

AGENDA

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

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

Regular Meeting
Thursday, February 21, 2019

7:00 A.M.

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

COMMITTEE MEMBERS: Jennifer Ansolabehere, 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 November 15, 2018 – RECEIVE AND FILE
- 7) Physician’s Advisory Committee (PAC) Summary of Proceedings 3rd Quarter – APPROVE
 - October 2018
 - November 2018
 - December 2018
- CA-8) Pharmacy TAR Log Statistics 4th Quarter 2018 – RECEIVE AND FILE
- October 2018
 - November 2018
 - December 2018
- 9) QI Focus Review Report 4th Quarter 2018 – APPROVE
 - Critical Elements Monitoring Ending December 31, 2018
 - IHEBA Monitoring Ending December 31, 2018
 - IHA Monitoring Ending December 31, 2018
 - KRC Monitoring Ending December 31, 2018
 - CCS Monitoring Ending December 31, 2018
 - Perinatal Care Monitoring Ending December 31, 2018
- CA-10) QI Site Review Summary Report 4th Quarter 2018 – RECEIVE AND FILE
- CA-11) QI SHA Monitoring Report 4th Quarter 2018 – RECEIVE AND FILE

Kaiser Reports

CA-12) Kaiser Reports (**PROPRIETARY AND CONFIDENTIAL**)

- KFHC APL Grievance Report-3rd Quarter 2018 – RECEIVE AND FILE
- KFHC UM DME Authorization Denial Report 2nd Quarter 2018– RECEIVE AND FILE
- KFHC UM DME Authorization Denial Report 3rd Quarter 2018– RECEIVE AND FILE
- KFHC Volumes Report 3rd Quarter 2018 – RECEIVE AND FILE

VSP Reports

13) VSP Reports

- Medical Data Collection Summary Report 2018 – APPROVE
- VSP DER Effectiveness Report – APPROVE

Member Services

14) Grievance Operational Board Update - APPROVE

- 4th Quarter 2018

15) Grievance Summary Reports – APPROVE

- 4th Quarter 2018

CA-16) Call Center Report – RECEIVE AND FILE

- 4th Quarter 2018

Provider Relations

CA-17) Re-credentialing Report 4th Quarter 2018 – RECEIVE AND FILE

CA-18) Board Approved New Contracts – RECEIVE AND FILE

- Effective November 1, 2018
- Effective December 1, 2018
- Effective January 1, 2019

CA-19) Board Approved Providers Reports – RECEIVE AND FILE

- Effective November 1, 2018
- Effective December 1, 2018
- Effective January 1, 2019

CA-20) Access Monitoring Report 4th Quarter 2018 – RECEIVE AND FILE

Disease Management

21) Disease Management 4th Quarter 2018 Report – APPROVE

CA-22) Diabetes Prevention Program PowerPoint – RECEIVE AND FILE

Policies and Procedures

23) QI/UM Policies and Procedures – APPROVE

- 2.30- I Health Education
- 3.07-P Vision Care
- 3.10-P Alcohol and Substance Abuse Treatment
- 3.13-P EPSDT Supplemental Services and Targeted Case Management (TCM)
- 3.14-P Mental Health Services
- 3.15-I 24-Hour Telephone Triage Service
- 3.22-P Referral and Authorization Process
- 3.42-P Nursing Facility Services and Long Term Care
- 3.69-I Provider Preventable Conditions

Health Education Reports

CA-24) Health Education Activity Report 4th Quarter 2018 – RECEIVE AND FILE

UM Department Reports

25) Combined UM Reporting 4th Quarter 2018 – APPROVE

ADJOURN TO THURSDAY, MAY 23, 2019 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
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Regular Meeting
Thursday, November 15, 2018
7:00 A.M.

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Members Present: Jennifer Ansolabehere, PHN; Satya Arya, MD; Felicia Crawford, RN; Allen Kennedy; Chan Park, MD; Maridette Schloe MS, LSSBB; Martha Tasinga, MD, CMO

Members Absent: Danielle Colayco, PharmD, MS; Philipp Melendez, MD

Meeting called to order @ 7:02 A.M. by Dr. Martha Tasinga, M.D., C.M.O.

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STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

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- 3) Announcements – **Dr. Martha Tasinga announced QI Director Jada Salamatian retirement, and also introduced Julie Worthing to the committee. Julie is the Administrative Director of our Health Homes Program.**
- 4) Closed Session – **N/A**
- 5) CMO Report – **Dr. Martha Tasinga gave overview of our Prenatal Care Program to the committee.**
 - **KHS is conducting community outreach to promote timely perinatal care and its member incentives programs. KHS has partnered with Public Health Nursing to perform outreach, education and home visits to pregnant and postpartum members who live in the 93305 and 93308 zip codes as these members were identified as being less likely to obtain timely care. KHS is also working with the Black Infant Health Program to outreach to pregnant members in hopes of encouraging members to seek out timely care. KHS is in development of a pregnancy survey to identify the challenges, needs and perceptions of pregnant member’s access to care.**

CA-6) QI/UM Committee Summary of Proceedings August 23, 2018 – RECEIVED AND FILED
Arya-Kennedy: All Ayes

- 7) Physician’s Advisory Committee (PAC) Summary of Proceedings 3rd Quarter – APPROVED
Arya-Kennedy: All Ayes

- August 2018
- September 2018

CA-8) Pharmacy TAR Log Statistics 3rd Quarter 2018 – RECEIVED AND FILED

- July 2018
- August 2018
- September 2018

9) QI Focus Review Report 3rd Quarter 2018 – APPROVED

Arya-Park: All Ayes

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

CA-10) QI Site Review Summary Report 3rd Quarter 2018 – RECEIVED AND FILED

CA-11) QI SHA Monitoring Report 3rd Quarter 2018 – RECEIVED AND FILED

VSP Reports

12) VSP Medical Data Collection Summary Reports – APPROVED

- September 2017-August 2018

Arya-Kennedy: All Ayes

13) VSP DER Effectiveness Report – APPROVED

Arya-Kennedy: All Ayes

Member Services

14) Grievance Operational Board Update - APPROVED

- 3rd Quarter 2018

Arya-Crawford: All Ayes

15) Grievance Summary Reports – APPROVED

- 2nd Quarter 2018
- 3rd Quarter 2018

Arya-Crawford: All Ayes

CA-16) Call Center Report – RECEIVED AND FILED

- 3rd Quarter 2018

CA-17) Comparative Tabulated Grievance Reports – RECEIVED AND FILED

- 2nd Quarter 2018

Provider Relations

CA-18) Recredentialing Report 3rd Quarter 2018 – RECEIVED AND FILED

CA-19) Board Approved New Contracts – RECEIVED AND FILE

- Effective September 1, 2018
- Effective August 1, 2018

CA-20) Board Approved Providers Reports – RECEIVED AND FILED

- Effective August 1, 2018
- Effective September 1, 2018

CA-21) Access Monitoring Report 3rd Quarter 2018 – RECEIVED AND FILED

Disease Management

22) Disease Management 3rd Quarter 2018 Report – APPROVED
Park-Arya: All Ayes

Policies and Procedures

23) QI/UM Policies and Procedures – APPROVED
Arya-Crawford: All Ayes

- 2.11-I Group Needs Assessment
- 3.40-I Continuity of Care for New Members

Health Education Reports

CA-24) Health Education Activity Report 2nd Quarter 2018 – RECEIVED AND FILED

25) Health Education Activity Report 3rd Quarter 2018 – APPROVED
Kennedy-Schloe: All Ayes

CA-26) Health Education Cultural and Linguistic Work Plan 2019 – RECEIVED AND FILED

UM Department Reports

27) Combined UM Reporting 3rd Quarter 2018 – APPROVED
Kennedy-Arya: All Ayes

**Meeting adjourned by Dr. Martha Tasinga, M.D., C.M.O. @ 8:01 A.M.
to Thursday, February 21, 2019**

AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)

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SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE MEETING

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

Wednesday, October 3, 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., Martha Tasinga, M.D., C.M.O.

Members Absent: Has Mukh Amin, M.D., Jacqueline Paul-Gordon, M.D.

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

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PUBLIC PRESENTATIONS

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- CA-3) Minutes for KHS Physician Advisory Committee meeting on September 12, 2018 – APPROVED
Parmar-Patel: All Ayes

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

CLOSED SESSION

- 3) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 6-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RE-CREDENTIALING.**
 - **Copy of letter for PRV000383 distributed to committee members for review and discussion.**
 - **Dr. Tasinga instructed our UM department no further approvals for venous ablations UNLESS the requesting provider has submitted proper certification, that has been previously approved by the PAC.**
 - **Dr. Tasinga asked Provider Relations to create a report of all providers who performed venous ablations for review at the next PAC.**

COMMITTEE RECONVENED TO OPEN SESSION @ 8:17 A.M.

- 5) Review VSP Diabetic Exam Reminder Effectiveness Report – **HELD until next meeting**

- 6) Adoption of American Pain Society Guidelines for Medical Necessity – **HELD until next meeting**
<http://americanpainsociety.org/uploads/education/guidelines/evaluation-management-lowback-pain.pdf>
- 7) Ambulatory Surgery Center Requirements – **HELD**

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 8:18 A.M.
TO WEDNESDAY, NOVEMBER 7, 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, November 7, 2018
7:00 A.M.

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COMMITTEE RECONVENED

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

Members Absent: Miguel Lascano, M.D.

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

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Alan Avery, Chief Operating Officer announced the new KHS building completion date will be July 2019, and brought a picture of new building plans to show committee.
- CA-3) Minutes for KHS Physician Advisory Committee meeting on October 3, 2018 – APPROVED
Parmar-Hair: All Ayes
- 4) Review VSP Diabetic Exam Reminder Effectiveness Report – RECEIVED AND FILED
- 5) Adoption of American Pain Society Guidelines for Medical Necessity – APPROVE
<http://americanpainsociety.org/uploads/education/guidelines/evaluation-management-lowback-pain.pdf>
HELD UNTIL NEXT MEETING

ADJOURNED TO CLOSED SESSION @ 7:25 A.M

CLOSED SESSION

- 6) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 6-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RE-CREDENTIALING.**
 - **PRV006260 Independent Review of 30-medical records will be conducted by outside party to be completed by next PAC meeting in December.**
 - **PRV000383 Provider received the PAC's determination letter and requested confirmation if he were to complete the 12-month fellowship under the**

American Board of Family Practice's added qualification for Pain Medicine, this would be approved by the PAC. PAC determined it would be granted with the completion of the 12-month fellowship as outlined with the ABFP QAC Guidelines for Pain Medicine certification.

- **PRV006260 also requested clarifications as to when the medical record review for the remaining requested procedures would be performed.**

COMMITTEE RECONVENED TO OPEN SESSION @ 7:43 A.M.

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 7:45 A.M.
TO WEDNESDAY, DECEMBER 5, 2018 AT 7:00 A.M.

**AMERICANS WITH DISABILITIES ACT
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SUMMARY OF PROCEEDINGS

PHYSICIAN ADVISORY COMMITTEE MEETING

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9700 Stockdale Highway
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Wednesday, December 5, 2018
7:00 A.M.

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COMMITTEE RECONVENED

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

Members Absent: None

Meeting called to order at 7:00 A.M. by Dr. Martha Tasinga, M.D., C.M.O.

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- CA-3) Minutes for KHS Physician Advisory Committee meeting on November 7, 2018 – APPROVED
Amin-Lascano: All Ayes
- 4) Approval of guidelines developed and approved by the American Pain Society of various pain syndromes – DISCUSSION AND APPROVE – **HELD UNTIL NEXT MEETING**
<http://americanpainsociety.org/education/guidelines/overview>

ADJOURNED TO CLOSED SESSION @ 7:02 A.M.

CLOSED SESSION

- 5) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – **BY A VOTE OF 8-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RE-CREDENTIALING.**
 - **Item 7 in closed session, Yolanda reported Provider #PRV006321 did not supply an explanation to a citation issued in 2018 by the Medical Board of California for recredentialing due 01/31/2019. Discussion ensued regarding the incompleteness of the recredentialing versus having one of the medical directors contract the provider for explanation. It was concluded that the provider's recredentialing will expire naturally unless the required information is submitted.**
 - **With regard to member grievance information reported during recredentialing, Dr. Amin expressed concern with patients sometimes stating incorrect information when reporting a grievance. Members**

were informed that if the grievance is in favor of the plan, the grievance was not substantiated based on additional information from the provider.

- **Dr. Tasinga spoke to committee about PRV006260 performing varicose veins procedures. Dr. Tasinga suggested to the committee that we send communication to the doctors who are performing vein ablations informing them we will be reviewing cases for the next 6 months through an outside company to determine if request is medically necessary meeting established criteria. Those found to be not medically indicated would be denied and sent to outside review and redirected as necessary. Jake, PR Supervisor, was not in agreement with this type of communication and felt that perhaps narrowing the veins ablations procedures to a closed panel of vascular surgeons was warranted in this matter.**
- **Dr. Tasinga stated to committee that we have 4 vascular docs on provider panel, however there are 24 providers doing veins. Alan Avery, COO, suggested the creation of a vascular group be reviewed and considered.**
- **Of 2 options Dr. Tasinga gave committee, Dr. Patel's opinion was to follow established criteria, and send these patients to the vascular group (surgeons). It was decided that Dr. Tasinga will send out a letter to all providers. Jake to assist in drafting letter. Effective 2/1/19**
- **Committee recommended to have vascular surgeons be the only physicians approved to perform vein ablation procedures effective 01/01/2019. Authorizations already approved will be honored; however, no new authorizations will be approved effective immediately. KHS identified venous vein procedures submitted after 1/1/2019 will be modified and redirected to a vascular surgeon.**

COMMITTEE RECONVENED TO OPEN SESSION @ 8:03 A.M.

MEETING ADJOURNED BY DR. MARTHA TASINGA, M.D., C.M.O. @ 8:04 A.M.
TO WEDNESDAY, FEBRUARY 6, 2019 AT 7:00 A.M.

**AMERICANS WITH DISABILITIES ACT
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Quarter/Year of Audit	2018
Month Audited	October
Total TAR's for the month	3458
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	68/69
Date Stamped	69/69
Fax copy attached	69/69
Decision marked	69/69
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	63/63
Initially Denied - Signed by Medical Director and/or Pharmacist	63/63
Letter sent within time frame	63/63
Date Stamped	63/63
Fax copy attached	63/63
Decision marked	63/63
Correct form letter, per current policies used	63/63
MODIFIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
DUPLICATE TAR'S	
Timeliness - Reviewd & Returned in 1 business day	13/13
Date Stamped	13/13
Fax copy attached	13/13

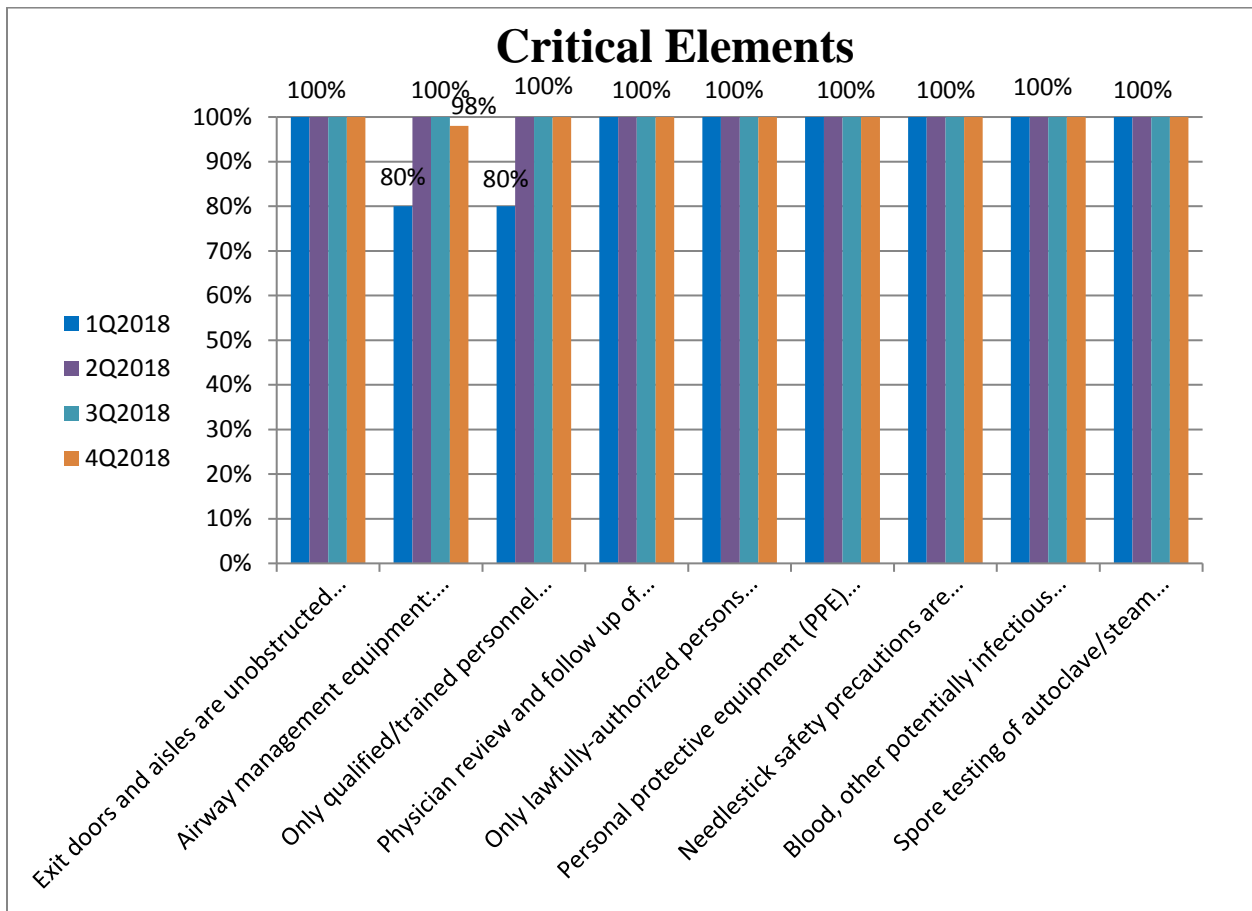
Quarter/Year of Audit	2018
Month Audited	November
Total TAR's for the month	2974
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	68/68
Date Stamped	68/68
Fax copy attached	68/68
Decision marked	68/68
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	54/54
Initially Denied - Signed by Medical Director and/or Pharmacist	54/54
Letter sent within time frame	54/54
Date Stamped	54/54
Fax copy attached	54/54
Decision marked	54/54
Correct form letter, per current policies used	54/54
MODIFIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
DUPLICATE TAR'S	
Timeliness - Reviewd & Returned in 1 business day	12/12
Date Stamped	12/12
Fax copy attached	12/12

Quarter/Year of Audit	2018
Month Audited	December
Total TAR's for the month	2935
APPROVED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	65/65
Date Stamped	65/65
Fax copy attached	65/65
Decision marked	65/65
DENIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	61/62
Initially Denied - Signed by Medical Director and/or Pharmacist	62/62
Letter sent within time frame	62/62
Date Stamped	62/62
Fax copy attached	62/62
Decision marked	62/62
Correct form letter, per current policies used	62/62
MODIFIED TAR'S	
Timeliness - Reviewed & Returned in 1 business day	0
Date Stamped	0
Fax copy attached	0
Decision marked	0
Correct form letter, per current policies used	0
DUPLICATE TAR'S	
Timeliness - Reviewd & Returned in 1 business day	6/6
Date Stamped	6/6
Fax copy attached	6/6

Kern Health Systems Focus Review Summary Report

Critical Elements Reviews: Six (6) providers were evaluated in 4th 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.



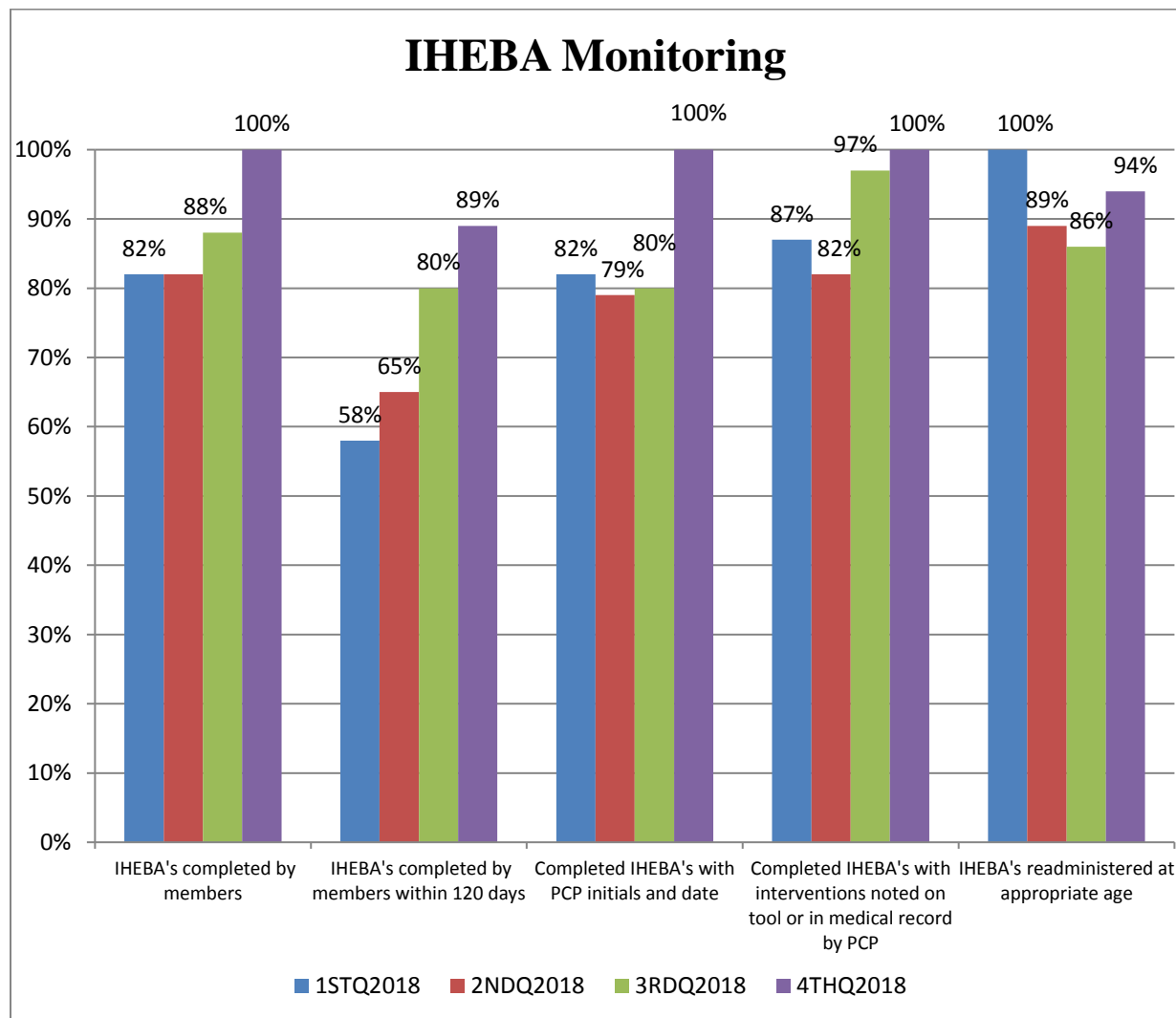
All providers evaluated over the last 4 Quarters scored 100% in all areas in 3 out of 4 Quarters. The two areas with opportunities for improvement in 1st Quarter 2018 were related to airway management equipment being appropriate and present on site and qualified personnel preparing and administering medications. Correction Action Plans (CAPs) were issued and the deficiencies were corrected.

Kern Health Systems Focus Review Summary Report

IHEBA Reviews: In 4th Quarter 2018, 53 charts were reviewed from six (6) providers. The areas for improvement noted were:

- Member completion of IHEBAs within 120 days,
- IHEBA’s re-administered at appropriate age

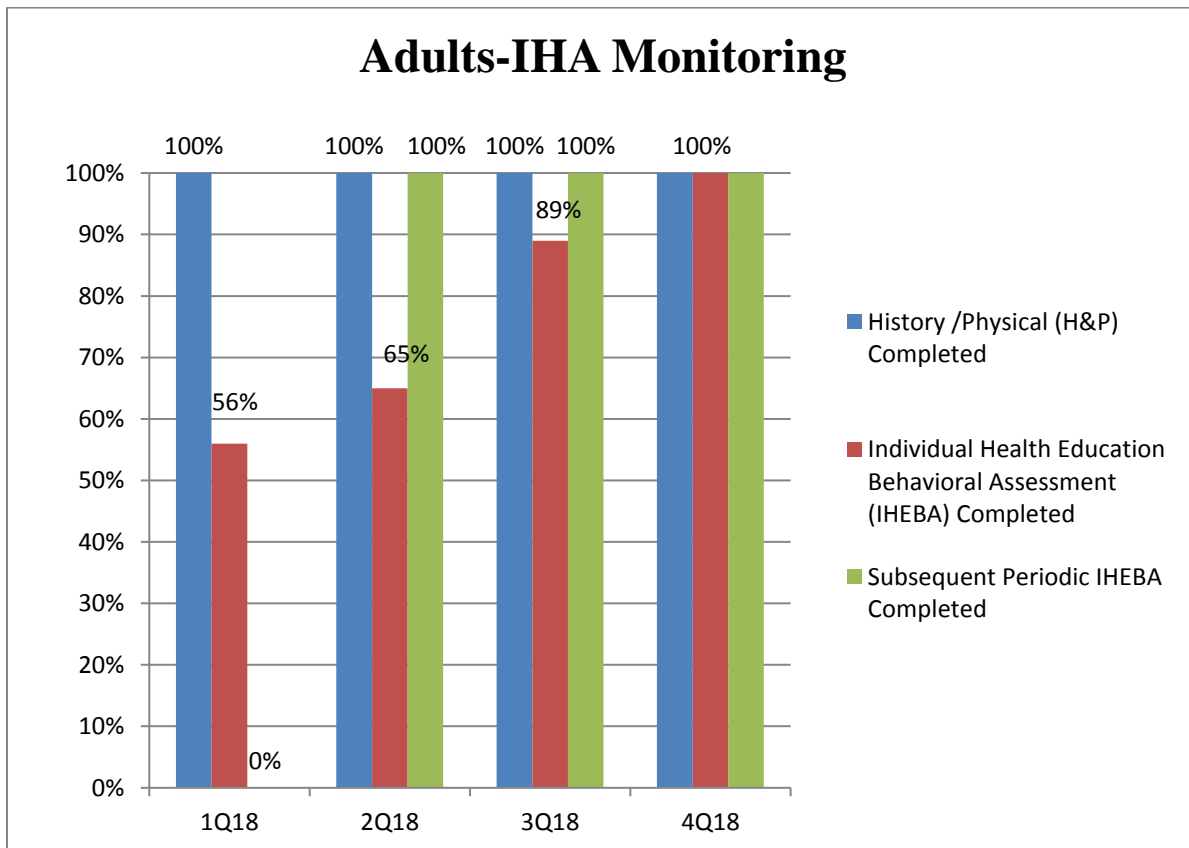
SUMMARY: The initial Individual Health Education Behavioral Assessment (IHEBA), commonly referred to as the Staying Healthy Assessment, is performed during the Initial Health Assessment (IHA). Thereafter, the PCP must re-administer the IHEBA at the appropriate age intervals. This remains a problem prone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



Kern Health Systems Focus Review Summary Report

Initial Health Assessment Reviews: In the 4th Quarter 2018, six (6) providers were evaluated. There were ten (10) Adult records and five (5) 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.

