Member / Provider Groups
Kern Family Health Care - All Enrollees
Kern Family Health Care - Oncology

Access Map
Member locations
◆ With access
● Without access

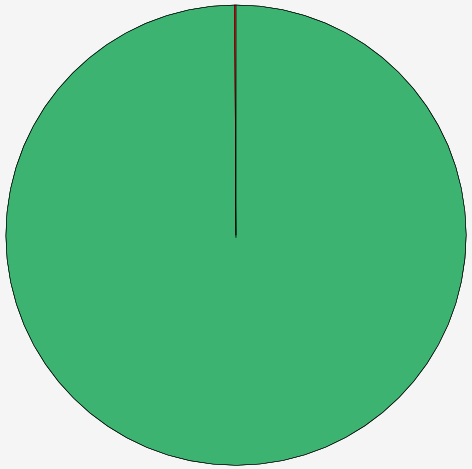
Comparison Graph
Percent of members with access to a choice of providers over miles
1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:
1 (Kern Family Health Care - Oncology) provider in 45 miles or 75 minutes

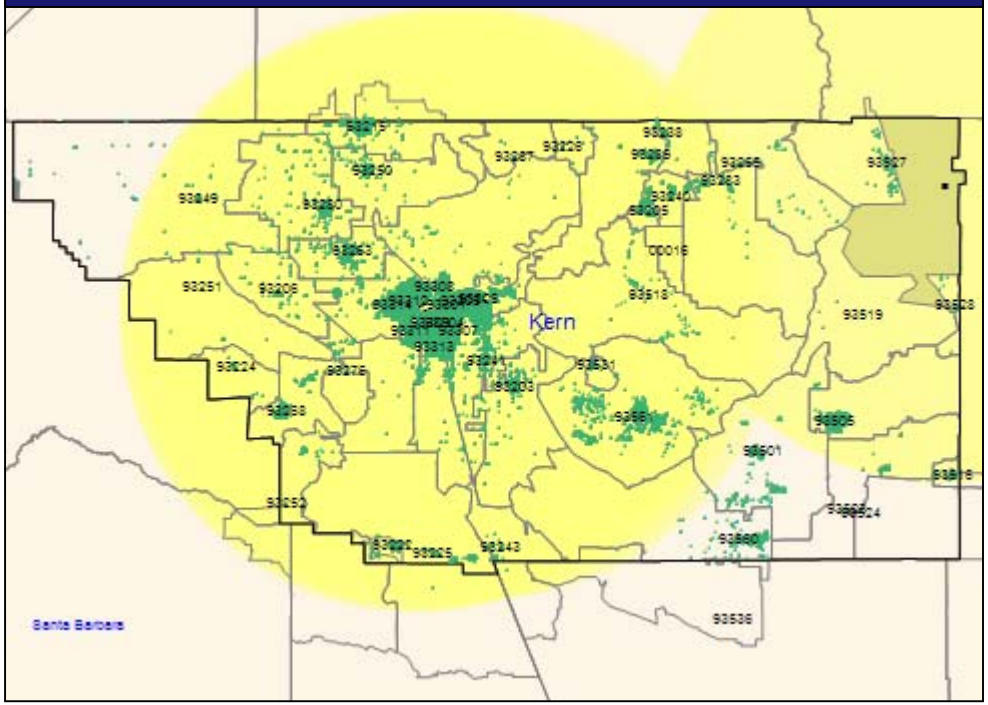
Overall Access[1]

243,028 Members
20 providers at 11 locations (Kern Family Health Care - Oncology)

243,026 (99.9%) Members with access
2 (0.1%) Members without access
0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	11.2 miles 12.8 mins

Access Standard Comparison

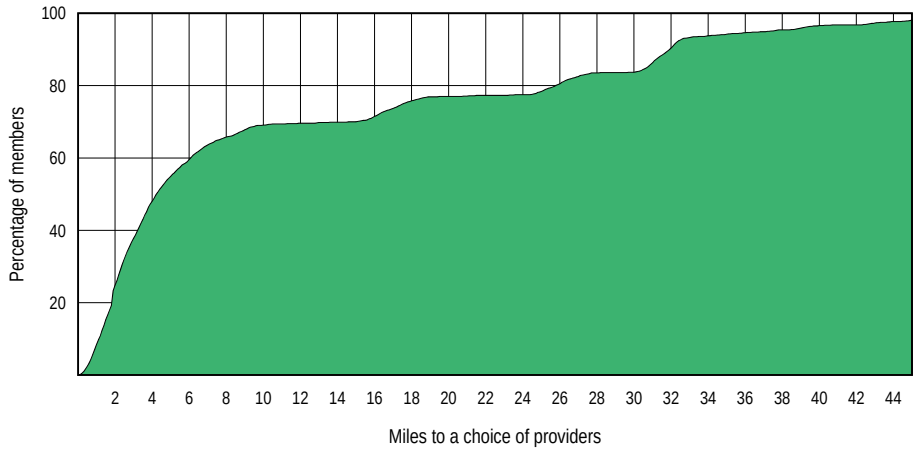


Exhibit B-4

Kern Family Health Care - Ophthalmology

Access Analysis

Kern Family Health Care - Ophthalmology

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Ophthalmology

Access Map

Member locations

- With access
- Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

- 1st closest

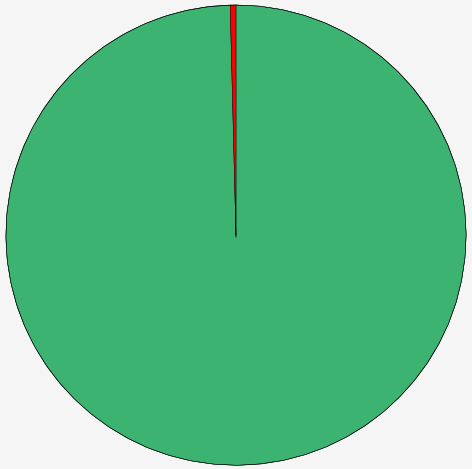
[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Ophthalmology) provider in 45 miles or 75 minutes

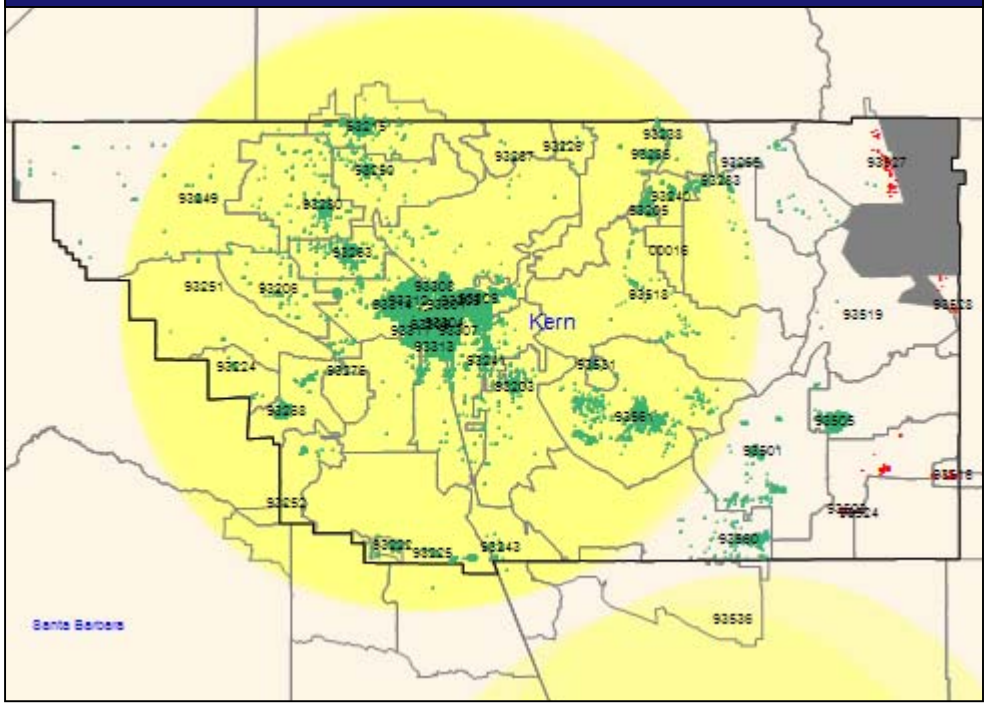
Overall Access[1]

243,028 Members
25 providers at 13 locations (Kern Family Health Care - Ophthalmology)

- 242,102 (99.6%) Members with access
- 926 (0.4%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	11.8 miles 13.6 mins

Access Standard Comparison

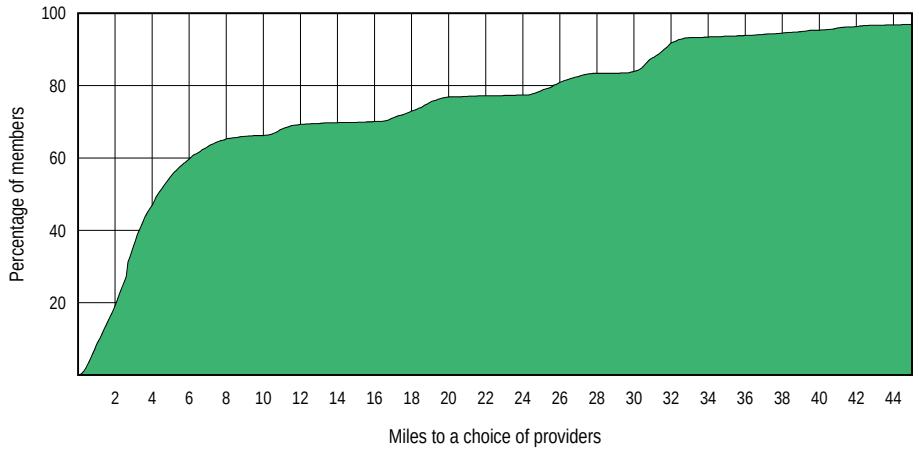


Exhibit B-4

Kern Family Health Care - Orthopdic Surgery

Access Analysis

Kern Family Health Care - Orthopedic Surgery

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Orthopedic Surgery

Access Map

Member locations

- With access
- Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

- 1st closest

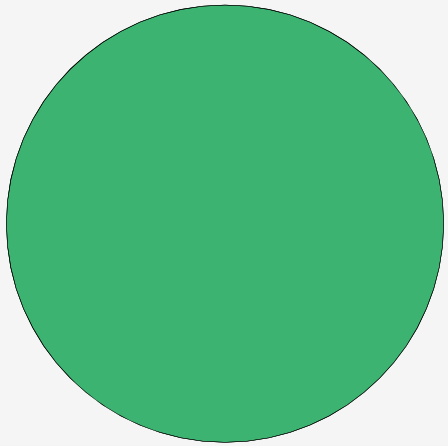
[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Orthopedic Surgery) provider in 45 miles or 75 minutes

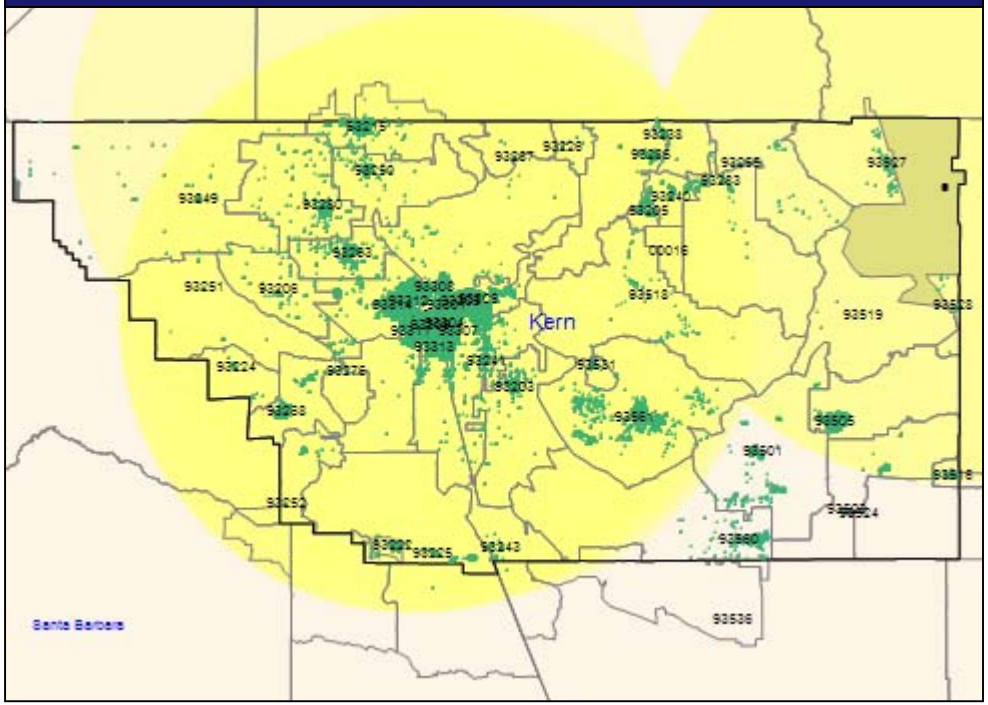
Overall Access[1]

243,028 Members
23 providers at 10 locations (Kern Family Health Care - Orthopedic Surgery)

- 243,028 (100.0%) Members with access
- 0 (0.0%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	8.4 miles 9.7 mins

Access Standard Comparison

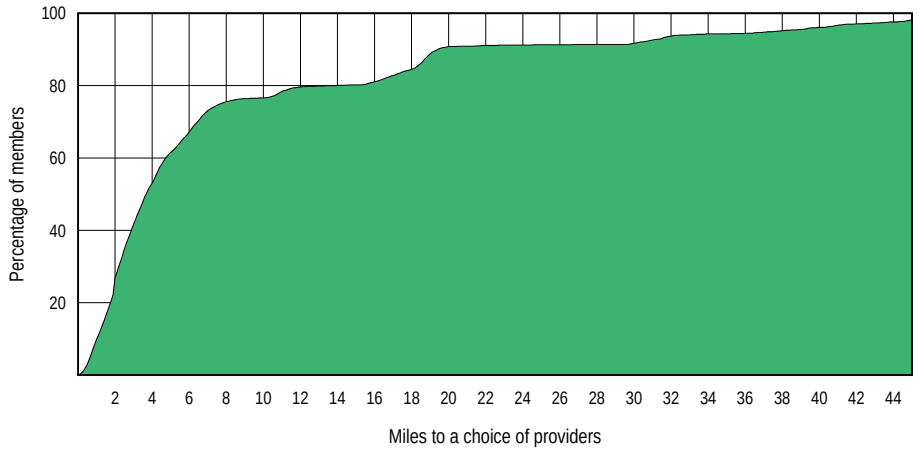


Exhibit B-4

Kern Family Health Care - Physical Med and Rehab

Access Analysis

Kern Family Health Care - Physical Med and Rehab

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Physical Med and Rehab

Access Map

Member locations

- With access
- Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

- 1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Physical Med and Rehab) provider in 45 miles or 75 minutes

Overall Access[1]

243,028 Members
18 providers at 10 locations (Kern Family Health Care - Physical Med and Rehab)

- 242,088 (99.6%) Members with access
- 940 (0.4%) Members without access
- 0 (0.0%) Members excluded

All Members

Distances/Times

	Average
Distance/Time to 1st closest provider	12.0 miles 13.6 mins

Access Standard Comparison

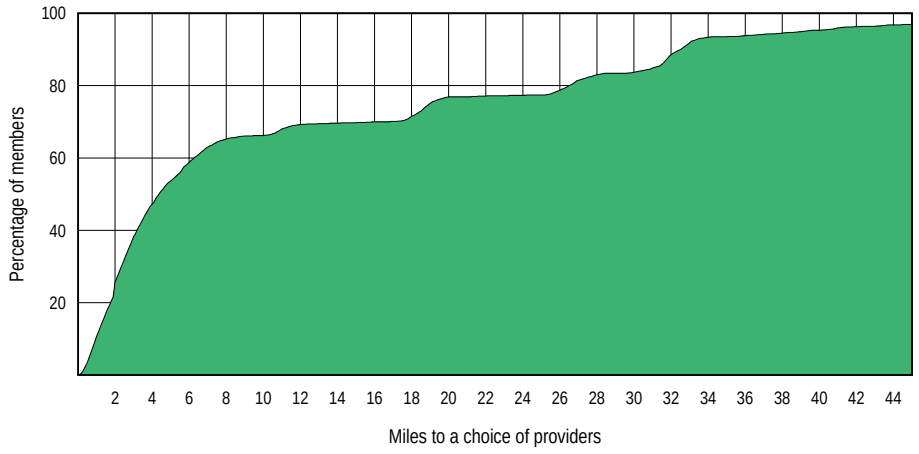


Exhibit B-4

Kern Family Health Care - Psychiatry

Access Analysis
Kern Family Health Care - Psychiatry

Member / Provider Groups
Kern Family Health Care - All Enrollees
Kern Family Health Care - Psychiatry

Access Map
Member locations
- With access
- Without access

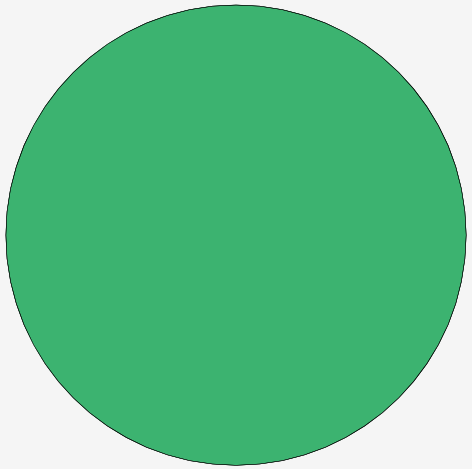
Comparison Graph
Percent of members with access to a choice of providers over miles
- 1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:
1 (Kern Family Health Care - Psychiatry) provider in 45 miles or 75 minutes

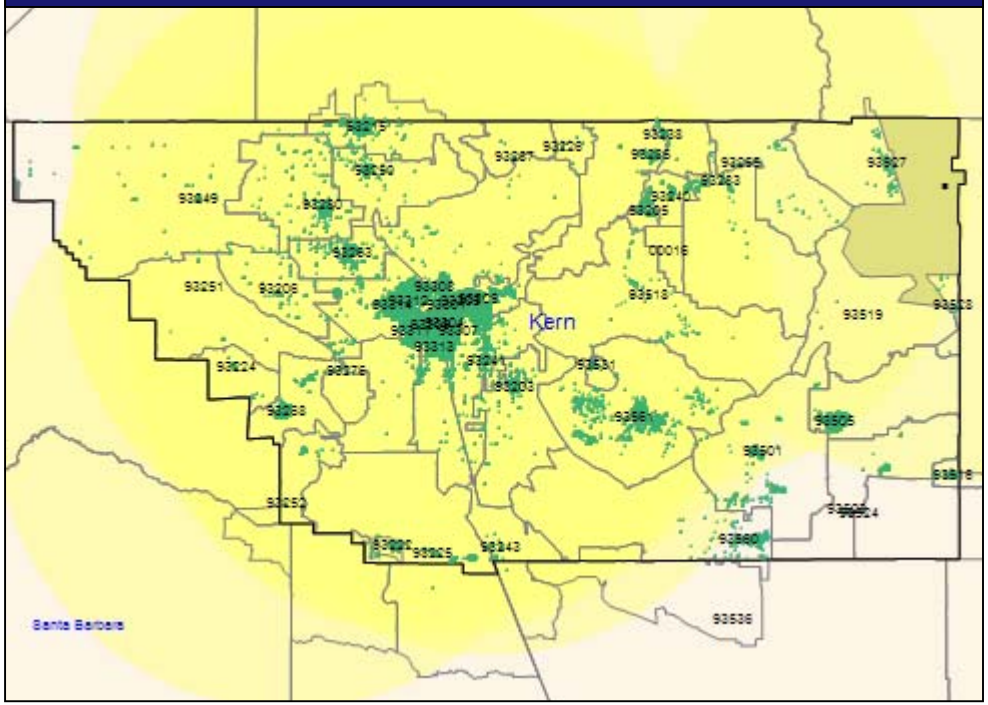
Overall Access[1]

243,028 Members
36 providers at 22 locations (Kern Family Health Care - Psychiatry)

- 243,028 (100.0%) Members with access
- 0 (0.0%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	4.4 miles 5.3 mins

Access Standard Comparison

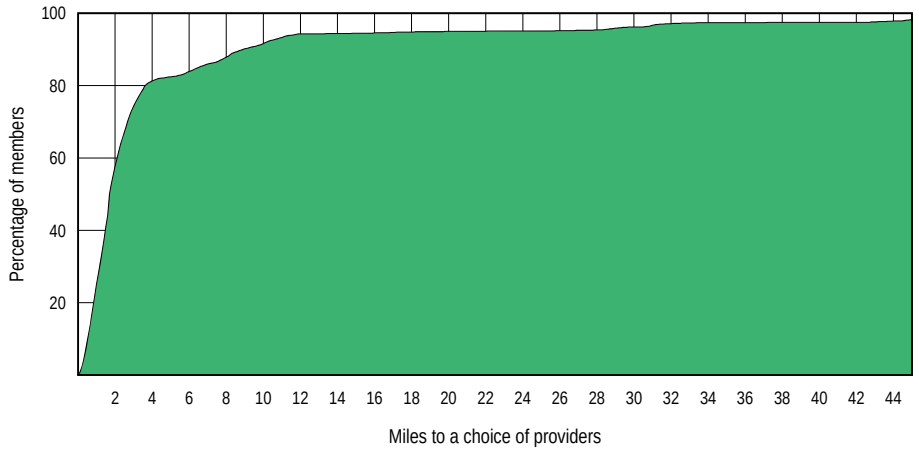


Exhibit B-4

Kern Family Health Care - Pulmonology

Access Analysis
Kern Family Health Care - Pulmonology

Member / Provider Groups
Kern Family Health Care - All Enrollees
Kern Family Health Care - Pulmonology

Access Map
Member locations
- With access
- Without access

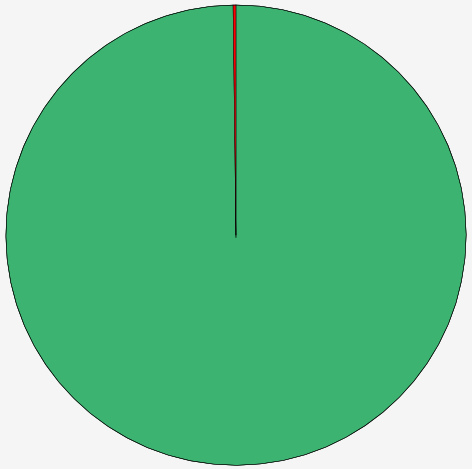
Comparison Graph
Percent of members with access to a choice of providers over miles
- 1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:
1 (Kern Family Health Care - Pulmonology) provider in 45 miles or 75 minutes

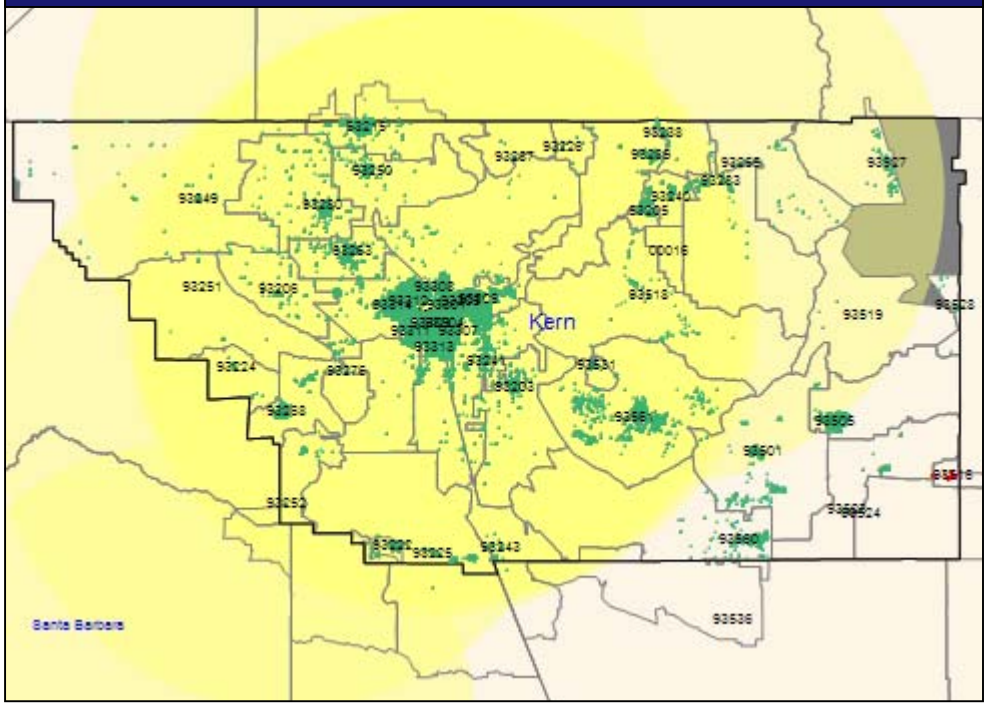
Overall Access[1]

243,028 Members
23 providers at 19 locations (Kern Family Health Care - Pulmonology)

- 242,524 (99.8%) Members with access
- 504 (0.2%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	7.0 miles 8.3 mins

Access Standard Comparison

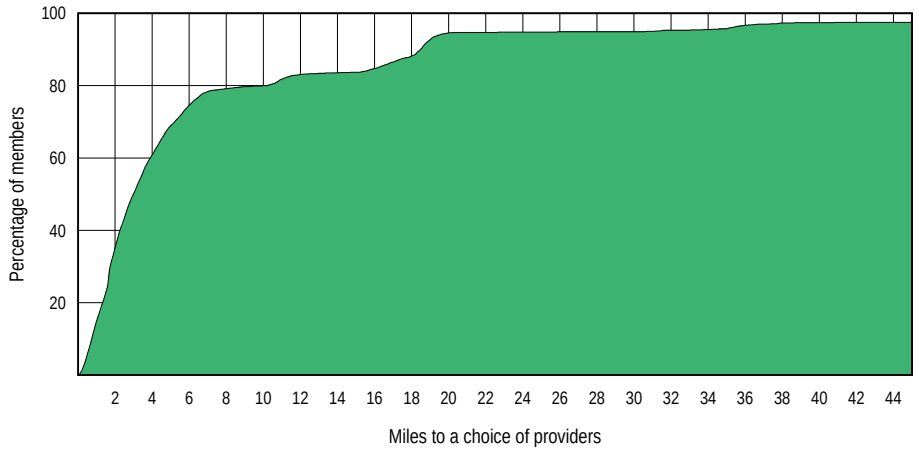


Exhibit B-5

Kern Family Health Care - Primary Care OBGYN

Access Analysis

Kern Family Health Care - Primary Care OBGYN

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - OBGYN Primary Care

Access Map

Member locations

- With access
- Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

- 1st closest

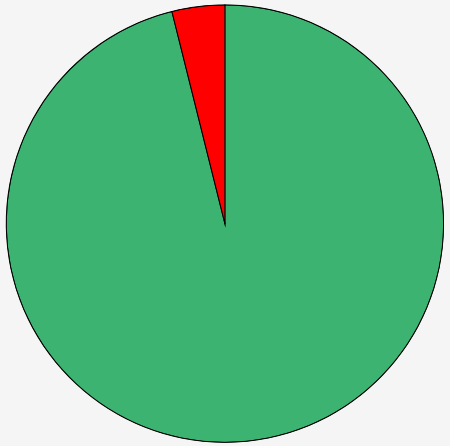
[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - OBGYN Primary Care) provider in 10 miles or 30 minutes