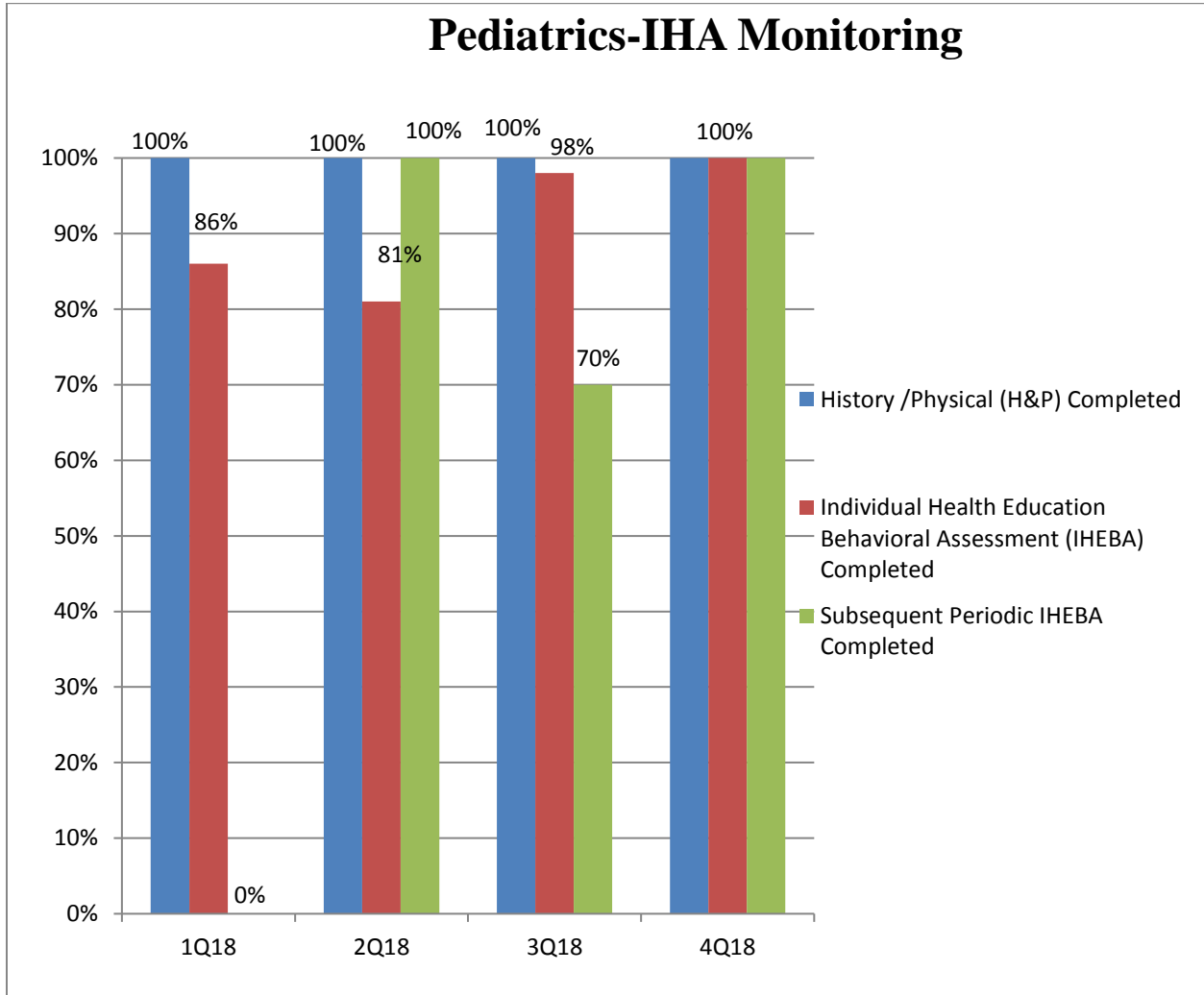


While the Staying Healthy Assessment remains the area in most need of improvement for the Adult IHA completion rate, the six (6) providers reviewed serving adults showed improvement in all categories in the 3rd and 4th Quarters of 2018. The providers reviewed scored 100% in all areas.

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

Kern Health Systems Focus Review Summary Report

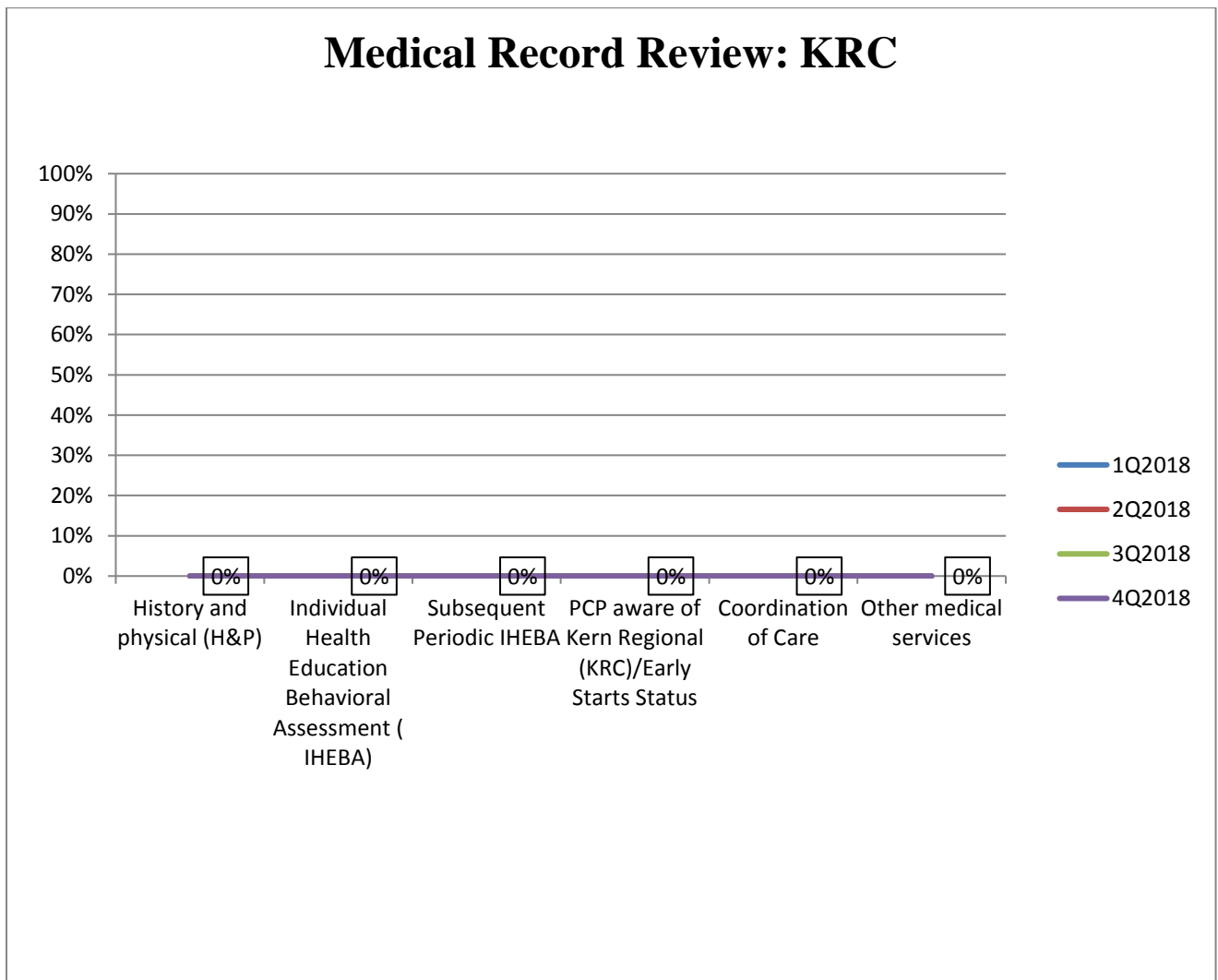
In 4th Quarter 2018 there were six (6) providers evaluated and five (5) charts were reviewed. All six providers surveyed scored 100% in all categories. The area most in need of improvement over the last 4 quarters was completion of the Staying Healthy Assessments during the IHA.



Kern Health Systems Focus Review Summary Report

KRC Reviews: In 4th Quarter 2018 there were no KRC charts reviewed.

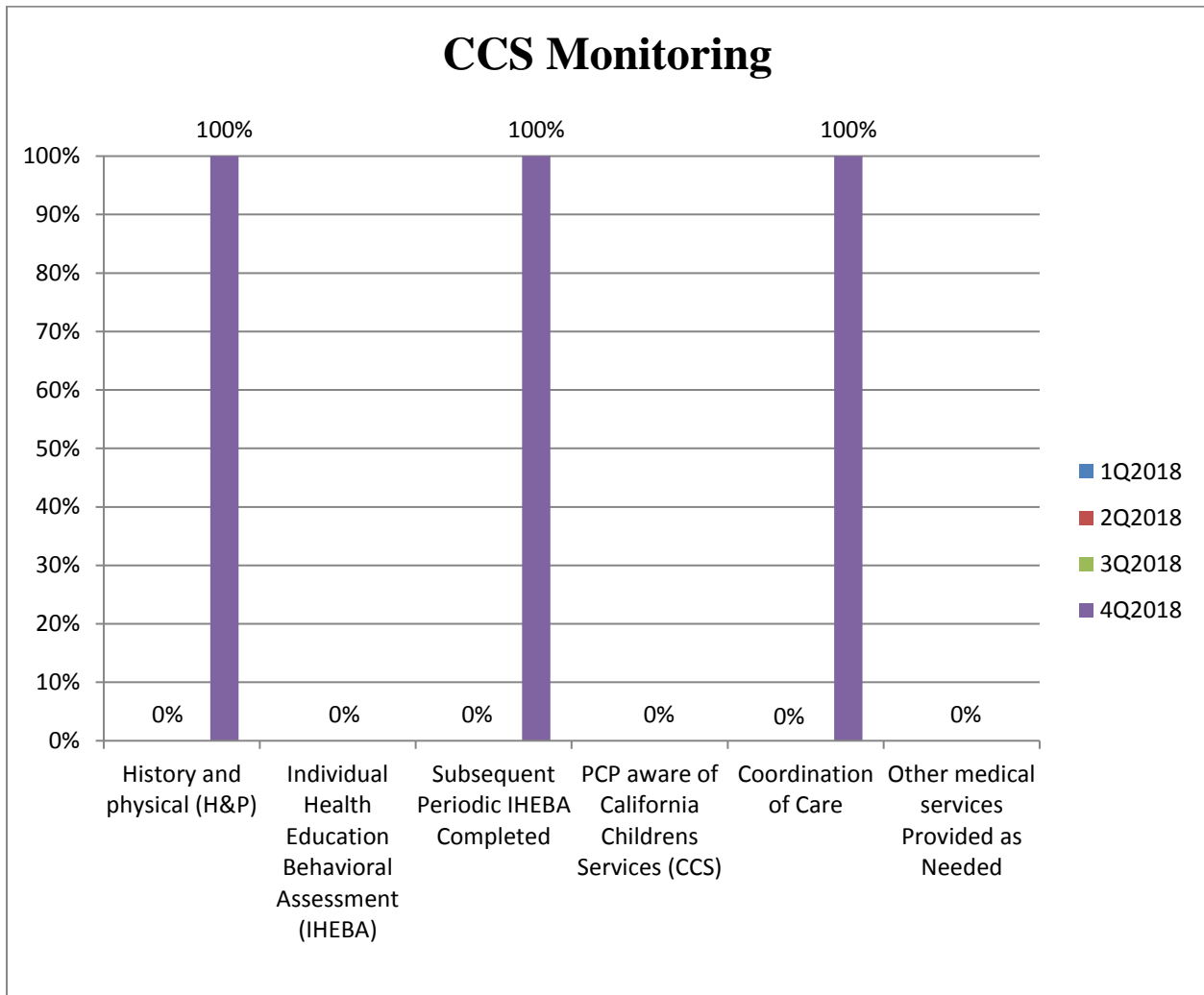
SUMMARY: KHS ensures the provision of primary care interventions and other medically necessary covered services unrelated to the KRC and/or Early Starts eligible condition. KHS assumed medical and financial oversight of ABA/BIS services under DHCS mandate to include Autism and Behavioral related treatment. Those services provided solely by KRC would be monitored collaboratively through the UM referral process for coordination and continuity of care.



Kern Health Systems Focus Review Summary Report

CCS Reviews: Out of the six (6) providers surveyed in 4th Quarter 2018, there were two CCS charts reviewed. The charts reviewed scored 100% in 3 out of the 6 categories.

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.

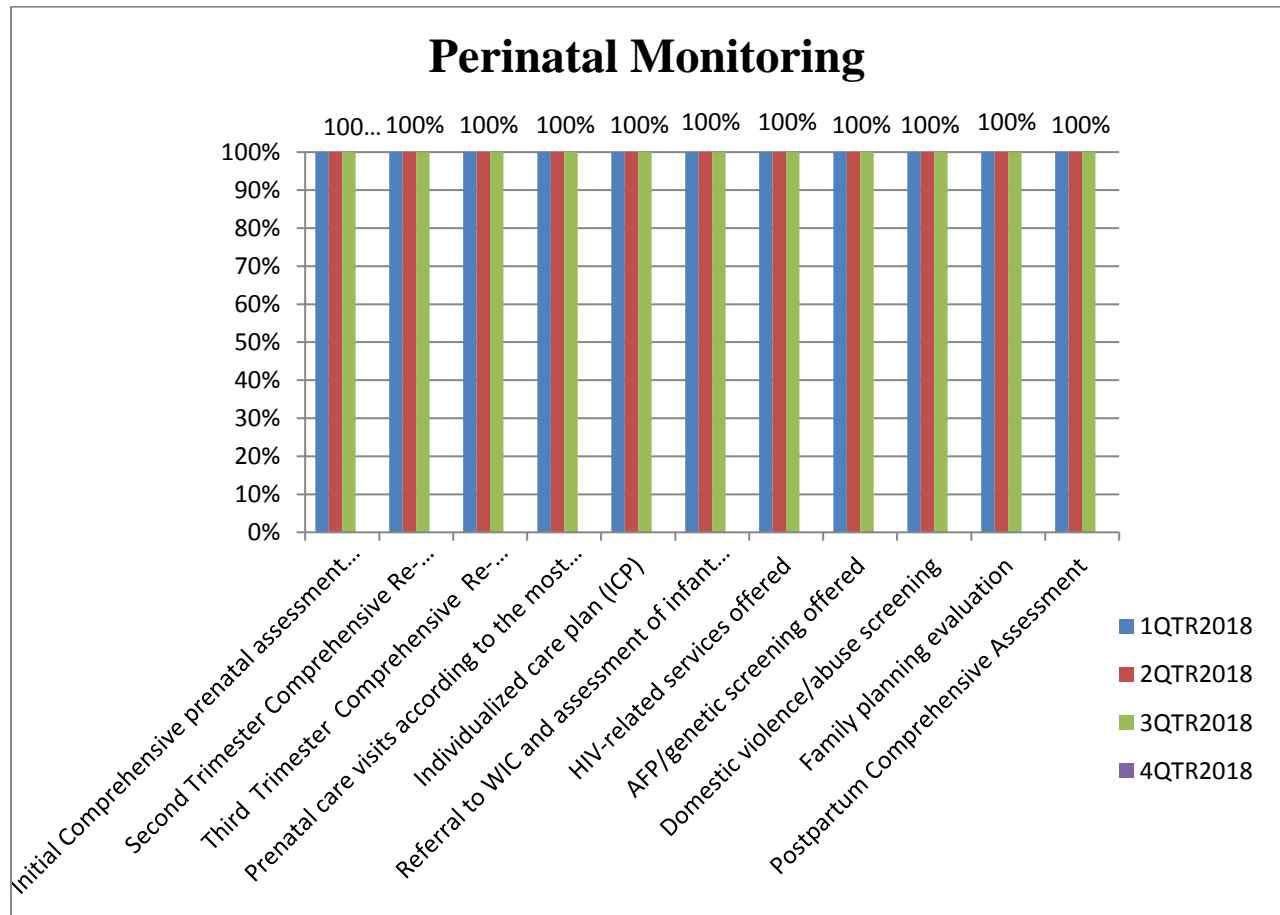


Kern Health Systems Focus Review Summary Report

Perinatal Reviews: Out of the six (6) providers surveyed in 4th Quarter 2018 there were no 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.



Kern Health Systems Site Review Summary Report

Disciplinary Involvement: Quality Improvement and Provider Relations

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

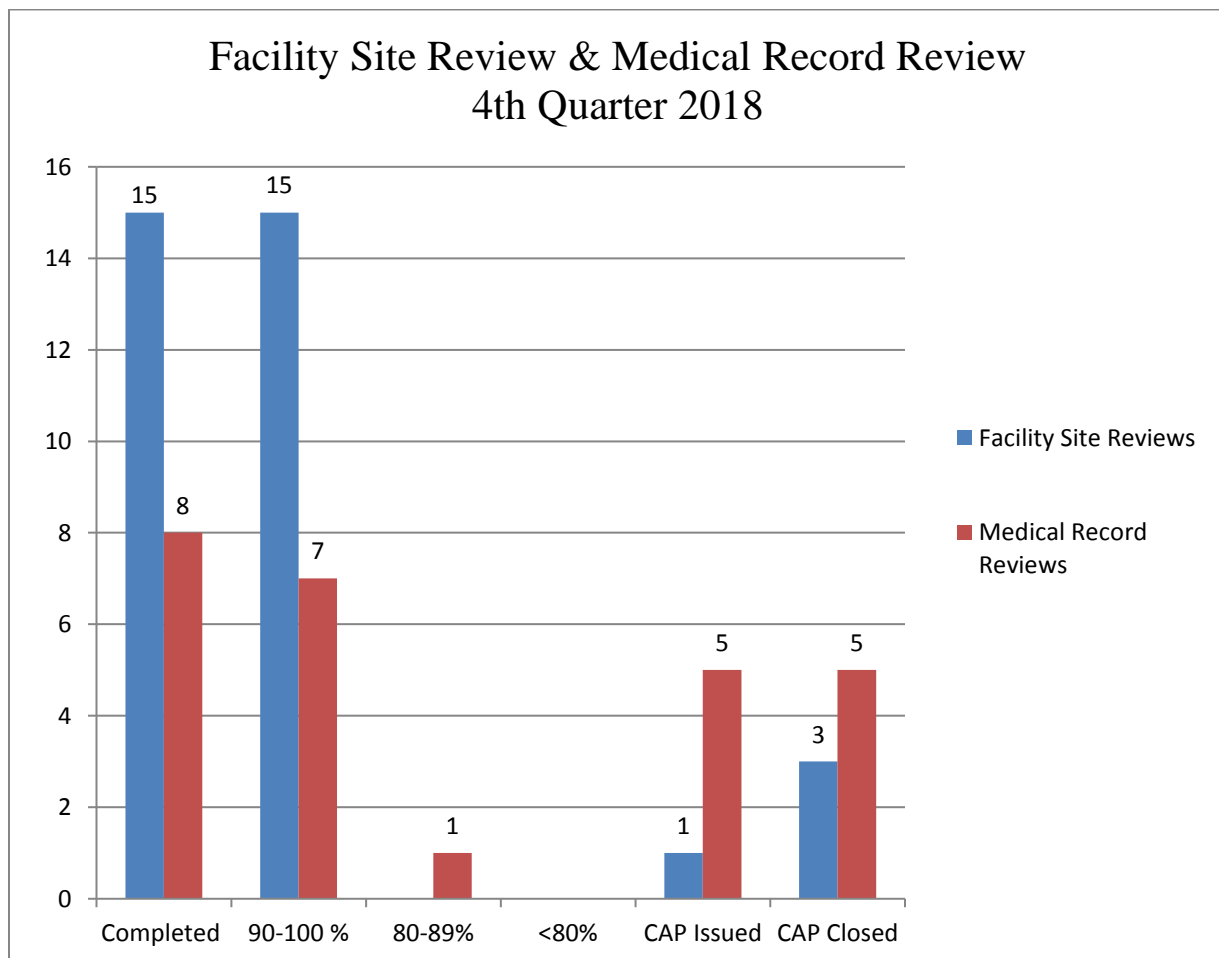
Department: Quality Improvement

Monitoring Period: October 1, 2018- December 31, 2018

A total of fifteen (15) Office Site Reviews were completed in the 4th Quarter of 2018. Out of the fifteen (15) completed, ten (10) were Initial Reviews and five (5) were Periodic Reviews.

A total of eight (8) Medical Record Reviews were completed in the 4th Quarter of 2018. Four (4) were Initial Medical Record Reviews, and four (4) were Periodic Medical Record Reviews.

There was one (1) Facility Site Review CAP issued and five (5) Medical Record Review CAPs issued. Three (3) Full Site Review CAPs were closed, and five (5) Medical Record Review CAPs were closed.



Kern Health Systems Site Review Summary Report

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

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

Scoring and Corrective Action Plans

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

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

Exempted Pass: 90% or above

Conditional Pass: 80-89%

Not Pass: below 80%

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

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

Kern Health Systems

Site Review Summary Report

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 CE Deficiencies

- Clearly Designated Evacuation Route.
- Breast Cancer Screening

Top Medical Record Review Deficiencies

- TB Screening
- IHEBAs Completed
- Complete Documentation

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.

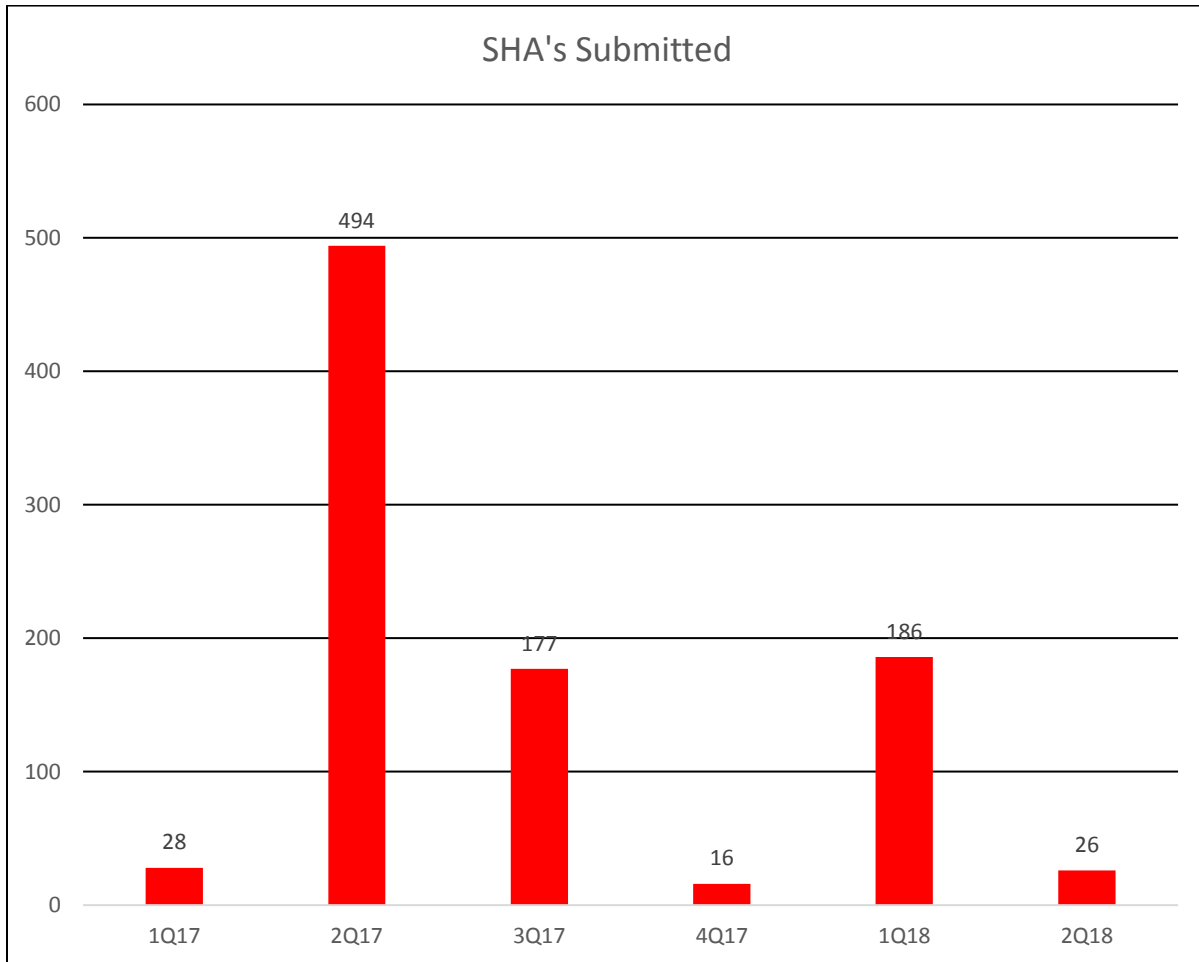
Kern Health Systems

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. There were no SHA's submitted to Health Education in 4th Quarter 2018.