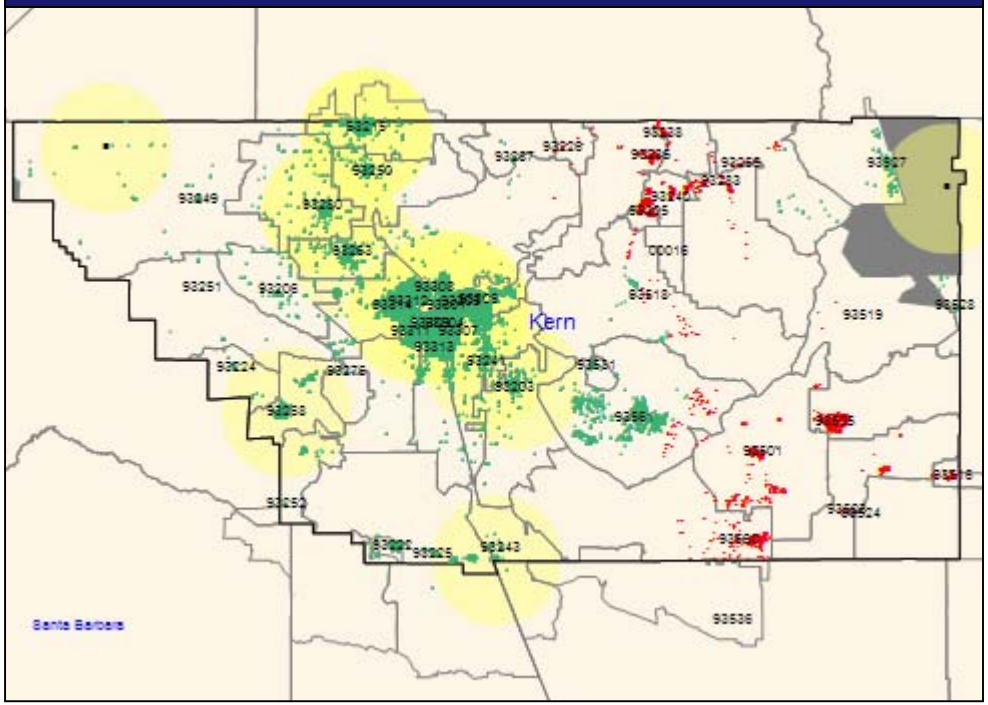
Overall Access[1]

243,028 Members
23 providers at 23 locations (Kern Family Health Care - OBGYN Primary Care)

- 233,565 (96.1%) Members with access
- 9,463 (3.9%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	4.3 miles 5.2 mins

Access Standard Comparison

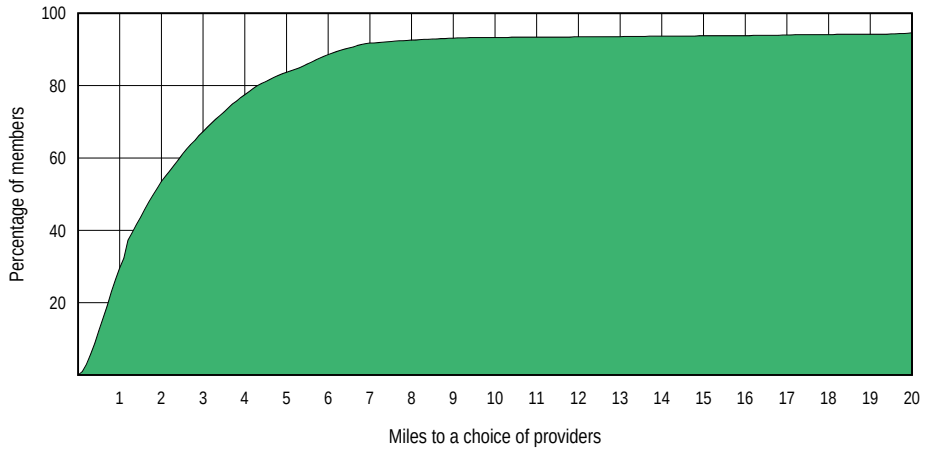


Exhibit B-5

Kern Family Health Care - Specialty Care OBGYN

Access Analysis

Kern Family Health Care - Specialty Care OBGYN

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - OBGYN Specialty Care

Access Map

Member locations

- With access
- Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

- 1st closest

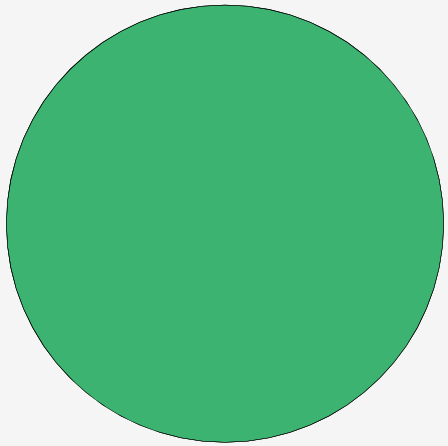
[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - OBGYN Specialty Care) provider in 45 miles or 75 minutes

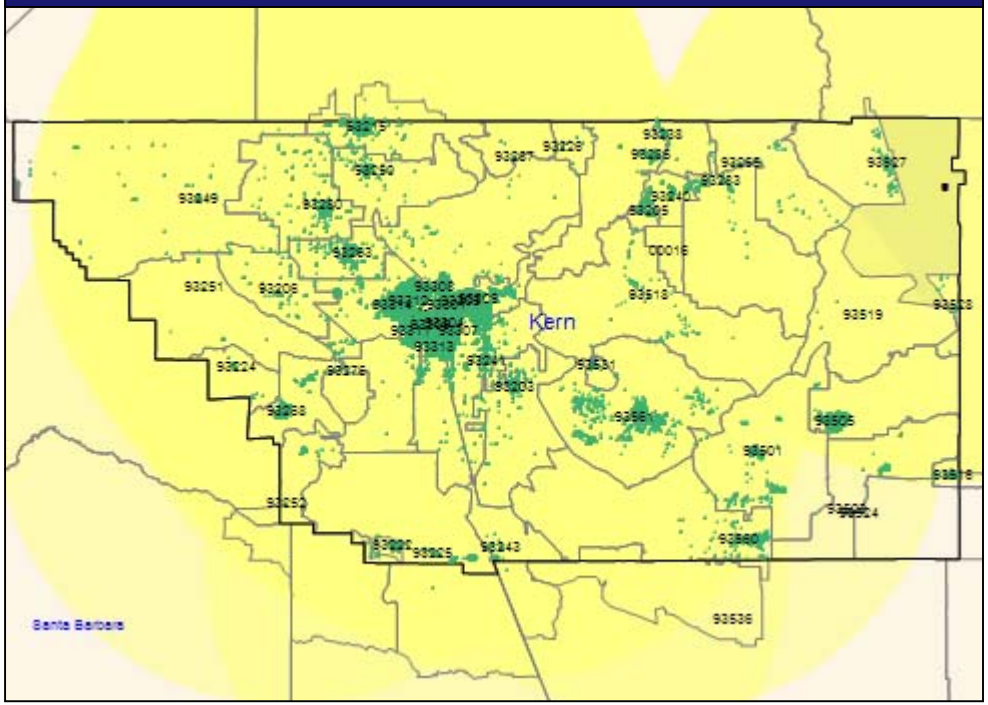
Overall Access[1]

243,028 Members
69 providers at 59 locations (Kern Family Health Care - OBGYN Specialty Care)

- 243,028 (100.0%) Members with access
- 0 (0.0%) Members without access
- 0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	2.7 miles 3.2 mins

Access Standard Comparison

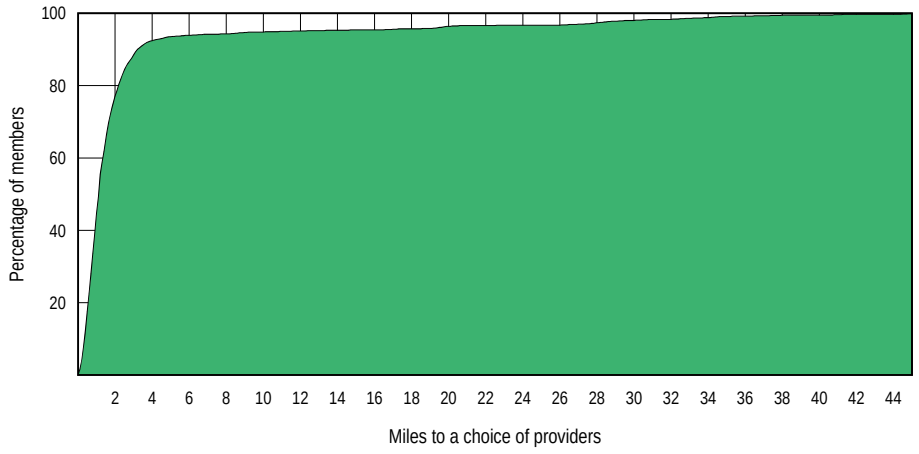


Exhibit B-6

Kern Family Health Care - Hospitals

Access Analysis
Kern Family Health Care - Hospital

Member / Provider Groups
Kern Family Health Care - All Enrollees
Kern Family Health Care - Hospitals

Access Map
Member locations
◆ With access
● Without access

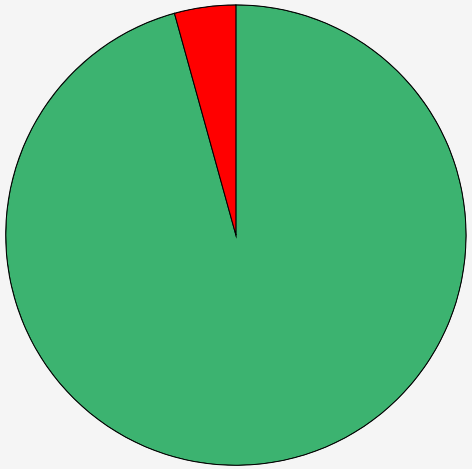
Comparison Graph
Percent of members with access to a choice of providers over miles
1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:
1 (Kern Family Health Care - Hospitals) provider in 15 miles or 30 minutes

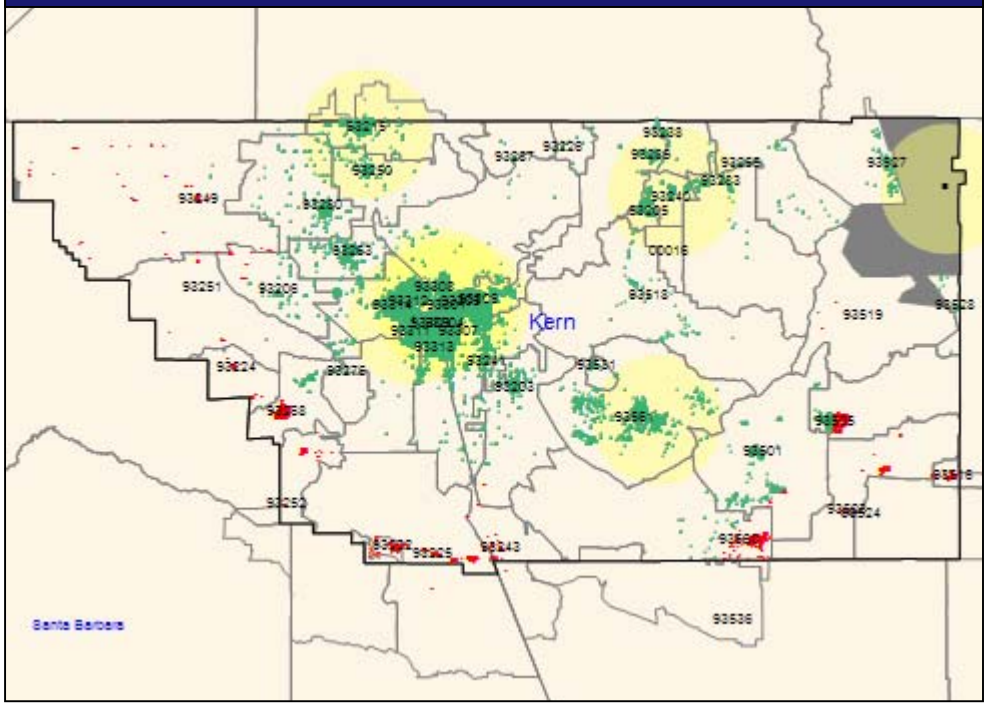
Overall Access[1]

243,028 Members
11 providers at 11 locations (Kern Family Health Care - Hospitals)

232,457 (95.7%) Members with access
10,571 (4.3%) Members without access
0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	6.7 miles 7.7 mins

Access Standard Comparison

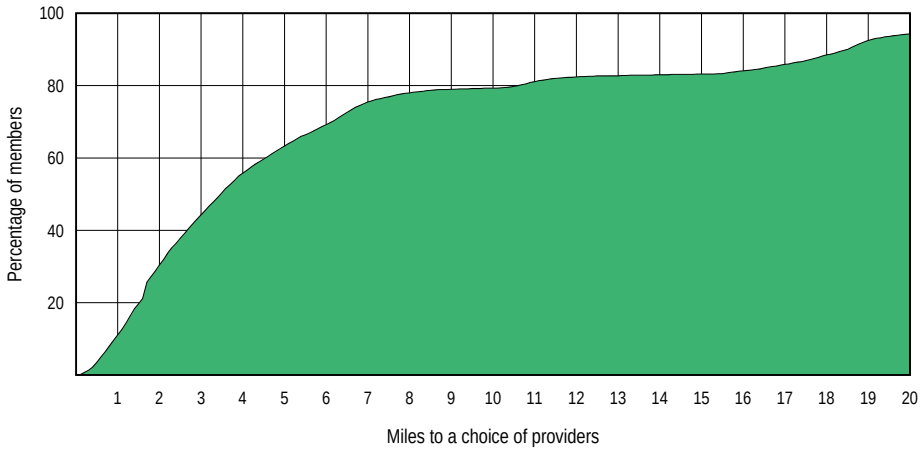


Exhibit B-7

Kern Family Health Care - Mental Health

Access Analysis

Kern Family Health Care - Mental Health

Member / Provider Groups

Kern Family Health Care - All Enrollees

Kern Family Health Care - Mental Health

Access Map

Member locations

◆ With access

● Without access

Comparison Graph

Percent of members with access to a choice of providers over miles

1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:

1 (Kern Family Health Care - Mental Health) provider in 45 miles or 75 minutes

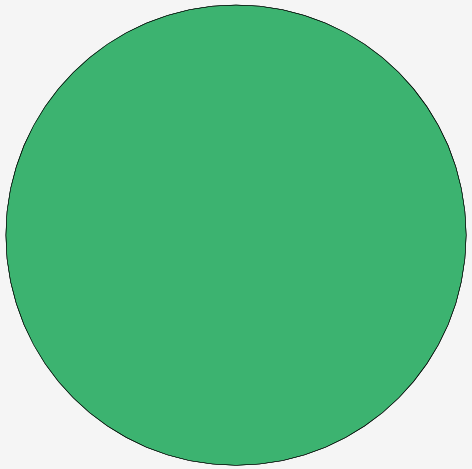
Overall Access[1]

243,028 Members
49 providers at 41 locations (Kern Family Health Care - Mental Health)

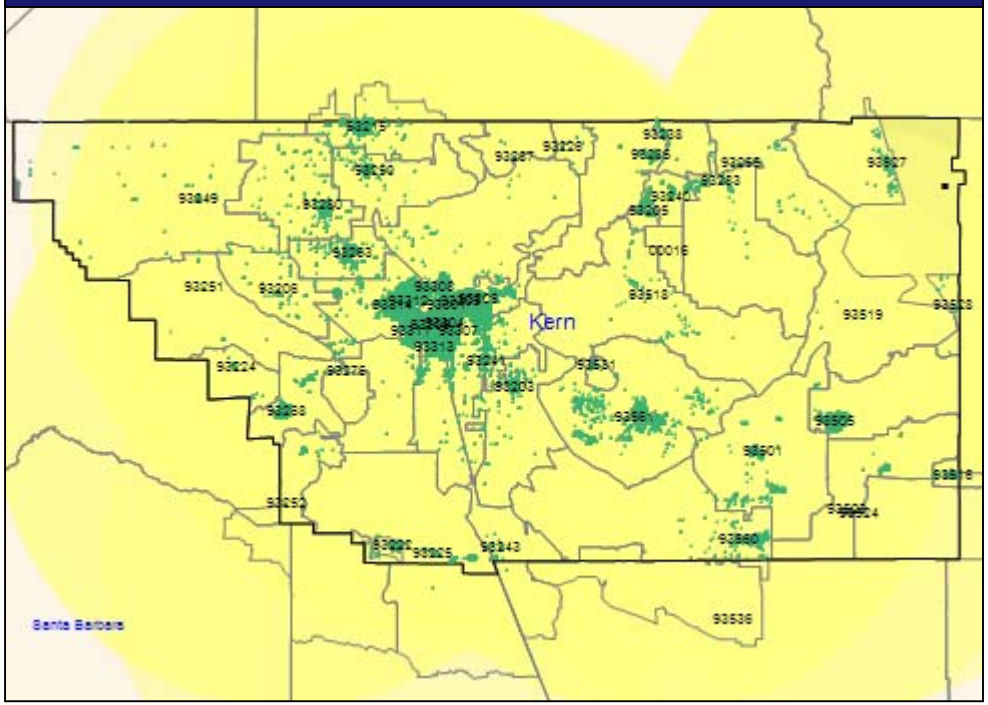
243,028 (100.0%) Members with access

0 (0.0%) Members without access

0 (0.0%) Members excluded



All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	4.1 miles 4.8 mins

Access Standard Comparison

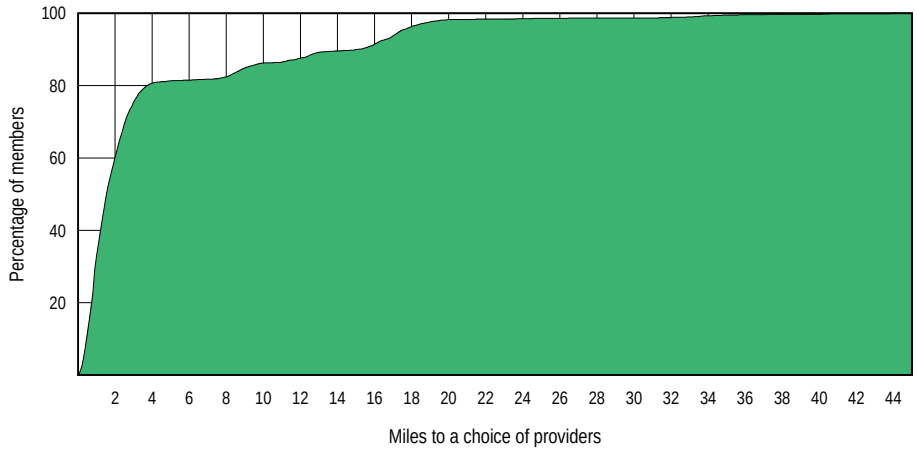


Exhibit B-8

Kern Family Health Care - Pharmacy

Access Analysis
Kern Family Health Care - Pharmacy

Member / Provider Groups
Kern Family Health Care - All Enrollees
Kern Family Health Care - Pharmacy

Access Map
Member locations
◆ With access
● Without access

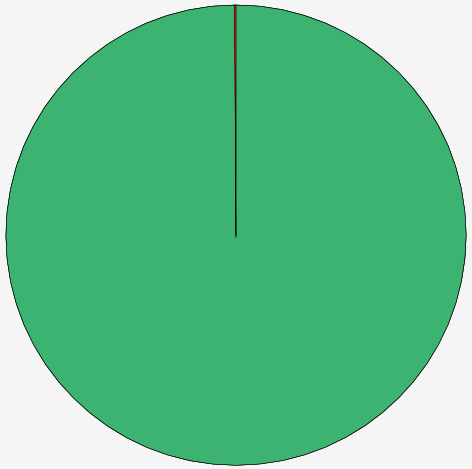
Comparison Graph
Percent of members with access to a choice of providers over miles
1st closest

[1] The Access Standard is defined as (Kern Family Health Care - All Enrollees) members accessing:
1 (Kern Family Health Care - Pharmacy) provider in 10 miles or 30 minutes

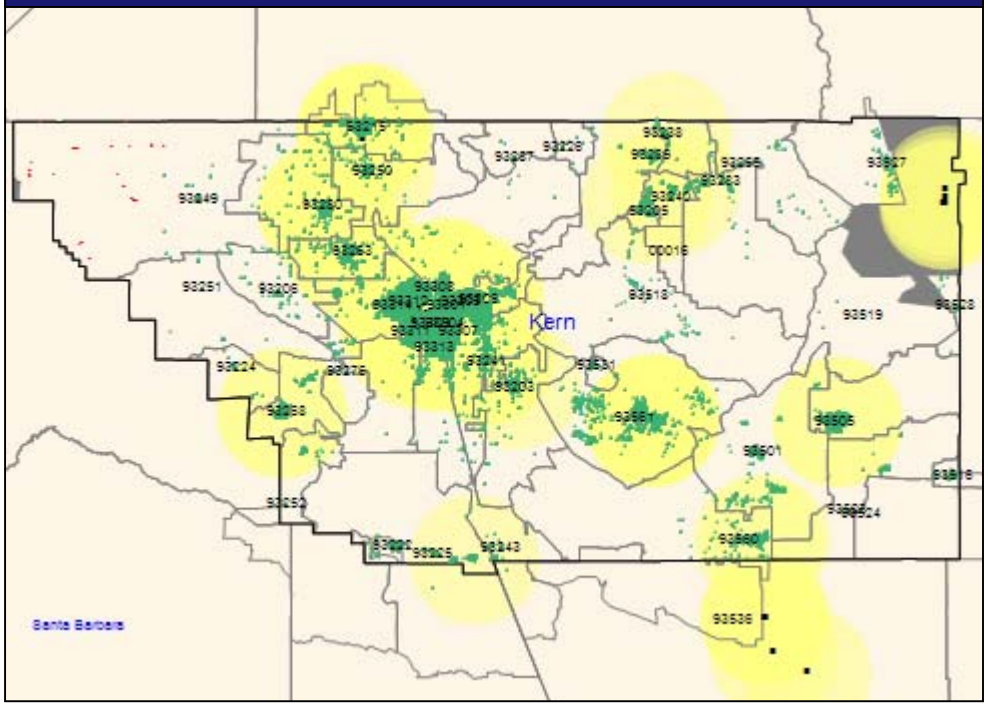
Overall Access[1]

243,028 Members
131 providers at 130 locations (Kern Family Health Care - Pharmacy)

242,920 (99.9%) Members with access
108 (0.1%) Members without access
0 (0.0%) Members excluded



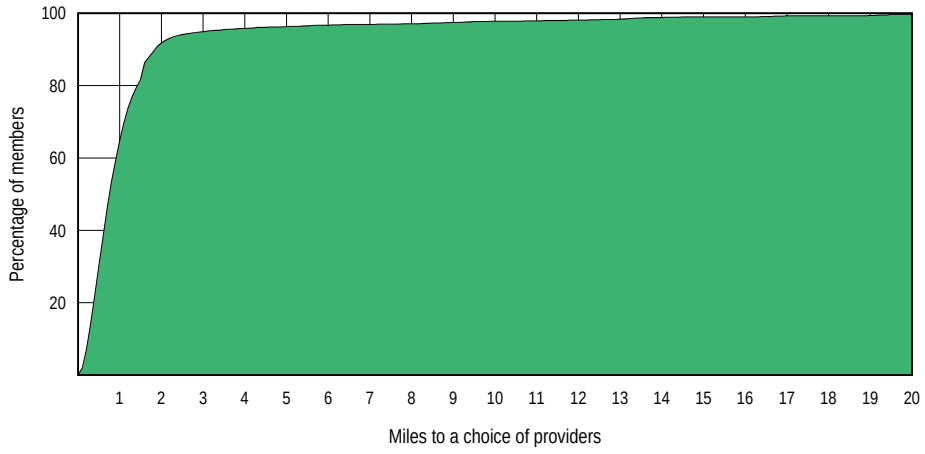
All Members



Distances/Times

	Average
Distance/Time to 1st closest provider	1.4 miles 1.6 mins

Access Standard Comparison



KERN HEALTH SYSTEMS

FULL TIME EQUIVALENCY (FTE) & PROVIDER TO ENROLLEE RATIOS

2018 – Quarter 2

Provider Relations Department

FTE & PROVIDER TO ENROLLEE RATIOS

Q2, 2018

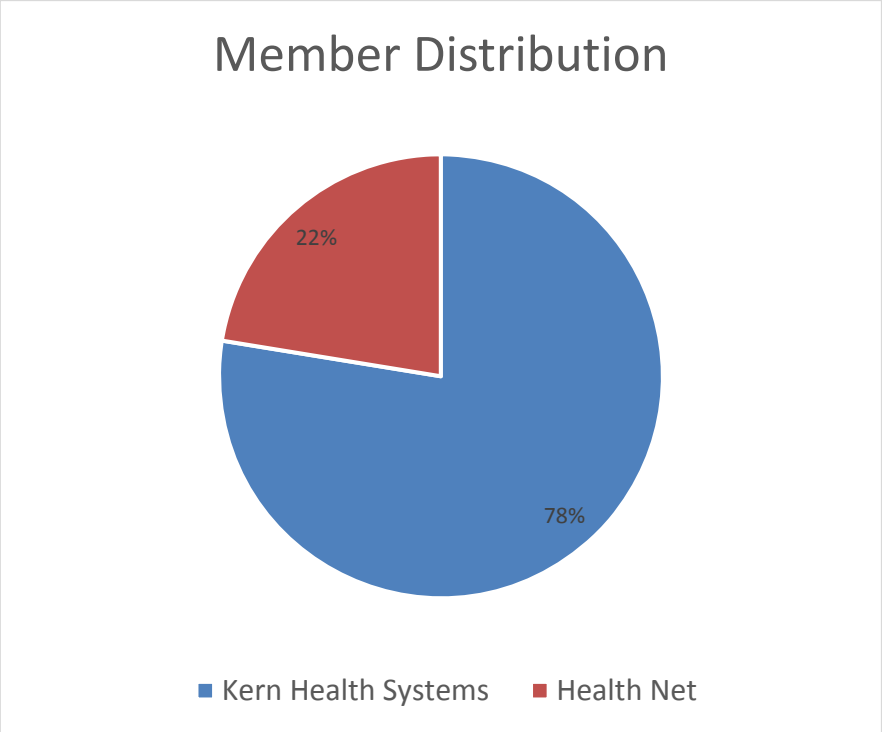
KERN HEALTH SYSTEMS

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 Q2 2018, 309,399 Medi-Cal members were distributed amongst the two Kern County Medi-Cal managed care plans (Kern Health Systems, Health Net). Of those members, 254,899 **(77.56%)** were enrolled under Kern Health Systems, and 73,730 **(22.44%)** under Health Net.