Medical Data Collection Summary Report

Period Covered: January, 2018 through December, 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:	22,866	
Diabetes?:	1,224	5.4%
Diabetic Retinopathy:	165	.7%
Glaucoma:	170	.7%
Hypertension:	931	4.1%
High Cholesterol	328	1.4%
Macular Degeneration:	38	.2%

Estimated Number of Cases

Total Members:	242,174	
Diabetes?:	5,397	2.2%
Diabetic Retinopathy:	468	.2%
Glaucoma:	898	.4%
Hypertension:	23,713	9.8%
High Cholesterol	36,361	15.0%
Macular Degeneration:	292	.1%

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



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
2018	January	740	34	30	64
	August	4,743	189	59	248
	September	557	24	3	27
	October	598	15	0	15
	November	770	24	0	24
	December	853	2	0	2
Totals		8,261	288	92	380

LTM Effectiveness* : 5 %

12-Month Effectiveness (Jul 2017 - Jun 2018) : 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.

KERN HEALTH SYSTEMS
4th Quarter 2018
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Report Date: January 10, 2019

Department: Provider Relations

Monitoring Period: October 1, 2018 through December 31, 2018

Population:

Providers	Credentialed	Recertified
MD's	70	66
DO's	3	9
AU's	0	0
DC's	0	1
AC's	0	0
PA's	7	9
NP's	14	8
CRNA's	2	0
DPM's	0	2
OD's	0	0
ND's	0	0
RD's	0	0
BCBA's	5	6
Mental Health	3	3
Ocularist	0	0
Ancillary	3	16
OT	0	0
TOTAL	107	120

Specialty	Providers Credentialed	Providers Recertified	Providers Sent to PAC	Providers Not Approved
Acupuncture	0	0	0	0
Allergy & Immunology	0	0	0	0
Anesthesiology / CRNA	2	1	3	0
Audiology	0	0	0	0
Autism / Behavioral Analyst	5	6	11	0
Cardiology	0	3	3	0
Chiropractor	0	1	1	0
Colon & Rectal Surgery	0	0	0	0
Critical Care	0	0	0	0
Dermatology	0	0	0	0
Emergency Medicine	0	1	1	0
Endocrinology	0	3	3	0
Family Practice	28	14	42	0
Gastroenterology	1	4	5	0
General Practice	1	2	3	0
General Surgery	3	5	8	0
Genetics	0	1	1	0
Gynecology	1	0	1	0

KERN HEALTH SYSTEMS
4th Quarter 2018
CREDENTIALING / RECREDENTIALING SUMMARY REPORT

Specialty	Providers Credentialed	Providers Recredentialed	Providers Sent to PAC	Providers Not Approved
Gynecology/Oncology	1	0	1	0
Hematology/Oncology	1	3	4	0
Hospitalist	0	0	0	0
Infectious Disease	0	1	1	0
Internal Medicine	15	15	30	0
Mental Health	3	3	6	0
Mid Wife	0	0	0	0
Naturopathic Medicine	0	0	0	0
Neonatology	0	0	0	0
Nephrology	1	2	3	0
Neurological Surgery	2	1	3	0
Neurology	1	1	2	0
Obstetrics & Gynecology	3	4	7	0
Ocularist	0	0	0	0
Occupational Therapy	0	0	0	0
Ophthalmology	3	1	4	0
Optometry	0	0	0	0
Orthopedic Surgery / Hand Surg	2	4	6	0
Otolaryngology	2	0	2	0
Pain Management	0	4	4	0
Pathology	2	0	2	0
Pediatrics	9	8	17	0
Physical Medicine & Rehab	1	1	2	0
Plastic Sugery	0	1	1	0
Podiatry	0	2	2	0
Psychiatry	0	1	1	0
Pulmonary	0	0	0	0
Radiation Oncology	0	0	0	0
Radiology	15	10	25	0
Registered Dieticians	0	0	0	0
Rheumatology	1	2	3	0
Sleep Medicine	0	0	0	0
Thoracic Surgery	0	1	1	0
Vascular Medicine	0	0	0	0
Vascular Surgery	1	2	3	0
Urology	0	0	0	0
KHS Medical Directors	0	0	0	0
TOTAL	104	108	212	0

KERN HEALTH SYSTEMS
4th Quarter 2018
CREDENTIALING / RE-CREDENTIALING 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	1	1	0
Dialysis Center	2	2	4	0
DME	0	2	2	0
Hearing Aid Dispenser	0	1	1	0
Home Health	0	0	0	0
Home Infusion/Compounding	0	0	0	0
Hospice	0	0	0	0
Hospital	0	0	0	0
Laboratory	0	0	0	0
Lactation Consultant	0	0	0	0
MRI	0	1	1	0
Ocular Prosthetics	0	0	0	0
Pharmacy	1	1	2	0
Pharmacy/DME	0	0	0	0
Physical / Speech Therapy	0	0	0	0
Prosthetics & Orthotics	0	0	0	0
Radiology	0	0	0	0
Skilled Nursing	0	4	4	0
Sleep Lab	0	1	1	0
Surgery Center	0	2	2	0
Transportation	0	0	0	0
Urgent Care	0	1	1	0
TOTAL	3	16	19	0

Defer = 0

Denied = 0

KERN HEALTH SYSTEMS
BOARD OF DIRECTORS
NEW VENDOR CONTRACTS

Name	DBA	Specialty	Address	Contract Effective Date
Pavel Moldavskiy, MD, Inc.	Pavel Moldavskiy, MD, Inc.	Orthopedic Surgery & Hand Surgery	300 Old River Road Ste. 200, Bakersfield, CA 93311	11/1/2018
Justin Thien Lee, MD, Inc.	Justin Thien Lee, MD, Inc.	Gynecology / Female Pelvic Medicine & Reconstructive Surgery	500 Old River Road Ste. 200, Bakersfield, CA 93311	11/1/2018
Diana K. Najera	Prudential Care Counseling	Mental Health	3200 21st street Ste 101 Bakersfield, CA 93301	11/1/2018
Gina Gordon-Lopez	Social Stamina Behavioral Consulting, Inc	ABA/BHT	7400 District Blvd Ste C Bakersfield CA, 93313	11/1/2018
Behavioral Momentum Services, LLC	Behavioral Momentum Services, LLC	ABA/BHT	600 Hawk Spring Drive Bakersfield Ca, 93312-6315	11/1/2018

Kern Health Systems
Board of Directors
New vendor Contracts

Name	DBA	Specialty	Address	Contract Effective Date
Delano Kidney Center, LLC	Delano Kidney Center	Dialysis Center	1980 Cecil Avenue Delano CA 93215	Yes Eff 12/1/18
Timothy Galan MD Inc	Galan, Timothy MD	Orthopedic Surgery	Mercy Ortho Clinic 300 Old River Road Suite 200 Bakersfield CA 93311	Yes Eff 12/1/18
Bassel Hadaya M.D.	Antelope Valley Nephrology Medical Group	Nephrology	1759 W Avenue J Suite 101 Lancaster CA 93534	Yes Eff 12/1/18

**KERN HEALTH SYSTEMS
BOARD OF DIRECTORS
NEW VENDOR CONTRACTS**

Name	DBA	Specialty	Address	Provider #	Pay To #	Contract Effective Date
PAC 11/07/2018						
Delano Kidney Center, LLC	Delano Kidney Center	Dialysis Center	1980 Cecil Avenue Delano CA 93215	PRV038053	PRV038053	12/1/2018
Timothy Galan MD Inc	Galan, Timothy MD	Orthopedic Surgery	Mercy Ortho Clinic 300 Old River Road Suite 200 Bakersfield CA 93311	PRV048131	PRV047775	12/1/2018
Bassel Hadaya M.D.	Antelope Valley Nephrology Medical Group	Nephrology	1759 W Avenue J Suite 101 Lancaster CA 93534	PRV011340	PRV013986	12/1/2018
PAC 12/05/2018						
Ashok Parmar, MD, Inc.	Niles Children's Clinic	Pediatrics	6055 Niles St. Bakersfield, CA 93306	PRV048651	PRV048651	*1/1/2019
Niranjan Dass, MD	Niranjan Dass - Pediatric for All	Pediatrics	2700 F Street Ste. 104 Bakersfield CA 93301	PRV010891	PRV010891	1/1/2019
Dignity Health Medical Foundation dba Dignity Health Medical Group – Bakersfield, a service of Dignity Health Medical Foundation	Dignity Health Medical Group – Bakersfield	PCP	3737 San Dimas Street, Suite 101 Bakersfield CA 93301	Pending	Pending	Pending, announcement will be sent via Provider Bulletin.

**Kern Health Systems
Board Approved Effective 11/01/18**

	A	B	C	D	E	F
1	NAME	LEGAL NAME AND ADDRESS	Specialty	Provider #	Pay To #	Effective
2	Lee, Justin MD	Justin Thien Lee, MD Inc. 500 Old River Road Ste. 200 Bakersfield CA 93311	Gynecology / Female Pelvic Medicine & Reconstructive Surgery	PRV047894	PRV047895	Yes Eff 11/1/18
3	Moldavskiy, Pavel MD	Pavel Moldavskiy MD PC 300 Old River Road Ste. 200 Bakersfield CA 93311	Orthopedic Surgery & Hand Surgery	PRV047893	PRV047892	Yes Eff 11/1/18
4	Huang, Rusong MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV000620	PRV014433	Yes Eff 11/1/18
5	Isola, Venkatarao MD	Central California Foundation for Health dba: Delano Prompt Care Clinic 1201 Jefferson Street Delano CA 93215	Pediatrics	PRV045599	PRV005653	Yes Eff 11/1/18
6	Piampiano, Peter MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV003981	PRV000324	Yes Eff 11/1/18
7	Poquechoque, Robert MD	Emergency Physicians Urgent Care, Inc. Accelerated Urgent Care *All Locations 9500 Stockdale Highway Ste. 100 Bakersfield CA 93311	Family Practice	PRV034222	ALL SITES	Yes Eff 11/1/18
8	Villarreal, David MD	Kern County Hospital Authority Kern Medical Hospital 1700 Mt Vernon Avenue Bakersfield CA 93306	General Surgery / Surgical Critical Care	PRV046862	ALL SITES	Yes Eff 11/1/18
9	Babaei, Sepideh MD	Kern County Hospital Authority Kern Medical Hospital 1700 Mt Vernon Avenue Bakersfield CA 93306	Diagnostic Radiology	PRV046834	ALL SITES	Yes Eff 11/1/18
10	Burichin, Judith MD	Ridgecrest Regional Hospital dba: Ridgecrest Regional Hospital RHC 1111 N China Lake Blvd Ste. 190 Ridgecrest CA 93555	OB/GYN	PRV039512	PRV029495	Yes Eff 11/1/18
11	Cheema, Bakht MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV047889	PRV014433	Yes Eff 11/1/18

**Kern Health Systems
Board Approved Effective 11/01/18**

	A	B	C	D	E	F
12	Cramer, Joseph MD	Ridgecrest Regional Hospital dba: Ridgecrest Regional Hospital RHC 1111 N China Lake Blvd Ste. 190 Ridgecrest CA 93555	Pediatrics	PRV047374	PRV029495	Yes Eff 11/1/18
13	Garcia Barajas, Gabriel NP-C	Kern County Hospital Authority Kern Medical Hospital 1111 Columbus Street Bakersfield CA 93305	Family Practice	PRV047241	ALL SITES	Yes Eff 11/1/18
14	Hardy, Billiana PA-C	Universal Urgent Care, PC *All locations 8325 Brimhall Road Ste. 100 Bakersfield CA 93312	Family Practice	PRV008897	ALL SITES	Yes Eff 11/1/18
15	Heinemann, Tina NP-C	Clinica Sierra Vista (CSV) 6310 Lake Isabella Blvd, Lake Isabella 93240 67 Evans Road, Wofford Heights 93285	Family Practice	PRV046619	PRV000002	Yes Eff 11/1/18
16	Jiang, Helen MD	Ace Eyecare, Inc 1721 Westwind Drive Ste. B Bakersfield CA 93301	Ophthalmology	PRV047890	PRV041736	Yes Eff 11/1/18
17	Juhasz, Michelle LCSW	Integral Psychological Consulting Services 5251 Office Park Drive Ste. 201 Bakersfield CA 93309	Clinical Social Worker	PRV047661	PRV000365	Yes Eff 11/1/18
18	Meghapara, Bhavinkumar MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV001765	PRV014433	Yes Eff 11/1/18
19	Nguyen, To Dung MD	Central California Foundation for Health dba: Delano Prompt Care Clinic 1201 Jefferson Street Delano CA 93215	Pediatrics	PRV041276	PRV005653	Yes Eff 11/1/18
20	Patel, Anish MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV047953	PRV000324	Yes Eff 11/1/18
21	Rah, Shahla MD	Kern County Hospital Authority Kern Medical Hospital 1700 Mt Vernon Avenue Bakersfield CA 93306	Gastroenterology	PRV046833	ALL SITES	Yes Eff 11/1/18

**Kern Health Systems
Board Approved Effective 11/01/18**

	A	B	C	D	E	F
22	Ruhela, Asim MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV046768	PRV014433	Yes Eff 11/1/18
23	Uzunyan, Arman MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV037595	PRV014433	Yes Eff 11/1/18
24	White, Elizabeth NP-C	West Side Family Health Care *Primary Care & Urgent Care 100 E North Street Taft CA 93268	General Practice	PRV046685	PRV000306	Yes Eff 11/1/18
25	Wongrakpanich, Supakanya MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV046936	PRV014433	Yes Eff 11/1/18
26	Yang, Lewis MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV041140	PRV014433	Yes Eff 11/1/18

**Kern Health Systems
Board Approved Providers New Contracts Effective 12/01/18**

	A	B	C	D	E	F
1	NAME	LEGAL NAME AND ADDRESS	Specialty	Provider #	Pay To #	Effective
2	Delano Kidney Center	Delano Kidney Center, LLC 1980 Cecil Avenue Delano CA 93215	Dialysis Center	PRV038053	PRV038053	Yes Eff 12/1/18
3	Galan, Timothy MD	Timothy Galan MD Inc 300 Old River Road Suite 200 Bakersfield CA 93311	Orthopedic Surgery	PRV048131	PRV047775	Yes Eff 12/1/18
4	Hadaya, Bassel MD	Bassel Hadaya M.D. dba: Antelope Valley Nephrology Medical Group 1759 W Avenue J Suite 101 Lancaster CA 93534	Nephrology	PRV011340	PRV000332	Yes Eff 12/1/18
5	McGinnis, Michael MD	Stockdale Podiatry Group Inc. 110 New Stine Road Bakersfield CA 93309	Anatomical & Clinical Pathology	PRV040431	PRV000332	Yes Eff 12/1/18
6	Bagheri, Nika MD	California Retina Consultants 5555 Business Park S Ste. 100 Bakersfield CA 93309	Ophthalmology	PRV047854	PRV008803	Yes Eff 12/1/18
7	Bansal, Anuj MD	Radhey S. Bansal, MD Inc. Comprehensive Medical Group of Kern 1230 Jefferson Street Delano CA 93215	Internal Medicine	PRV046684	PRV000258	Yes Eff 12/1/18
8	Barry, N. Nichole MD	Telehealthdocs Medical Corporation 2215 Truxtun Avenue Ste. 100 100 E North Street Bakersfield 93301 & Taft CA 93268	Rheumatology	PRV047036	PRV036952	Yes Eff 12/1/18
9	Bedford, Christopher MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV047048	PRV000324	Yes Eff 12/1/18
10	Bhavsar, Rajesh MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology / Vascular & Interventional Radiology	PRV048294	PRV000324	Yes Eff 12/1/18
11	Browning, Carol MD	Stockdale Radiology Physician Svcs, Inc. 4000 Empire Drive Ste. 100 Bakersfield CA 93309	Diagnostic Radiology	PRV048295	PRV000396	Yes Eff 12/1/18
12	Butler, Thomas MD	Kern County Hospital Authority Kern Medical Hospital 1700 Mt Vernon Avenue Bakersfield CA 93306	General Surgery	PRV004472	ALL KM SITES	Yes Eff 12/1/18

Kern Health Systems
Board Approved Providers New Contracts Effective 12/01/18

	A	B	C	D	E	F
13	Capote, Allan MD	Hao D Bui, MD, Inc. 4901 Centennial Plaza Way Bakersfield CA 93312	Vascular Surgery	PRV047988	PRV013705	Yes Retro Eff 11/1/18
14	Cohen, Steve MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV048296	PRV000324	Yes Eff 12/1/18
15	Egan, Charles MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV047745	PRV000324	Yes Eff 12/1/18
16	Espino, Erwin MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / Family Practice	PRV045582	PRV014433	Yes Eff 12/1/18
17	Fattahi, Rana MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV048297	PRV000324	Yes Eff 12/1/18
18	Fauni, Nineveth Rose PsyD	Omni Family Health 4600 Panama Lane Ste. 102B Bakersfield CA 93313	Psychology	PRV046683	PRV000019	Yes Eff 12/1/18
19	Gerlach, Melissa MD	Renaissance Imaging Medical Assoc, Inc. *All Locations 44105 W 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV048298	PRV000324	Yes Eff 12/1/18
20	Ghazikhanian, Varand MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV047603	PRV000324	Yes Eff 12/1/18
21	Hassan Kamel, Mohamed MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / Family Practice	PRV034103	PRV014433	Yes Eff 12/1/18
22	Huynh, Lang MD	San Joaquin Valley Pulmonary Medical Group 3551 Q Street Ste. 100 109 Adkisson Way Bakersfield 93301 & Taft 93268	Family Practice	PRV030797	PRV000354	Yes Eff 12/1/18

Kern Health Systems
Board Approved Providers New Contracts Effective 12/01/18

	A	B	C	D	E	F
23	Jernick, Nicole MD	Clinica Sierra Vista (CSV) 2400 Wible Road Suite 14 (Walk-In Clinic) 2000 Physicians Blvd (Walk-In Clinic) Bakersfield CA 93301 & 93304	Family Practice	PRV047954	PRV000002	Yes Retro - Eff 11/1/18
24	Klecker, Rosemary MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV047123	PRV000324	Yes Eff 12/1/18
25	Lee, Connie MD	San Joaquin Community Hospital Adventist Health Bakersfield-Breast Center 2700 Chester Avenue Bakersfield CA 93301	General Surgery	PRV047961	PRV000207	Yes Eff 12/1/18
26	Levens, Tracey MD	San Joaquin Valley Pulmonary Medical Group 3551 Q Street Ste. 100 109 Adkisson Way Bakersfield 93301 & Taft 93268	Family Practice	PRV046687	PRV000354	Yes Eff 12/1/18
27	Lidgett, Kristen NP-C	Clinica Sierra Vista (CSV) 1015 Baker Street Ste. 4 Bakersfield CA 93305	Family Practice	PRV047373	PRV000002	Yes Eff 12/1/18
28	Lost Hills Community Health Center Pharmacy	Omni Family Health dba: Lost Hills Community Health Center Pharmacy 21138 Paso Robles Highway Lost Hills CA 93249	Pharmacy	PRV048358	PRV048358	Yes Eff 12/1/18
29	Martin, Vanessa DO	Bakersfield Pathology Medical Group *All Locations 3000 Sillect Avenue Bakersfield CA 93308	Anatomical & Clinical Pathology / Cytopathology	PRV046574	PRV001424 PRV001423 PRV000315	Yes Eff 12/1/18
30	Martinez, Rosa PA-C	Kern County Hospital Authority Kern Medical 1111 Columbus Street 1700 Mt Vernon Avenue Bakersfield CA 93305 & 93306	Pediatrics & Family Practice	PRV005558	ALL KM SITES	Yes Eff 12/1/18
31	Melo, Jason CRNA	Premier Anesthesia Medical Group 3200 21st Street Ste. 301 Bakersfield CA 93301	Anesthesiology	PRV047705	PRV000227	Yes Eff 12/1/18
32	Mehta, Vivek MD	Kern County Hospital Authority Kern Medical Hospital 1700 Mt Vernon Avenue 9300 Stockdale Highway Ste. 100 & 300 Bakersfield CA 93306 & 93311	Neurological Surgery	PRV046283	ALL KM SITES	Yes Eff 12/1/18

Kern Health Systems
Board Approved Providers New Contracts Effective 12/01/18

	A	B	C	D	E	F
33	Mendoza, Christian CRNA	Regional Anesthesia Associates, Inc. Kern Medical Hospital 1700 Mt Vernon Avenue Bakersfield CA 93306	Anesthesiology	PRV036889	PRV037540	Yes Eff 12/1/18
34	Mims, Cheryl LCSW	Integral Psychological Consulting Services 5251 Office Park Drive Ste. 201 Bakersfield CA 93309	Clinical Social Worker	PRV048299	PRV000365	Yes Eff 12/1/18
35	Otchere, Justice MD	LAGS Spine and Sportscare Medical Centers, Inc. 3550 Q Street Ste. 103-105,201,202 Bakersfield CA 93301	Physical Medicine & Rehab	PRV048181	PRV000403	Yes Eff 12/1/18
36	Ott, Sherel NP-C	Ridgecrest Regional Hospital RRH - Rural Health Clinic 1111 N China Lake Blvd Ste. 190 Bakersfield CA 93555	Family Practice & Pediatrics	PRV046503	PRV029495	Yes Eff 12/1/18
37	Perni, Niharika MD	Omni Family Health 4151 Mexicali Drive 4131 Ming Avenue Bakersfield CA 93313 & 93309	Family Practice	PRV047620	PRV000019	Yes Eff 12/1/18
38	Pieper, Patrick MD	Kern County Hospital Authority Kern Medical Hospital 1700 Mt Vernon Avenue Bakersfield CA 93306	Otolaryngology	PRV046835	ALL KM SITES	Yes Eff 12/1/18
39	Polineni, Rahul Dev MD	Kern County Hospital Authority Kern Medical Hospital 1700 Mt Vernon Avenue 1111 Columbus Street Bakersfield CA 93306 & 93305	Hematology / Oncology	PRV046836	ALL KM SITES	Yes Eff 12/1/18
40	Recasens, Marta MD	Golden State Eye Medical Group 1001 Tower Way Ste. 150 Bakersfield CA 93309	Ophthalmology	PRV048300	PRV000333	Yes Eff 12/1/18
41	Reynoso-Hernandez, Ronald	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV031337	PRV014433	Yes Eff 12/1/18
42	Royle, Kenneth MD	Ridgecrest Regional Hospital RRH - Rural Health Clinic 1111 N China Lake Blvd Ste. 190 Bakersfield CA 93555	OB/GYN	PRV046837	PRV000279 PRV029495	Yes Eff 12/1/18

Kern Health Systems
Board Approved Providers New Contracts Effective 12/01/18

	A	B	C	D	E	F
43	Shah, Rahul MD	United Neuroscience, Inc 3838 San Dimas Street Ste. A140 2323 16th Street Ste. 400 Bakersfield CA 93301	Neurology & Neuro Critical Care	PRV047353	PRV030840	Yes Eff 12/1/18
44	Tammela, Jonathan MD	Comprehensive Blood & Cancer Center 6501 Truxtun Avenue Bakersfield CA 93309	Gynecologic Oncology Surgery	PRV048152	PRV013881	Yes Reto-Eff 11/1/18
45	Verde, Jason NP-C	Clinica Sierra Vista (CSV) 2400 Wible Road Suite 14 (Walk-In Clinic) 2000 Physicians Blvd (Walk-In Clinic) Bakersfield CA 93301 & 93304	Family Practice	PRV047842	PRV000002	Yes Retro - Eff 11/1/18
46	Win, Khin DO	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV032122	PRV014433	Yes Eff 12/1/18

**Kern Health Systems
Board Approved Effective 1/01/19**

	A	B	C	D	E	F
1	NAME	LEGAL NAME AND ADDRESS	SPECIALTY	Provider #	Pay To #	Effective
2	Dass, Niranjan MD	Niranjan Dass dba: Niranjan Dass - Pediatric For All 2700 F Street Ste. 104 Bakersfield CA 93301	Pediatrics	PRV010891	PRV010891	Yes Eff 1/1/19
3	Yan, Leon MD	Ashok Parmar, MD Inc* dba: Niles Children's Clinic 6055 Niles Street Bakersfield CA 93306 Universal Urgent Care, PC *All Locations 2121 Niles Street Bakersfield CA 93305	Pediatrics (Urgent Care)	PRV039058	PRV048651 ALL UC SITES	Yes Eff 1/1/19
4	Kamin, Paul MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV004412	PRV000324	Yes Eff 1/1/19
5	Barlow, Brittany NP-C	Emergency Physicians Urgent Care, Inc. Accelerated Urgent Care *All Locations 9500 Stockdale Highway Ste. 100 Bakersfield CA 93311	Family Practice (Urgent Care)	PRV041356	ALL SITES	Yes Eff 1/1/19
6	Bolla, Vema MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV005320	PRV014433	Yes Eff 1/1/19
7	Casa Del Rio Home Training	Total Renal Care, Inc. dba: Casa Del Rio Home Training 8331 Brimhall Rd Ste. 902 Bldg 900 Bakersfield CA 93312	Home PD Training & Support (Dialysis Center)	PRV033959	PRV033959	Yes Eff 1/1/19
8	Chadha, Sandeep MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / FP	PRV047936	PRV014433	Yes Eff 1/1/19
9	Chandy, Valsamma NP-C	Central California Foundation for Health Delano Prompt Care Clinic: 1201 Jefferson Street Delano CA 93215 Wasco Medical Plaza: 2300 7th Street Wasco CA 93280	Family Practice	PRV000975	PRV005653 PRV005640	Yes Eff 1/1/19