FTE & PROVIDER TO ENROLLEE RATIOS

Q2, 2018

Full Time Equivalency Compliance Calculations

Of KHS' 254,899 membership, 8,276 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 Q2 2018, the plan was contracted with 363 Primary Care Providers, a combination of 200 physicians and 163 mid-levels. Based on the FTE calculation process outlined above, with a 77.56% membership distribution amongst Kern Medi-Cal members, KHS maintains a total of 218.34 FTE PCPs. With a member enrollment of 246,623 utilizing KHS contracted providers, KHS currently maintains a ratio of 1 FTE PCP to every 1129.52 members; KHS is compliant with state regulations and Plan policy.

As of Q2 2018, the plan was contracted with 921 Physicians. Based on the FTE calculation process outlined above, with a 77.56% membership distribution amongst Kern Medi-Cal members, KHS a total of 714.37 FTE Physicians. With a total membership assignment of 246,623, KHS currently maintains a ratio of 1 FTE Physician to every 345.23 members; KHS is compliant with state regulations and Plan policy.

KERN HEALTH SYSTEMS
DISEASE MANAGEMENT DEPARTMENT QUARTERLY REPORT

Report Date: July 17, 2018

Reporting Period: April 1, 2018 – June 30, 2018

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 two program areas of the Disease Management Department are Diabetes with Hypertension, and Asthma.

Disease Management Department Staffing:

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

Case Manager RN Caseload:

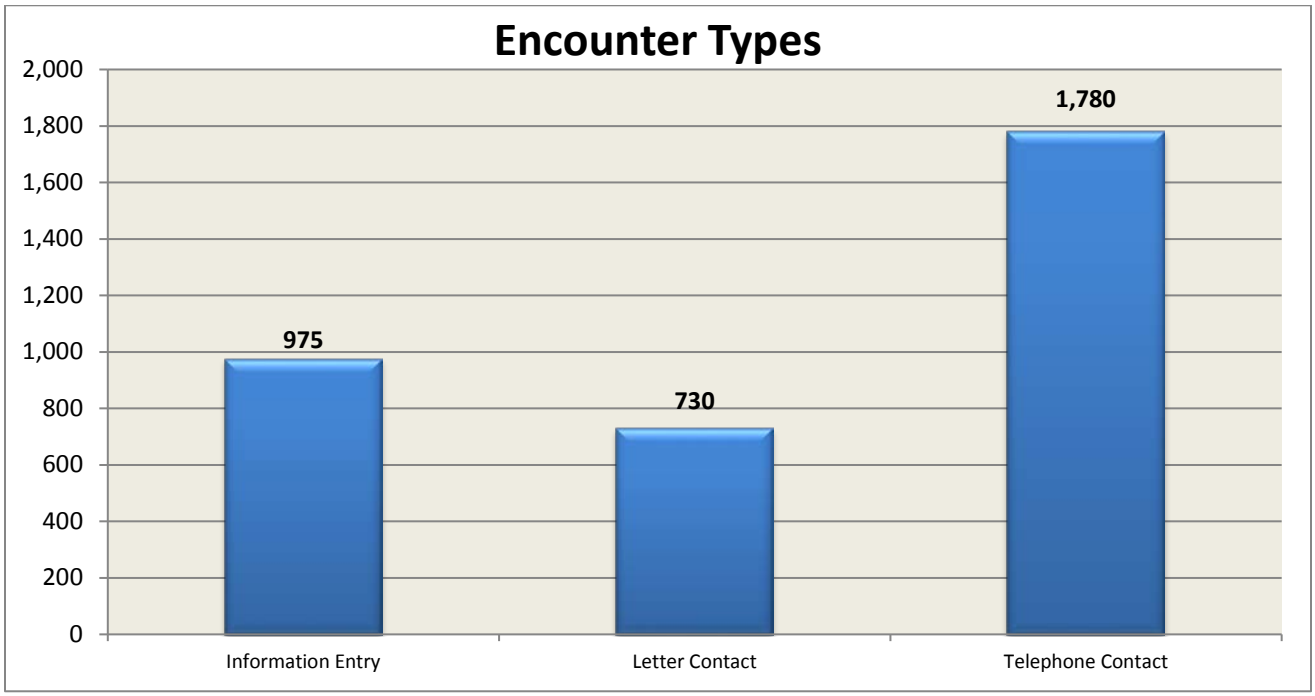
Staff	Caseload
RN 1	12
RN 2	7
RN 3	3
RN 4	6
TOTAL	**28**

DM Program Caseload:

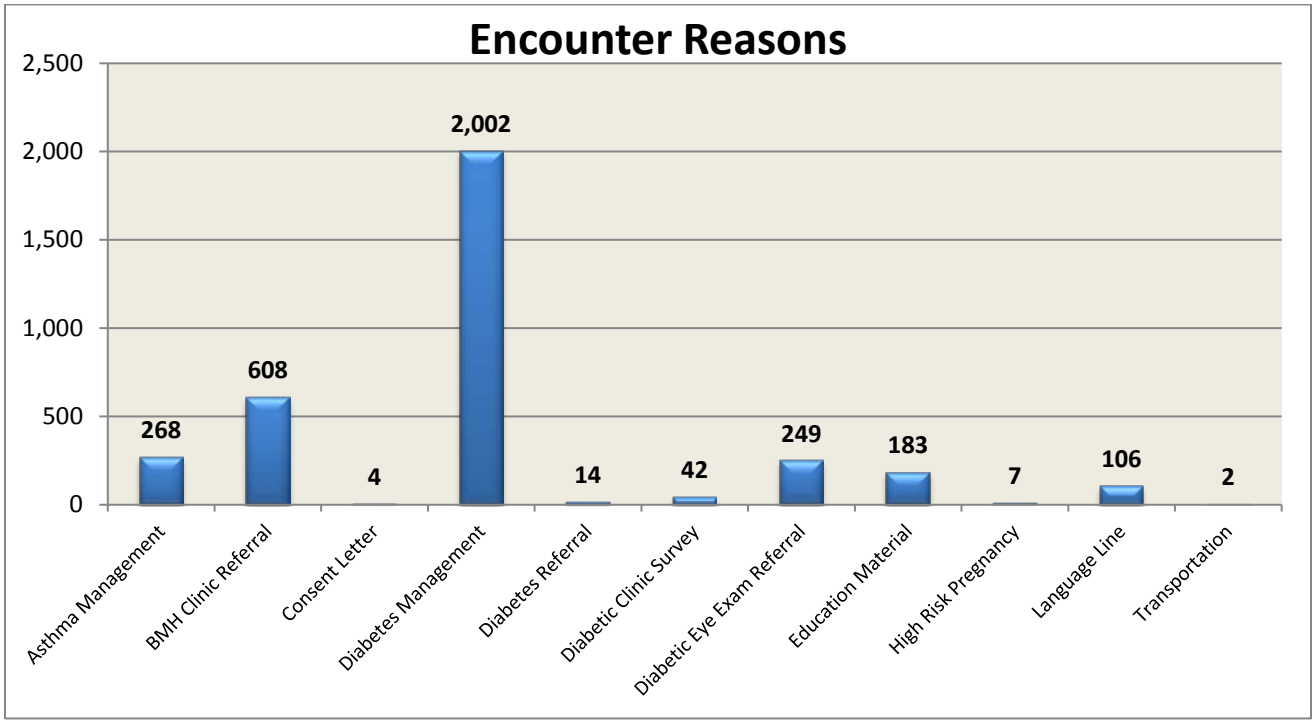
DM Program	Caseload
Asthma	14
Diabetes and Hypertension	14
TOTAL	**28**

Encounters:

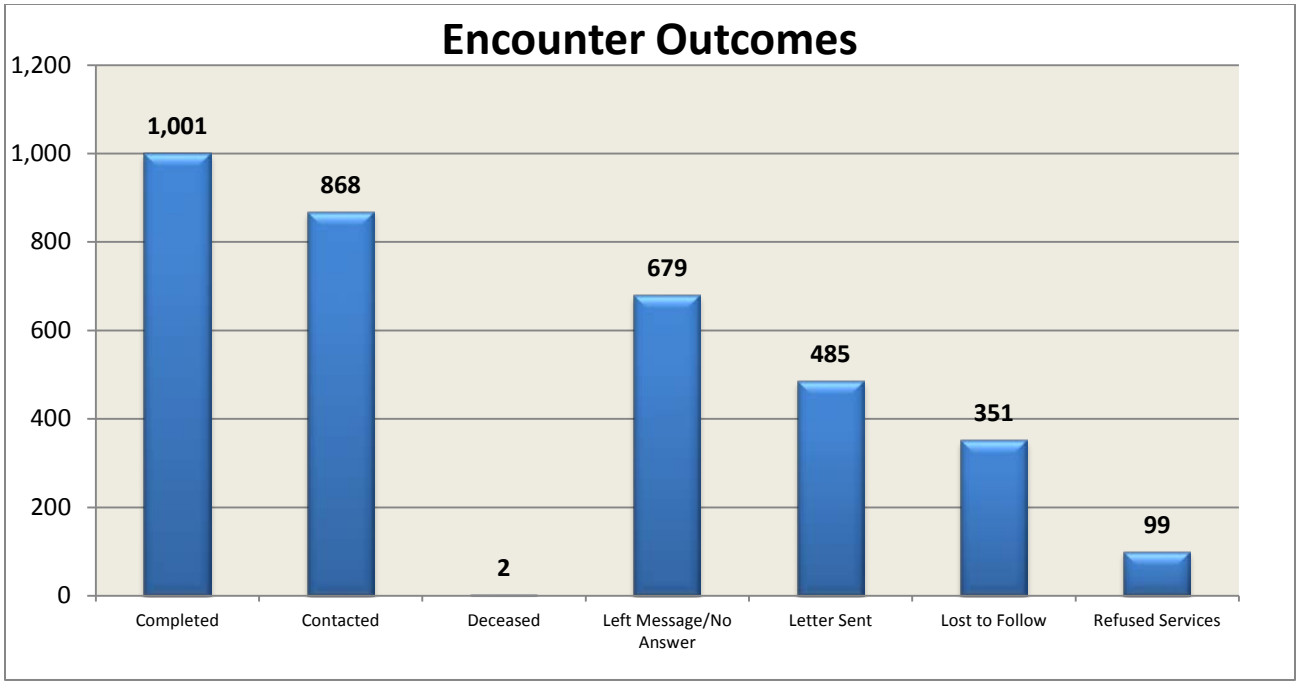
There were a total of 3,485 encounters submitted during this quarter for 1,209 KFHC members and the majority of the encounter types were listed as a Telephone Contact at 51%.



The majority of the encounter reasons at 51% was listed as Diabetes Management.

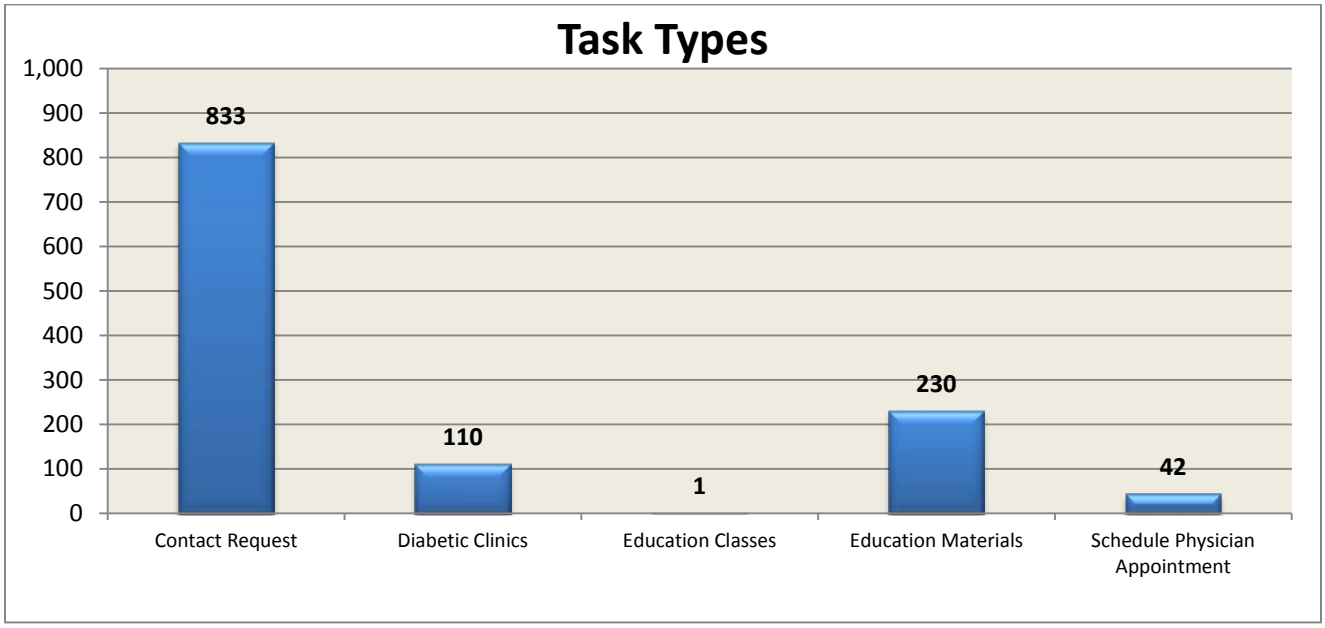


The majority of the encounter outcomes at 29% are listed as Completed.

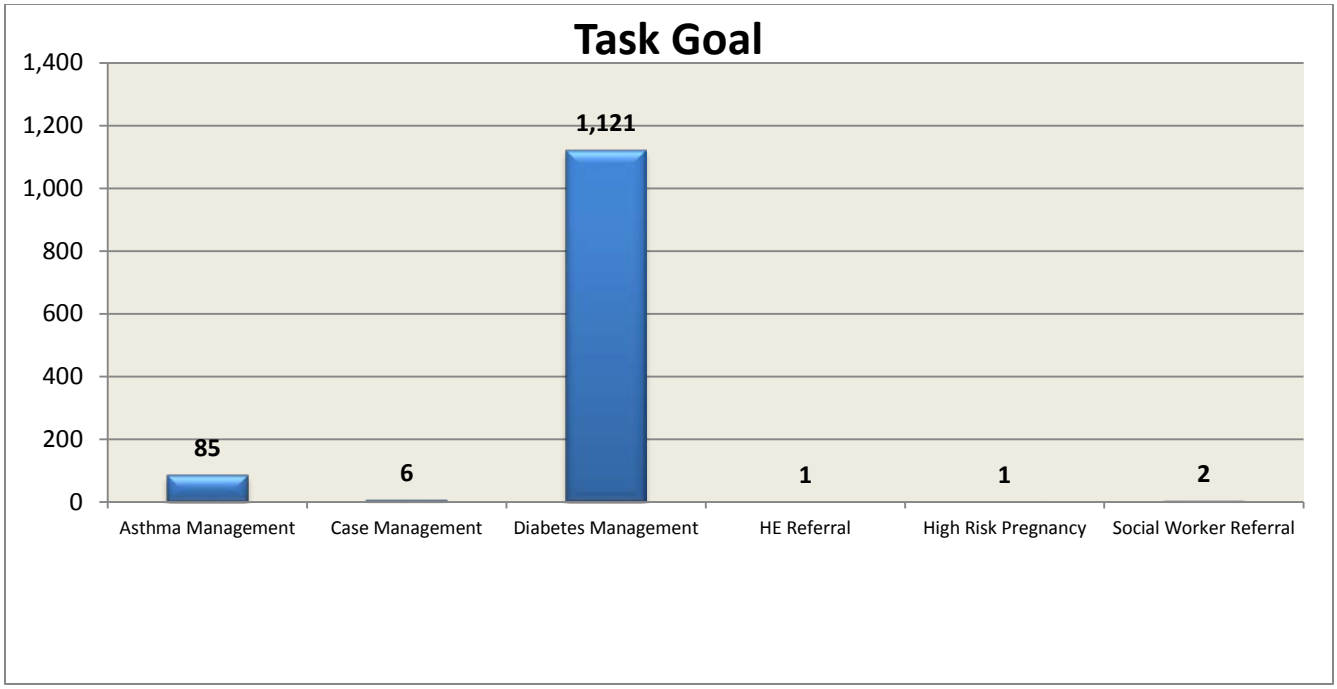


Tasks:

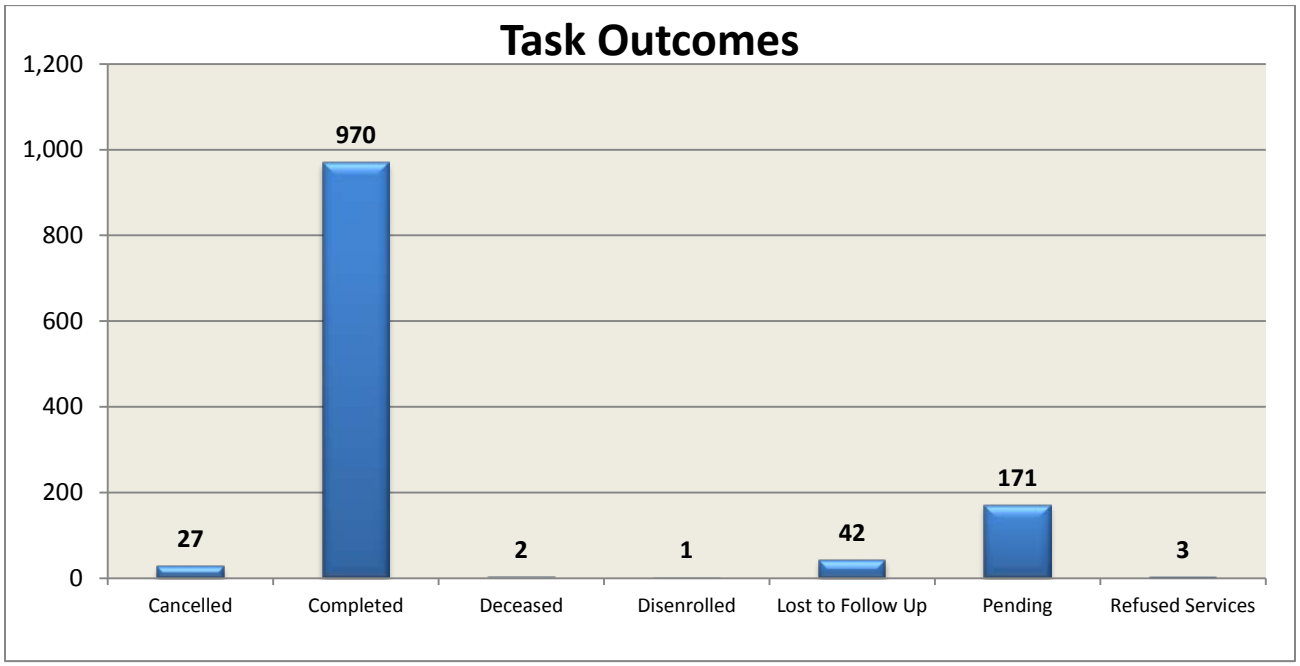
There were a total of 1,216 tasks assigned to the Disease Management department during the quarter for 878 KFHC members. The majority of Task Types were Contact Request at 69%.



The majority of task goals at 92% was listed as Diabetes Management.

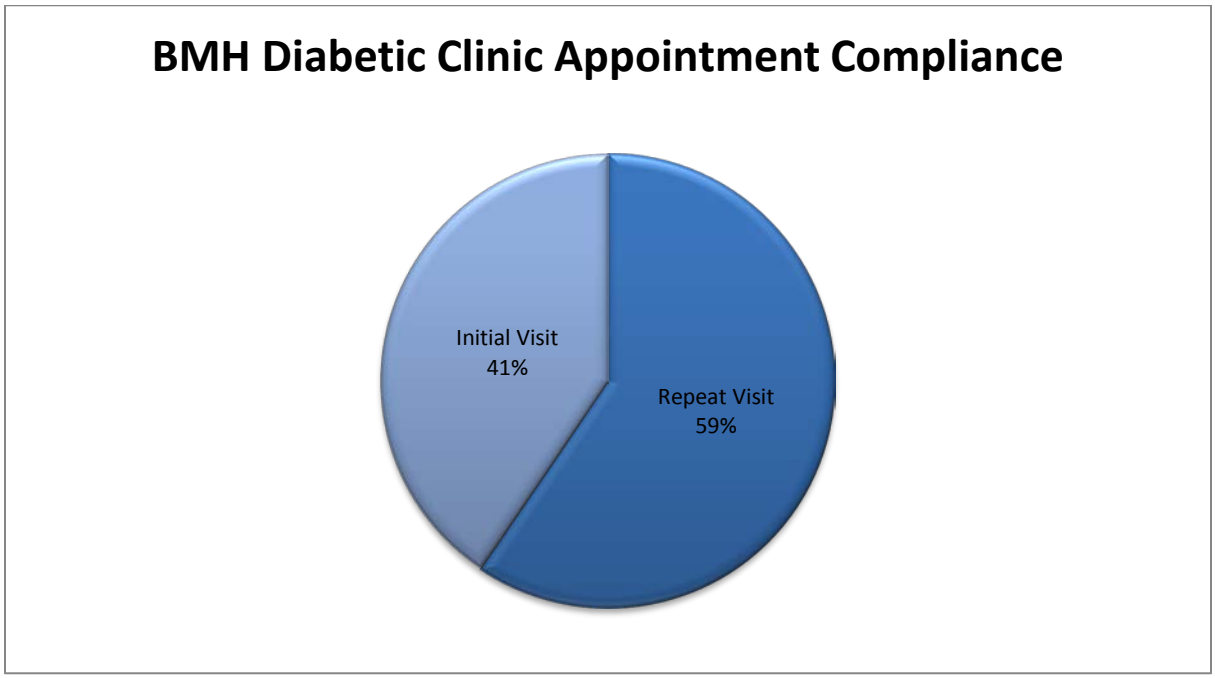


The majority of the task outcomes at 80% are Completed.



Bakersfield Memorial Hospital (BMH) Diabetic Clinic

Appointment compliance at the BMH Diabetic Clinic revealed that 153 members attended their scheduled appointment. Of these 153 members, 62 attended the clinic for the first time.



Utilization Management Policy

Policy No.	Revision No.	Replaces	Changes of Interest to Staff
3.05-P Preventive Medical Care	2018-03	2015-07	Administrative Director of Health Services made revisions to comply with APL 18-004.
3.13-P EPSDT Supplemental Services and Targeted Case Management (TCM)	2018-04	2016-02	Policy updated by Administrative Director of Health Services to comply with APL 18-007Description of/Reason for Revision.
3.22-P Referral and Authorization Process	2018-05	2016-10	New language added to comply with mega Rule in Section 4.2.2 Modifications Attachments Revised.
3.23-P Provider Appeals Regarding Authorization	2018-05	2017-11	Added language on expedited appeal determination.
3.40-I Continuity of Care for New Members	2018-05	2017-08	Section 9.0 deleted as requested by Emily and approved by Deb. Policy revised by Administrative Director of Health Services to comply with DHCS Deliverable BHT 10E.
3.72-P Behavioral Health therapy and Behavioral Intervention Services	2018-04	New	Revised by Administrative Director of Health Services to comply with APL 18-006. New policy should be reviewed in its entirety.
3.73-I Medical Decision Making	2018/05	2017-04	New section 4.0, to reflect use of DHCS approved Independent Medical Review Solution for medical necessity determinations.

KERN HEALTH SYSTEMS

2017 HEALTH EDUCATION PROGRAM EVALUATION

January 1, 2017 through December 31, 2017

BACKGROUND

As a contractual requirement with the DHCS, KHS maintains health education system that includes programs, services, functions, and resources necessary to provide health education, health promotion, and patient education services for all members. To meet this requirement, KHS developed Health Education Program Plan to define the mission, goals and scope of work for the health education system. To assess whether this requirement is met on an annual basis, KHS developed a Health Education Program Evaluation: a comprehensive assessment of the health education activities undertaken and an evaluation of the program's successes and areas of improvement.

STRUCTURE

I. Staff Composition

During this evaluation period, the HE department consisted of the following staff:

Director of HECL	1 FTE
C&L Admin and Support Supervisor	1 FTE
Member Health Educator	2 FTE
HECL Specialist	1 FTE
HE Technician	1 FTE
HECL Technician	1 FTE
HECL Assistants	3 FTE

This staff composition allowed the department to keep up with the demand for health education services among KHS' membership.

II. Data/Referral Tracking Resources

The HE department tracks and monitors all activity related to referrals for health education services and the OB Case Management Project through the Microsoft Windows SharePoint Services program. SharePoint allows the HE department to customize its departmental databases, track and monitor the status of referrals and findings from the OB Case Management Project, and generate departmental reports.

SUMMARY OF HEALTH EDUCATION ACTIVITIES

I. Health Education Referrals

Tracking of health education referrals assists the HE department in identifying the health risks and needs of KHS' diverse membership and serves as an indicator for development of future programs. Through the collection of this data, the HE department has developed various member interventions that include, but are not limited to educational classes, member incentive projects, and educational material.

During this reporting period, 4,657 referrals for health education services were received.

REFERRAL SOURCE	
✓ Provider referred	1459
✓ P4P	2031
✓ Member Self-referred	770
✓ Care Management (CM) referred	80
✓ Disease Management (DM) referred	33
✓ Utilization Management (UM) referred	284
Total Referrals	**4,657**

As is consistent in prior years, asthma, weight and diabetes management are the leading health education requests for KHS members. To continue meeting the needs of KHS' membership, the HE department will continue to expand its current health education system consisting of internal and external resources for classes, individual nutrition counseling, and educational mailings. The HE department will also continue to network and establish new partnerships within the community to better serve KHS members.

REFERRAL TOPICS	
✓ Asthma	247
✓ Diabetes (Type 1 and 2)	175
✓ Gestational Diabetes	6
✓ Nutrition Counseling (anemia, high blood pressure, etc.)	180
✓ Smoking Cessation	80
✓ Weight Management – Adult	791
✓ Weight Management – Pediatric/Teen	3178
Total Referrals	**4,657**

REFERRAL OUTCOMES

✓ Declined Services	28%
✓ Unable to Contact	29%
✓ Received Services	25%
✓ Disenrolled/Withdrawn	3%
✓ No Show	15%

II. Health Education Material

The DHCS requires all Medi-Cal Managed Care Plans to review and document approval of all health education material using the DHCS Readability and Suitability Checklist and perform subsequent reviews every 3 years. To meet this requirement, the HE department maintains copies of the completed checklists and revised its inventory database to include approval and renewal dates of all health education materials. The inventory database will continue to be used to organize and track supplies of all health education materials as well as review deadlines.