**Kern Health Systems
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	A	B	C	D	E	F
10	Dilmore, James NP-C	Clinica Sierra Vista (CSV) 2400 Wible Road Suite 14 (Walk-In Clinic) 2000 Physicians Blvd (Walk-In Clinic) Bakersfield CA 93301 & 93304	Family Practice	PRV047955	PRV000002	Yes Eff 1/1/19
11	Do, Mijin NP-C	Clinica Sierra Vista (CSV) 2400 Wible Road Suite 14 (Walk-In Clinic) 2000 Physicians Blvd (Walk-In Clinic) Bakersfield CA 93301 & 93304	Family Practice	PRV047841	PRV000002	Yes Eff 1/1/19
12	Doty, Kristy NP-C	Kern County Hospital Authority KM-Pedatric Clinic 6001 Truxtun Avenue Ste. 210B Bakersfield CA 93309	Pediatrics	PRV029428	ALL KM	Yes Eff 1/1/19
13	Edwards, Martin MD	Renaissance Imaging Medical Assoc Inc *All locations 44105 W. 15th Street Ste. 100 Lancaster CA 93534	Diagnostic Radiology	PRV038923	PRV000324	Yes Eff 1/1/19
14	Febo, Melissa BCBA	California Psychcare, Inc. 4500 California Avenue Ste. 101 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV048645	PRV011225	Yes Eff 1/1/19
15	Fontaine, Arthur MD	Centric Health dba: Centric X-Ray 3008 Sillect Avenue Ste. 104 Bakersfield CA 93308	Diagnostic Radiology & Interventional Radiology	PRV000920	PRV000503	Yes Eff 1/1/19
16	Howard, Nelson MD	Kern County Hospital Authority KM - 1700 Mt Vernon Avenue 1111 Columbus Street Bakersfield CA 93306 & 93305	Otolaryngology	PRV047037	ALL KM	Yes Eff 1/1/19
17	Hudson, Linda PA-C	Clinica Sierra Vista (CSV) 2400 Wible Road Suite 14 (Walk-In Clinic) 2000 Physicians Blvd (Walk-In Clinic) Bakersfield CA 93301 & 93304	Family Practice	PRV048062	PRV000002	Yes Eff 1/1/19
18	Jones, Joy MD	Emergency Physicians Urgent Care, Inc. Accelerated Urgent Care *All Locations 9500 Stockdale Highway Ste. 100 Bakersfield CA 93311	Family Practice (Urgent Care)	PRV048646	ALL SITES	Yes Eff 1/1/19
19	Koning, Coralee PA-C	Clinica Sierra Vista (CSV) 2400 Wible Road Suite 14 (Walk-In Clinic) 2000 Physicians Blvd (Walk-In Clinic) Bakersfield CA 93301 & 93304	Family Practice	PRV048061	PRV000002	Yes Eff 1/1/19

**Kern Health Systems
Board Approved Effective 1/01/19**

	A	B	C	D	E	F
20	Lee, Vincent MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV010357	PRV014433	Yes Eff 1/1/19
21	Lobo, Bjorn MD	Neurosurgical Associates of Los Angeles 3008 Sillect Avenue Ste. 100 Bakersfield CA 93308	Neurological Surgery	PRV041066	PRV013671	Yes Eff 1/1/19
22	Lutton, Ashley BCBA	Center for Autism & Related Disorders, Inc 5300 Lennox Avenue Ste. 100 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV048222	PRV032083	Yes Eff 1/1/19
23	Maala, Maria Ellaine NP-C	Universal Urgent Care, PC *All Locations 2121 Niles Street Bakersfield CA 93305	Family Practice (Urgent Care)	PRV048647	ALL SITES	Yes Eff 1/1/19
24	Many, Sherin MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / FP	PRV048076	PRV014433	Yes Eff 1/1/19
25	Modic, Andrew MD	Ridgecrest Regional Hospital dba: Ridgecrest Regional Hospital RHC 1111 N China Lake Blvd Ste. 190 Ridgecrest CA 93555	Pediatrics & Internal Medicine	PRV047843	PRV000279 PRV029495	Yes Eff 1/1/19
26	Mostafania, Shahab PA	Clinica Sierra Vista (CSV) 2400 Wible Road Suite 14 (Walk-In Clinic) 2000 Physicians Blvd (Walk-In Clinic) Bakersfield CA 93301 & 93304	Family Practice	PRV033809	PRV000002	Yes Eff 1/1/19
27	Moua, Pang BCBA	Center for Autism & Related Disorders, Inc. 5300 Lennox Avenue Ste. 100 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV048648	PRV032083	Yes Eff 1/1/19
28	Nester, Dane NP	Kern Rural Wellness Center, Inc. Arvin Medical Clinic 146 N. Hill Street Arvin CA 93203	Family Practice	PRV047867	PRV000264	Yes Eff 1/1/19
29	Oliver, Jesse NP-C	Clinica Sierra Vista (CSV) 704 Lebec Road Lebec CA 93243	Family Practice	PRV047956	PRV000002	Yes Eff 1/1/19
30	Payne, Anneli BCBA	California Psychcare, Inc. 4500 California Avenue Ste. 101 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV048649	PRV011225	Yes Eff 1/1/19

**Kern Health Systems
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	A	B	C	D	E	F
31	Prunes, Anthony MD	Kern County Hospital Authority 1111 Columbus Street 1700 Mt Vernon Avenue Bakersfield CA 93305 & 93306	Internal Medicine	PRV047387	ALL KM	Yes Eff 1/1/19
32	Tammela, Karen MD	Clinica Sierra Vista (CSV) 301 Brundage Lane Bakersfield CA 93304	OB/GYN	PRV047839	PRV000002	Yes Eff 1/1/19
33	Todd, Landon PA-C	Clinica Sierra Vista (CSV) 2400 Wible Road Suite 14 (Walk-In Clinic) 2000 Physicians Blvd (Walk-In Clinic) Bakersfield CA 93301 & 93304	Family Practice	PRV047840	PRV000002	Yes Eff 1/1/19
34	Weil, Laura BCBA	Center for Autism & Related Disorders, Inc. 5300 Lennox Avenue Ste. 100 Bakersfield CA 93309	Behavior Analyst / Qualified Autism Services Provider	PRV048650	PRV032083	Yes Eff 1/1/19
35	Young, Ellen MD	Hospitalist Medicine Physicians of California, Inc. dba: Sound Physicians of California III 2615 Chester Avenue Bakersfield CA 93301	Hospitalist / IM	PRV000803	PRV014433	Yes Eff 1/1/19



KERN HEALTH SYSTEMS

Access Monitoring

2018 - Quarter 4

- **After Hours Calls Results**
- **Appointment Availability Survey Results**
- **Access Grievance Review** (Q3 2018)
- **FTE & Provider to Enrollee Ratios**
- **Geographic Accessibility Analysis & Maps**



AFTER HOURS CALLS RESULTS

2018 - Quarter 4



AFTER HOURS CALLS SURVEY

Q4, 2018



Introduction

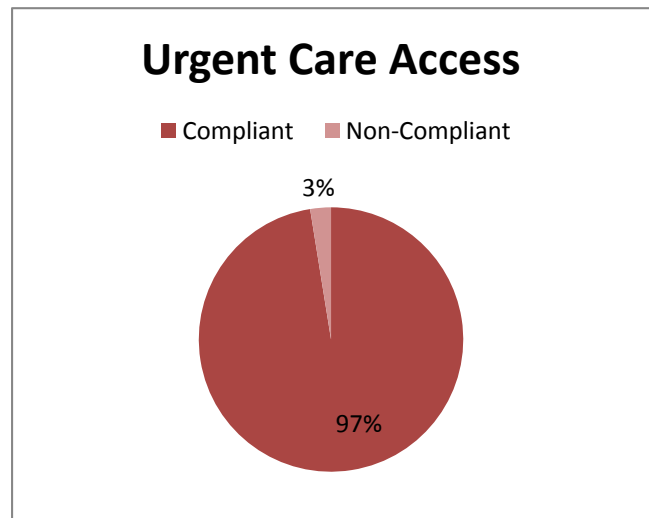
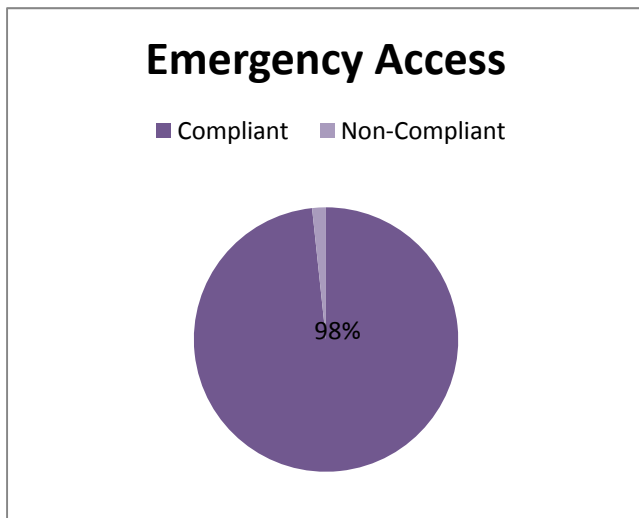
As required by the Department of Managed Health Care (DMHC) Health & Safety Code 1348.8, Kern Health Systems (KHS) uses an after-hours caller program to assess compliance with access standards for Kern Family Health Care (KFHC) Members. KHS policy requires that:

- 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

119 provider offices were contacted during Q3 2018. Of those offices, 117 were compliant with the Emergency Access Standards and 116 were compliant with the Urgent Care Access Standards.



AFTER HOURS CALLS SURVEY

Q4, 2018



Trending / Follow –Up / Outreach

The Plan reviewed results against past quarters. The Plan found that the provider groups out of compliance with the urgent care access standards during Q4 2018 were compliant during prior quarters and the results of the Q4 2018 survey appear to be a singular instance of non-compliance. 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.

Q4 2018 Out of Compliance Providers - Trending:

Not Applicable



APPOINTMENT AVAILABILITY SURVEY RESULTS

2018 - Quarter 4



APPOINTMENT AVAILABILITY SURVEY

Q4, 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.

Results

A random sample of 15 primary care provider offices and 15 specialist offices were contacted during Q4 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 Q4 2018 the Plan's average wait time for a primary care appointment was 6.04 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 Q4 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.



ACCESS GRIEVANCE REVIEW

2018 - Quarter 3





Access Grievance Review

Q3, 2018

Introduction and KHS Policy

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".

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*.

During Q3 2018, fifty-nine (59) access-related grievances were received and reviewed by the KHS grievance committee. In fifty (50) of the cases, no issues were identified and were closed in favor of the plan. The remaining nine (9) 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, Trending, and Provider Outreach

During the Q3 2018 Access Grievance Review meeting, the nine (9) cases that were closed in favor of the enrollee were reviewed against all access grievances received in the previous year.

Of the nine (9) cases reviewed, two (2) grievances were classified as "Difficulty Accessing a Specialist"; upon review of these grievances against grievances received in the previous year, the Plan did not identify any trends, in neither specialty type, nor provider.

The remaining seven (7) cases reviewed were classified as "Access to Care".

Four (4) of the grievances were brought against separate Plan contracted providers/clinics without any grievances in the prior year and no trend was identified.

One (1) of the grievances was brought against a Plan contracted provider who had multiple access grievances closed in favor of the enrollee within the past year, which were in regards to in-office wait time. During a review of Q1 2018 grievances, the Plan identified this as a potential trend for this provider office and conducted outreach to this provider. Subsequently, this provider office did not appear on the Q2 2018 grievance review. The Plan's Provider Relation's team to conduct outreach to provider to provide in-office education on the issue and continue monitor during the quarterly grievance review.

Two (2) of the grievances were brought against a Plan contracted provider who had multiple access grievances closed in favor of the enrollee within the past year, all of which were in regards to in-office wait time. The Plan has been actively working with this provider to correct this issue; the Plan is in the process of drafting and issuing a Corrective Action Plan (CAP) for this provider. The Plan will continue to monitor that provider's access grievances through the CAP process, as well as the quarterly grievance review.



KERN HEALTH SYSTEMS

Quarter 3, 2018 Access Grievances Review Agenda

Date: 2/5/19

Discussion:

- 1. Review access grievances for Q3 2018**
 - Identify any trends regarding access
 - Conduct file review for grievances closed in favor of the enrollee

- 2. Review Access Grievances for Q3 2018 against last year of annual grievances**
 - Identify any trends regarding access

Category	Provider	Total
Closed in Favor of the Enrollee		9
Difficulty Accessing Specialist		2
	LA Laser Center	1
	Kern Medical	1
Access to Care		7
	William Bichai, MD	2
	Omni Family Health - Tehachapi	1
	Clinica Sierra Vista - Arvin	1
	Clinica Sierra Vista - South Bakersfield	1
	Premier Valley Medical Group	1
	Kern Pediatrics	1

Name	Title	Date
<i>Yolanda Herrera</i>	<i>Cred - Supervisor</i>	<i>2/5/19</i>
<i>James W. Fry</i>	<i>PR Network Analyst</i>	<i>2/5/19</i>
<i>Melissa Aft</i>	<i>PR Manager</i>	<i>2/5/2019</i>



KERN HEALTH SYSTEMS

FULL TIME EQUIVALENCY (FTE) & PROVIDER TO ENROLLEE RATIOS

2018 – Quarter 4



FTE & PROVIDER TO ENROLLEE RATIOS

Q4, 2018



Introduction

Per CCR § 1300.67.2, Kern Health Systems (KHS) 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.”

During Q3/Q4 2018, KHS, in conjunction with guidance from the Department of Managed Health Care (DMHC), developed and adopted an updated methodology for determining full-time equivalency for contracted providers. KHS memorialized this methodology in Policy 4.30-P *Accessibility Standards*; this policy was submitted to the DMHC and received approval on 12/14/2018.

Per KHS policy, 4.30-P *Accessibility Standards*, §4.5 *Full-time equivalent (FTE) Provider to Member Ratios*, “Full-time equivalency shall be determined via an annual survey of KHS’ contracted providers to determine the percentage of time allocated to Plan’s beneficiaries. The results of the survey will be used to calculate an average FTE percentage which will be applied to the Plan’s network of providers when calculating the physician-to-enrollee compliance ratios. The methodology for the survey, results of the survey, and network capacity review of above ratios, will be reported annually to the KHS QI/UM Committee. Due to a maximum member assignment of 1,000 Mid-level providers serving in the Primary Care capacity will be counted as .5 of a PCP FTE, prior to percentage calculation.”

Survey Methodology and Results

In 2018, KHS contracted with SPH Analytics to conduct our annual Provider Satisfaction Survey; as a part of that survey, responding providers were asked, “*What portion of your managed care volume is represented by Kern Health Systems?*” Outreach for the survey was placed to every contracted provider within the Plan’s network; responses received, and FTE calculations based on those responses, do not account for providers who refuse to participate in the survey. KHS used the response collected from Primary Care Providers to calculate the FTE for Primary Care Providers, and will use the responses collected from Primary Care Providers and Specialists to calculate the FTE for Physicians.

KHS utilized SPH Analytics, an NCQA certified survey vendor, to conduct the survey for 2018. SPH’s methodology involved two waves of mail and Internet, with a third wave of phone follow up to administer the survey; for 2018, the provider survey was conducted from June to August.

Based on the results of 2018 survey, KHS calculated a network-wide FTE of **49.08% for Primary Care Providers** and **40.23% for Physicians**.

FTE & PROVIDER TO ENROLLEE RATIOS

Q4, 2018



Full Time Equivalency Compliance Calculations

Of KHS' 251,007 membership during Q4 2018, 8,230 were assigned and managed by Kaiser and did not access services through KHS' network of contracted providers; due to this, Kaiser managed membership is not considered when calculating FTE compliance.

As of Q4 2018, the plan was contracted with 365 Primary Care Providers, a combination of 206 physicians and 159 mid-levels. Based on the FTE calculation process outlined above, with a 49.08% PCP FTE, KHS maintains a total of 140.12 FTE PCPs. With a membership enrollment of 242,777 utilizing KHS contracted PCPs, KHS currently maintains a ratio of 1 FTE PCP to every 1732.59 members; KHS is compliant with state regulations and Plan policy.

As of Q4 2018, the plan was contracted with 1052 Physicians. Based on the FTE calculation process outlined above, with a 40.23% Physician FTE, KHS a total of 423.19 FTE Physicians. With a total membership enrollment of 242,777 utilizing KHS contracted Physicians, KHS currently maintains a ratio of 1 FTE Physician to every 573.68 members; KHS is compliant with state regulations and Plan policy.



KERN HEALTH SYSTEMS

GEOGRAPHIC ACCESSIBILITY ANALYSIS

2018 - Quarter 4



Geographic Accessibility Analysis

Q4, 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.

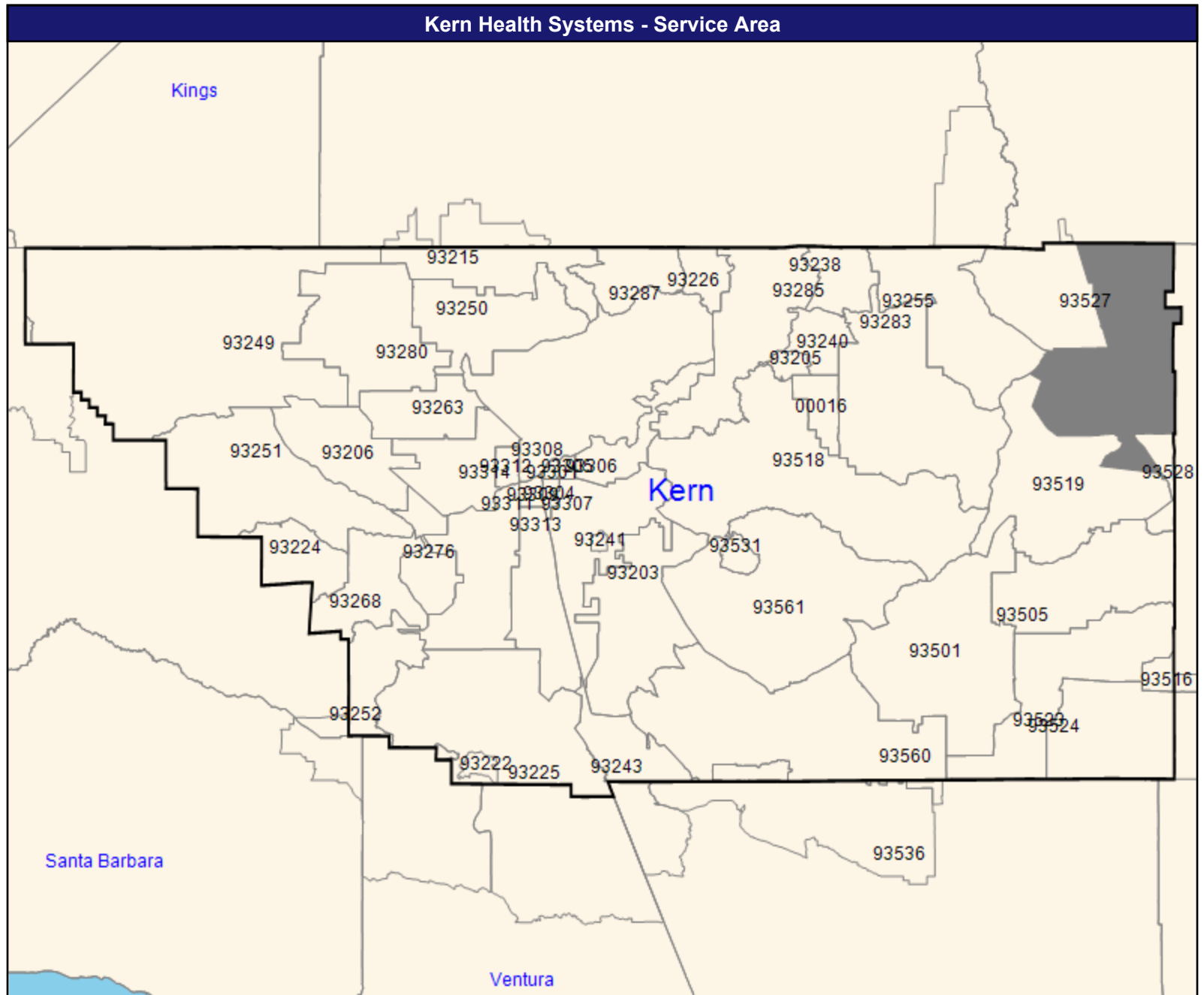
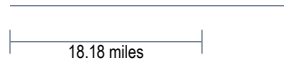
In May 2016 the DMHC finalized their process and template for requesting alternative access standards as outlined in Section 1300.67.2.1(b), and released them to plans. Utilizing the DMHC template per regulatory instruction, KHS proposed alternate access standards for portions of its service area and received DMHC approval of those proposed alternate standards in November 2016.

As a part of the new annual network certification requirement, the Plan was required to submit geographic access maps outlining compliance with the below 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. The Plan completed required reporting in Q1 2018 and during Q2 2018, received notice from the DHCS that all alternative access standards were approved and the Plan was compliant with DHCS Network Certification requirements.

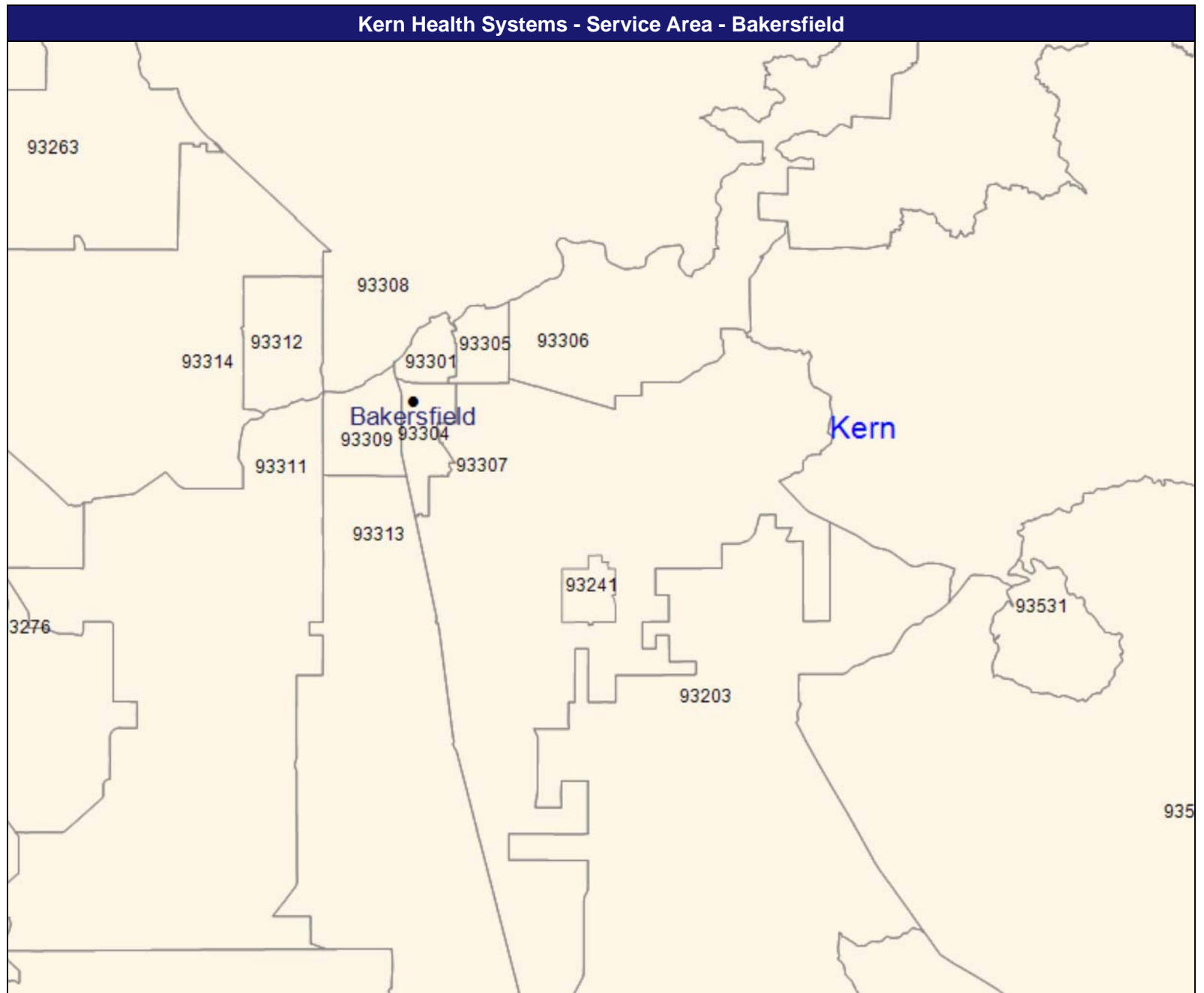
DHCS Network Adequacy Standards	
Primary Care (Adult and Pediatric)	10 miles or 30 minutes
Specialty Care (Adult and Pediatric)	45 miles or 75 minutes
OB/GYN Primary Care	10 miles or 30 minutes
OB/GYN Specialty Care	45 miles or 75 minutes
Hospitals	15 miles or 30 minutes
Pharmacy	10 miles or 30 minutes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

During Q3 2018 the Plan conducted an updated geographic access analysis based on the standards set forth as a part of the DHCS Network Certification Requirements. The Plan was compliant with the DHCS network adequacy standard or a regulatory-approved alternative access standard for all provider types. The provider maps and geographic analysis are included on the following pages. During Q4 2018 the Plan began work on the mapping and geographic analysis components of the annual network certification requirement, to be finalized and submitted to the DHCS during Q1 2019.

Kern Health Systems - Q3 Geo Access



Kern Health Systems - Q3 Geo Access



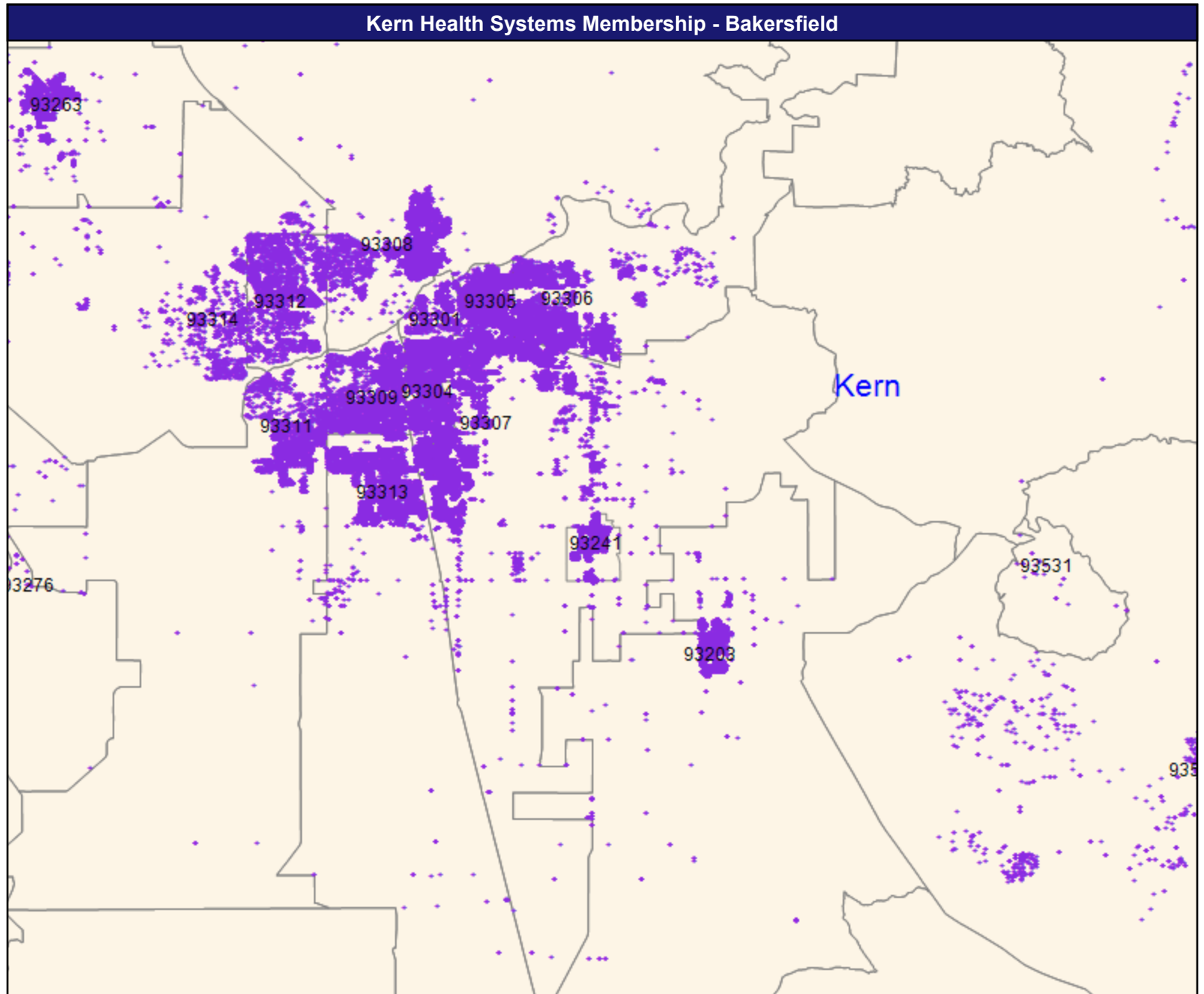
Kern Health Systems - Q3 Geo Access

Kern Membership (Kern County)

244,086 member locations

◆ All Members

5.45 miles



Kern Health Systems - Q3 Geo Access

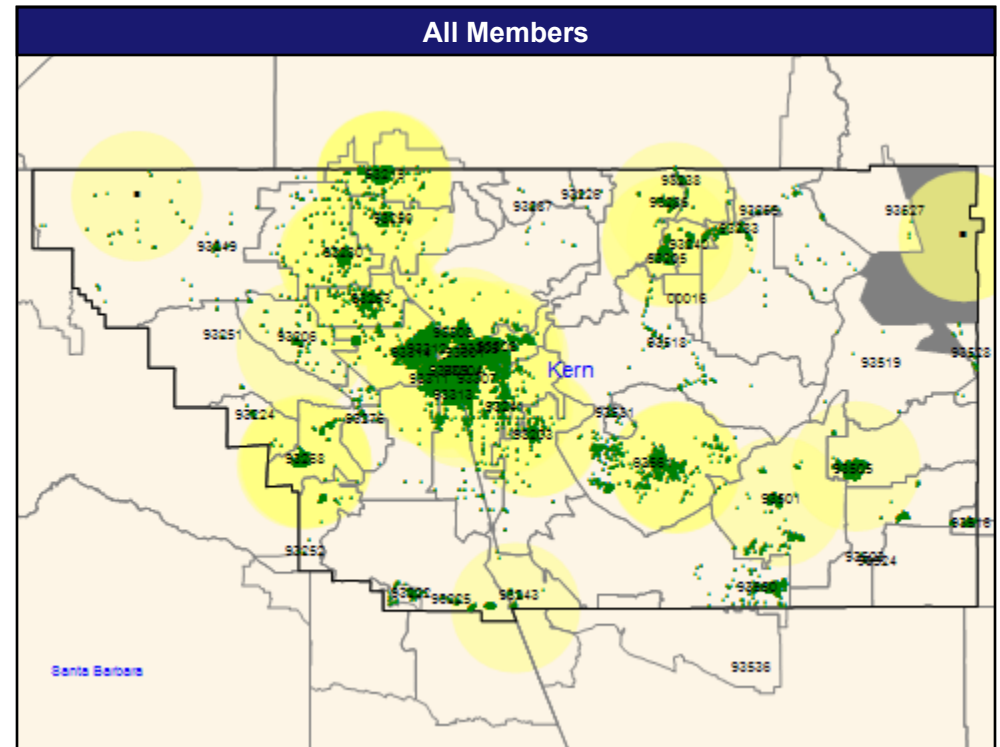
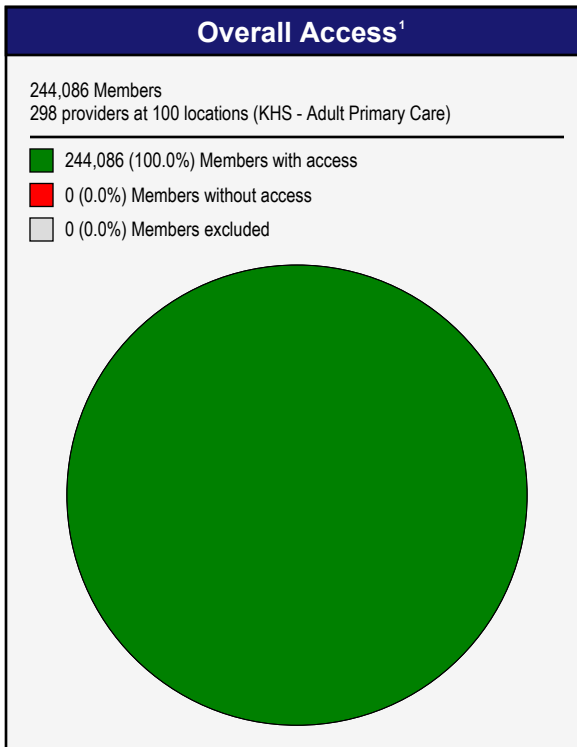
Access Analysis
Kern Health Systems - Adult Primary Care

Member / Provider Groups
Kern Membership
KHS - Adult Primary Care

Access Map
Member locations
◆ With access
● Without access

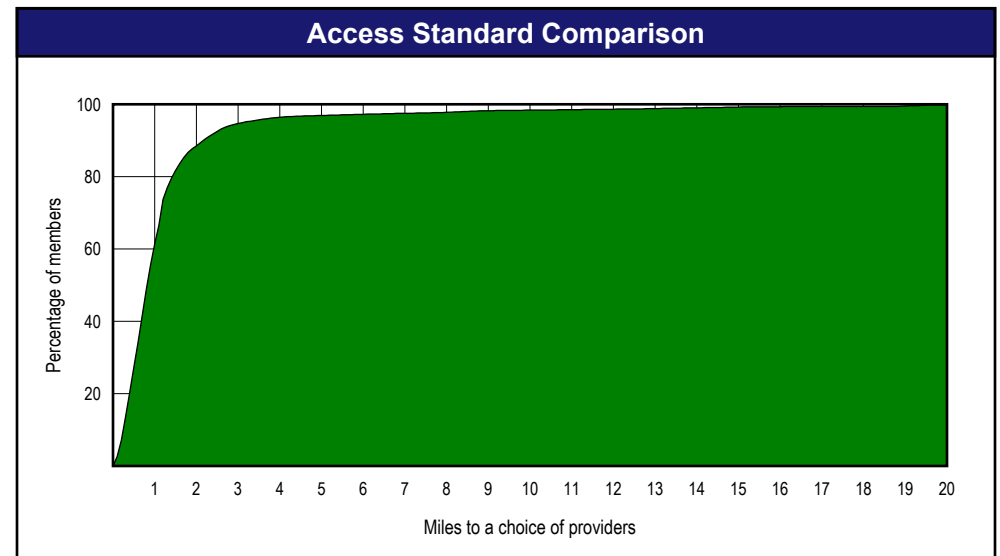
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Adult Primary Care) provider in 10 miles or 30 minutes



Distances/Times

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



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Adult Primary Care
 Member / Provider Groups
 Kern Membership
 KHS - Adult Primary Care

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 10 miles or 30 mins	9,689	100.0	0	0.0	15.5	16.9
Bakersfield, CA	93301	5,161	1 in 10 miles or 30 mins	5,161	100.0	0	0.0	1.2	1.7
	93302	27	1 in 10 miles or 30 mins	27	100.0	0	0.0	0.2	0.2
	93303	6	1 in 10 miles or 30 mins	6	100.0	0	0.0	0.2	0.2
	93304	20,218	1 in 10 miles or 30 mins	20,218	100.0	0	0.0	1.7	2.6
	93305	16,754	1 in 10 miles or 30 mins	16,754	100.0	0	0.0	1.3	2.4
	93306	21,755	1 in 10 miles or 30 mins	21,755	100.0	0	0.0	7.9	8.6
	93307	42,740	1 in 10 miles or 30 mins	42,740	100.0	0	0.0	17.0	18.9
	93308	14,168	1 in 10 miles or 30 mins	14,168	100.0	0	0.0	21.0	22.9
	93309	15,402	1 in 10 miles or 30 mins	15,402	100.0	0	0.0	2.0	3.0
	93311	6,014	1 in 10 miles or 30 mins	6,014	100.0	0	0.0	17.2	18.7
	93312	5,902	1 in 10 miles or 30 mins	5,902	100.0	0	0.0	4.3	8.6
	93313	12,921	1 in 10 miles or 30 mins	12,921	100.0	0	0.0	17.9	19.5
	93314	2,636	1 in 10 miles or 30 mins	2,636	100.0	0	0.0	11.1	12.1
	93380	3	1 in 10 miles or 30 mins	3	100.0	0	0.0	3.1	3.3
	93383	2	1 in 10 miles or 30 mins	2	100.0	0	0.0	1.6	1.7
	93384	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	0.6	1.2
	93385	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	0.0	0.0
	93386	3	1 in 10 miles or 30 mins	3	100.0	0	0.0	0.0	0.0
	93387	9	1 in 10 miles or 30 mins	9	100.0	0	0.0	1.3	1.4
	93388	2	1 in 10 miles or 30 mins	2	100.0	0	0.0	0.7	0.7
	93389	7	1 in 10 miles or 30 mins	7	100.0	0	0.0	1.2	2.4
	93390	5	1 in 10 miles or 30 mins	5	100.0	0	0.0	0.7	0.7
Bodfish, CA	93205	509	1 in 10 miles or 30 mins	509	100.0	0	0.0	4.7	5.1
Boron, CA	93516	459	1 in 10 miles or 30 mins	459	100.0	0	0.0	25.1	27.3
Buttonwillow, CA	93206	755	1 in 10 miles or 30 mins	755	100.0	0	0.0	15.9	17.3
Caliente, CA	93518	166	1 in 10 miles or 30 mins	166	100.0	0	0.0	20.0	21.8
California City, CA	93504	39	1 in 10 miles or 30 mins	39	100.0	0	0.0	0.5	0.5
	93505	2,964	1 in 10 miles or 30 mins	2,964	100.0	0	0.0	4.3	4.6
Cantil, CA	93519	10	1 in 10 miles or 30 mins	10	100.0	0	0.0	22.6	24.6
Delano, CA	93215	18,444	1 in 10 miles or 30 mins	18,444	100.0	0	0.0	7.0	7.6
	93216	6	1 in 10 miles or 30 mins	6	100.0	0	0.0	0.1	0.1
Edison, CA	93220	24	1 in 10 miles or 30 mins	24	100.0	0	0.0	1.7	1.8
Edwards, CA	93523	217	1 in 10 miles or 30 mins	217	100.0	0	0.0	16.2	17.6
	93524	1	1 in 10 miles or 30 mins	1	100.0	0	0.0	16.7	18.2
Fellows, CA	93224	108	1 in 10 miles or 30 mins	108	100.0	0	0.0	16.2	17.6
Frazier Park, CA	93225	502	1 in 10 miles or 30 mins	502	100.0	0	0.0	16.1	17.5
Glennville, CA	93226	28	1 in 10 miles or 30 mins	28	100.0	0	0.0	17.1	18.6
Inyokern, CA	93527	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	11.9	12.9
Johannesburg, CA	93528	23	1 in 10 miles or 30 mins	23	100.0	0	0.0	25.1	27.3

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Adult Primary Care
 Member / Provider Groups
 Kern Membership
 KHS - Adult Primary Care

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 10 miles or 30 mins	35	100.0	0	0.0	14.3	15.6
Kernville, CA	93238	172	1 in 10 miles or 30 mins	172	100.0	0	0.0	10.1	11.0
Lake Isabella, CA	93240	1,408	1 in 10 miles or 30 mins	1,408	100.0	0	0.0	3.4	3.7
Lamont, CA	93241	7,382	1 in 10 miles or 30 mins	7,382	100.0	0	0.0	1.9	3.8
Lebec, CA	93243	178	1 in 10 miles or 30 mins	178	100.0	0	0.0	10.6	11.5
Lost Hills, CA	93249	979	1 in 10 miles or 30 mins	979	100.0	0	0.0	21.7	23.6
Maricopa, CA	93252	443	1 in 10 miles or 30 mins	443	100.0	0	0.0	14.1	15.3
Mc Farland, CA	93250	6,215	1 in 10 miles or 30 mins	6,215	100.0	0	0.0	10.2	11.1
Mc Kittrick, CA	93251	50	1 in 10 miles or 30 mins	50	100.0	0	0.0	18.4	20.0
Mojave, CA	93501	1,581	1 in 10 miles or 30 mins	1,581	100.0	0	0.0	13.7	14.9
	93502	50	1 in 10 miles or 30 mins	50	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	100	1 in 10 miles or 30 mins	100	100.0	0	0.0	25.7	28.0
Pine Mountain Club, CA	93222	105	1 in 10 miles or 30 mins	105	100.0	0	0.0	20.2	22.0
Rosamond, CA	93560	683	1 in 10 miles or 30 mins	683	100.0	0	0.0	24.1	26.2
Shafter, CA	93263	7,760	1 in 10 miles or 30 mins	7,760	100.0	0	0.0	8.8	9.6
Taft, CA	93268	5,372	1 in 10 miles or 30 mins	5,372	100.0	0	0.0	13.4	14.6
Tehachapi, CA	93561	4,062	1 in 10 miles or 30 mins	4,062	100.0	0	0.0	14.3	15.6
	93581	23	1 in 10 miles or 30 mins	23	100.0	0	0.0	0.8	0.8
Tupman, CA	93276	96	1 in 10 miles or 30 mins	96	100.0	0	0.0	14.6	15.9
Wasco, CA	93280	8,834	1 in 10 miles or 30 mins	8,834	100.0	0	0.0	19.0	20.7
Weldon, CA	93283	434	1 in 10 miles or 30 mins	434	100.0	0	0.0	20.8	22.6
Wofford Heights, CA	93285	415	1 in 10 miles or 30 mins	415	100.0	0	0.0	6.8	7.4
Woody, CA	93287	18	1 in 10 miles or 30 mins	18	100.0	0	0.0	22.0	24.0
Grand Totals		244,086	1 in 10 miles or 30 mins	244,086	100.0	0	0.0	25.7	28.0

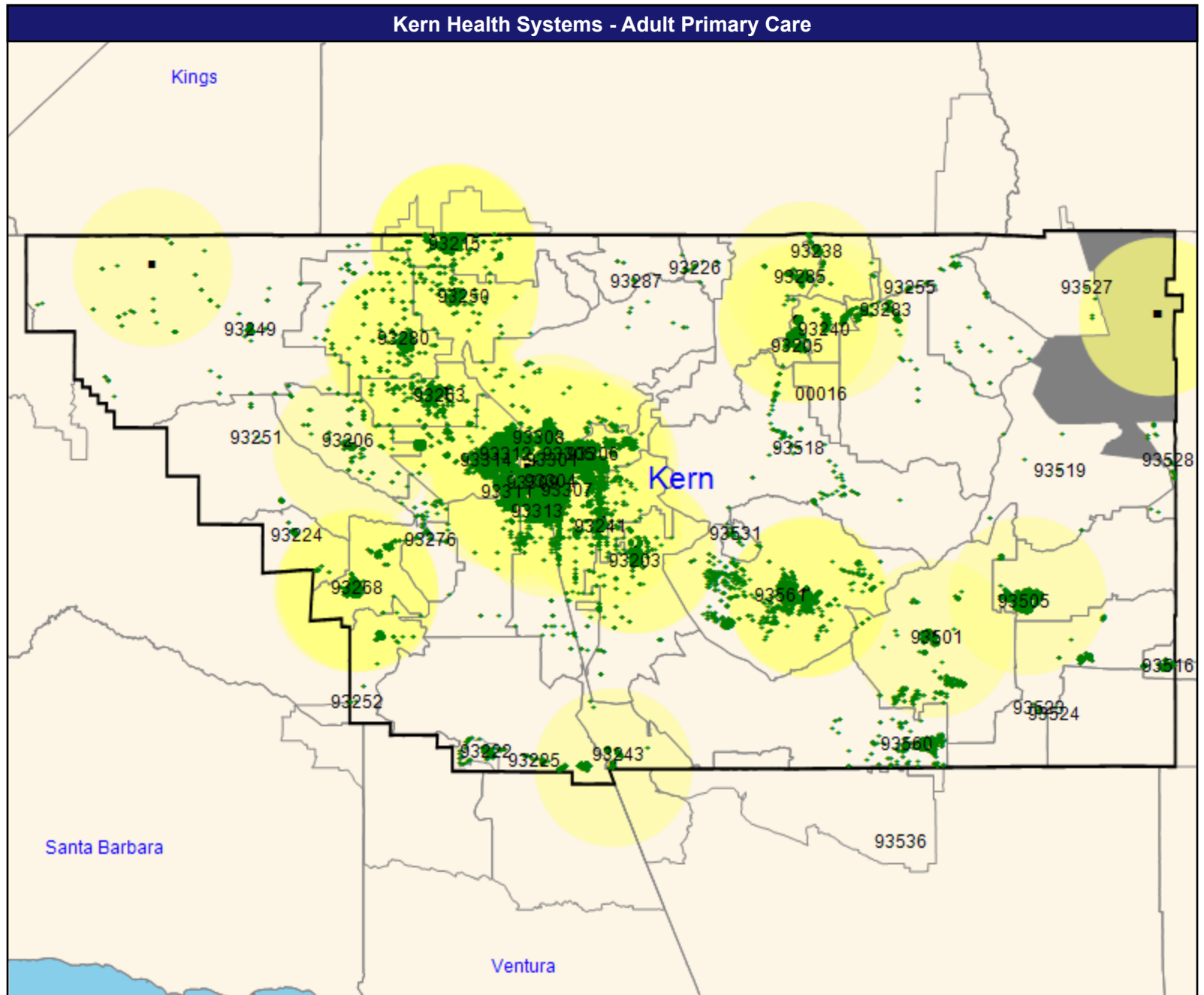
Kern Health Systems - Q3 Geo Access

KHS - Adult Primary Care
 298 providers at 100 locations
 ■ All providers
 ○ 10 mile radius

Kern Health Systems - Adult Primary Care
 Employee Group
 Kern Membership
 Provider Group
 KHS - Adult Primary Care
 244,086 member locations
 ◆ With access (244,086)
 ● Without access (0)

The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - Adult Primary Care) provider
 in 10 miles or 30 minutes

18.19 miles



Kern Health Systems - Q3 Geo Access

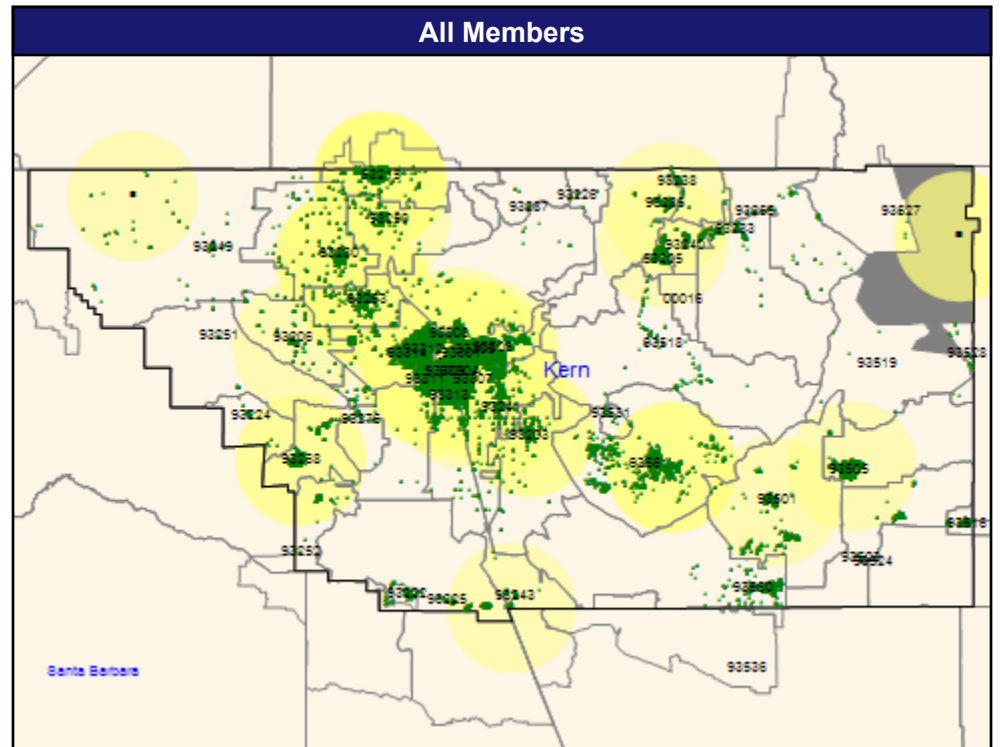
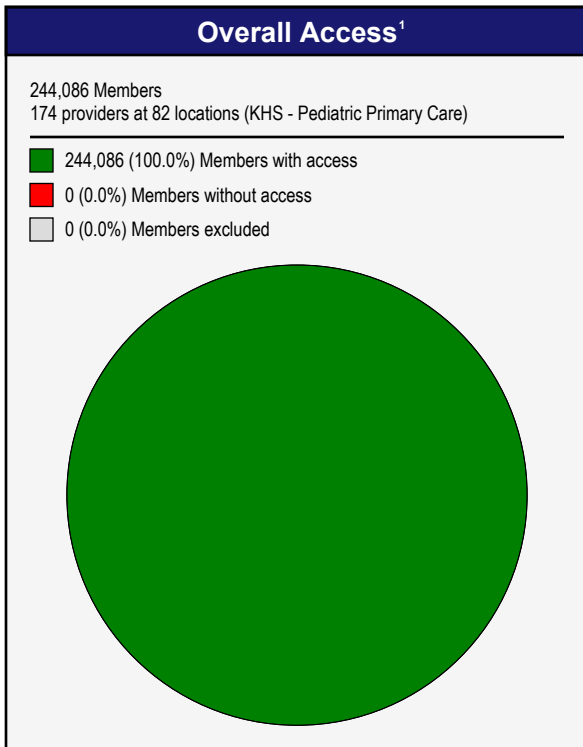
Access Analysis
 Kern Health Systems - Pediatric Primary Care