EDUCATIONAL MAILINGS

✓ Anemia	148
✓ Asthma	203
✓ High Cholesterol	42
✓ Diabetes	104
✓ Gestational Diabetes	1
✓ High Blood Pressure	115
✓ COPD	1
✓ Postpartum Care	2327
✓ Prenatal Care	922
✓ Smoking Cessation	10,271
✓ Weight Management	5973
✓ Postpartum Incentive	788
✓ WIC	2473
Total Educational Mailings	**23,368**

III. OB Case Management Project

The HE department continued to implement the OB Case Management Project during this reporting period. The department is notified of pregnant and postpartum members through claims data, the MS new member entry report, and the KCPHSD' Perinatal Outreach Program. Although the HE department did not perform any outreach calls during the 3rd

quarter due to pending program revisions, they were successful in contacting 366 of pregnant and 999 of postpartum members during the other quarters. The following findings are solely based on member responses:

PRENATAL FINDINGS:

- Enrolled in WIC 76%
- Any breastfeeding 89%
- Presence of Diabetes of Hypertension 15%

POSTPARTUM FINDINGS:

- Newborn exam complete 96%
- Family Planning Options Discussed with OB 58%
- Newborn added to Medi-Cal case 78%
- Enrolled in WIC 93%
- Any breastfeeding 62%

IV. Community Partnerships

Since 2001, KHS has provided funding to the Community Wellness Program (CWP) to meet the asthma, nutrition, weight management and diabetes education needs of members. Nutrition and weight management education represents more than half of the health education requests while as diabetes continues to be the second most requested health topic among KHS members. To continue meeting the nutrition needs of KHS' members, KHS will continue to facilitate workshops in the community, refer members to the diabetes and heart healthy education classes available through Clinica Sierra Vista's WIC program, contract with CWP to provide in- home education visits throughout Kern County and refer member to the nutrition education services offered at Bakersfield Memorial Hospital.

Chronic disease continues to affect the community and KHS members. As a prevention strategy, KHS implemented a School Wellness Grant Program among the K-12 public school systems in 2017 with the goal of preventing chronic disease through interventions targeted at healthy eating and physical activity. A School Health Promoter Internship Program was also established to assist KHS and the awarded schools with implementation of the work plans and further grow the skillsets of local college students pursuing a career in health, child development or social services.

KHS continued to participate in an array of community collaborative meetings including, but not limited to the:

- Kern County Breastfeeding Coalition
- Perinatal Substance Abuse Prevention Partnership
- Fetal Infant Mortality Review

- Bakersfield City School District Health Advisory Group
- Tobacco Free Coalition of Kern County
- Kern County Asthma Coalition
- Family Resource Center Collaboratives
- Community Health Fairs

HEALTH EDUCATION PROGRAM EFFECTIVENESS

The Health Education Program Evaluation allows the Health Education Program to evaluate the overall effectiveness of its activities within the past year. Assessment of the data findings within this reporting period revealed program achievements and areas of needed improvement. The program successes and challenges are as follows:

I. Achievements

A. Established new school district partnerships in Delano, Lost Hills, Buttonwillow, Lamont and Lake Isabella.
B. Continued to offer the KHS Healthy Eating and Active Lifestyle class and Breathe Well Asthma class at school sites and resource centers throughout the community with targeted services in Lost Hills, Lake Isabella, and Delano.
C. Participated in various community health events and mass media interviews to promote nutrition education, asthma education and the KHS health education services.
D. Maintained partnerships with community based organizations, such as WIC, CWP, California Smokers Helpline, and BMH to offer educational services on nutrition, diabetes, asthma and tobacco cessation education.
E. Implemented 3 member incentive programs targeted at improving member wellness around pregnancy, completion of the Initial Health Assessment and 1 year well baby exam visit.
F. Implemented a School Wellness Grant Program and School Health Promoter Internship to address childhood obesity and prevention of chronic disease within the public school system.
G. Use of KHS Facebook, Twitter, website, member newsletter and IVR system to share information on health education services and provide health and wellness messages.
H. Worked in collaboration with the KHS QI department to provide telephonic educational messages to members on well child exams, immunizations, HPV, perinatal care, breast cancer, and asthma.

II. Challenges

A. Limited community health education resources, particularly outside of Bakersfield.
B. Member participation rates for health education classes.
C. Difficulty contacting members due to lack of current contact information.
D. Member Health Educator staffing changes during mid-year.

Kern Health Systems
2018 Health Education Program Plan

I. Introduction

The leading causes of death and disability, and the majority of major health problems, including chronic and acute conditions, are related to a limited number of health behaviors and practices. Health experts agree that effective educational interventions addressing health behaviors and health practices are likely to lead to substantial reductions in the incidence and severity of the leading causes of disease and disability. An increasing volume of literature documents the cost-effectiveness and potential of well-formulated health education and promotion programs in primary, secondary and tertiary prevention efforts, including substantial reductions in the number of sick days, outpatient visits and hospitalization costs.

The Mission

The mission of Kern Health Systems' (HE) Program is:

- To provide comprehensive, culturally and linguistically competent health education 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.
- Provide a health education program that is resourceful, innovative and cost-effective, through successful partnerships with the community, contracted provider network and plan members.

Program Goals:

1. Educate members to:
   - Seek/use appropriate managed health care, preventive care and primary health care services
   - Change personal health behaviors and adopt healthy lifestyle practices to reduce risk for disease and disability and promote optimal health
   - Use appropriate preventive and therapeutic regimens
   - Manage existing disease, medical conditions or health problems.

2. Assist and support Primary Care Providers (PCP) to:
   - Enhance effectiveness of provider/patient interaction to achieve member health education goals
   - Increase their knowledge of members health education, cultural and linguistic needs
   - Utilize tools and teamwork to target and deliver effective interventions and achieve member health education goals.

Health Education Defined
Health Education is the process of educating people about health. This can be achieved through any combination of activities that facilitate voluntary adaptations of behavior conducive to a positive health status.

The Scope
The primary role of the Health Education (HE) department is to provide member health education services. These services include interventions focusing on:

A. Consumer Health Care:
    1. Managed Health Plan Services
    2. Clinical Preventive Services
    3. Primary Health Care Services
    4. Complimentary Health Care Services
    5. Local Health and Social Services

B. Health Promotion and Wellness:
    1. Tobacco Use and Cessation
    2. Alcohol and Drug Use
    3. Nutrition and Physical Activity
    4. Injury Prevention
    5. STDs and Unintended Pregnancy

C. Self-care and Health Maintenance:
    1. Asthma
    2. Diabetes
    3. Hypertension
    4. Pregnancy
    5. Stress/Depression
    6. Obesity
    7. COPD
    8. Heart Disease

These services will be delivered through a variety of methodologies including one to one counseling, group classes, Memorandum of Understandings with the local public health department and Women Infant and Children programs, accessing resource directories, new member orientations, member handbooks, member newsletters, preventive care guides, social media channels, and/or written health education materials. (See Attachment A)

In addition to the before mentioned activities, the HE department will also be responsible for the following:

A. Individual Health Education Behavioral Assessments (IHEBA)
The HE department will be responsible for ensuring that IHEBAs, also known as the "Staying Healthy Assessment Tool", are conducted on all members within 120 days of enrollment; thereafter, the HE department will ensure that the assessment tool is re-

administered at the age appropriate intervals. This assessment tool will determine health practices, values, behaviors, knowledge, attitudes, cultural practices, beliefs, literacy levels, and health education needs.

To assure compliance with this contractual requirement, the HE department conducted webinar trainings for all PCPs on the implementation and utilization of this tool in 2014. Subsequent trainings will be conducted to refresh PCPs when requested and to train new PCPs about this requirement. In conjunction with the Quality Improvement (QI) department, PCP compliance will be monitored during site reviews and the Pay for Performance Program. QI nurses will assess whether the tool has been completed and incorporated into the medical record. QI nurses will also send completed copies of the tool to the HE department for review and data collection purposes to identify health disparities that may warrant an intervention.

Members will be informed about the assessments through new member orientations and via the member newsletter.

B. Health Education Policies and Procedures

The Director of Health Education, Cultural and Linguistic Services will develop, implement and maintain standards, policies and procedures and ensure provision of the following:

- Member orientation, education regarding health promotion, personal health behavior, patient education and counseling, and incentives to promote behavior modification. (See Policy and Procedure 5.08-I, 2.30-I and 14.07-I)
- Provider education on health education services (See Policy and Procedure 4.23)
- Preventive Medical Care. (See Policy and Procedure 3.05-I and 3.05-P)
- Health Education Policy
- Group Needs Assessment Policy
- SPD policy

C. Health Education Standards

The HE Program will develop and maintain health education services standards. This will include policies and procedures for monitoring provider compliance with standards for health education services. Methods for formally communicating these findings with providers will also be developed.

D. Health Education and Quality Improvement

The HE and QI departments will coordinate with each other in the following areas:

- Member access to services
- Provider compliance with health education requirements

E. Group Needs Assessment (GNA)

The HE department will conduct a GNA of Kern Health Systems' members to determine health education and cultural and linguistic needs. The GNA will be conducted every five years for the duration of the contract with DHCS. The contents of the GNA will address the methodology, findings, proposed services, key activities, timeline for implementation and the responsible individuals. A GNA Update will be conducted annually and submitted to DHCS for review. The contents of this GNA

Update will address member demographic changes; new health disparities or changes in health outcomes; changes in HEDIS findings; new health education, cultural and linguistics, quality improvement programs and resources; and new program needs based on the update findings.

F. Reading Level

The HE department will ensure that all plan materials for members are written at no higher than a 6th grade reading level. Readability and suitability of the health education material is determined using the *Medi-Cal Managed Care Division Readability and Suitability Checklist* and one of the following readability formulas: SMOG, Fry Graph, FOG, Flesch Reading Ease, Dale-Chall.

Responsibilities

Program Staff

1. *Director of Health Education, Cultural and Linguistic Services*
   The Director of Health Education, Cultural and Linguistic Services maintains administrative oversight of the Health Education Program and reports directly to the Chief Medical Officer. This individual is a full-time health educator with a masters degree in community or public health education (MPH).

2. *Cultural and Linguistics Administrative and Support Supervisor*
   The Cultural and Linguistics Administrative and Support Supervisor assists with maintaining administrative oversight of the cultural and linguistic services as part of the Health Education program and reports directly to the Director of Health Education, Cultural and Linguistic Services.

3. *Member Health Educators*
   The Member Health Educators assist with assessing member health education needs, developing, planning, organizing, implementing, and evaluating member health education activities and performs other duties as assigned by the Director of Health Education, Cultural and Linguistic Services. This individual is a full-time employee with a masters degree in community or public health education (MPH).

4. *Health Education/Cultural and Linguistic Specialist*
   The Health Education Specialist assists with overseeing the departmental reports, data collection and implementation of member health promotion incentive projects as assigned by the Director of Health Education, Cultural and Linguistic Services. This individual also performs translation and interpreting services.

5. *Health Education/Cultural and Linguistic Technicians*
   The Health Education Technician assists in conducting reports, collecting data and implementing the member health promotion incentive projects as assigned by the Director of Health Education, Cultural and Linguistic Services. This individual also performs translation and interpreting services.

6. *Health Education /Cultural and Linguistic Assistants*
   The Health Education Senior Support Clerk provides clerical support and perform other duties as assigned by the Director of Health Education, Cultural and Linguistic Services.

KFHC Health Education System	**Health Ed Classes**	**Health Ed Materials**	**Audio Health Library**	**Member Newsletter**	**MOUs**	**Utilization Management**	**Disease Management**	**Resource Directory**	**New Member Orientation**	**Member Handbook**	**Preventive Care Guide**	
Member Education (Consumer Education)												
1. Use of clinical preventive services		✓	✓	✓	✓	✓	✓		✓	✓	✓	
2. Promote appropriate use of managed care plan services	✓		✓	✓	✓	✓	✓		✓	✓	✓	
3. Availability of local social and health care programs	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Clinical Preventive Education and Counseling: (a) Change of personal health behaviors to reduce risk for disease and disability, (b) Adoption of healthy lifestyle practices, (c) Use of appropriate preventive health methods and techniques.												
1. Nutrition	✓	✓	✓	✓	✓	✓	✓	✓	✓			
2. Tobacco Prevention and Cessation	✓	✓	✓	✓	✓	✓	✓	✓	✓			
3. HIV/STD Prevention		✓	✓	✓	✓			✓		✓		
4. Family Planning		✓	✓	✓	✓	✓		✓		✓		
5. Exercise	✓	✓	✓	✓	✓		✓					
6. Dental		✓	✓	✓	✓			✓		✓	✓	
7. Perinatal (Prenatal Education, Childbirth, Breastfeeding)	✓	✓	✓	✓	✓	✓		✓		✓		
8. Age Specific Anticipatory Guidance – EPSDT (CHDP)		✓	✓	✓	✓	✓		✓	✓	✓	✓	
9. Injury Prevention		✓	✓	✓	✓			✓				
10. Immunizations (Well Child)		✓	✓	✓	✓			✓	✓	✓	✓	
11. Diabetes	✓	✓	✓	✓		✓	✓	✓	✓	✓		
12. Asthma	✓	✓	✓	✓	✓	✓	✓	✓	✓			
13. Hypertension	✓	✓	✓	✓		✓	✓	✓	✓			
14. Substance Abuse		✓	✓	✓	✓	✓		✓		✓		
15. Tuberculosis		✓	✓	✓	✓	✓		✓		✓	✓	
16. COPD		✓	✓	✓								
17. Heart Disease		✓	✓	✓		✓						
Outpatient/Inpatient Education and Counseling – Condition Specific (a. Use of appropriate therapeutic health methods and techniques, b. Adherence to self-care and therapeutic regimens, and c. Self-management of existing disease, medical conditions or health problems.												
1. Inpatient				✓		✓				✓		
2. Outpatient		✓	✓	✓		✓	✓					
Additional Staying Healthy Topics												
Alternative Health Care				✓								
Domestic Violence			✓	✓				✓				

Health Services Quarterly Committee Reporting- Reporting Period April 1, 2018 to June 30, 2018

Health Services Overview

The 2018 membership enrollment remained stable at 252,000 in Q2 2018. Additional benefit coverage and broadening interdisciplinary collaboration to support the membership growth will continue through 2018.

- Behavioral Health Therapy- Autism-expansion of eligibility 7/2018
- Cardiac Rehabilitation-new benefit
- Pulmonary Rehab-HealthSouth
- Respite-seeking community wide support

The following pages reflect statistical measurements for Utilization Management, Case Management and Disease Management detailing the ongoing compliance activity for the 2nd Quarter 2018.

Respectfully submitted,

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

Utilization Management Reporting

Timeliness of Decision Trending

Summary:

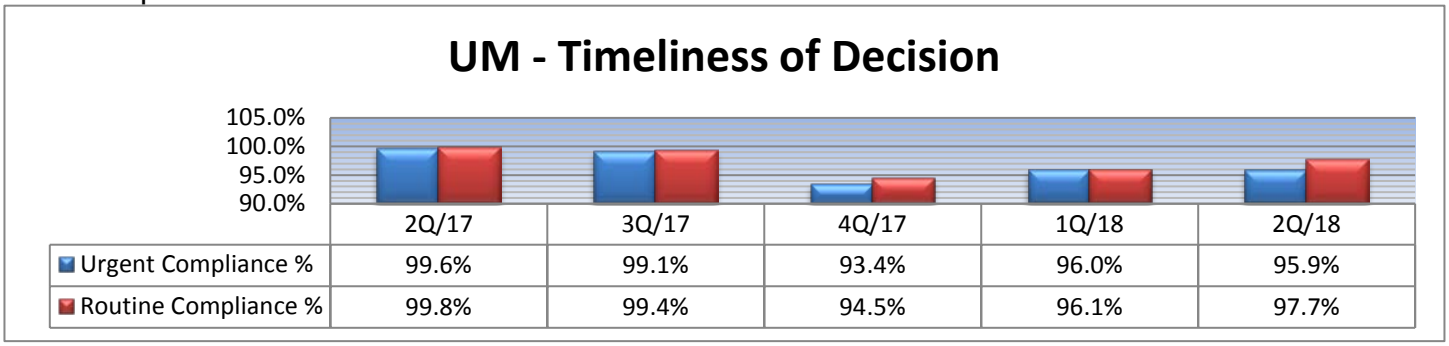
Quarterly audits are conducted to ensure compliance with DMHC requirements, KHS Contractual Agreement with the Department of Health Services, and KHS Policy and Procedures. Referrals are submitted and have specific turn-around-times set for each type of referral.

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

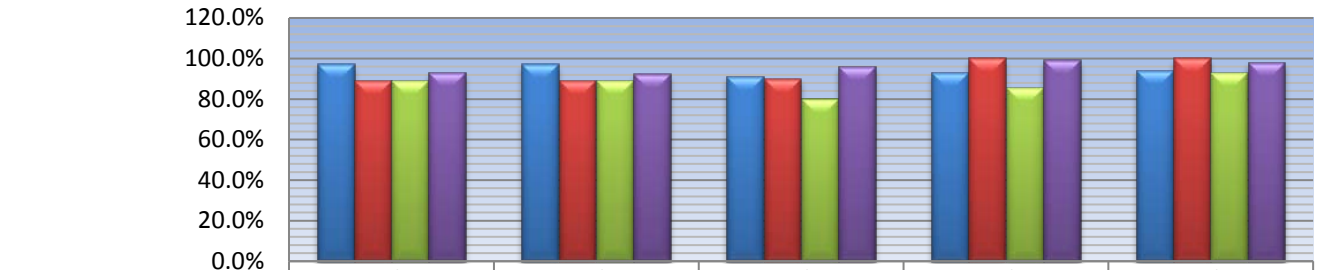
There were 30,834 referrals processed in the 2nd quarter 2018 of which 2,549 referrals were reviewed for timeliness of decision. In comparison to the 1st quarters processing time, the routine referrals increased from the 1st quarter which was 96.1% to 97.7% and urgent referrals decreased from 1st quarter which was 96.0% to 95.9%.



	2Q/17	3Q/17	4Q/17	1Q/18	2Q/18
Urgent Compliance %	99.6%	99.1%	93.4%	96.0%	95.9%
Routine Compliance %	99.8%	99.4%	94.5%	96.1%	97.7%

Audit Criteria:

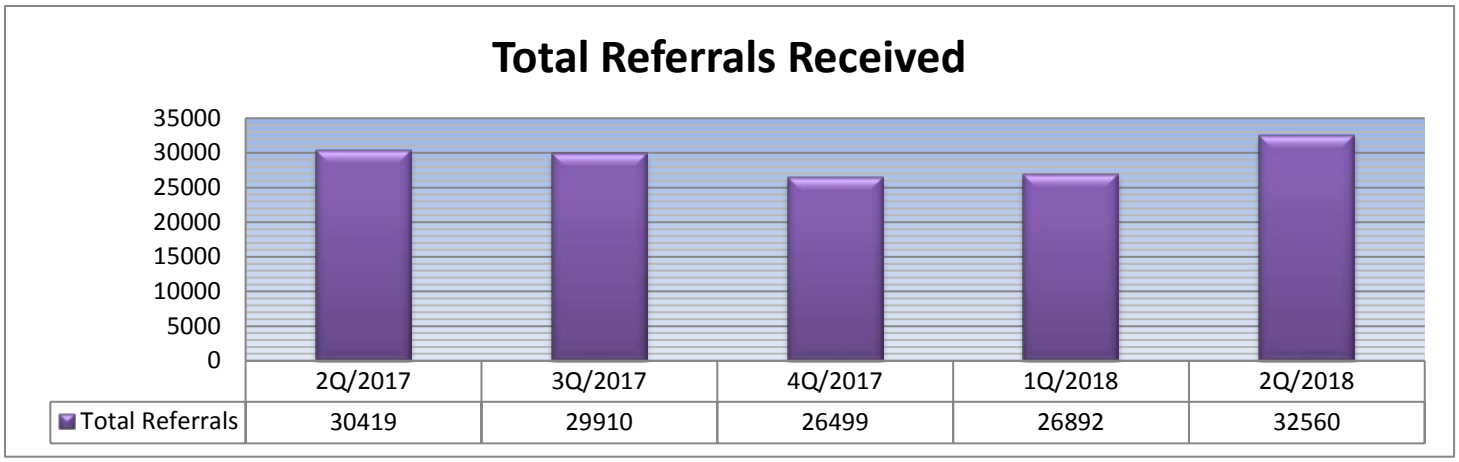
- Member Nofication: Letter of referral decision sent to member within 24 hours
- Provider Notification: Referral is faxed back to the provider with 24 hours of decision
- Criteria Included: Criteria provided to provider on denial reason
- MD Signature: MD Signature included all referrals/NOA letters upon denial

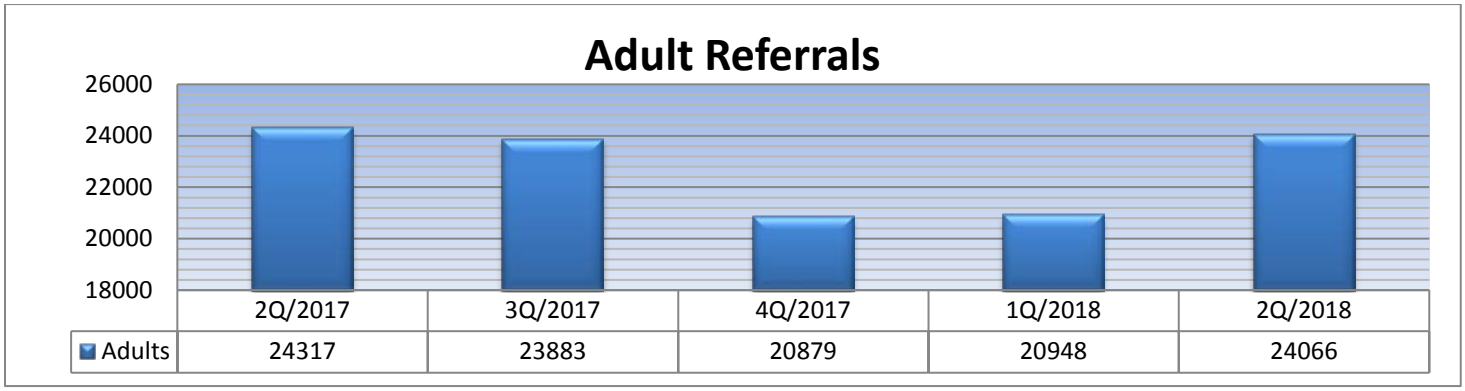


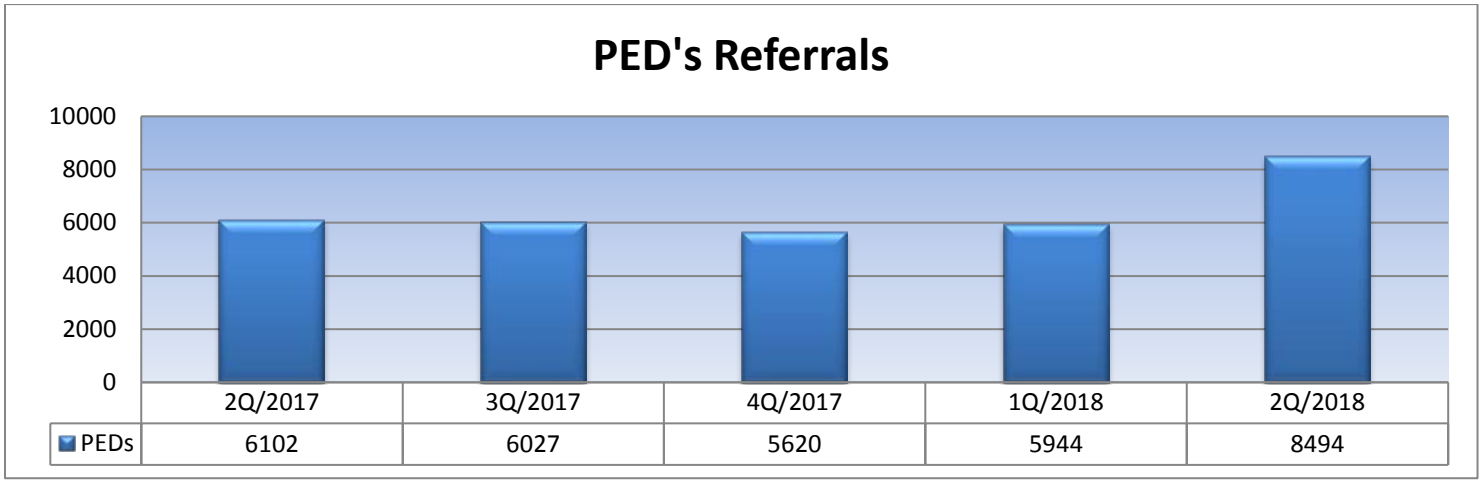
	2Q/17	3Q/17	4Q/17	1Q/18	2Q/18
Member Notification	97.0%	97.0%	91.0%	93.0%	94.0%
Provider Notification	89.0%	89.0%	90.0%	100.0%	100.0%
Criteria Included	89.0%	89.0%	80.0%	86.0%	93.0%
MD Signature Included	93.0%	92.0%	96.0%	99.0%	98.0%

Summary: Overall compliance rate from the 2nd Qtr. of 2018 is 96.3% which increased from the 1st Qtr. which was 92.7%.