Member / Provider Groups
 Kern Membership
 KHS - Pediatric Primary Care

Access Map
 Member locations
 ◆ With access
 ● Without access

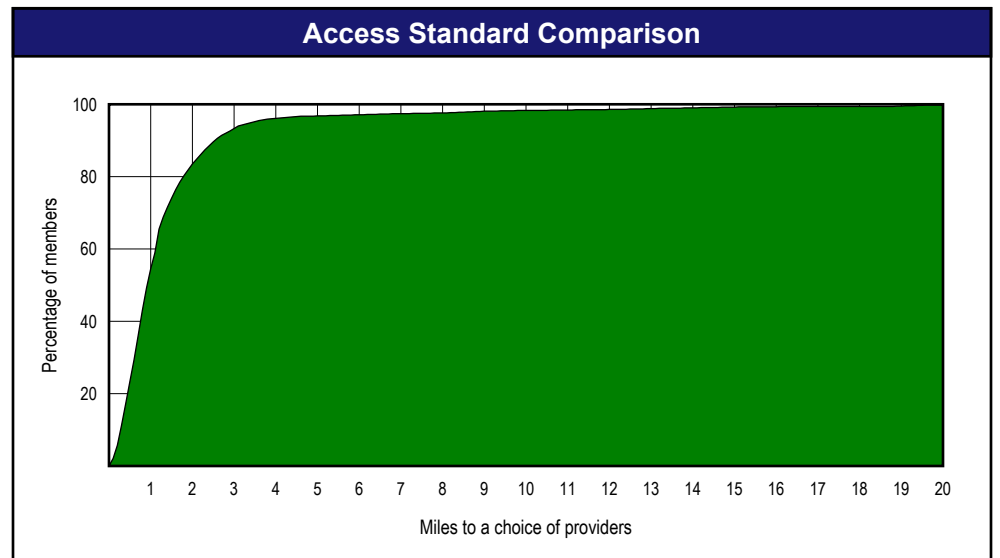
Comparison Graph
 Percent of members with access to a choice of providers over miles
 ■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - Pediatric Primary Care) provider in 10 miles or 30 minutes



Distances/Times

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



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Pediatric
 Primary Care
 Member / Provider Groups
 Kern Membership
 KHS - Pediatric Primary Care

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 10 miles or 30 mins	9,689	100.0	0	0.0	15.5	16.3
Bakersfield, CA	93301	5,161	1 in 10 miles or 30 mins	5,161	100.0	0	0.0	1.4	1.8
	93302	27	1 in 10 miles or 30 mins	27	100.0	0	0.0	0.5	0.6
	93303	6	1 in 10 miles or 30 mins	6	100.0	0	0.0	0.5	0.6
	93304	20,218	1 in 10 miles or 30 mins	20,218	100.0	0	0.0	2.7	5.2
	93305	16,754	1 in 10 miles or 30 mins	16,754	100.0	0	0.0	1.3	2.4
	93306	21,755	1 in 10 miles or 30 mins	21,755	100.0	0	0.0	7.9	8.3
	93307	42,740	1 in 10 miles or 30 mins	42,740	100.0	0	0.0	17.1	18.3
	93308	14,168	1 in 10 miles or 30 mins	14,168	100.0	0	0.0	21.0	22.1
	93309	15,402	1 in 10 miles or 30 mins	15,402	100.0	0	0.0	2.0	3.0
	93311	6,014	1 in 10 miles or 30 mins	6,014	100.0	0	0.0	17.6	18.5
	93312	5,902	1 in 10 miles or 30 mins	5,902	100.0	0	0.0	4.3	8.6
	93313	12,921	1 in 10 miles or 30 mins	12,921	100.0	0	0.0	17.9	18.8
	93314	2,636	1 in 10 miles or 30 mins	2,636	100.0	0	0.0	11.1	11.6
	93380	3	1 in 10 miles or 30 mins	3	100.0	0	0.0	3.1	3.2
	93383	2	1 in 10 miles or 30 mins	2	100.0	0	0.0	1.6	1.6
	93384	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	0.6	1.2
	93385	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	0.0	0.0
	93386	3	1 in 10 miles or 30 mins	3	100.0	0	0.0	0.9	1.0
	93387	9	1 in 10 miles or 30 mins	9	100.0	0	0.0	1.3	1.3
	93388	2	1 in 10 miles or 30 mins	2	100.0	0	0.0	0.7	0.7
	93389	7	1 in 10 miles or 30 mins	7	100.0	0	0.0	1.1	2.2
	93390	5	1 in 10 miles or 30 mins	5	100.0	0	0.0	0.5	0.5
Bodfish, CA	93205	509	1 in 10 miles or 30 mins	509	100.0	0	0.0	4.7	4.9
Boron, CA	93516	459	1 in 10 miles or 30 mins	459	100.0	0	0.0	25.1	26.4
Buttonwillow, CA	93206	755	1 in 10 miles or 30 mins	755	100.0	0	0.0	15.9	16.7
Caliente, CA	93518	166	1 in 10 miles or 30 mins	166	100.0	0	0.0	20.0	21.0
California City, CA	93504	39	1 in 10 miles or 30 mins	39	100.0	0	0.0	0.5	0.5
	93505	2,964	1 in 10 miles or 30 mins	2,964	100.0	0	0.0	4.3	4.5
Cantil, CA	93519	10	1 in 10 miles or 30 mins	10	100.0	0	0.0	22.6	23.7
Delano, CA	93215	18,444	1 in 10 miles or 30 mins	18,444	100.0	0	0.0	7.6	8.0
	93216	6	1 in 10 miles or 30 mins	6	100.0	0	0.0	0.1	0.1
Edison, CA	93220	24	1 in 10 miles or 30 mins	24	100.0	0	0.0	1.7	1.7
Edwards, CA	93523	217	1 in 10 miles or 30 mins	217	100.0	0	0.0	16.2	17.0
	93524	1	1 in 10 miles or 30 mins	1	100.0	0	0.0	16.7	17.5
Fellows, CA	93224	108	1 in 10 miles or 30 mins	108	100.0	0	0.0	16.2	17.0
Frazier Park, CA	93225	502	1 in 10 miles or 30 mins	502	100.0	0	0.0	16.1	16.9
Glennville, CA	93226	28	1 in 10 miles or 30 mins	28	100.0	0	0.0	17.1	18.0
Inyokern, CA	93527	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	11.9	12.5
Johannesburg, CA	93528	23	1 in 10 miles or 30 mins	23	100.0	0	0.0	25.1	26.4

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Pediatric
 Primary Care
 Member / Provider Groups
 Kern Membership
 KHS - Pediatric Primary Care

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 10 miles or 30 mins	35	100.0	0	0.0	14.3	15.0
Kernville, CA	93238	172	1 in 10 miles or 30 mins	172	100.0	0	0.0	10.1	10.6
Lake Isabella, CA	93240	1,408	1 in 10 miles or 30 mins	1,408	100.0	0	0.0	7.2	7.5
Lamont, CA	93241	7,382	1 in 10 miles or 30 mins	7,382	100.0	0	0.0	2.1	4.2
Lebec, CA	93243	178	1 in 10 miles or 30 mins	178	100.0	0	0.0	10.6	11.1
Lost Hills, CA	93249	979	1 in 10 miles or 30 mins	979	100.0	0	0.0	21.7	22.8
Maricopa, CA	93252	443	1 in 10 miles or 30 mins	443	100.0	0	0.0	14.6	15.3
Mc Farland, CA	93250	6,215	1 in 10 miles or 30 mins	6,215	100.0	0	0.0	10.2	10.7
Mc Kittrick, CA	93251	50	1 in 10 miles or 30 mins	50	100.0	0	0.0	18.4	19.3
Mojave, CA	93501	1,581	1 in 10 miles or 30 mins	1,581	100.0	0	0.0	13.7	14.4
	93502	50	1 in 10 miles or 30 mins	50	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	100	1 in 10 miles or 30 mins	100	100.0	0	0.0	28.1	29.5
Pine Mountain Club, CA	93222	105	1 in 10 miles or 30 mins	105	100.0	0	0.0	20.2	21.2
Rosamond, CA	93560	683	1 in 10 miles or 30 mins	683	100.0	0	0.0	24.1	25.3
Shafter, CA	93263	7,760	1 in 10 miles or 30 mins	7,760	100.0	0	0.0	8.8	9.2
Taft, CA	93268	5,372	1 in 10 miles or 30 mins	5,372	100.0	0	0.0	13.4	14.1
Tehachapi, CA	93561	4,062	1 in 10 miles or 30 mins	4,062	100.0	0	0.0	14.3	15.0
	93581	23	1 in 10 miles or 30 mins	23	100.0	0	0.0	0.8	0.8
Tupman, CA	93276	96	1 in 10 miles or 30 mins	96	100.0	0	0.0	14.6	15.3
Wasco, CA	93280	8,834	1 in 10 miles or 30 mins	8,834	100.0	0	0.0	19.0	20.0
Weldon, CA	93283	434	1 in 10 miles or 30 mins	434	100.0	0	0.0	23.4	24.6
Wofford Heights, CA	93285	415	1 in 10 miles or 30 mins	415	100.0	0	0.0	6.8	7.1
Woody, CA	93287	18	1 in 10 miles or 30 mins	18	100.0	0	0.0	22.0	23.1
Grand Totals		244,086	1 in 10 miles or 30 mins	244,086	100.0	0	0.0	28.1	29.5

Kern Health Systems - Q3 Geo Access

KHS - Pediatric Primary Care

174 providers at 82 locations

■ All providers

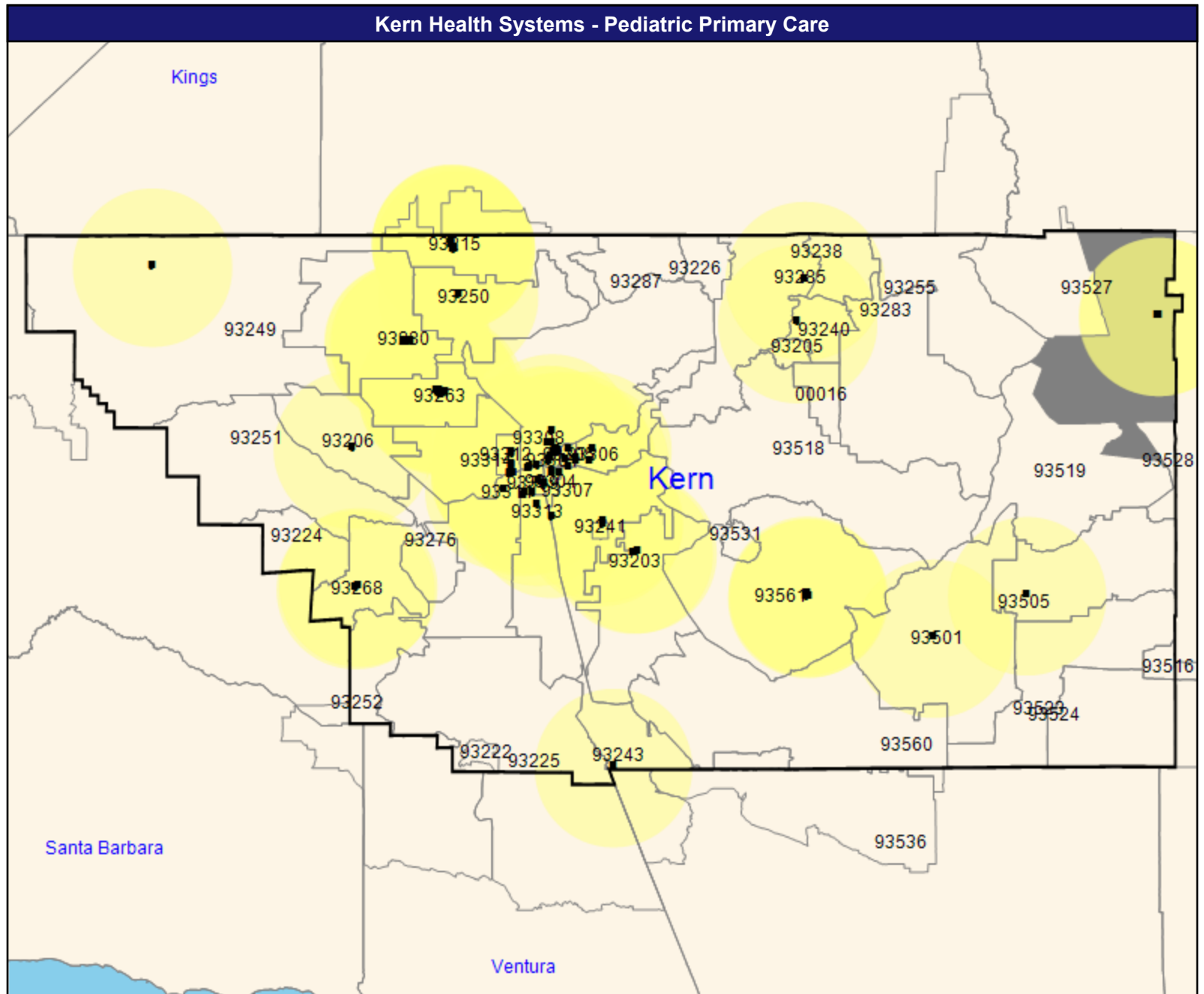
KHS - Pediatric Primary Care

174 providers at 82 locations

■ All providers

○ 10 mile radius

18.19 miles



Kern Health Systems - Q3 Geo Access

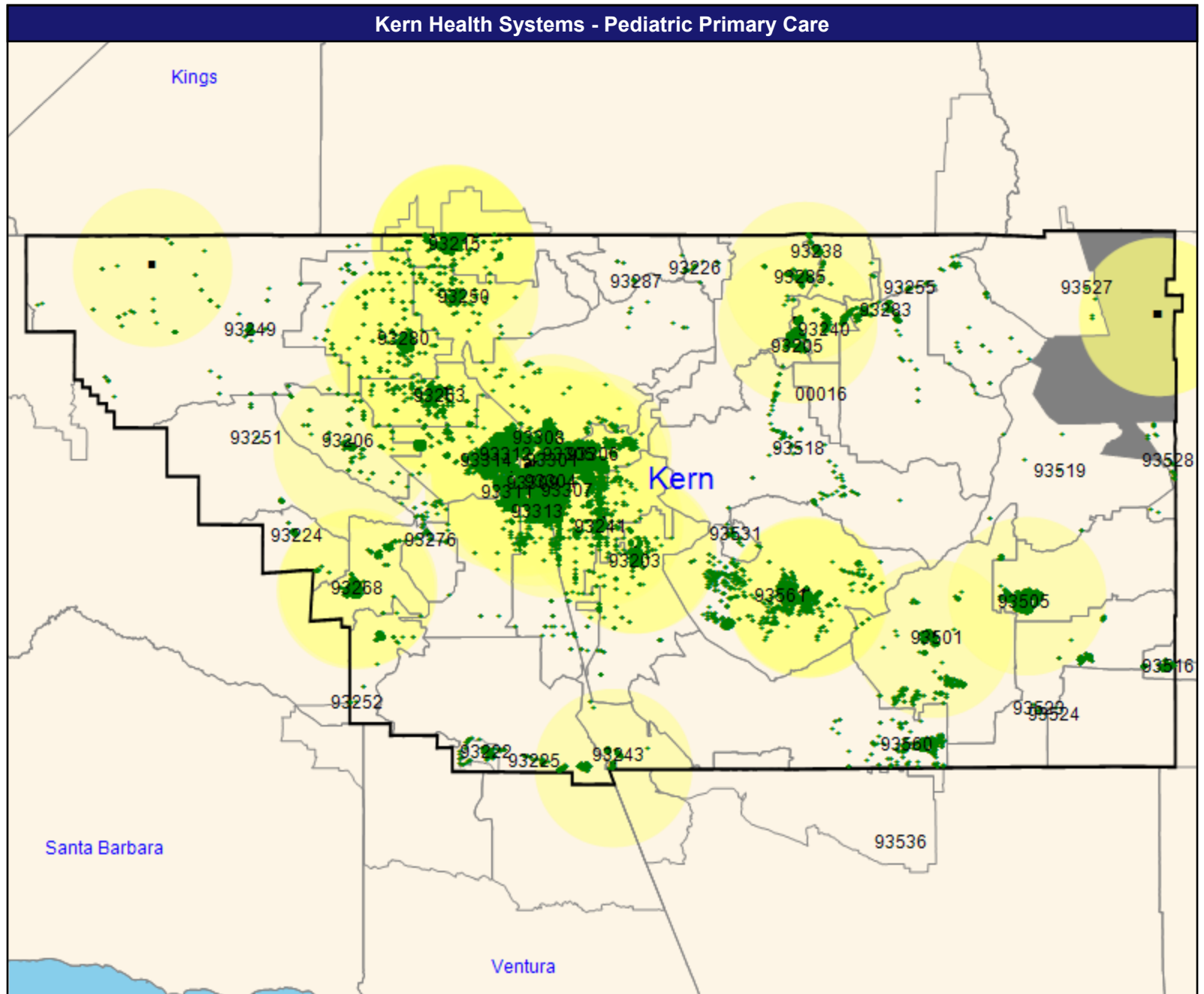
KHS - Pediatric Primary Care
 174 providers at 82 locations
 ■ All providers
 ○ 10 mile radius

Kern Health Systems - Pediatric Primary Care
 Employee Group
 Kern Membership
 Provider Group
 KHS - Pediatric Primary Care

244,086 member locations
 ◆ With access (244,086)
 ● Without access (0)

The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - Pediatric Primary Care) provider in 10 miles or 30 minutes

18.19 miles



Kern Health Systems - Q3 Geo Access

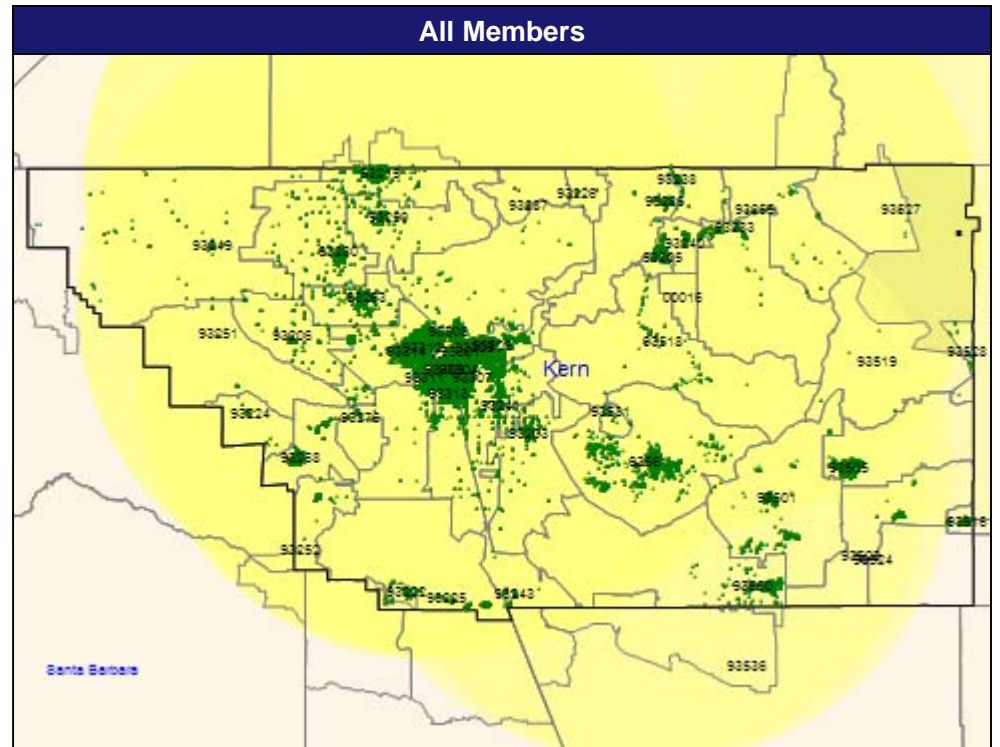
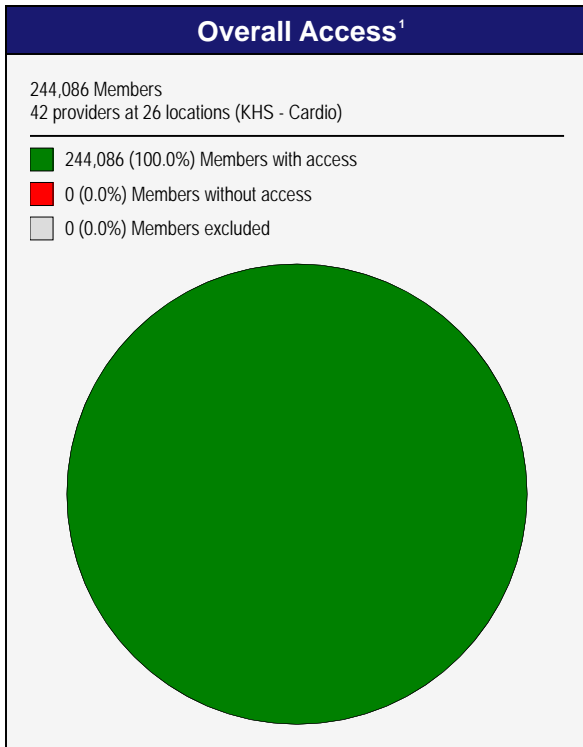
Access Analysis
Kern Health Systems - Cardio

Member / Provider Groups
Kern Membership
KHS - Cardio

Access Map
Member locations
◆ With access
● Without access

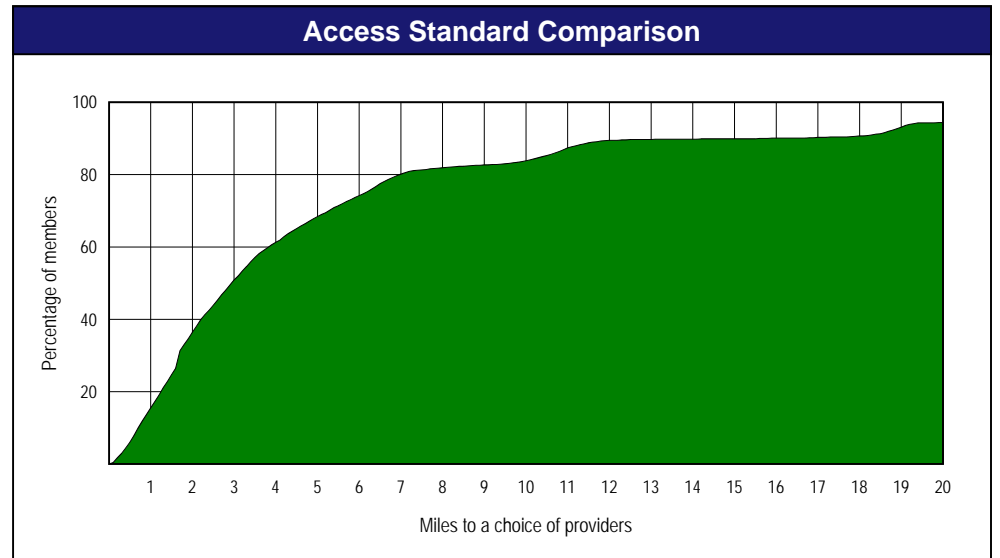
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Cardio) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	5.7 miles 6.5 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Cardio
 Member / Provider Groups
 Kern Membership
 KHS - Cardio

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	27.4	28.8
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.6	2.1
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.3	0.4
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.3	0.4
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	5.5	8.8
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.2	3.3
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.6	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	23.6	24.9
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	4.3	7.1
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	27.3	28.7
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	6.6	9.5
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	24.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	12.9	13.5
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	4.7	4.9
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	7.6	8.8
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	3.5	5.6
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	0.9	0.9
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.8	1.6
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	1.1	1.1
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	8.7	9.1
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	45.4	47.7
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	21.3	22.4
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	24.9	26.2
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	30.5	32.1
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	32.3	34.0
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	32.4	34.1
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	8.6	9.0
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.3	0.3
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	8.5	10.0
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	40.9	43.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	40.6	42.7
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	32.9	34.6
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	39.9	42.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	23.8	25.0
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	11.9	12.5
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	25.1	26.4

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Cardio
 Member / Provider Groups
 Kern Membership
 KHS - Cardio

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	12.7	13.3
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	12.2	12.8
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	6.9	7.2
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	12.5	17.2
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	37.5	39.4
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	53.9	56.7
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	43.2	45.4
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	15.0	15.7
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	30.5	32.1
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	29.5	31.0
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	20.8	21.8
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	25.7	27.0
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	38.7	40.7
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	36.9	38.8
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	9.7	10.2
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	33.0	34.7
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	15.2	16.0
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	3.4	3.5
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	21.6	22.7
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	21.4	22.5
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	20.8	21.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	14.2	14.9
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	24.7	26.0
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	53.9	56.7

Kern Health Systems - Q3 Geo Access

KHS - Cardio

42 providers at 26 locations

■ All providers

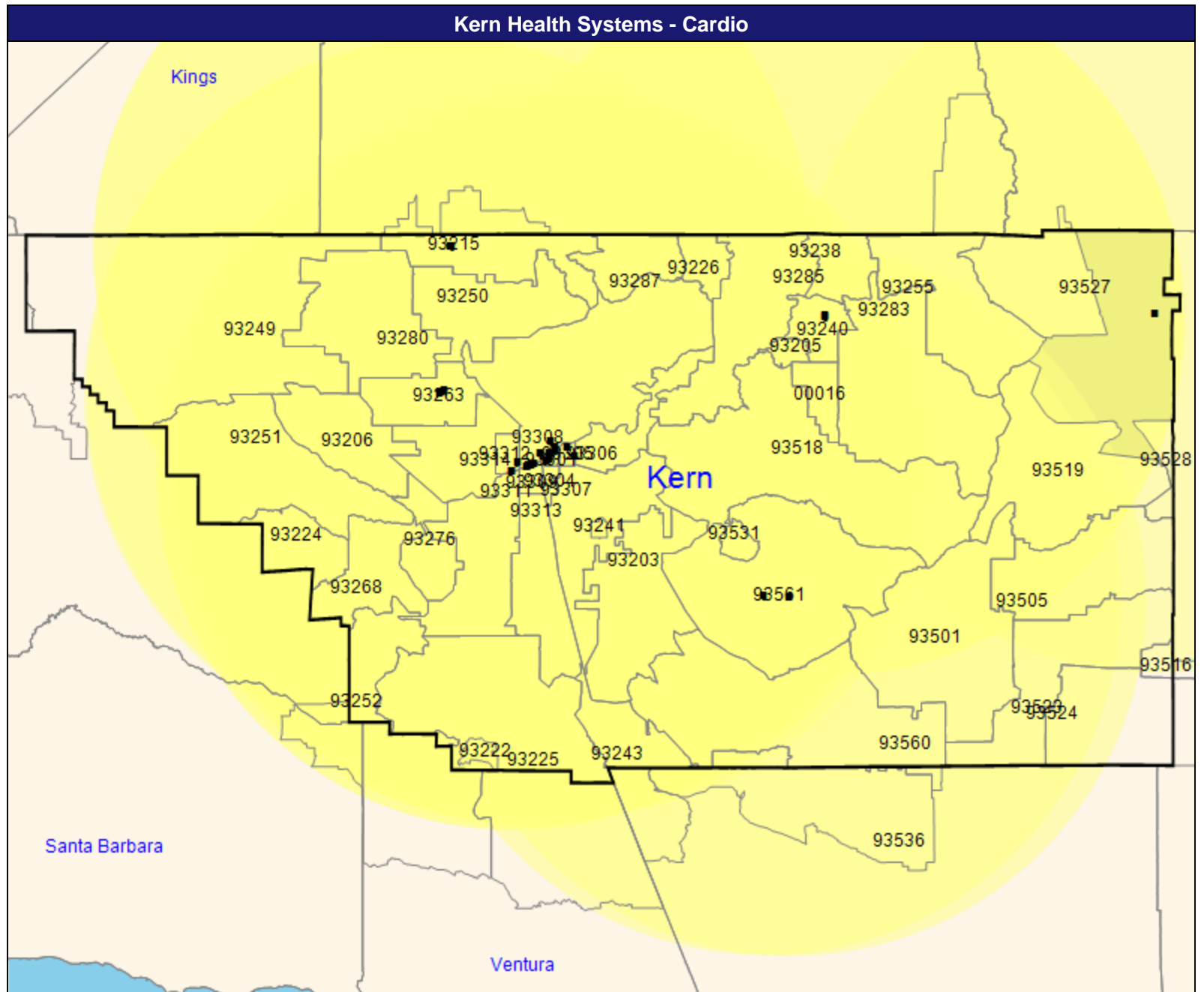
KHS - Cardio

42 providers at 26 locations

■ All providers

○ 45 mile radius

18.19 miles



Kern Health Systems - Q3 Geo Access

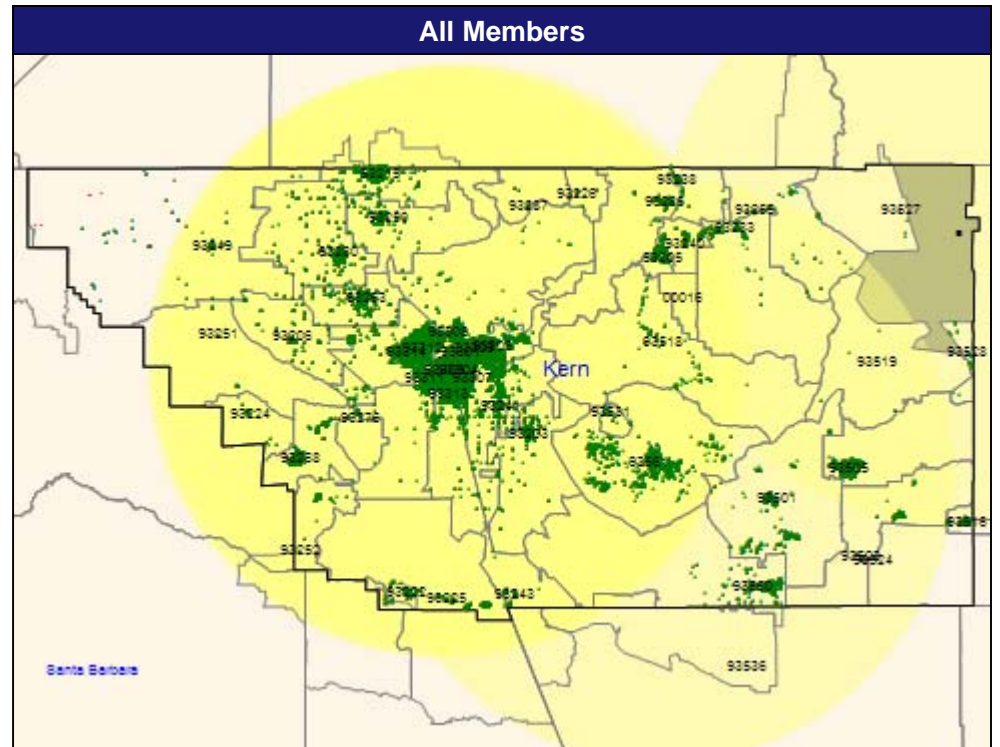
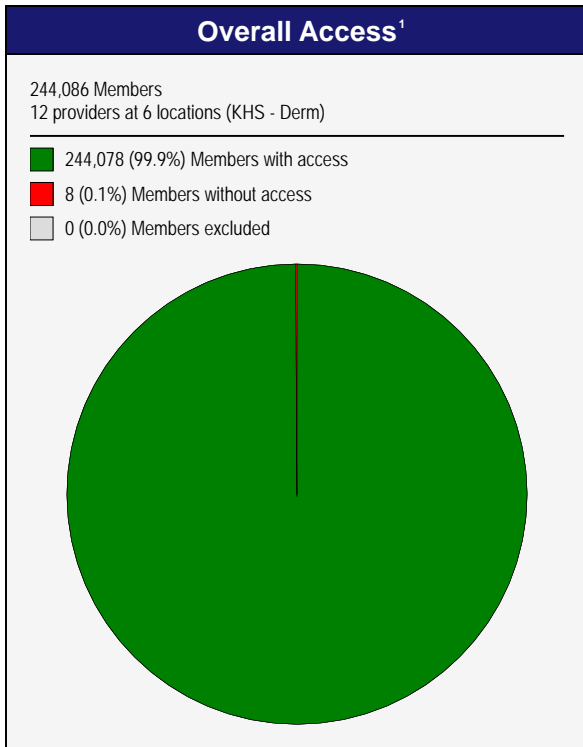
Access Analysis
Kern Health Systems - Derm

Member / Provider Groups
Kern Membership
KHS - Derm

Access Map
Member locations
◆ With access
● Without access

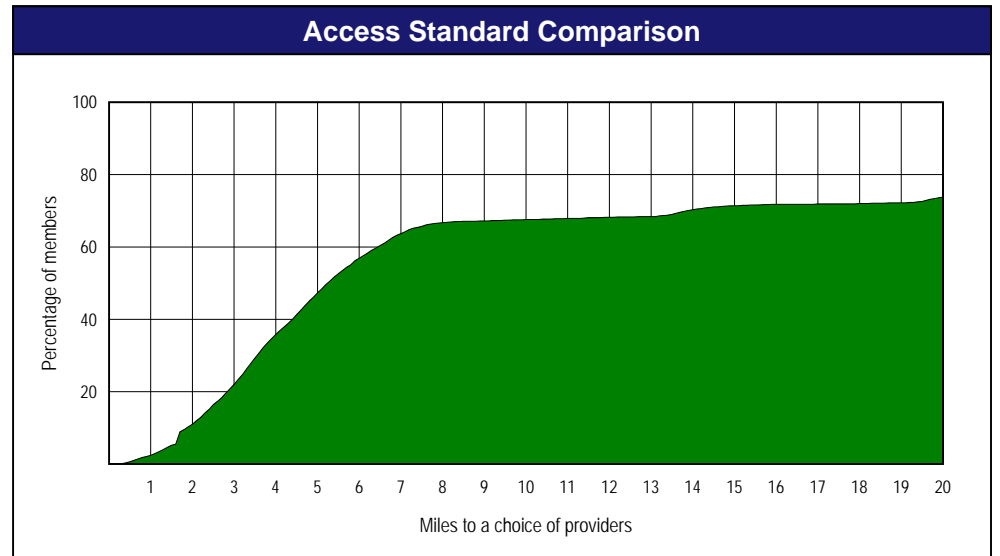
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Derm) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	11.5 miles 14.3 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Derm
 Member / Provider Groups
 Kern Membership
 KHS - Derm

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	29.8	31.6
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	3.1	4.1
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.5	0.6
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.5	0.6
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	5.5	8.8
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	5.5	8.8
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	14.4	16.9
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	25.9	30.4
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	32.1	37.7
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	3.9	7.8
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	29.4	38.3
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	8.3	15.8
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	24.6	28.9
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	17.2	22.0
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	5.2	7.1
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	7.2	9.1
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	3.5	6.2
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	2.4	3.8
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	4.4	5.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	4.2	4.9
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	3.5	4.1
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.2	0.4
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	3.4	4.6
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	33.6	35.3
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	45.5	47.8
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	36.1	44.5
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	30.0	31.5
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	30.0	31.5
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	31.8	33.4
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	32.5	34.2
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	38.2	47.1
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	33.1	40.8
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	8.6	10.1
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	40.4	42.5
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	40.2	42.3
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	34.7	43.8
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	39.7	46.4
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	41.6	48.2
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	11.8	12.4
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	25.2	26.5

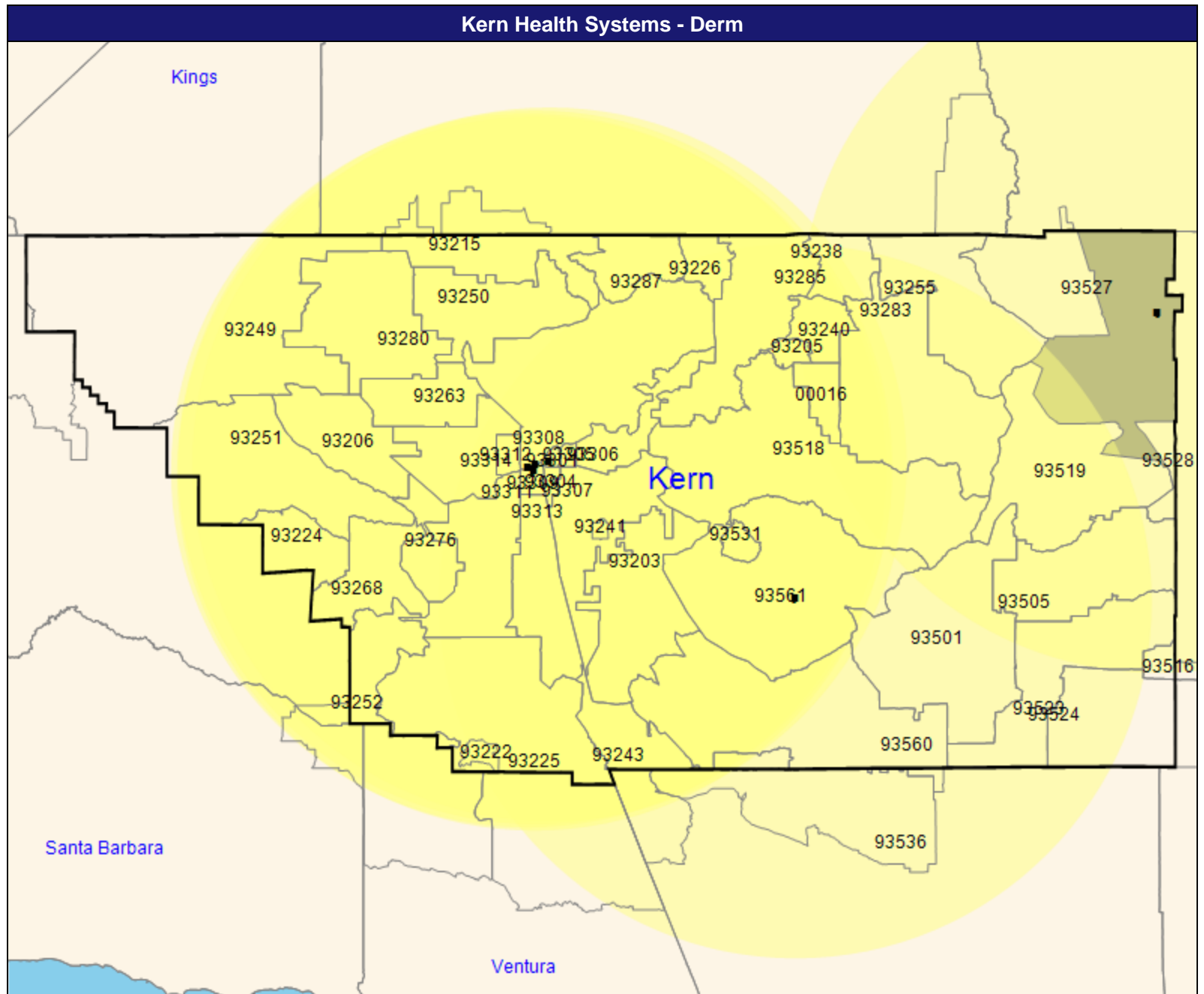
Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Derm
 Member / Provider Groups
 Kern Membership
 KHS - Derm

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	16.6	17.4
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	47.0	49.4
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	38.2	40.2
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	15.4	24.6
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	40.3	42.4
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	971	99.2	8	0.8	68.0	82.3
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	45.4	56.9
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	33.8	42.0
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	38.7	47.7
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	29.1	30.6
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	20.4	21.4
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	33.5	35.2
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	40.1	49.7
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	36.4	38.3
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	27.5	33.8
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	35.0	44.2
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	16.7	17.5
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	3.0	3.1
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	23.8	31.7
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	45.8	54.9
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	39.1	41.1
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	43.2	45.4
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	36.9	43.4
Grand Totals		244,086	1 in 45 miles or 75 mins	244,078	99.9	8	0.1	68.0	82.3

Kern Health Systems - Q3 Geo Access

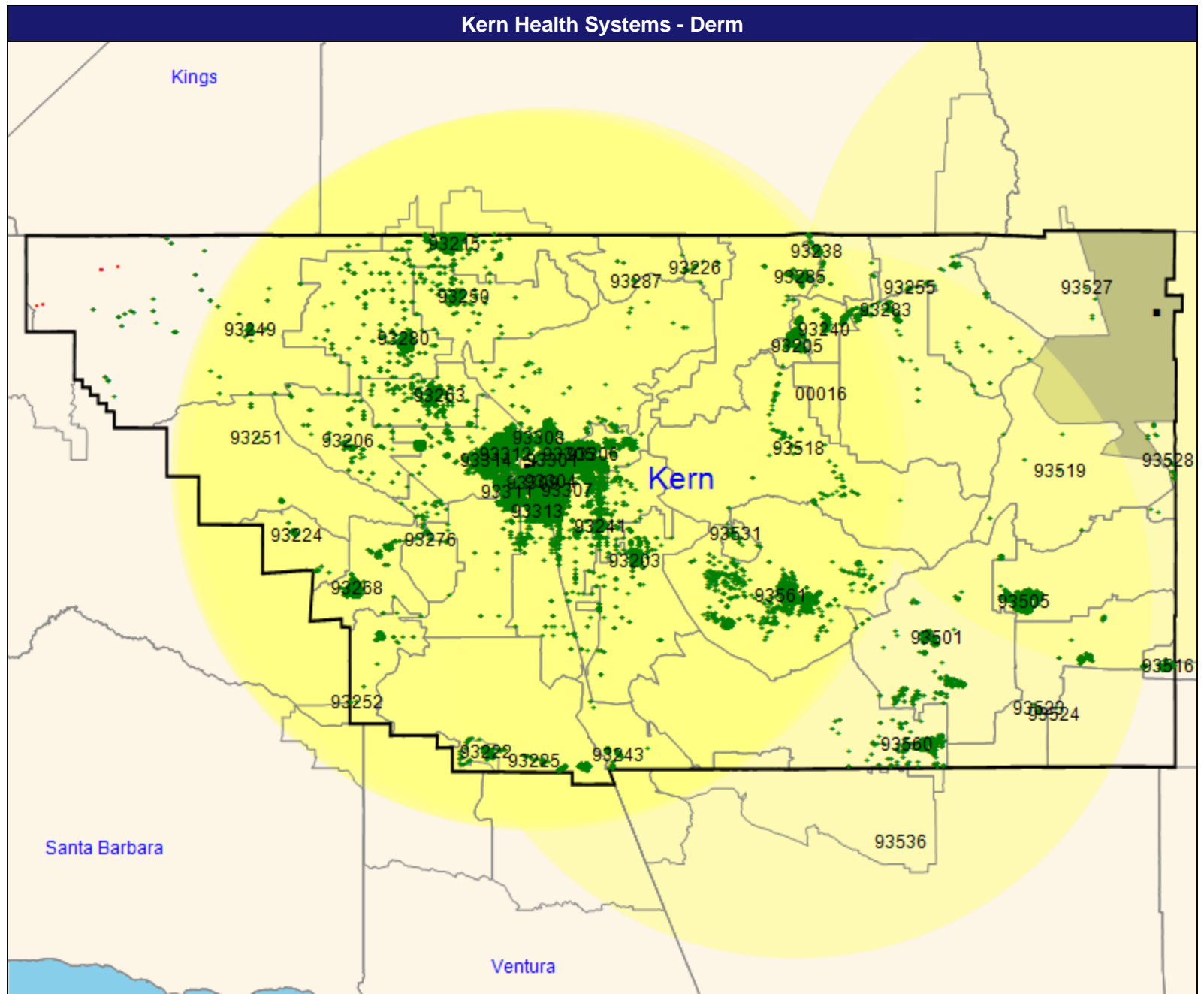
- KHS - Derm
 - 12 providers at 6 locations
 - All providers
 - 45 mile radius
-
- KHS - Derm
 - 12 providers at 6 locations
 - All providers
 - 45 mile radius
- 18.19 miles



Kern Health Systems - Q3 Geo Access

- KHS - Derm
- 12 providers at 6 locations
 - All providers
 - 45 mile radius
- Kern Health Systems - Derm
- Employee Group
 - Kern Membership
- Provider Group
 - KHS - Derm
- 244,086 member locations
 - ◆ With access (244,078)
 - Without access (8)
- The Access Standard is defined as (Kern Membership) members accessing:
 - 1 (KHS - Derm) provider in 45 miles or 75 minutes

18.19 miles



Kern Health Systems - Q3 Geo Access

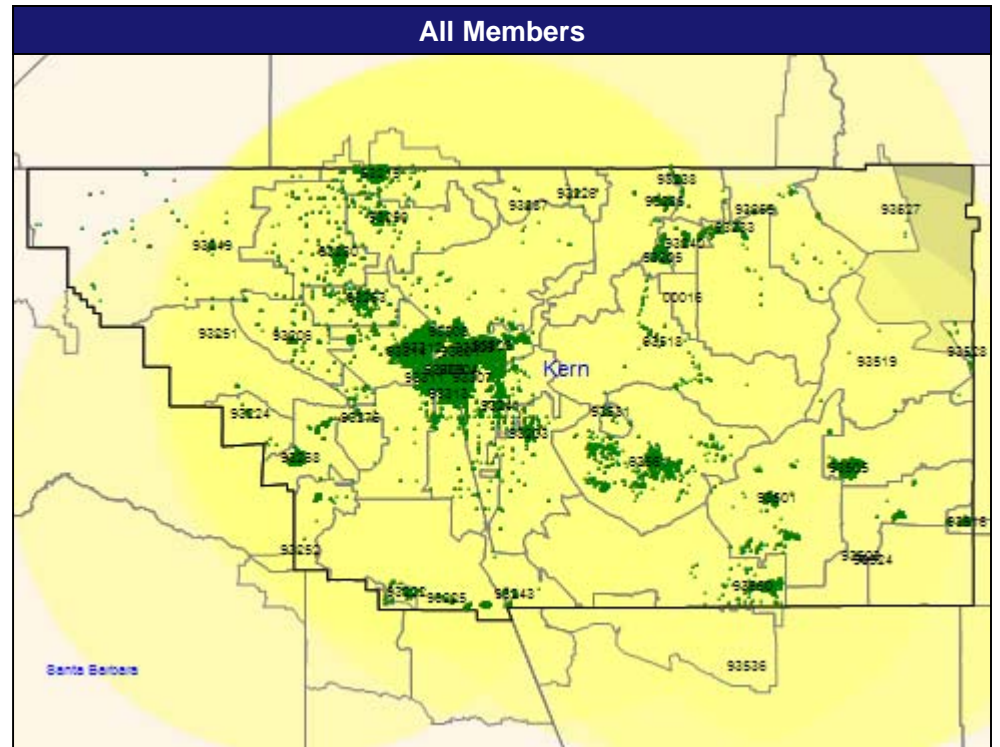
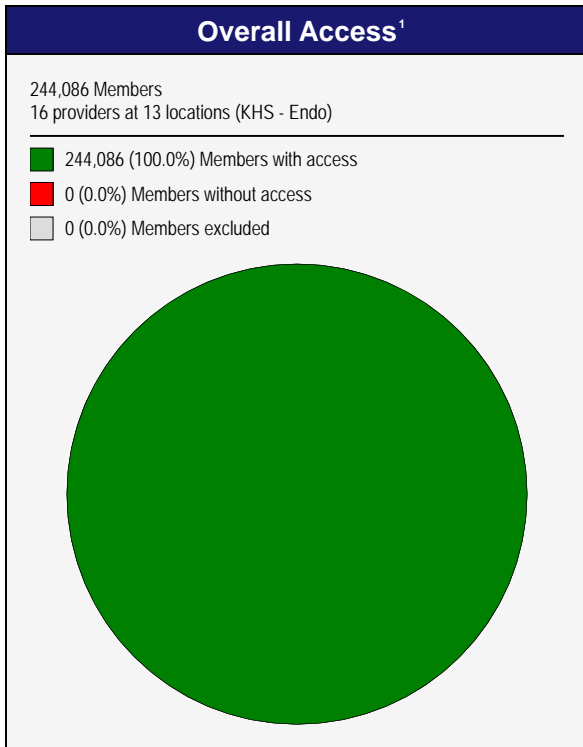
Access Analysis
Kern Health Systems - Endo

Member / Provider Groups
Kern Membership
KHS - Endo

Access Map
Member locations
◆ With access
● Without access

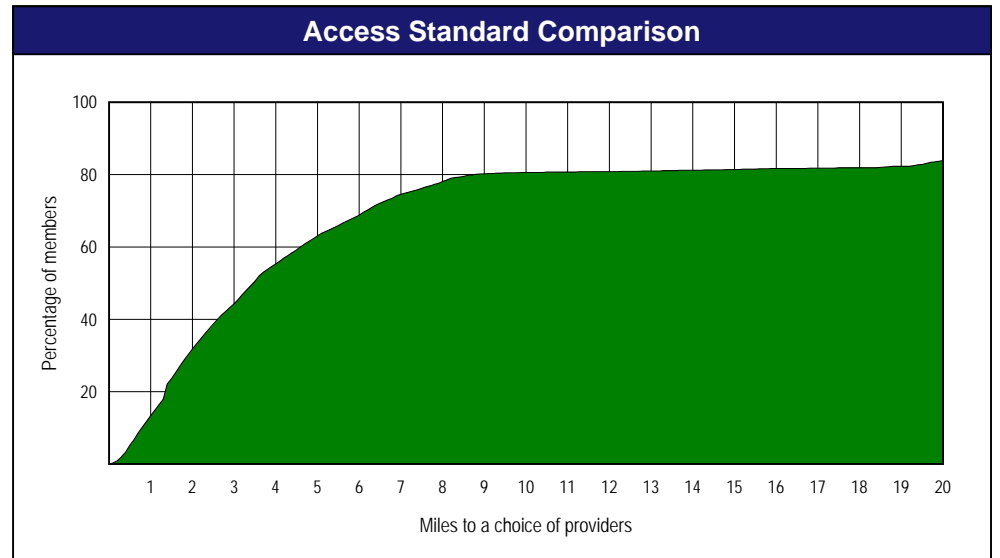
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Endo) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	8.1 miles 9.1 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Endo
 Member / Provider Groups
 Kern Membership
 KHS - Endo

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	18.3	19.2
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.4	1.8
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.3	0.4
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.3	0.4
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	5.4	8.6
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.0	3.0
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.6	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	18.1	19.0
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	23.6	24.9
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	4.7	7.8
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	19.3	20.3
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	8.3	11.5
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	21.3	23.2
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	17.2	18.5
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	5.0	5.2
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	7.8	8.8
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	3.9	6.0
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	2.4	2.8
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.2	2.4
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	3.5	4.8
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	8.7	9.1
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	25.1	26.4
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	31.4	33.0
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	20.7	21.7
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	0.5	0.5
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	4.3	4.5
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	22.6	23.7
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	38.3	40.8
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	33.2	35.1
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	8.3	9.7
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	16.2	17.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	17.5
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	17.0	17.8
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	35.4	37.2
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	24.0	25.2
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	34.6	36.4
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	34.1	35.8

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Endo
 Member / Provider Groups
 Kern Membership
 KHS - Endo

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	14.3	15.0
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	12.4	13.0
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	6.9	7.2
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	9.0	12.4
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	28.2	29.6
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	64.6	68.0
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	14.4	15.1
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	33.9	36.2
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	34.1	35.8
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	13.7	14.4
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	27.5	28.9
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	34.7	36.5
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	24.1	25.3
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	26.8	28.2
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	13.9	14.6
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	14.6	15.3
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	1.3	1.3
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	17.3	20.0
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	41.9	44.3
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	20.8	21.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	14.4	15.1
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	27.2	29.0
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	64.6	68.0