Outpatient Referral Statistics







KHS Monthly Inpatient and LOS Report

Report captures how many members were inpatient during reporting month, excluding CCS denials

Dates of Discharge Between : 4/1/2018-6/30/2018

	20 and Under	Over 20	Totals
Total Inpatient:	879	5095	5974
Total LOS:	2141	20226	22367
Average LOS:	2.4	4.0	3.7

PAR Facilities	Admits	LOS	Average LOS
Totals :	5601	20194	3.6
Adult Inpatient	3,719	13686	3.7
Adult Observation	822	2351	2.9
Adult Rehab/SNF	0	2130	10.2
Pediatric Inpatient	850	2017	2.4
Pediatric Rehab/SNF	2	10	5.0

NPAR Facilities	Admits	LOS	Average LOS
Totals :	373	2173	5.8
Adult Inpatient	310	1617	5.2
Adult Observation	9	14	1.6
Adult Rehab/SNF	27	428	15.9
Pediatric Inpatient	26	83	3.2
Pediatric Rehab/SNF	1	31	31.0

Activity by Facility	Total Inpatient	Total LOS	Average LOS
ADVENTIST HEALTH BAKERSFIELD	1136	4516	4.0
ADVENTIST HEALTH COMMUNITY CAR	1	2	2.0
ADVENTIST HEALTH MEDICAL CENTE	6	14	2.3
ADVENTIST SIMI VALLEY HOSPITAL	1	2	2.0
AHMC MONTEREY PARK HOSPITAL LP	2	16	8.0
AHS PRYOR HOSPTIAL LLC	2	6	3.0
AMBERWOOD GARDENS	2	62	31.0
ANTELOPE VALLEY HOSP	86	460	5.3
ARROWHEAD REG MED CTR	2	6	3.0
BAKERSFIELD HEART HOSPITAL	184	711	3.9
BAKERSFIELD MEMORIAL HOSPITAL	1450	4550	3.1
BAKERSFIELD SLEEP CENTER	1	3	3.0

BANNER BOSWELL	1	1	1.0
BARSTOW COMM HOSPITA	6	12	2.0
BELLAGIO IN THE DESERT	10	124	12.4
CALIFORNIA HOSP MED-BACK	2	10	5.0
CAPRI IN THE DESERT	1	9	9.0
CARSON VALLEY MED CENTER	2	10	5.0
CEDARS SINAI MEDICAL CENTER	2	12	6.0
CENTINELA HOSPITAL MEDICAL GRO	2	12	6.0
CHILDRENS HOSPITAL OF LOS ANGE	22	80	3.6
COMMUNITY MEMORIAL HOSPITAL OF	2	2	1.0
DELANO POSTACUTE CARE	1	5	5.0
DELANO REGIONAL MEDICAL CENTER	151	395	2.6
DOMINICAN HOSPITAL	2	4	2.0
DOWNEY REGIONAL MEDICAL CENTER	2	8	4.0
EISENHOWER MEDICAL CENTER	2	8	4.0
EL CENTRO REGIONAL MEDICAL CEN	6	24	4.0
EVERGREEN AT ARVIN HEALTHCARE	3	68	22.7
EVERLASTING HEALTHCARE	2	38	19.0
FENTON VILLA	1	4	4.0
FRESNO COMMUNITY HOSPITAL AND	20	122	6.1
GGNSC SHAFTER LP	4	43	10.8
GLENDALE ADVENTIST MEDCIAL GRO	2	22	11.0
GLENDALE MEMORIAL HO	4	8	2.0
GOLDEN LIVING CENTER - BAKERSF	23	329	14.3
GOOD SAMARITAN HOSPITAL	138	467	3.4
GROSSMONT HOSPITAL CORPORATION	2	4	2.0
HEALTHSOUTH BAKERSFIELD REHABI	110	733	6.7
HENRY MAYO NEWHALL MEMORIAL HO	12	20	1.7
HOFFMANN HOSPICE OF THE VALLEY	12	65	5.4
HOLLYWOOD PRESBYTERIAN MEDICAL	2	2	1.0
HOME OF COMPASSION #2 INC.	1	8	8.0
KAISER FOUNDATION HOSPITAL	2	6	3.0
KAWEAH DELTA DIST HO	6	40	6.7
KECK HOSPITAL OF USC	2	40	20.0
KECK HOSPITAL OF USC	80	398	5.0
KERN COUNTY MEDICAL AUTHORITY	2	4	2.0
KERN COUNTY MEDICAL AUTHORITY	1059	3090	2.9
KERN VALLEY HEALTHCARE DISTRIC	33	96	2.9
KINDRED HOSPITAL - WESTMINSTER	4	60	15.0
KINGSTON HEALTHCARE CENTER	4	70	17.5
KND DEVELOPEMENT	2	62	31.0
LAC USC MEDICAL CENTER	2	16	8.0
LAC-HARBOR UCLA MED	2	8	4.0
LAC-USC MEDICAL CTR	2	12	6.0
LANCASTER HOSPITAL CORPORATION	18	54	3.0
LIFEHOUSE BAKERSFIELD OPERATIO	2	62	31.0
LIFEHOUSE HEALTH SERVICES	1	31	31.0

LOMA LINDA UNIV MED CTR	2	4	2.0
LOMA LINDA UNIVERSITY CHILDREN	1	6	6.0
LOMA LINDA UNIVERSITY MEDICAL	6	42	7.0
LONG BEACH MEMORIAL MEDICAL C	2	14	7.0
LOVELACE MEDICAL CENTER	1	1	1.0
LUCILE SALTER PACKARD CHILDREN	1	1	1.0
MADERA COMMUNITY HOSPITAL	4	4	1.0
MARIAN REGIONAL MEDICAL CENTER	1	2	2.0
MATTEL CHILDRENS HOSPITAL UCLA	4	8	2.0
MERCY HOSPITAL	896	2913	3.3
METHODIST HOSPITAL OF SACRAMEN	2	2	1.0
NAPOLI IN THE DESERT	9	112	12.4
NEW HAVEN CONGREGATE LIVING IN	1	22	22.0
NORTH VISTA HOSPITAL	6	22	3.7
OLIVE VIEW MEDICAL CENTER	2	2	1.0
ORLANDO REG HEALTHCARE	2	10	5.0
PACIFICA HOSPITAL OF THE VALLE	2	4	2.0
PALOMAR MEDICAL CENTER	2	6	3.0
PARKVIEW JULIAN CONVALESCENT H	6	39	6.5
PRIME HEALTHCARE ANAHEIM, LLC	2	12	6.0
PRIME HEALTHCARE SERVICES RENO	2	2	1.0
PROVIDENCE SAINT JOSEPH MEDICA	4	18	4.5
PROVIDENCE TARZANA MEDICAL CEN	4	18	4.5
RADY CHILDRENS HOSPITAL	2	2	1.0
RENOWN REGIONAL	6	14	2.3
RIDGECREST REGIONAL HOSPITAL	8	28	3.5
RIDGECREST REGIONAL HOSPITAL T	1	9	9.0
RIVERSIDE COMMUNITY HOSPITAL	6	72	12.0
ROSE DESERT CONGREGATE CARE IN	10	169	16.9
SAINT AGNES MEDICAL CENTER	2	10	5.0
SAINT FRANCIS HOSPITAL, INC.	2	2	1.0
SAINT LOUISE REGIONAL HOSPITAL	3	3	1.0
SAN MARINO IN THE DESERT	9	81	9.0
SANTA BARBARA COTTAGE HOSPITAL	4	6	1.5
SCRIPPS MEM HOSP	2	4	2.0
SIERRA VIEW DIST HOS	8	14	1.8
SIERRA VISTA REGIONAL MEDICAL	2	4	2.0
SORRENTO IN THE DESERT	5	77	15.4
SOUTHERN CALIFORNIA SPECIALITY	2	2	1.0
SOUTHERN HILLS HOSPT	1	2	2.0
SOUTHWEST HEALTHCARE	2	2	1.0
SPRING VALLEY HOSPITAL	2	4	2.0
ST FRANCIS MEDICAL CENTER	2	26	13.0
STANFORD MEDICAL	8	42	5.3
STR LP	2	40	20.0
SUN VALLEY SPECIALTY HEALTHCAR	1	31	31.0
SUNRISE HOSPITAL AND MEDICAL	7	9	1.3

TEMECULA VALLEY HOSPITAL INC	2	4	2.0
TEXAS HEALTH PRESBYTERIAN HOSP	2	4	2.0
THE REHABILITATION CENTER OF B	1	3	3.0
TUSCAN MEDICAL CENTER	2	4	2.0
UCI MEDICAL CENTER	8	74	9.3
UCLA MEDICAL CENTER	35	113	3.2
UCSD MEDICAL CENTER	2	2	1.0
UCSF MEDICAL CENTER	4	24	6.0
UNITED CARE FACILITIES	32	391	12.2
UNIVERSITY MEDICAL CENTER OF S	6	72	12.0
UNIVERSITY OF CALIFORNIA DAVIS	2	14	7.0
USC NORRIS CANCERHOSPITAL	4	36	9.0
VALLEY CHILDRENS HOSPITAL	59	170	2.9
VALLEY CHILDREN'S HOSPITAL	90	210	2.3
VALLEY HOSPITAL MEDICAL CENTER	4	4	1.0
VALLEY LIVING CENTER	1	31	31.0
VALLEY PRESBYTERIAN HOSPITAL	2	60	30.0
VENTURA COUNTY MEDICAL CENTER	2	10	5.0
VFP HOMES	7	83	11.9
WHITE DOVE HOME CARE	1	31	31.0

KHS Monthly Inpatient and LOS Report

Report captures how many members were inpatient at a rehab or skilled nursing facility during reporting month, excluding CCS denials

Dates of Discharge Between : 4/1/2018-6/30/2018

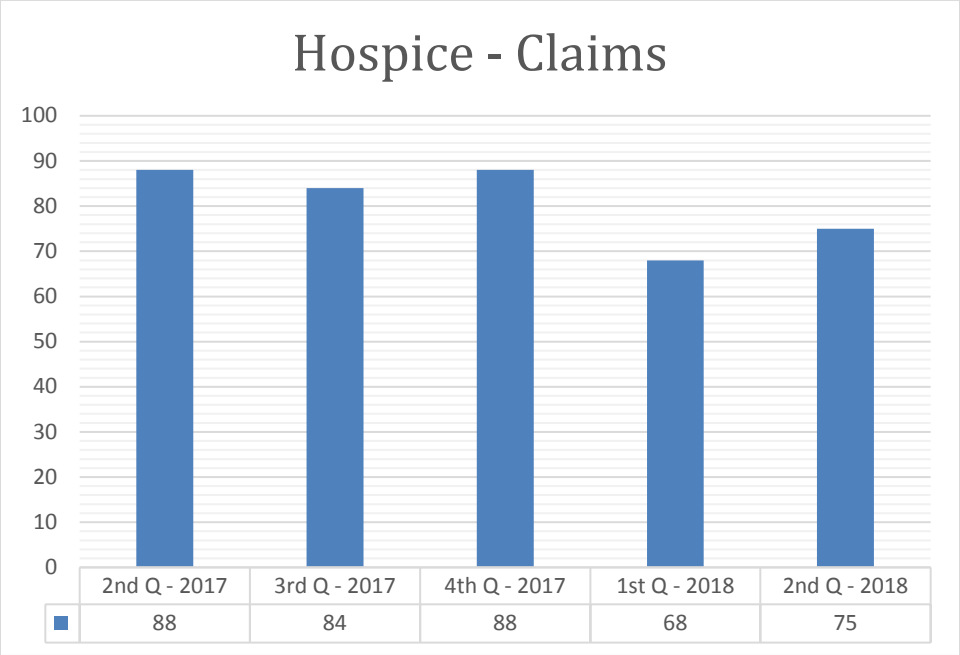
Total Inpatient:	237
Total LOS:	2614
Average LOS:	11.0

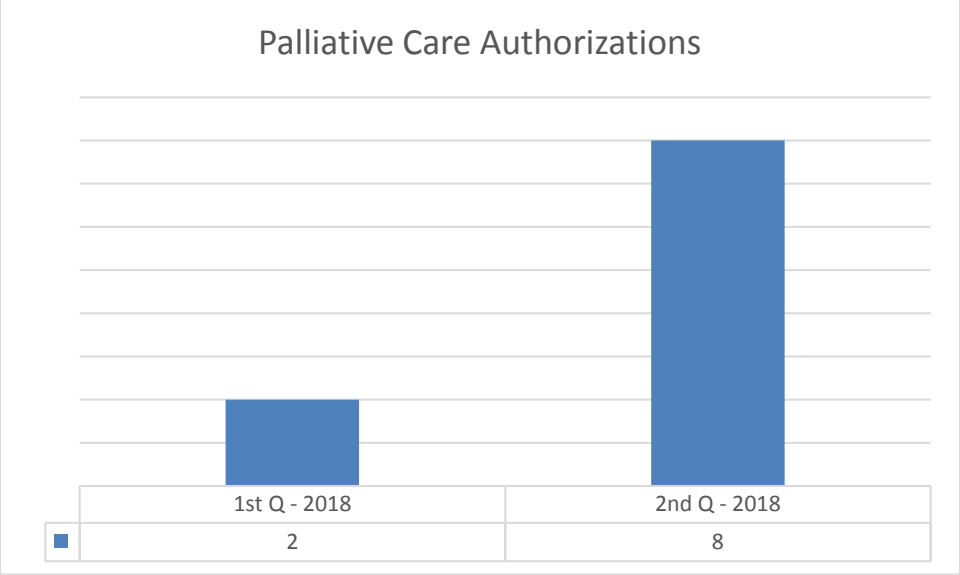
PAR Facilities	Admits	LOS	Average LOS
Totals :	209	2,155	10.3
Adult Rehab	18,810	614	0.0
Adult SNF	24,662	1,533	0.1
Pediatric Rehab	209	8	8.0
Pediatric SNF	0	0	0.0

NPAR Facilities	Admits	LOS	Average LOS
Totals :	28	459	16.4
Adult Rehab	56	5	0.1
Adult SNF	700	423	0.6
Pediatric Rehab	0	0	0.0
Pediatric SNF	28	31	31.0

Activity by Facility	Total Inpatient	Total LOS	Average LOS
ADVENTIST HEALTH BAKERSFIELD	1	9	9.0
AMBERWOOD GARDENS	1	31	31.0
BAKERSFIELD MEMORIAL HOSPITAL	1	1	1.0
BELLAGIO IN THE DESERT	10	124	12.4
CAPRI IN THE DESERT	1	9	9.0
DELANO POSTACUTE CARE	1	5	5.0
EVERGREEN AT ARVIN HEALTHCARE	3	68	22.7
EVERLASTING HEALTHCARE	2	38	19.0
FENTON VILLA	1	4	4.0
GGNSC SHAFTER LP	4	43	10.8
GOLDEN LIVING CENTER - BAKERSF	21	314	15.0
HEALTHSOUTH BAKERSFIELD REHABI	86	566	6.6
HENRY MAYO NEWHALL MEMORIAL HO	1	3	3.0
HOFFMANN HOSPICE OF THE VALLEY	8	59	7.4
HOME OF COMPASSION #2 INC.	1	8	8.0
KINDRED HOSPITAL - WESTMINSTER	1	19	19.0
KINGSTON HEALTHCARE CENTER	4	70	17.5
LANCASTER HOSPITAL CORPORATION	1	2	2.0
LIFEHOUSE BAKERSFIELD OPERATIO	2	62	31.0
LIFEHOUSE HEALTH SERVICES	1	31	31.0
MERCY HOSPITAL	2	29	14.5
NAPOLI IN THE DESERT	7	103	14.7
NEW HAVEN CONGREGATE LIVING IN	1	22	22.0
PARKVIEW JULIAN CONVALESCENT H	5	38	7.6
RIDGECREST REGIONAL HOSPITAL T	1	9	9.0
ROSE DESERT CONGREGATE CARE IN	10	169	16.9
SAN MARINO IN THE DESERT	6	62	10.3
SORRENTO IN THE DESERT	5	77	15.4
SOUTHERN CALIFORNIA SPECIALITY	1	1	1.0
STR LP	2	40	20.0
THE REHABILITATION CENTER OF B	1	3	3.0
UCLA MEDICAL CENTER	1	2	2.0
UNITED CARE FACILITIES	30	357	11.9
VALLEY LIVING CENTER	1	31	31.0
VFP HOMES	6	72	12.0
WHITE DOVE HOME CARE	1	31	31.0

Hospice Claims has increased in the 2nd Quarter 2018.

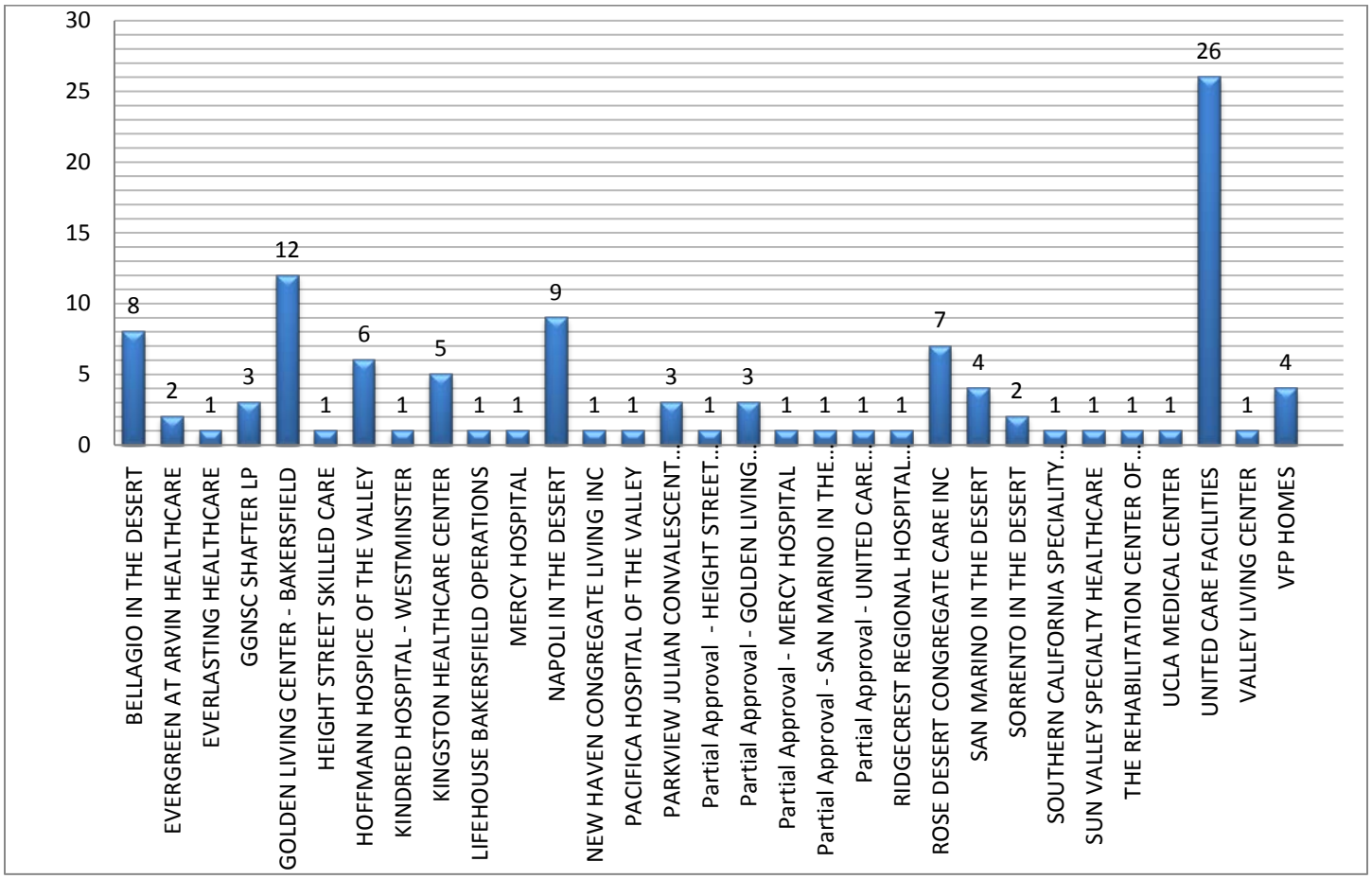




Nursing Facility Services Report

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.

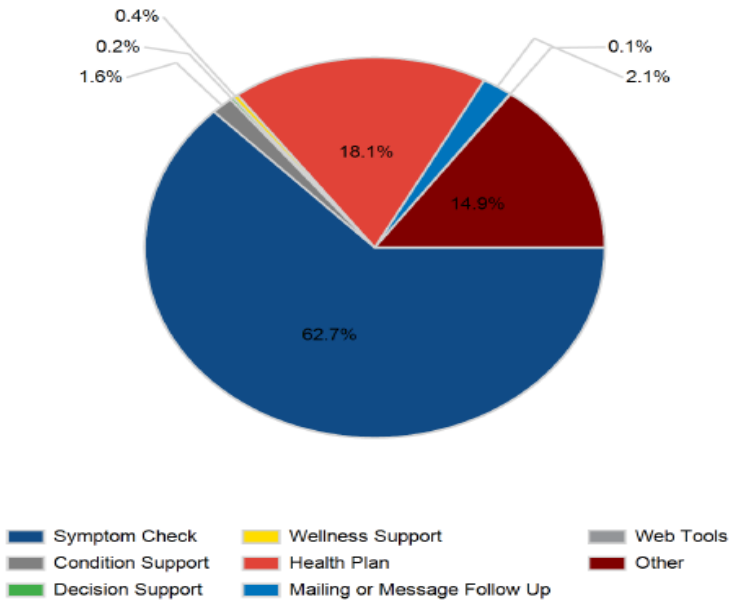
Summary: Summary: During the 2nd quarter 2018, there were 141 referrals for Nursing Facility Services. The average length of stay was 20 days for these members. During the 1st quarter there was only 5 denials of the 175 referrals.



Health Dialog Report

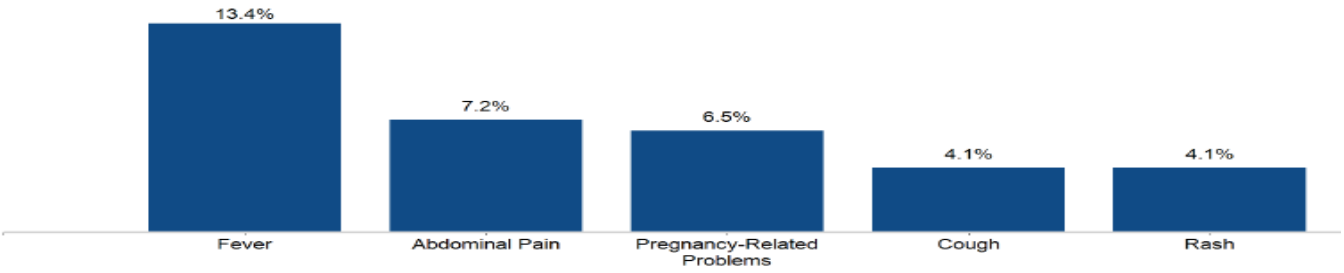
April:

Member Inbound Call Reasons (Rolling Twelve Months)

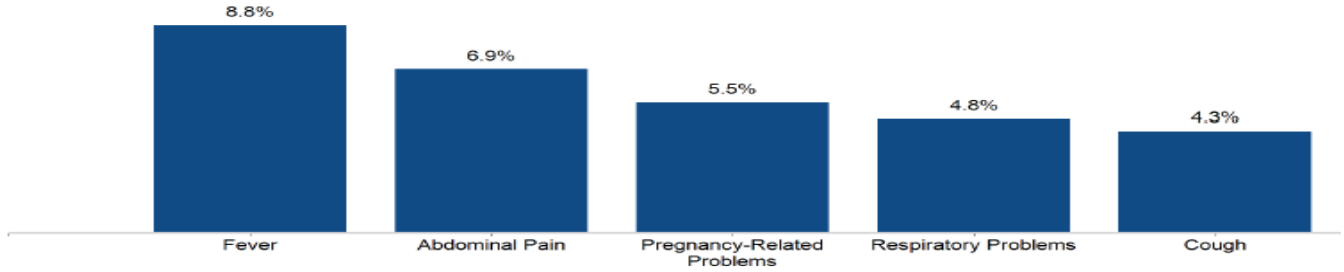


REASON	NUMBER
Symptom Check	3,233
Condition Support	80
Decision Support	12
Wellness Support	19
Health Plan	932
Mailing or Message Follow Up	109
Web Tools	3
Other	771

Most Frequent Symptoms - Inbound Symptom Check Calls (Mar-2018)

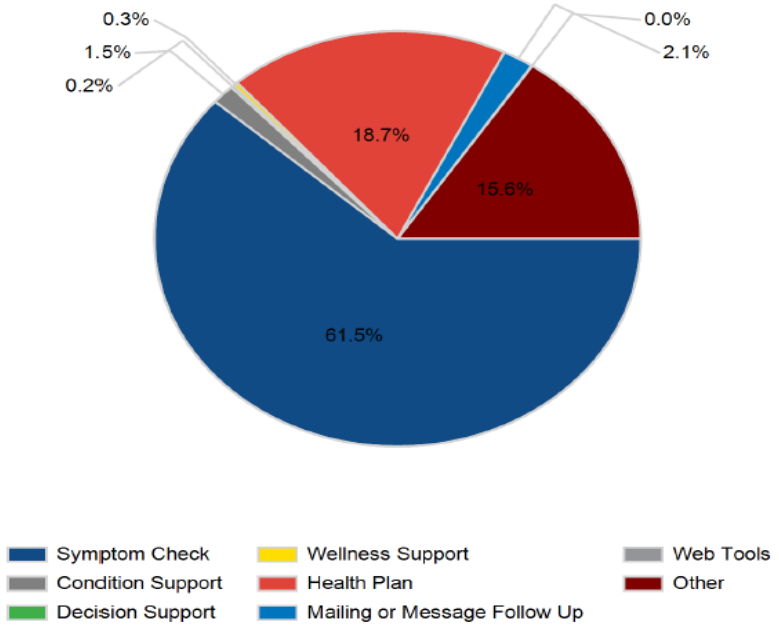


Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



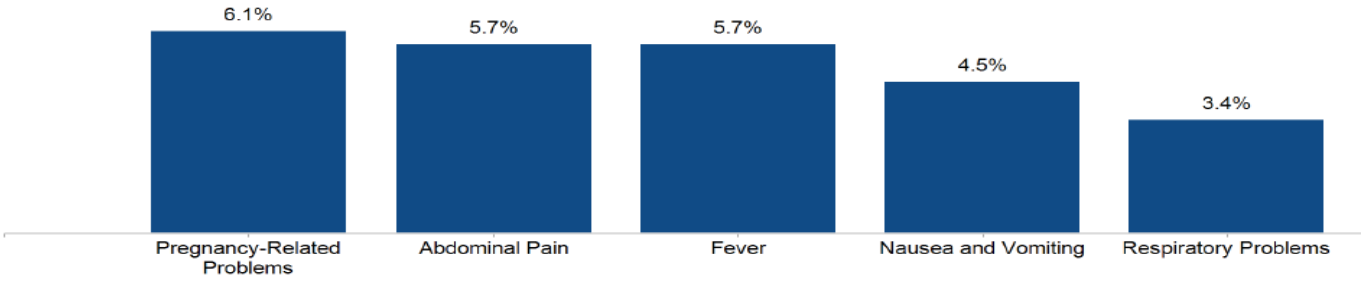
May:

Member Inbound Call Reasons (Rolling Twelve Months)

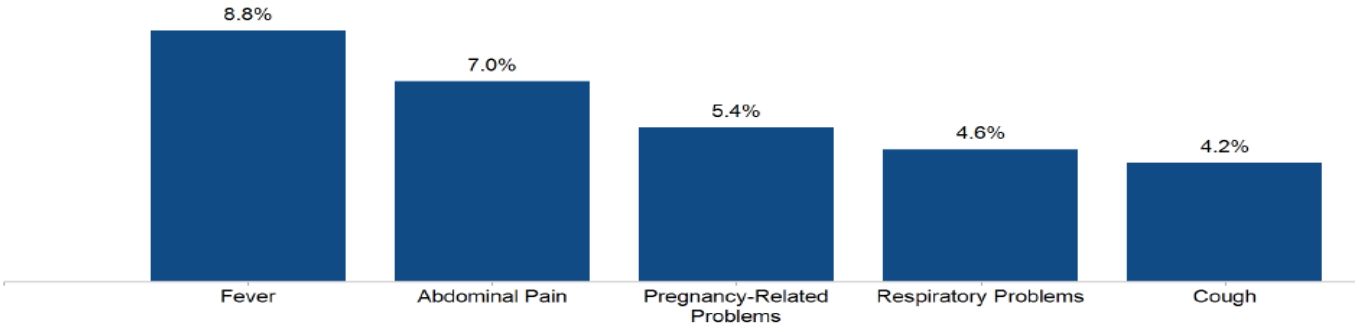


REASON	NUMBER
Symptom Check	3,057
Condition Support	76
Decision Support	10
Wellness Support	16
Health Plan	930
Mailing or Message Follow Up	103
Web Tools	2
Other	778

Most Frequent Symptoms - Inbound Symptom Check Calls (May-2018)

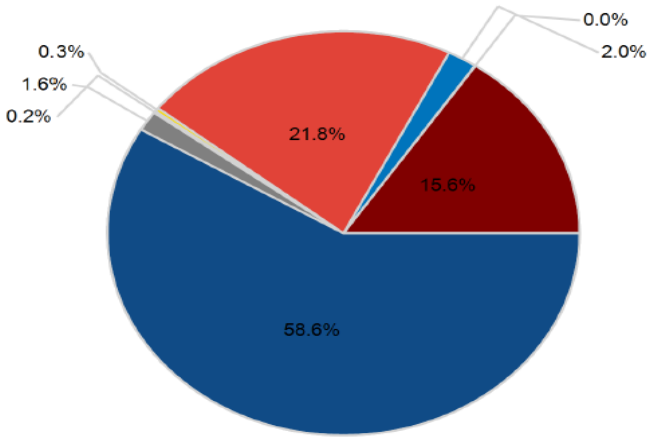


Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)

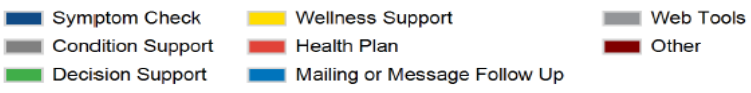


June:

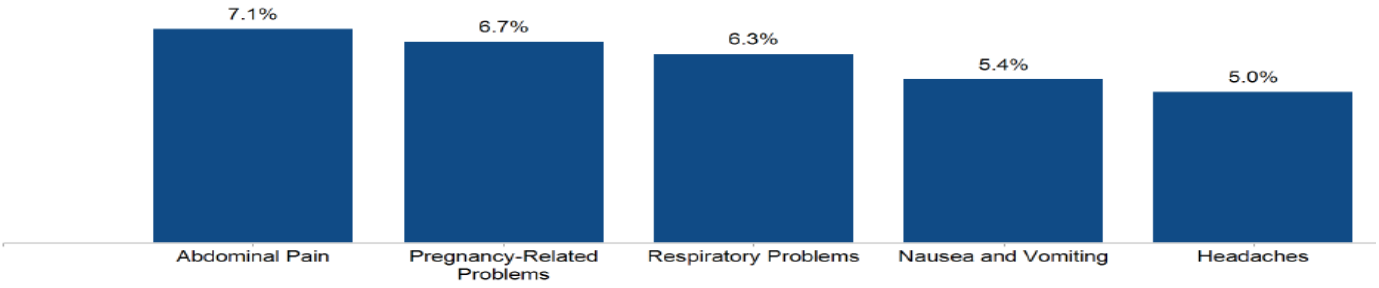
Member Inbound Call Reasons (Rolling Twelve Months)



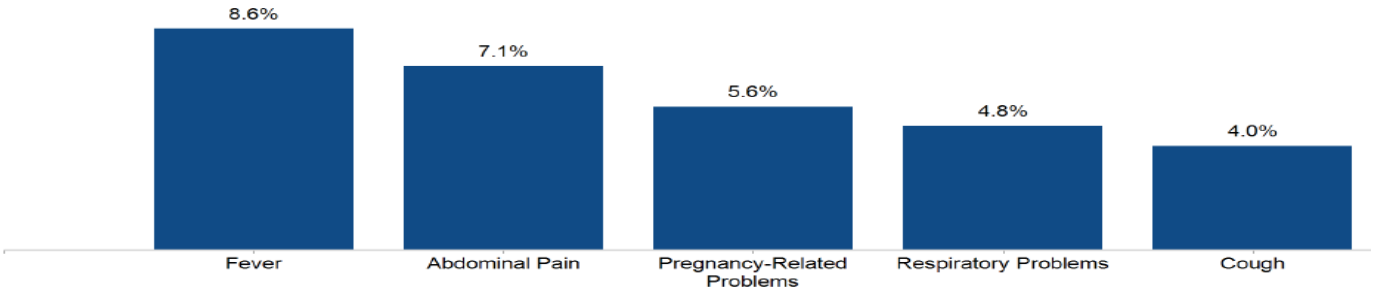
REASON	NUMBER
Symptom Check	2,979
Condition Support	81
Decision Support	8
Wellness Support	15
Health Plan	1,106
Mailing or Message Follow Up	103
Web Tools	2
Other	791



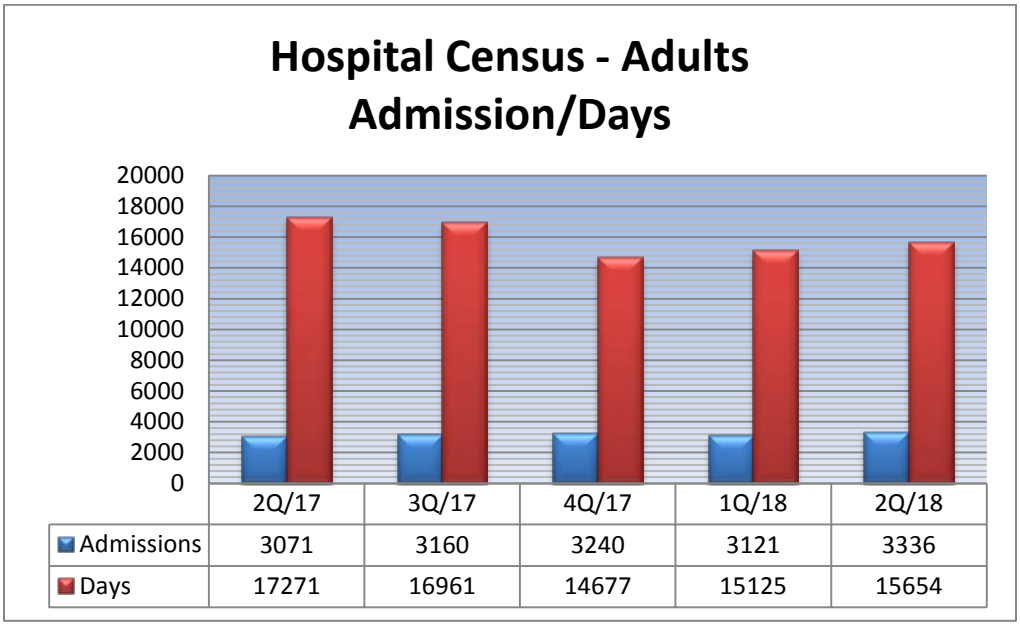
Most Frequent Symptoms - Inbound Symptom Check Calls (Jun-2018)



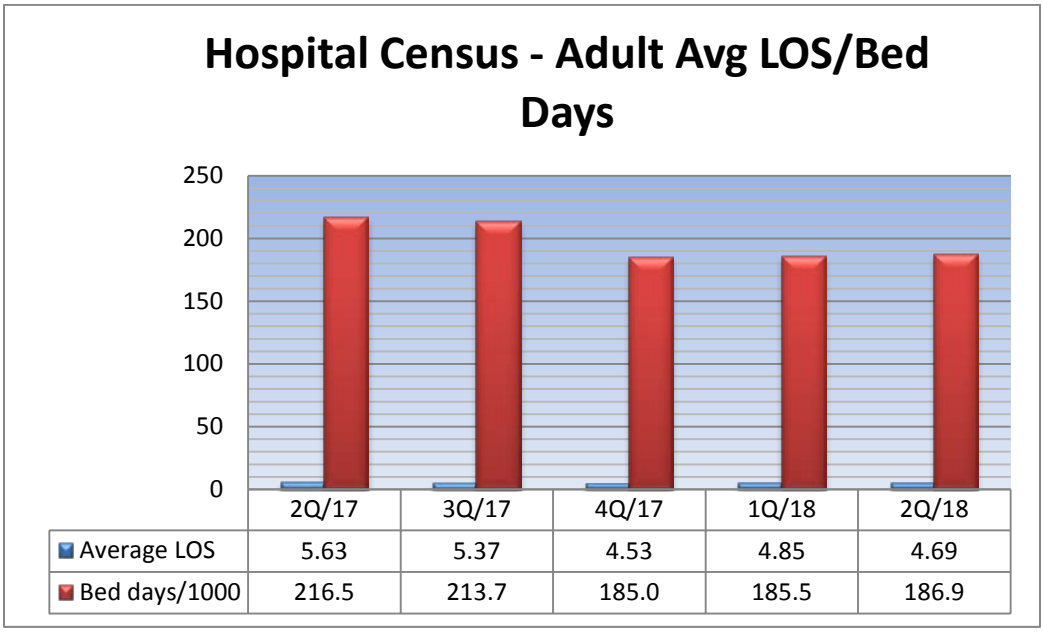
Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



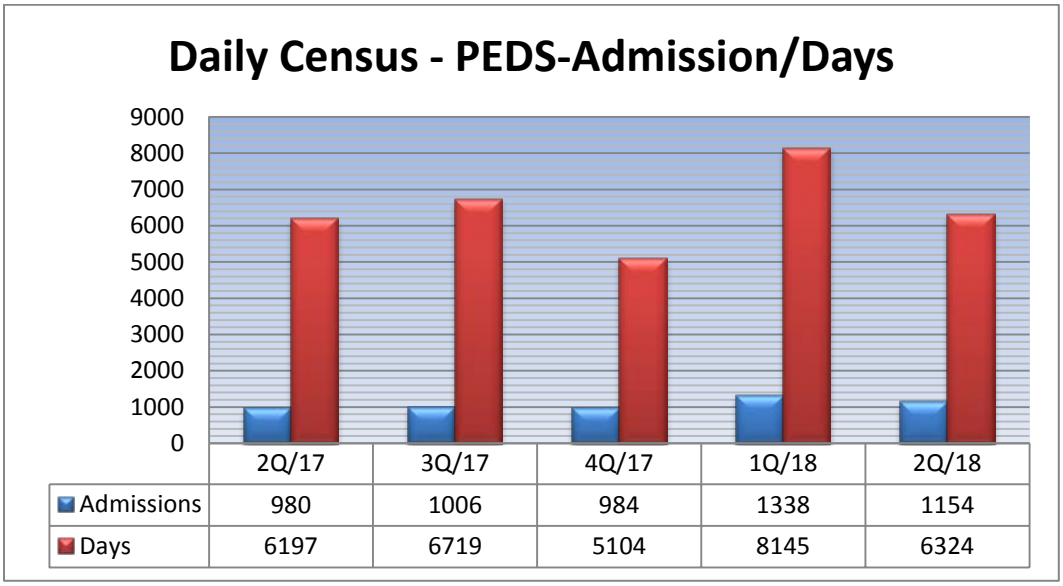
Inpatient 2nd Quarter Trending



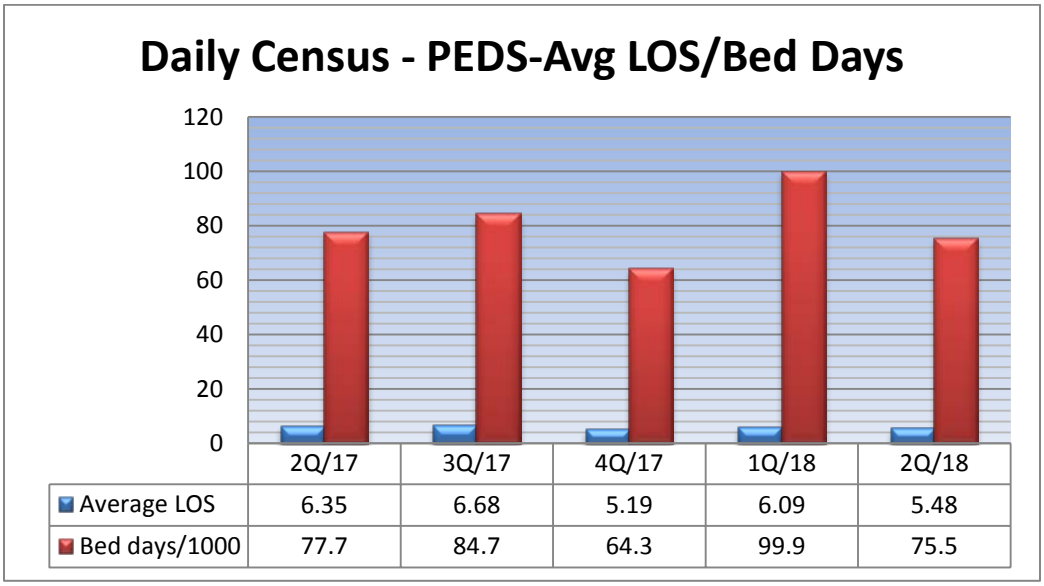
	2Q/17	3Q/17	4Q/17	1Q/18	2Q/18
Admissions	3071	3160	3240	3121	3336
Days	17271	16961	14677	15125	15654



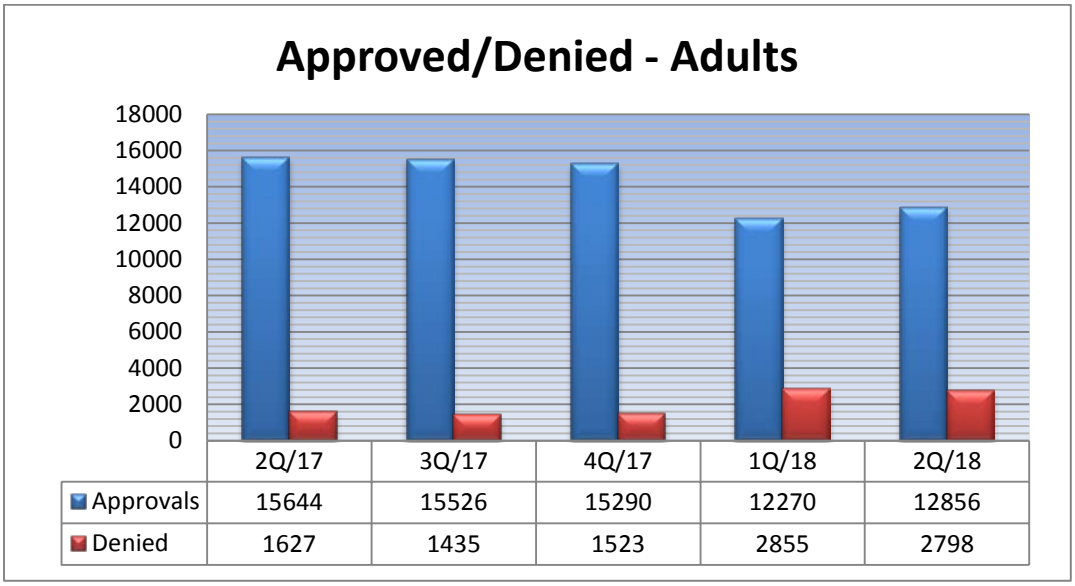
	2Q/17	3Q/17	4Q/17	1Q/18	2Q/18
Average LOS	5.63	5.37	4.53	4.85	4.69
Bed days/1000	216.5	213.7	185.0	185.5	186.9



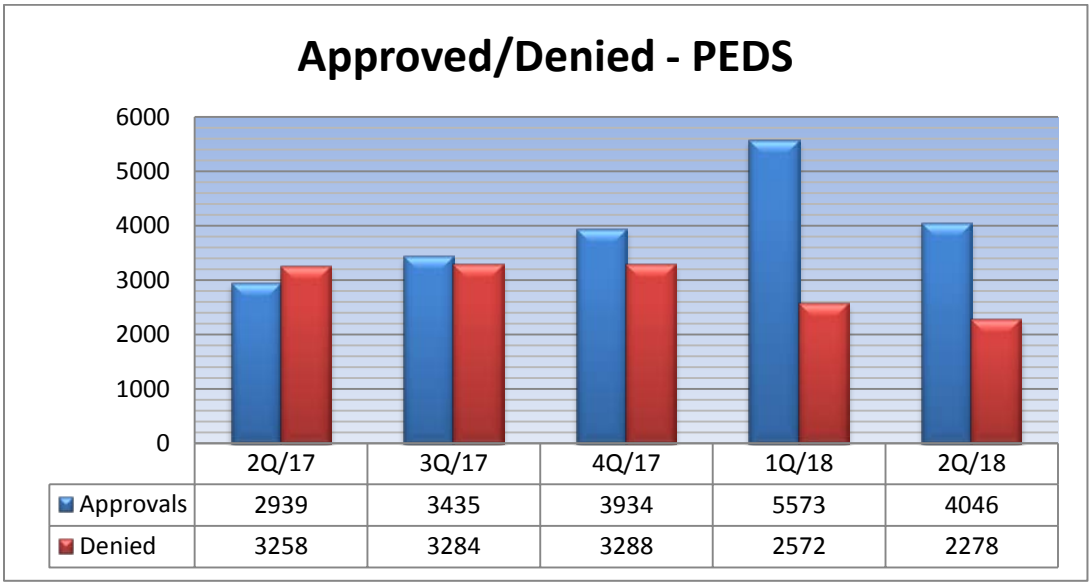
	2Q/17	3Q/17	4Q/17	1Q/18	2Q/18
Admissions	980	1006	984	1338	1154
Days	6197	6719	5104	8145	6324



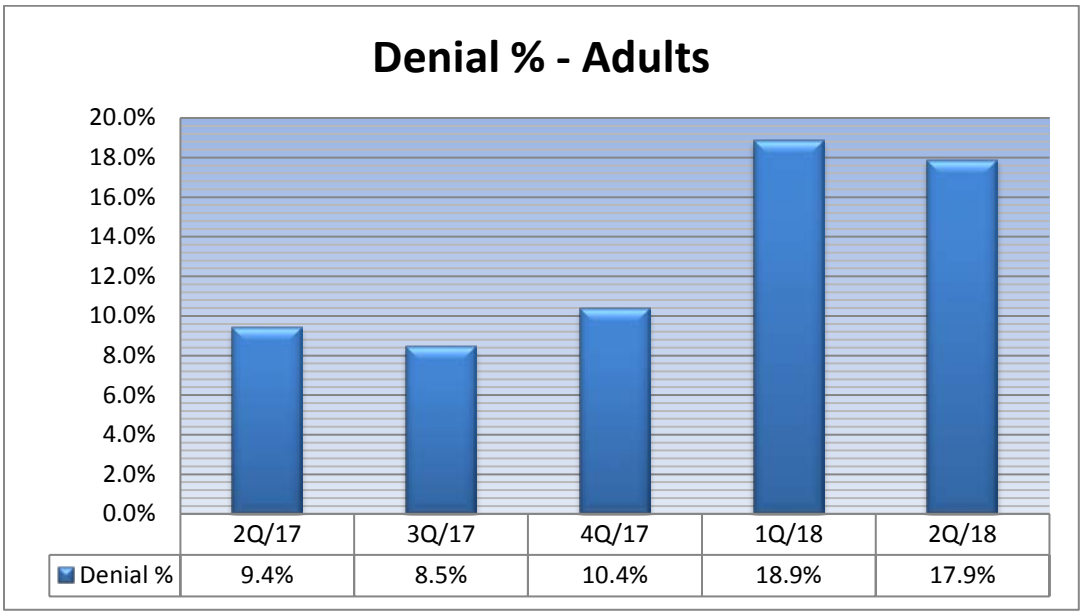
	2Q/17	3Q/17	4Q/17	1Q/18	2Q/18
Average LOS	6.35	6.68	5.19	6.09	5.48
Bed days/1000	77.7	84.7	64.3	99.9	75.5



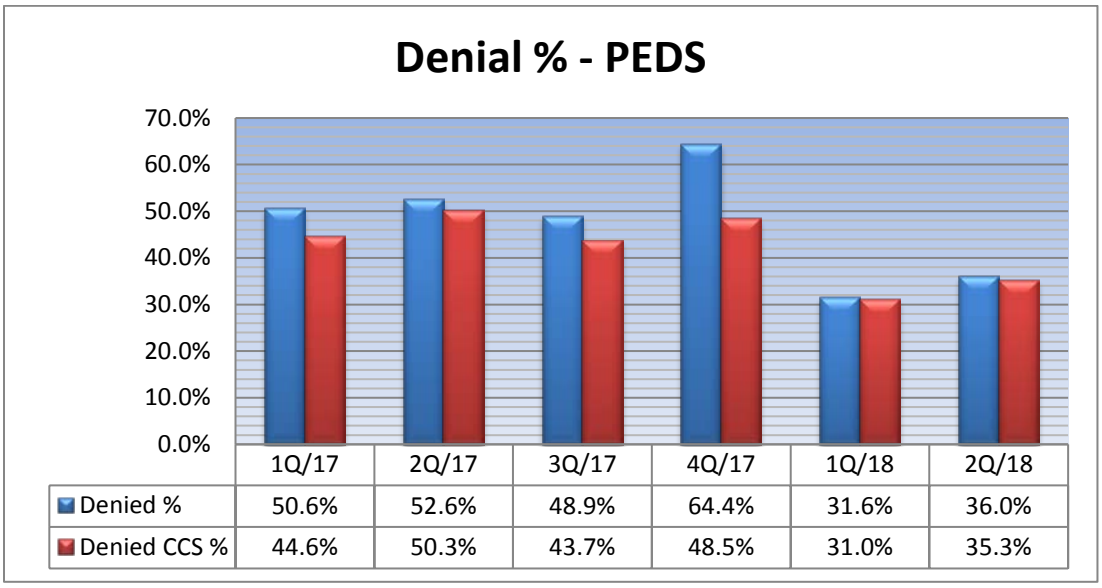
	2Q/17	3Q/17	4Q/17	1Q/18	2Q/18
Approvals	15644	15526	15290	12270	12856
Denied	1627	1435	1523	2855	2798



	2Q/17	3Q/17	4Q/17	1Q/18	2Q/18
Approvals	2939	3435	3934	5573	4046
Denied	3258	3284	3288	2572	2278



	2Q/17	3Q/17	4Q/17	1Q/18	2Q/18
Denial %	9.4%	8.5%	10.4%	18.9%	17.9%



	1Q/17	2Q/17	3Q/17	4Q/17	1Q/18	2Q/18
Denied %	50.6%	52.6%	48.9%	64.4%	31.6%	36.0%
Denied CCS %	44.6%	50.3%	43.7%	48.5%	31.0%	35.3%

Continuity of Care

Total Referral – 14

Total Approval – 13

Total Denial - 1

Total SPD COC -4

UM Provider Disputes

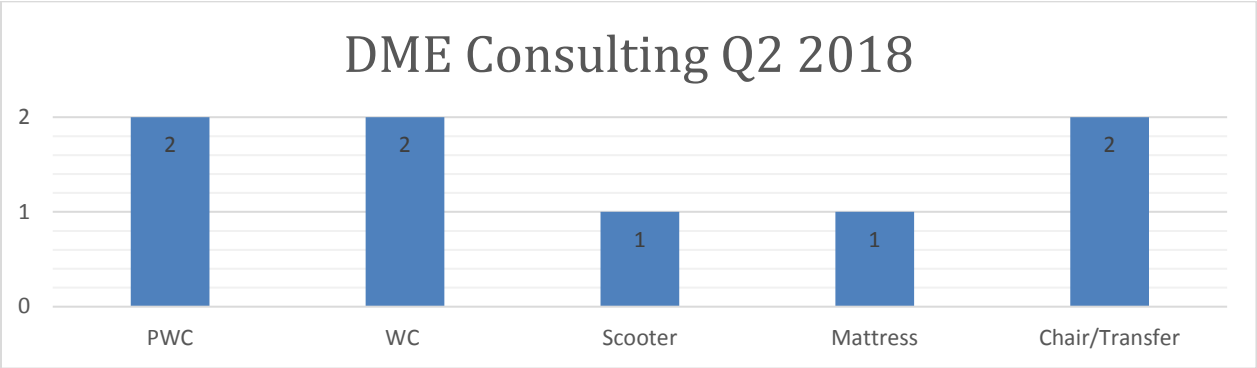
Total Disputes – 74

Favor of Provider -39

Favor of Plan – 34

Pending – 1

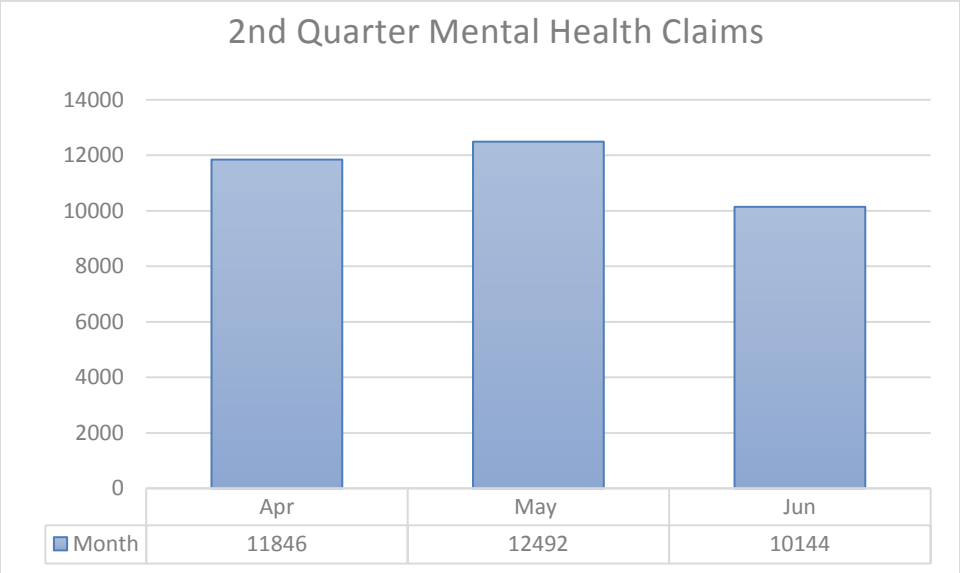
DME Consulting



Autism Reporting

UNIQUE CASES		Mild	Moderate	Severe	Total	Undetermined
MEMBER COUNT	163	27	66	23	116	47
Severity %		23.28%	56.90%	19.83%	100%	
SEVERITY	Apr	May	Jun	Total		
MILD	8	8	11	27		
MODERATE	29	17	20	66		
SEVERE	4	7	12	23		
Approved FBA	8	6	17	31		
Approved Treatment	10	20	17	47		
PENDING DX	10	20	17	47		
	Apr	May	Jun	Total		
AGE 7 OR LESS	28	36	39	103		
AGE 8 OR GREATER	23	16	27	66		
TOTAL	51	52	66	169		
% < 7	54.90%	69.23%	59.09%	60.95%		
% > 8	45.10%	30.77%	40.91%	39.05%		

Mental Health



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	July	99	15	2	17
	August	348	35	3	38
	September	101	9	0	9
	October	374	8	1	9
	November	641	49	70	119
	December	10,512	324	354	678
2018	January	740	34	19	53
	February	0	0	0	0
	March	0	0	0	0
	April	0	0	0	0
	May	0	0	0	0
	June	0	0	0	0
Totals		**12,815**	**474**	**449**	**923**

LTM Effectiveness* : 7 %

12-Month Effectiveness (Jan 2017 - Dec 2017) : 7 %

* This figure does not include an estimate of those patients who will return within 90 or 180 days.
It solely calculates based upon the patients who have returned to date for letters sent within the last twelve months.

Reported Cases

	Members	
Received Eye Exam:	20,594	
Diabetes?:	1,125	5.5%
Diabetic Retinopathy:	161	.8%
Glaucoma:	215	1.0%
Hypertension:	858	4.2%
High Cholesterol	260	1.3%
Macular Degeneration:	40	.2%

Estimated Number of Cases

Total Members:	245,621	
Diabetes?:	5,636	2.3%
Diabetic Retinopathy:	483	.2%
Glaucoma:	938	.4%
Hypertension:	24,578	10.0%
High Cholesterol	37,104	15.1%
Macular Degeneration:	302	.1%

KERN HEALTH SYSTEMS
CASE MANAGEMENT DEPARTMENT MONTHLY REPORT

Reporting Period: April 1st, 2018 – June 30th, 2018

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

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 car 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:

April– June 2018 Case Management Staffing:

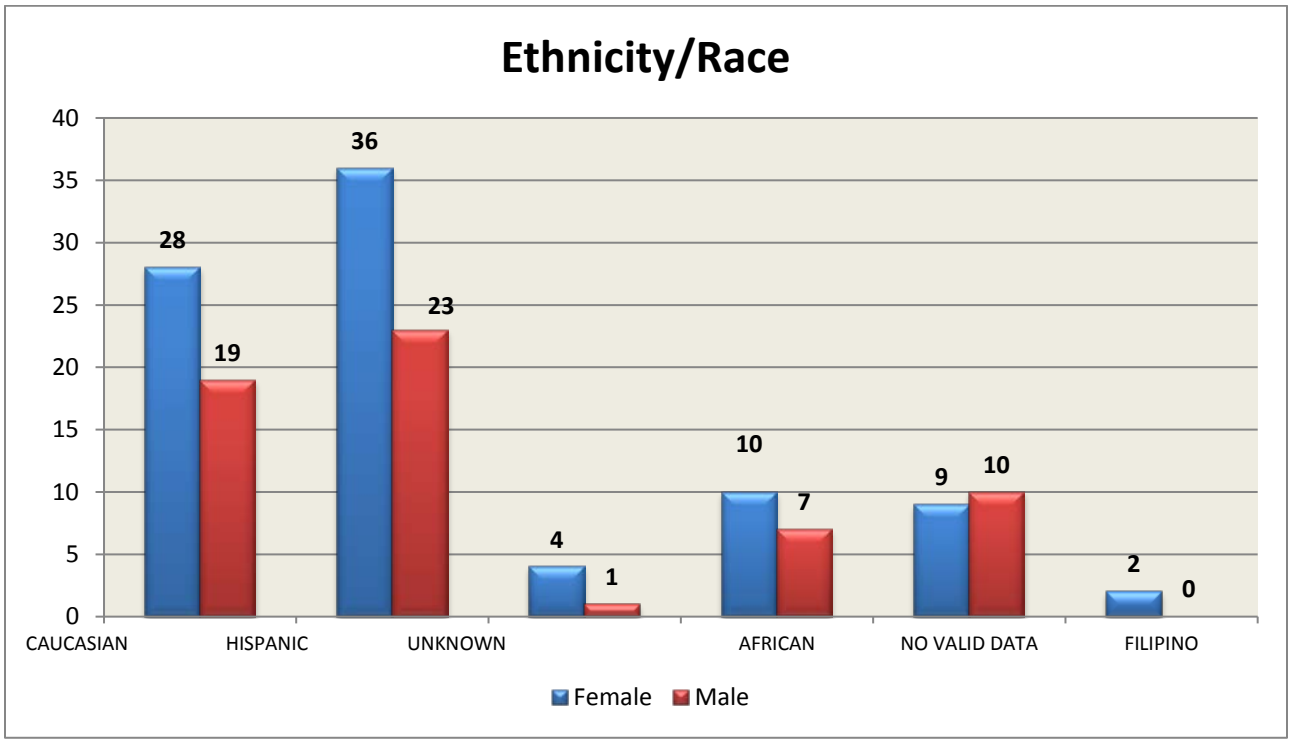
Position	Quantity
Case Management RN	8
Case Management CMA's	6
Case Management MSW	6
Case Management Sr. Analyst and Trainer	1

During the month of June, preparations were in place to move to a new Medical Management Platform, JIVA, and efforts to complete tasks in the old system were made with a reduction in outreach to new members in order to enter them in the new documentation system when available later in the month.

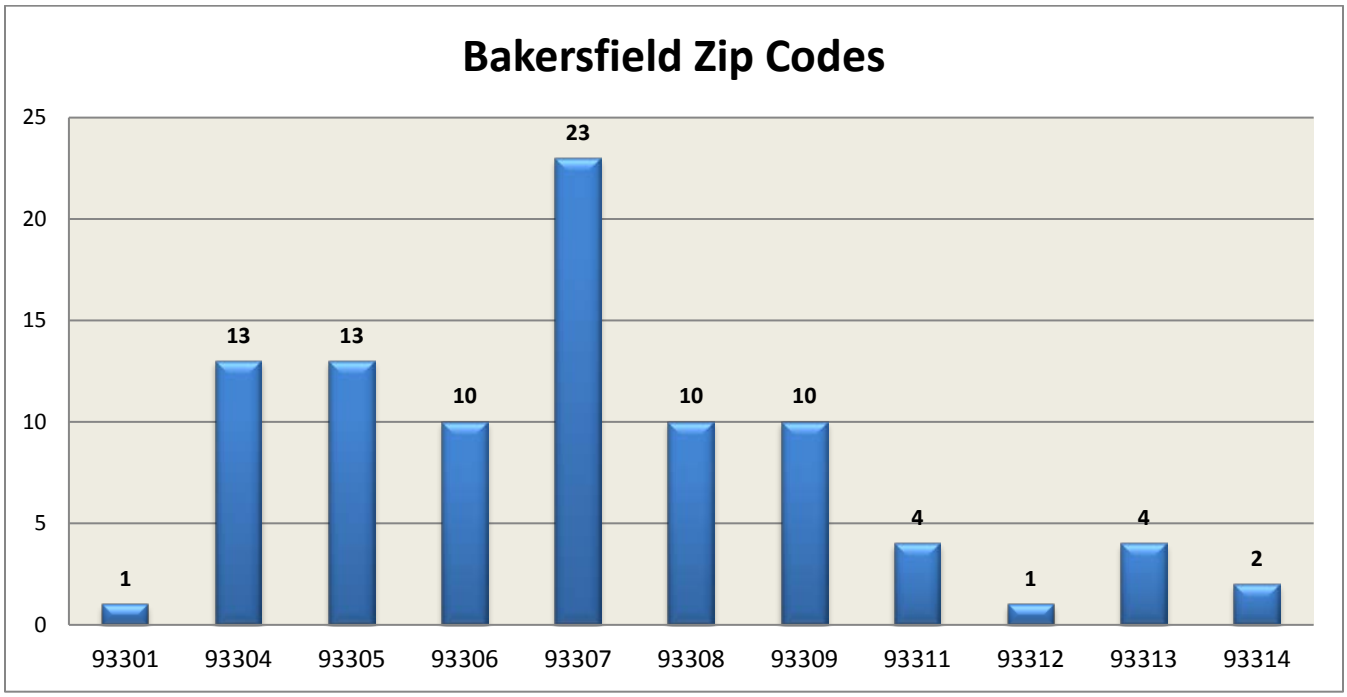
Reporting next month will reflect the work efforts documented in the new Medical Management Platform, JIVA.

During this 2nd Quarter 2018, there were a total of 1,522 KFHC members that were managed by the CM staff department. The majority of the members at 75% are low risk.

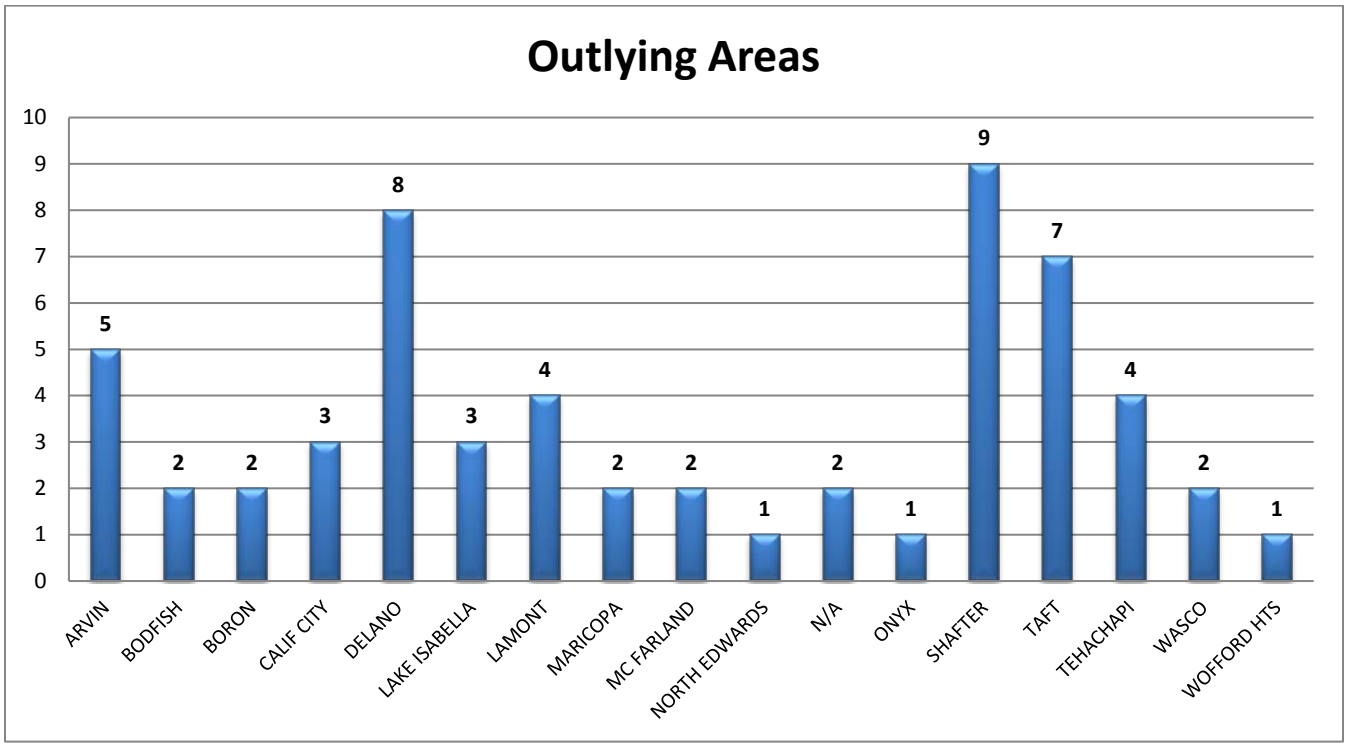
Majority of the members managed during the 2nd Quarter 2018 were female at 60%. The majority of the members managed this quarter at 40% are Hispanic.



The majority of the members that were managed during the 2nd quarter reside in Bakersfield at 61%. Of the members from Bakersfield, the majority at 25% reside in the 93307.

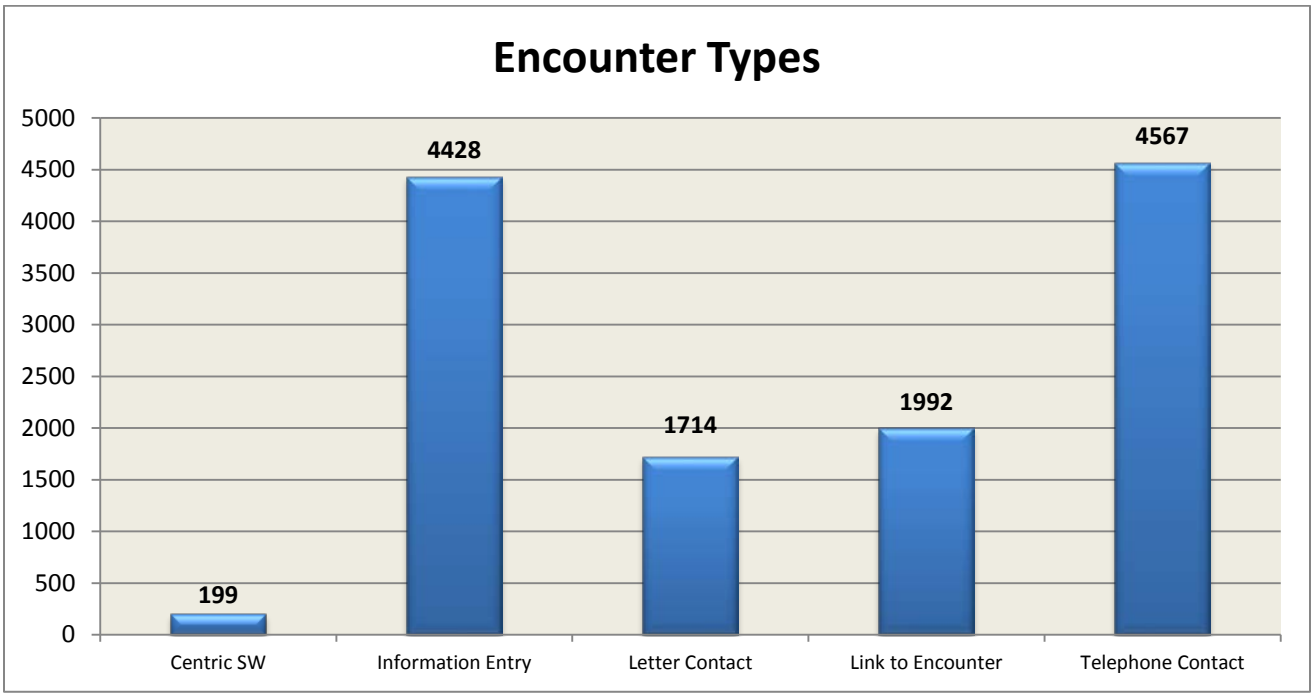


Of the outlying areas, majority of the members at 16% reside in Shafter.

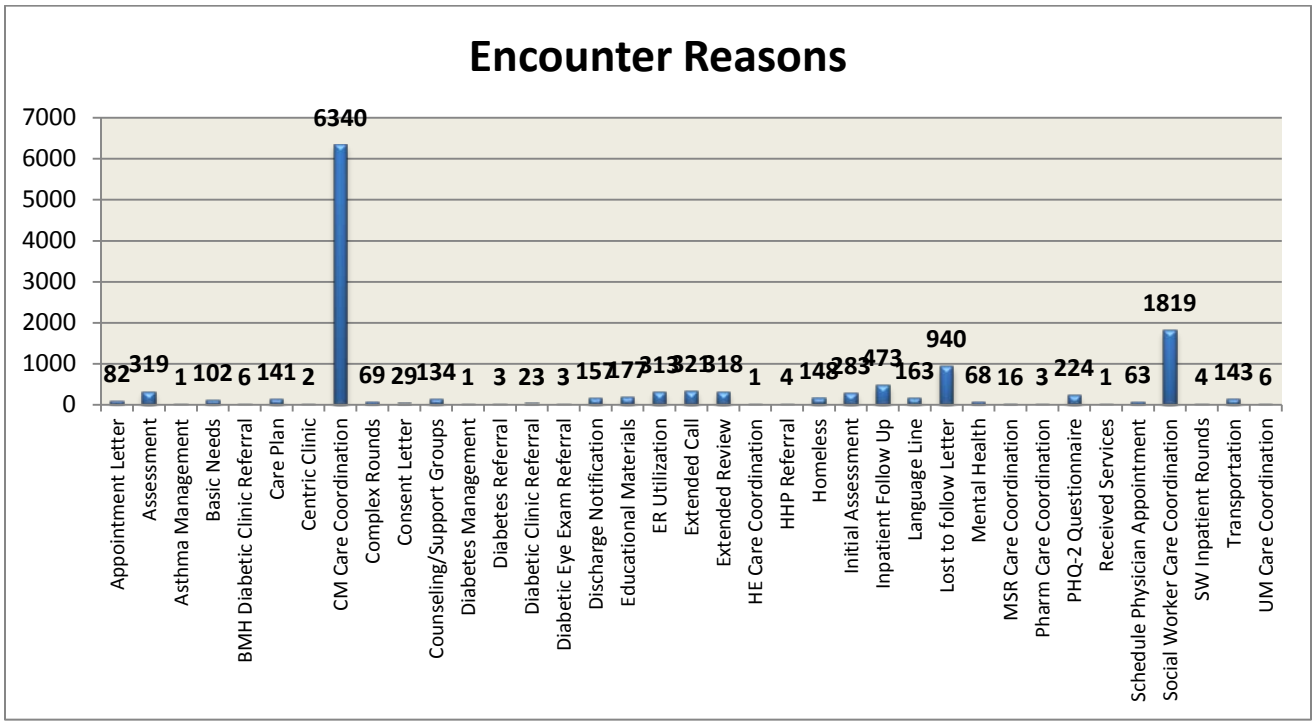


Encounters:

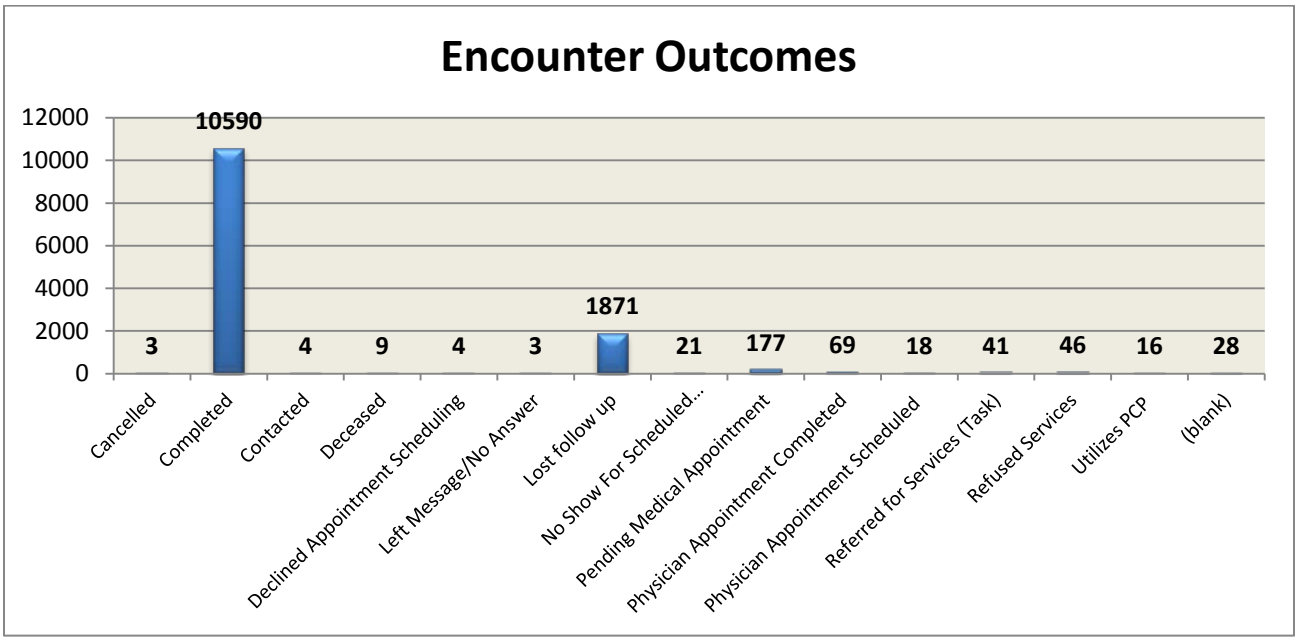
There were a total of 12,900 encounters submitted during the 2nd Quarter for 1,522 KFHC members and the majority of the encounter types were listed as Telephone Contact at 35%.



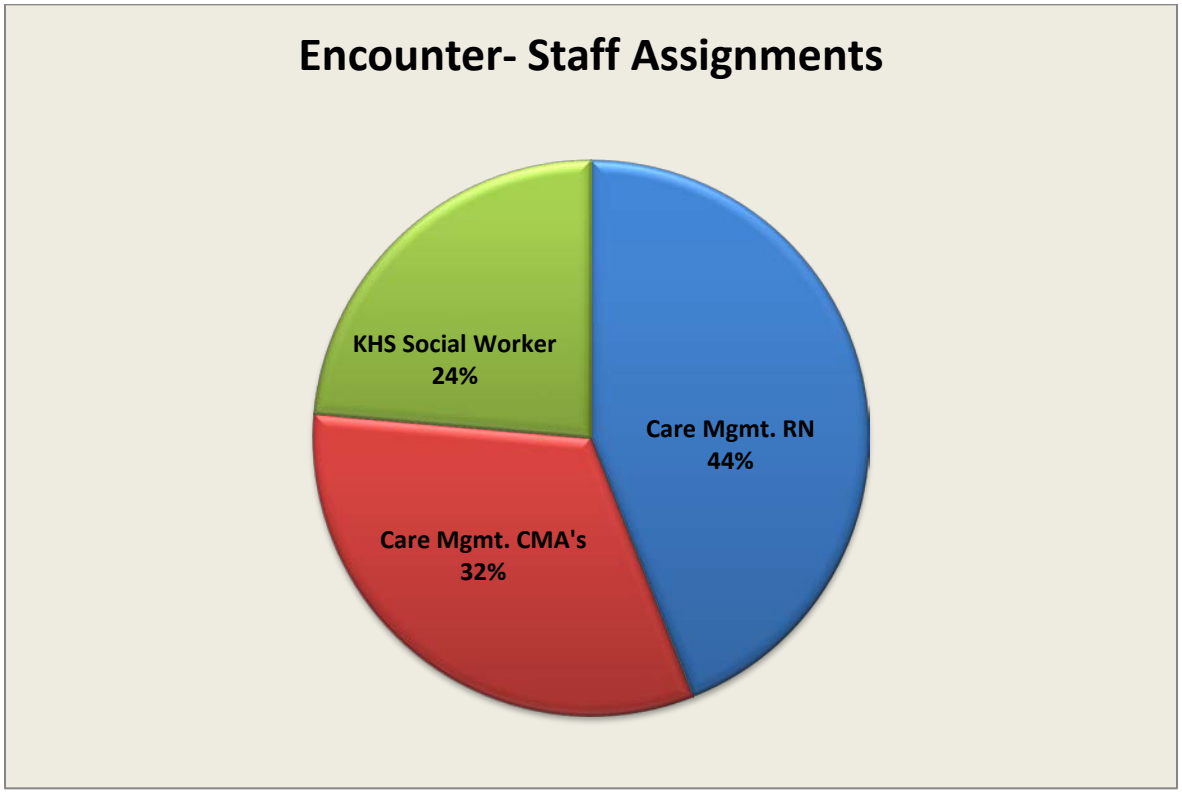
Majority of the encounter reasons at 50% was listed as CM Care Coordination.



Majority of the encounter outcomes at 82% are listed as Completed.

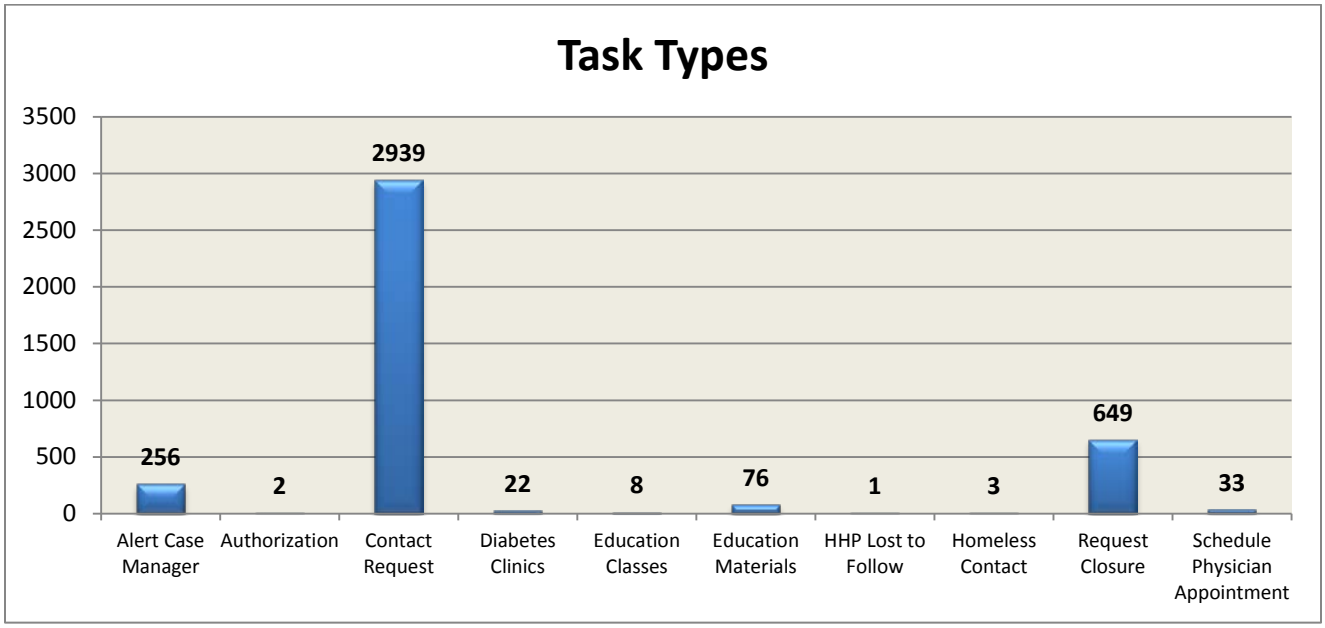


Majority of the encounters were completed by the Care Management RN's at 44%.

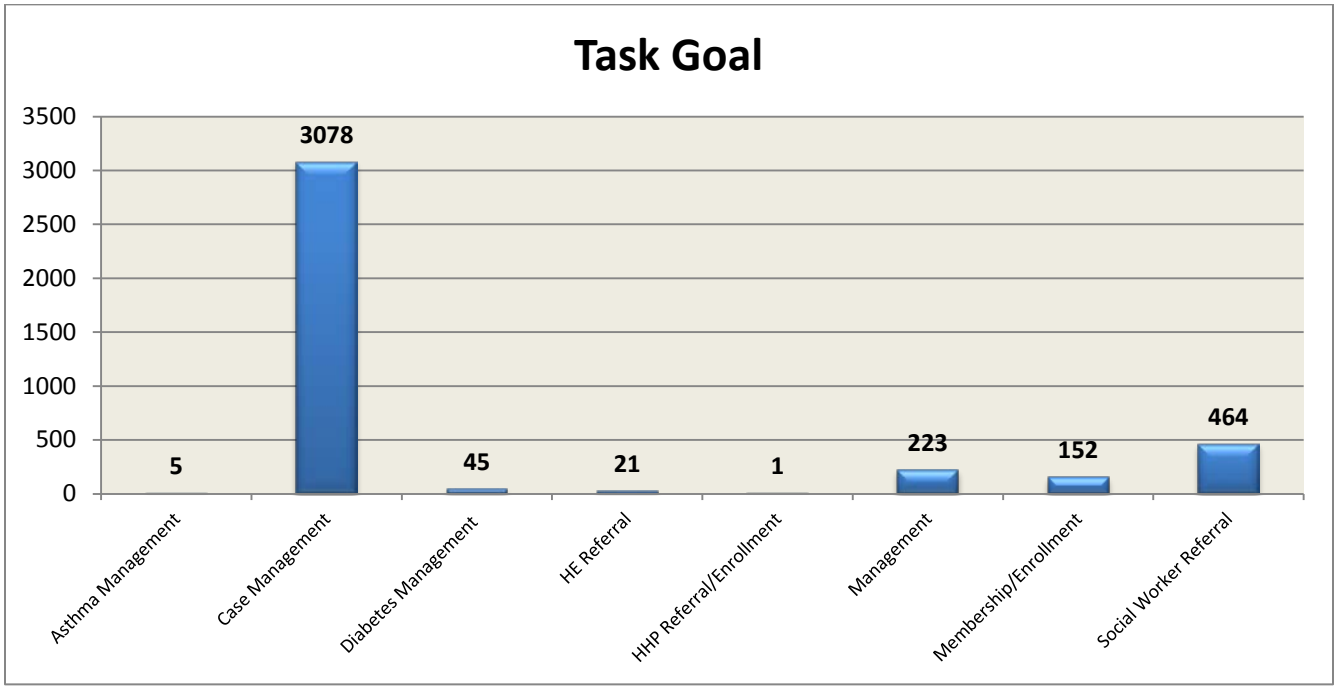


Tasks:

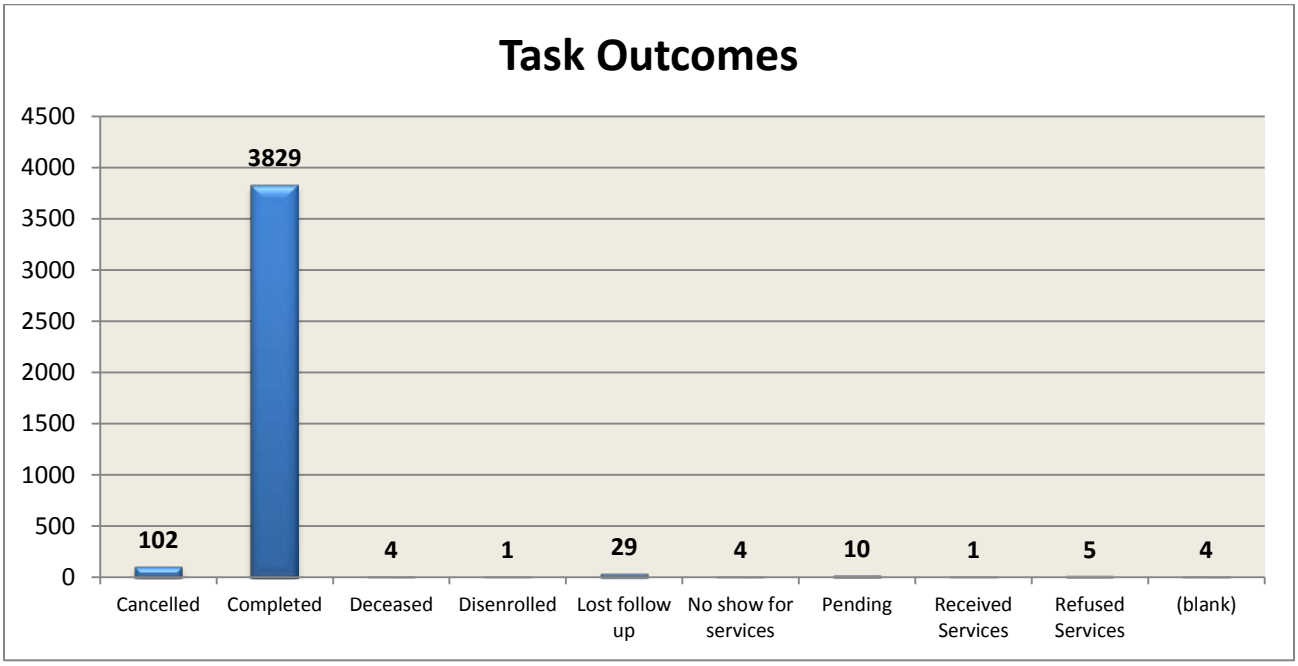
There were a total of 3,989 tasks submitted during the 2nd Quarter for 1,522 KFHC members. The majority of Task Types were Contact Request at 74%.



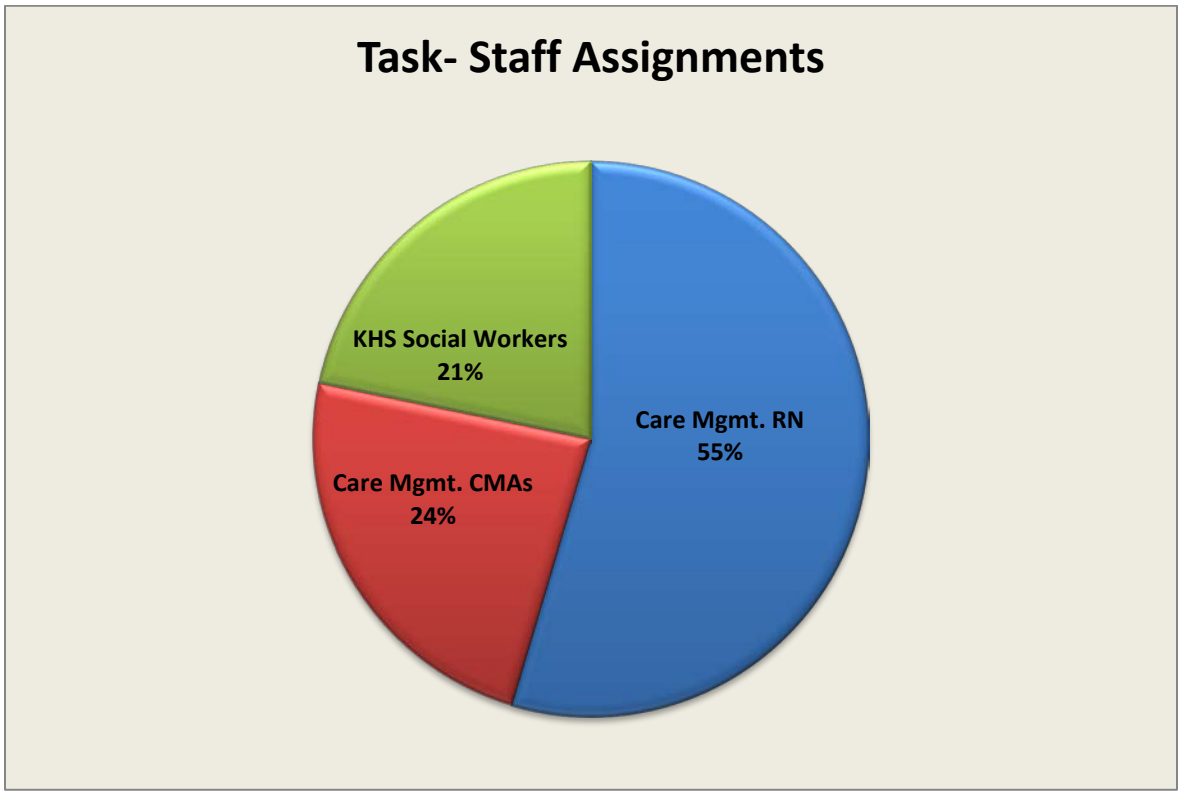
Majority of task goals during the 2nd Quarter at 77% were listed as Case Management.



Majority of the task outcomes at 96% are completed.



Majority of the tasks were assigned by the Case Management RN' at 55%.



Seniors and Persons with Disabilities (SPDs):

There were a total of 300 SPD members that were enrolled during the 2nd Quarter 2018, according to the high risk stratification report.

There are a total of 13,442 SPD members to date. Of the 13,442 SPD members, 23% are stratified as high risk.

SPD Members are stratified into the Complex Case Management Group through use of the John Hopkins Predictive Modeler and represent on the average 58 percent of the Complex Group during the 2nd Quarter.

KERN HEALTH SYSTEMS
DISEASE MANAGEMENT DEPARTMENT QUARTERLY REPORT

Reporting Period: April 1, 2018 – June 30, 2018

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 two program areas of the Disease Management Department are Diabetes with Hypertension, and Asthma.

Disease Management Department Staffing:

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

Case Manager RN Caseload:

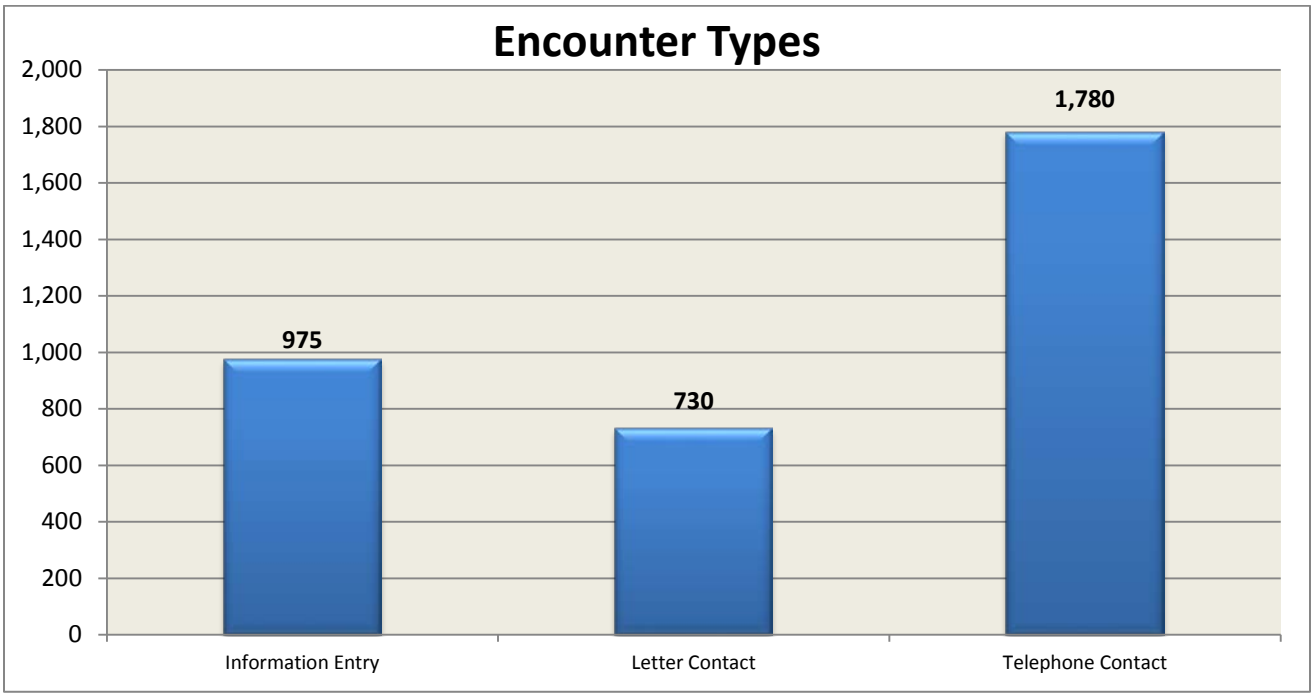
Staff	Caseload
RN 1	12
RN 2	7
RN 3	3
RN 4	6
TOTAL	28

DM Program Caseload:

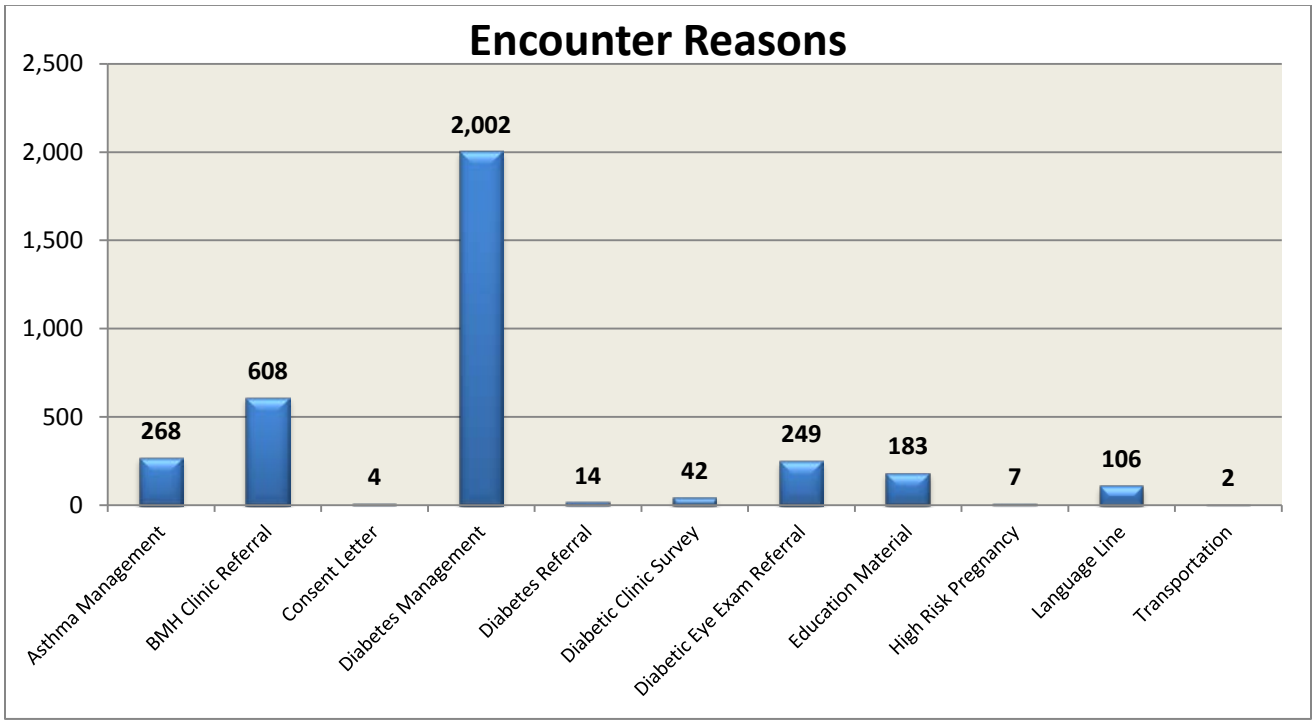
DM Program	Caseload
Asthma	14
Diabetes and Hypertension	14
TOTAL	28

Encounters:

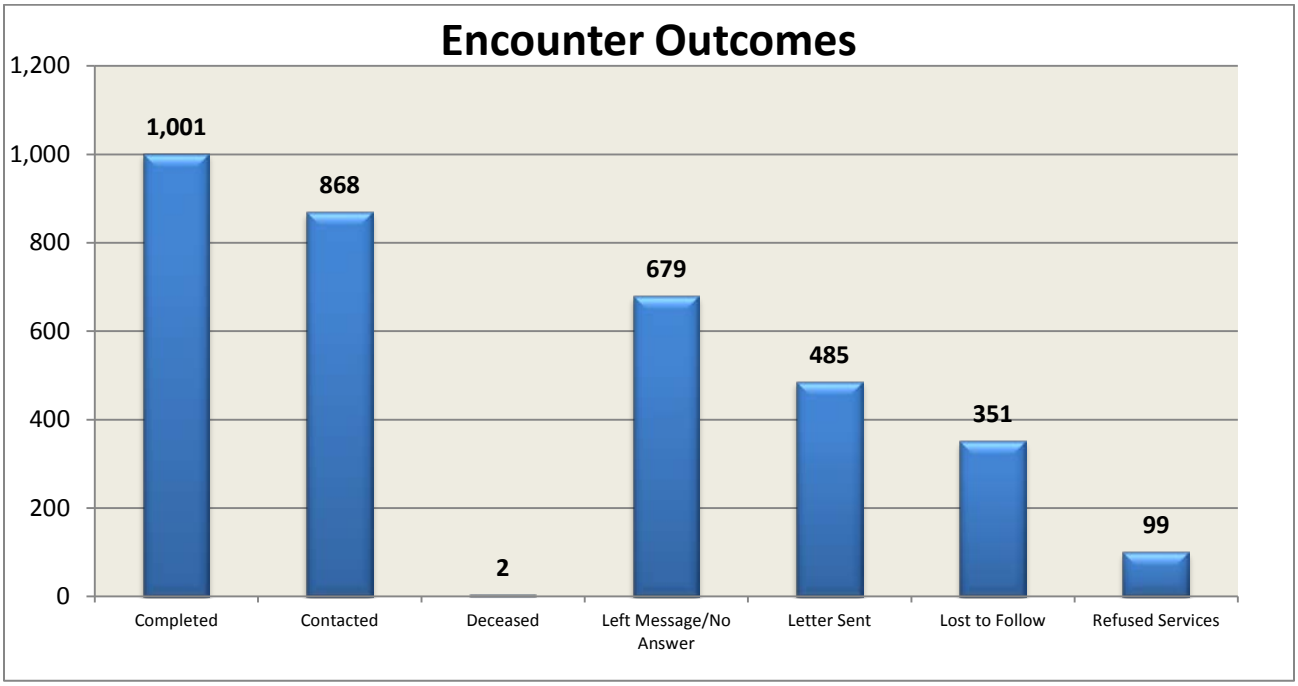
There were a total of 3,485 encounters submitted during this quarter for 1,209 KFHC members and the majority of the encounter types were listed as a Telephone Contact at 51%.



The majority of the encounter reasons at 51% was listed as Diabetes Management.

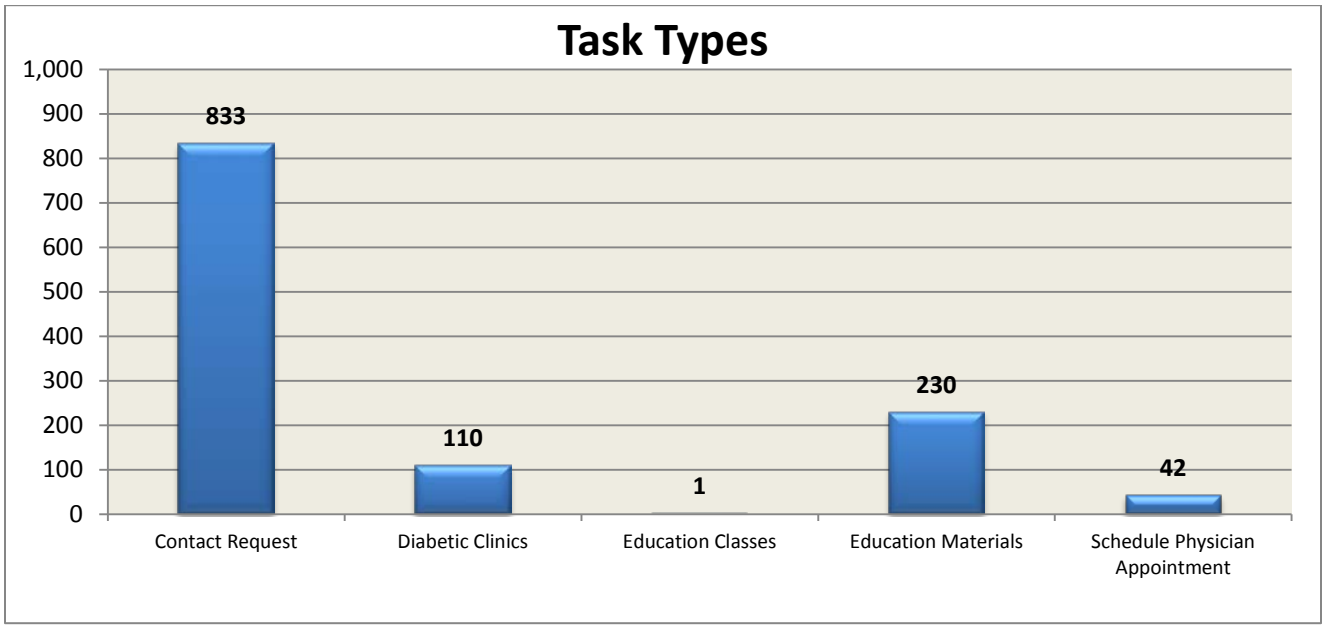


The majority of the encounter outcomes at 29% are listed as Completed.

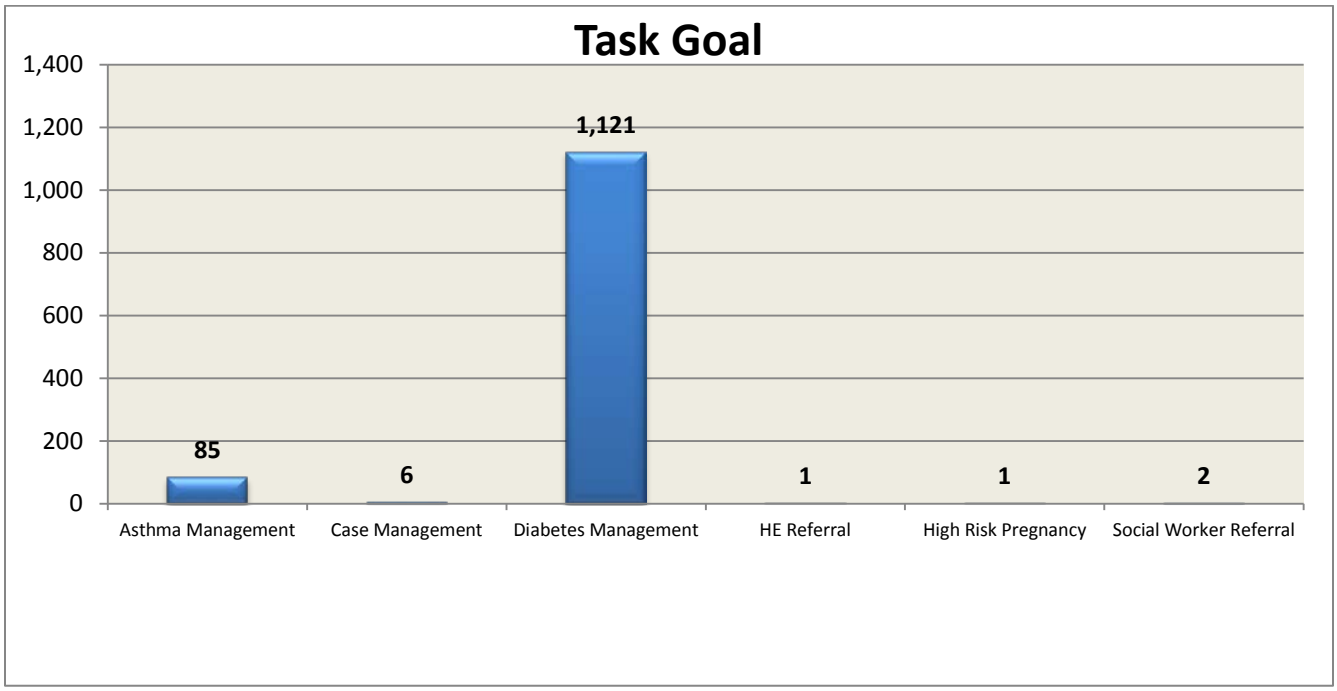


Tasks:

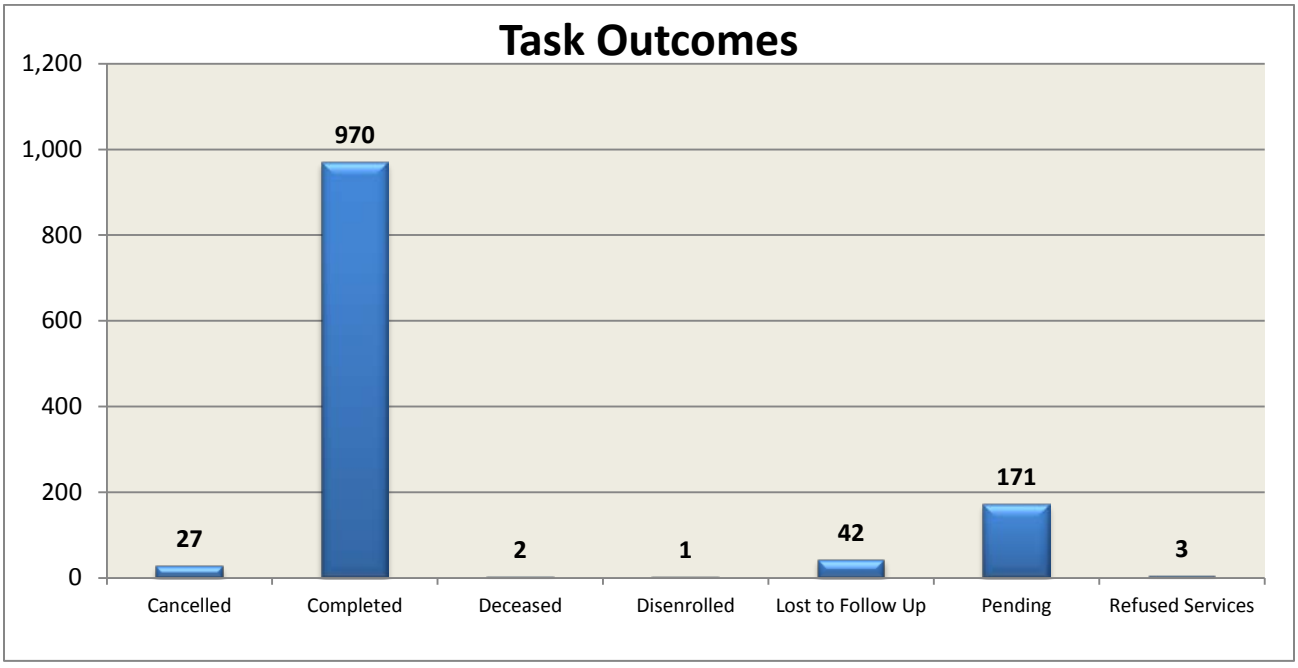
There were a total of 1,216 tasks assigned to the Disease Management department during the quarter for 878 KFHC members. The majority of Task Types were Contact Request at 69%.



The majority of task goals at 92% was listed as Diabetes Management.



The majority of the task outcomes at 80% are Completed.



Bakersfield Memorial Hospital (BMH) Diabetic Clinic

Appointment compliance at the BMH Diabetic Clinic revealed that 153 members attended their scheduled appointment. Of these 153 members, 62 attended the clinic for the first time.