Kern Health Systems - Q3 Geo Access

KHS - Endo

16 providers at 13 locations

■ All providers

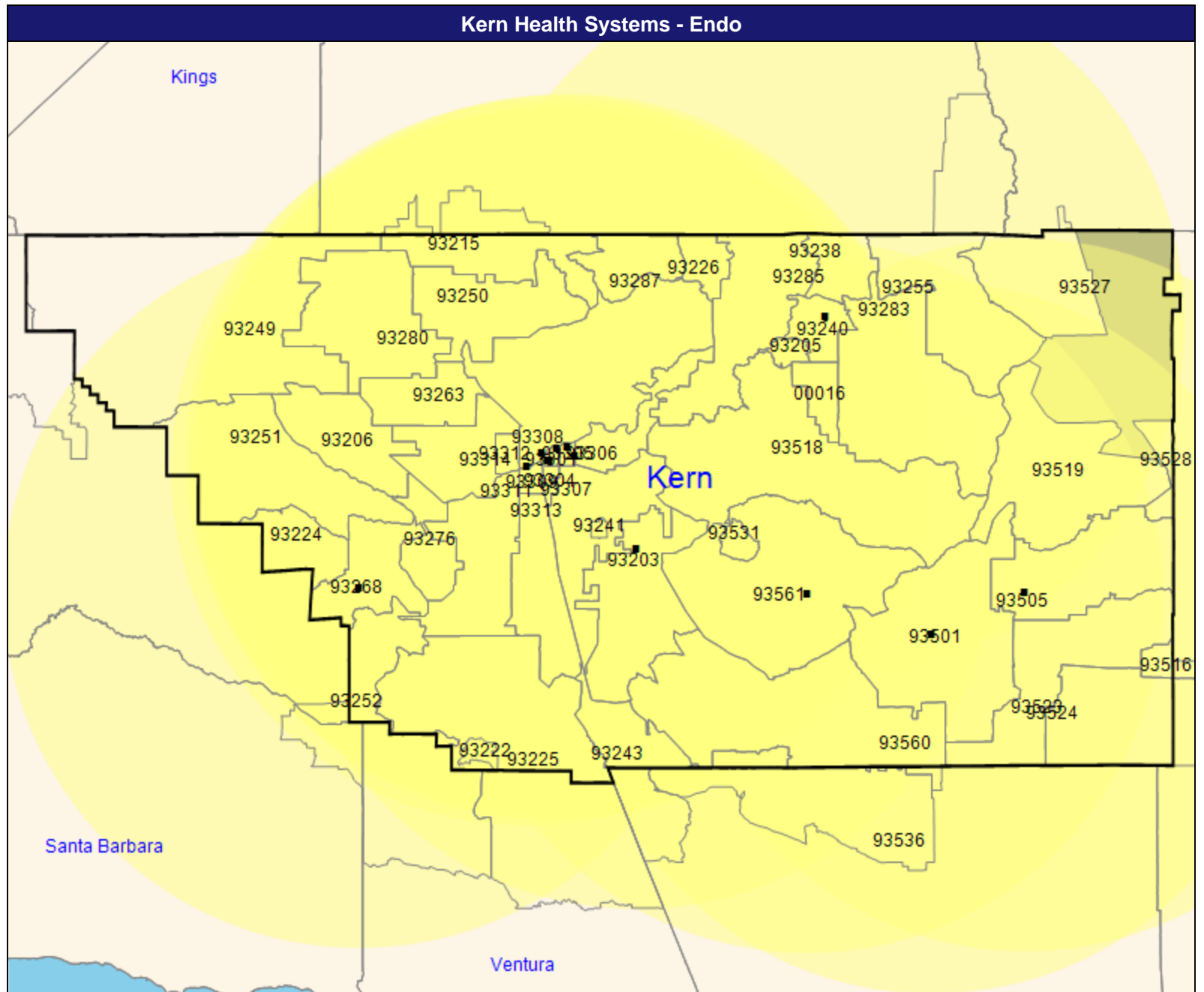
KHS - Endo

16 providers at 13 locations

■ All providers

○ 45 mile radius

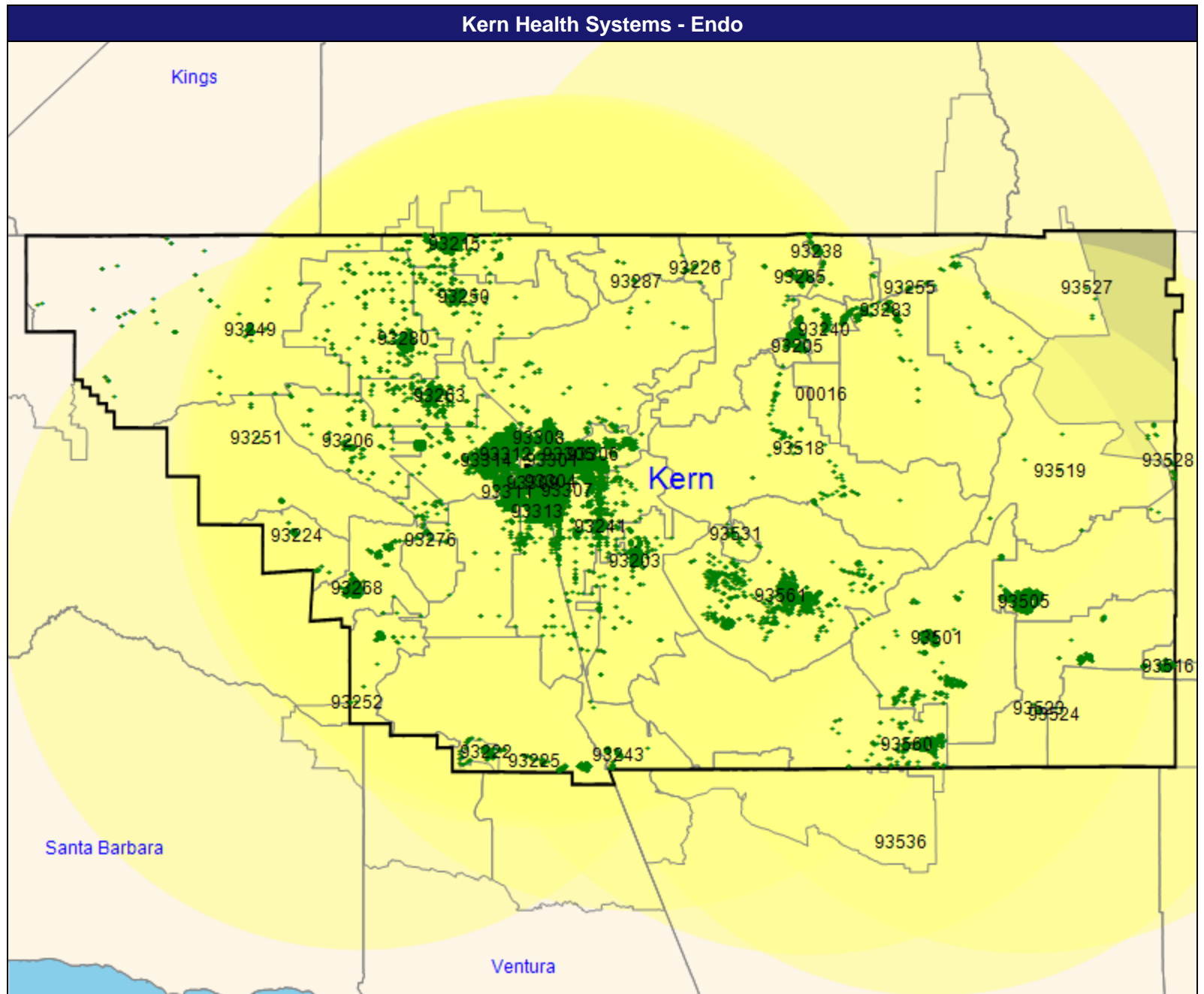
18.19 miles



Kern Health Systems - Q3 Geo Access

- KHS - Endo
- 16 providers at 13 locations
 - All providers
 - 45 mile radius
- Kern Health Systems - Endo
- Employee Group
 - Kern Membership
- Provider Group
 - KHS - Endo
- 244,086 member locations
 - ◆ With access (244,086)
 - Without access (0)
- The Access Standard is defined as (Kern Membership) members accessing:
 - 1 (KHS - Endo) provider in 45 miles or 75 minutes

18.19 miles



Kern Health Systems - Q3 Geo Access

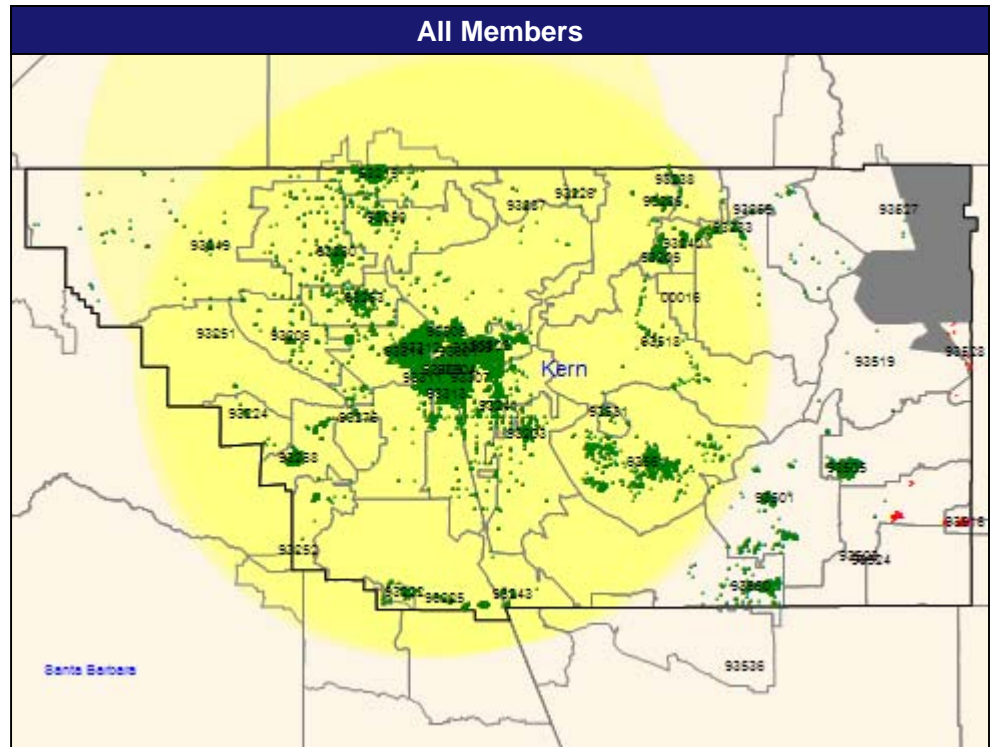
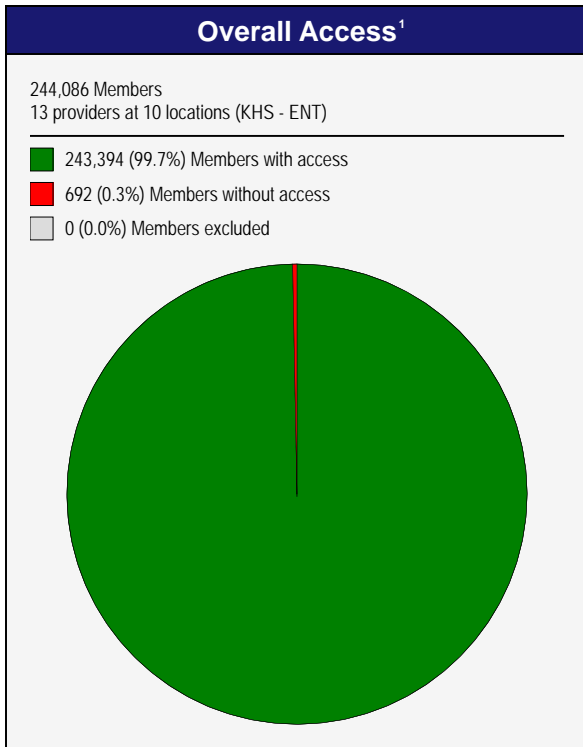
Access Analysis
Kern Health Systems - ENT

Member / Provider Groups
Kern Membership
KHS - ENT

Access Map
Member locations
◆ With access
● Without access

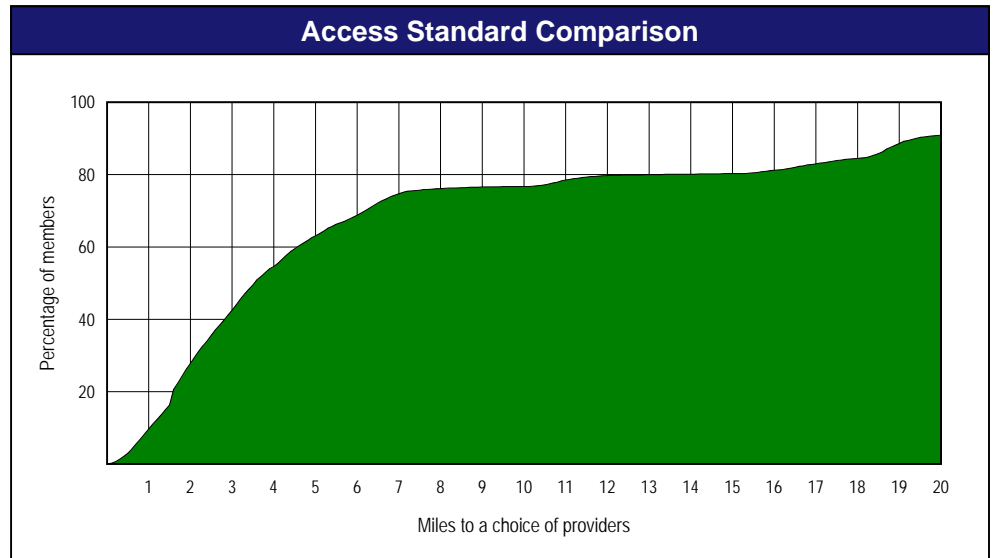
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - ENT) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	8.6 miles 9.6 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - ENT
 Member / Provider Groups
 Kern Membership
 KHS - ENT

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	30.0	31.5
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	2.0	3.0
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.3	0.4
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.3	0.4
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	5.4	8.6
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.2	3.4
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.6	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	28.4	29.8
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	4.5	7.6
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	27.3	28.7
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	6.9	9.5
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	24.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	16.2	17.0
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	5.3	7.3
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	7.6	8.9
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	3.5	5.6
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	3.2	3.7
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.2	2.4
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	1.1	1.1
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	37.3	39.5
Boron, CA	93516	459	1 in 45 miles or 75 mins	0	0.0	459	100.0	82.9	87.2
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	35.0	36.8
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	42.6	44.8
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	62.7	66.0
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	64.2	67.5
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	66.1	69.5
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	8.5	8.9
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.7	0.7
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	8.5	10.0
Edwards, CA	93523	217	1 in 45 miles or 75 mins	8	3.7	209	96.3	73.8	77.6
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	73.6	77.4
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	32.9	34.6
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	39.9	42.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.0	35.7
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	71.1	74.8
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	0	0.0	23	100.0	77.1	81.1

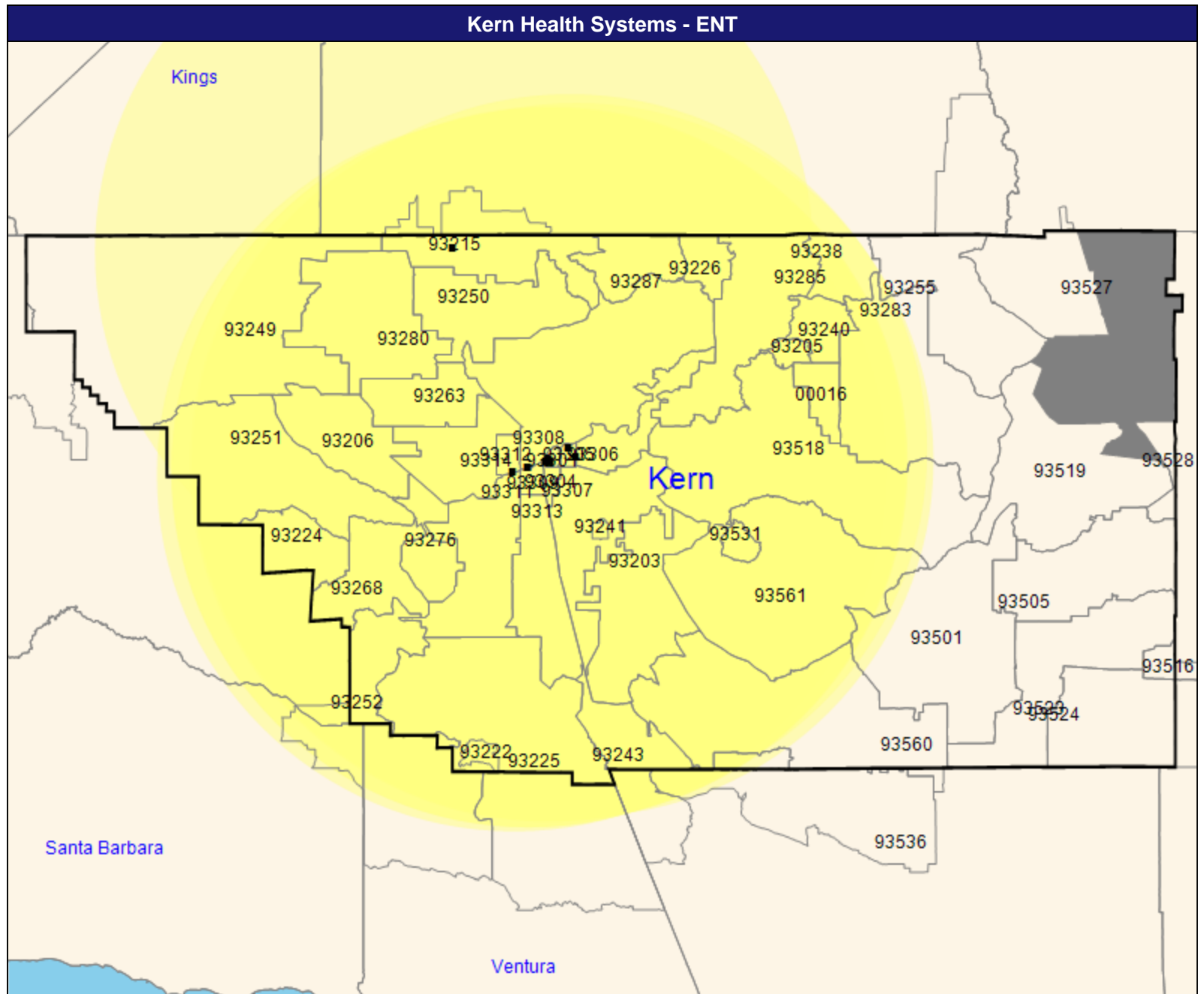
Access Detail By Zip Code

Access Analysis
 Kern Health Systems - ENT
 Member / Provider Groups
 Kern Membership
 KHS - ENT

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	30.7	32.3
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	51.9	55.0
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	44.4	47.1
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	12.5	17.2
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	40.2	42.3
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	54.1	56.9
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	43.4	45.6
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	15.9	16.7
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	37.5	39.4
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	63.5	66.8
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	56.1	59.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	60.5	63.6
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	38.8	40.8
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	70.4	74.1
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	25.7	27.0
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	33.2	34.9
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	46.6	49.0
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	39.7	41.7
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	21.6	22.7
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	26.6	28.0
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	50.8	53.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	45.6	48.3
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	30.1	31.6
Grand Totals		244,086	1 in 45 miles or 75 mins	243,394	99.7	692	0.3	82.9	87.2

Kern Health Systems - Q3 Geo Access

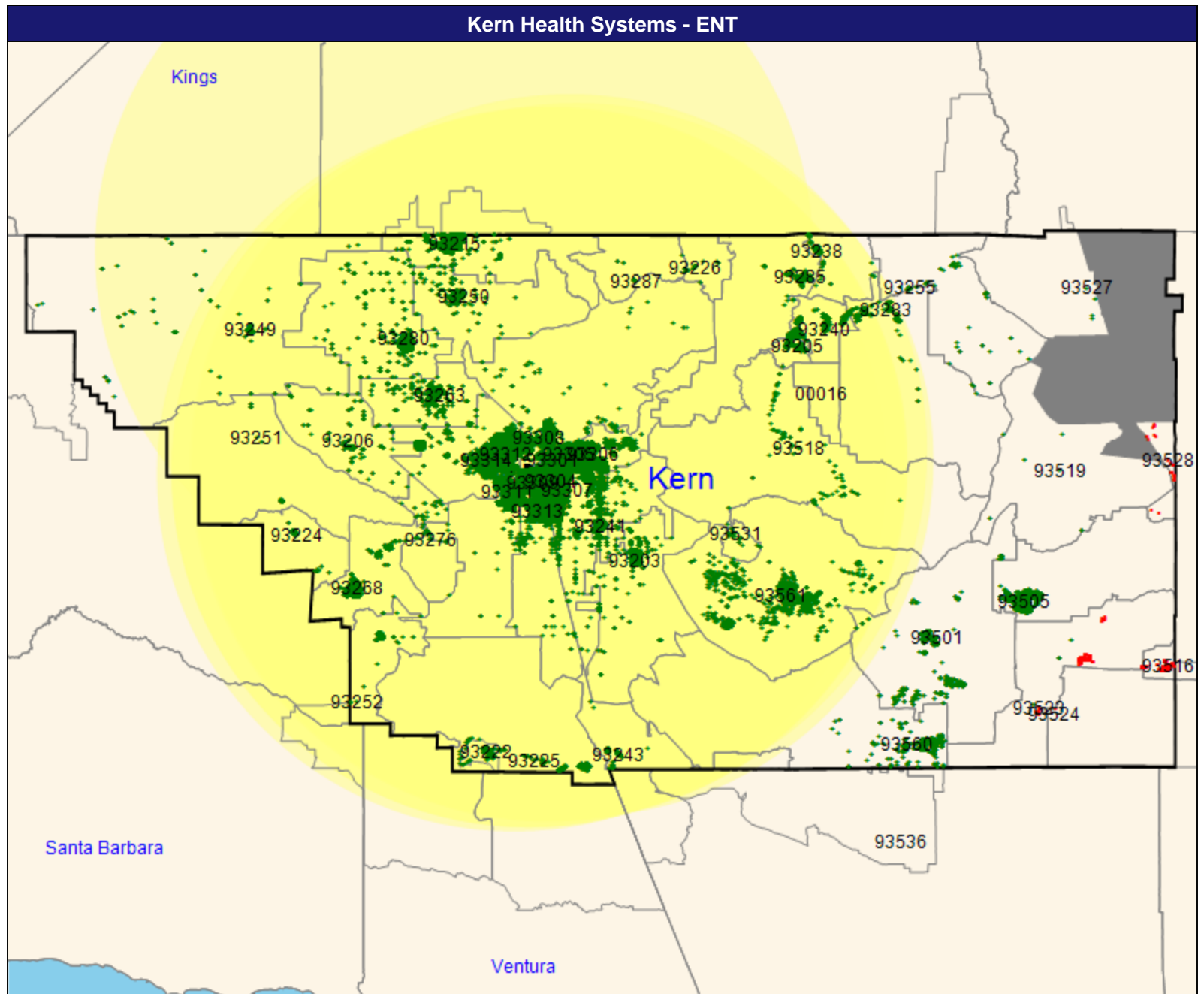
- KHS - ENT
 - 13 providers at 10 locations
 - All providers
-
- KHS - ENT
 - 13 providers at 10 locations
 - All providers
 - 45 mile radius
-
- 18.19 miles



Kern Health Systems - Q3 Geo Access

- KHS - ENT
- 13 providers at 10 locations
- All providers
 - 45 mile radius
- Kern Health Systems - ENT
- Employee Group
- Kern Membership
- Provider Group
- KHS - ENT
- 244,086 member locations
- ◆ With access (243,394)
 - Without access (692)
- The Access Standard is defined as (Kern Membership) members accessing:
- 1 (KHS - ENT) provider in 45 miles or 75 minutes

18.19 miles



Kern Health Systems - Q3 Geo Access

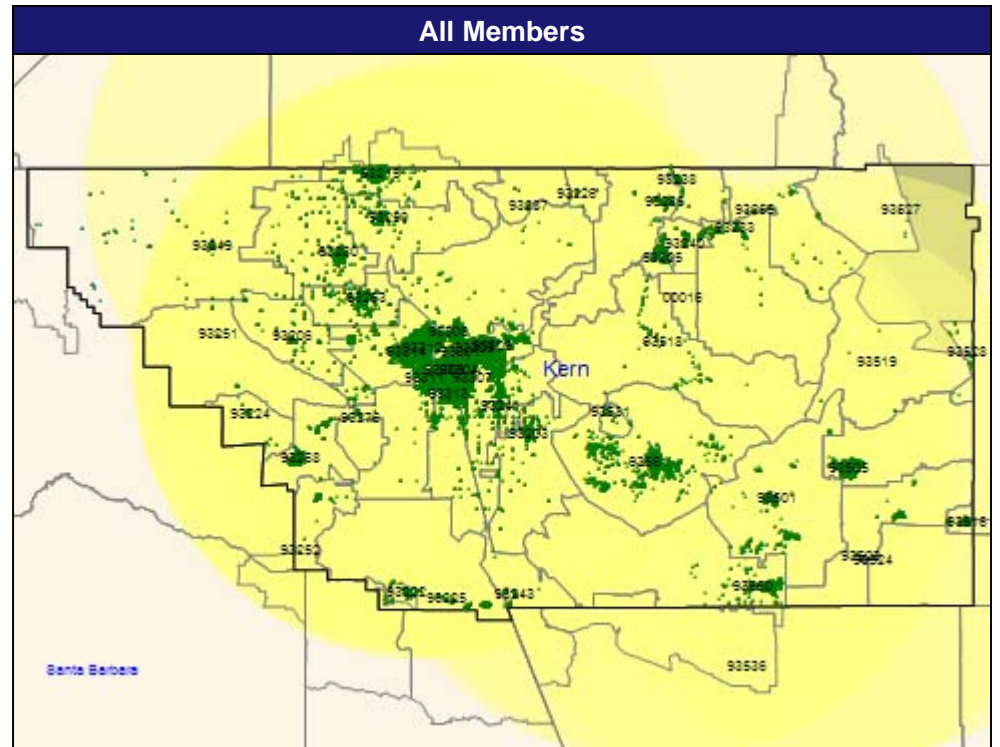
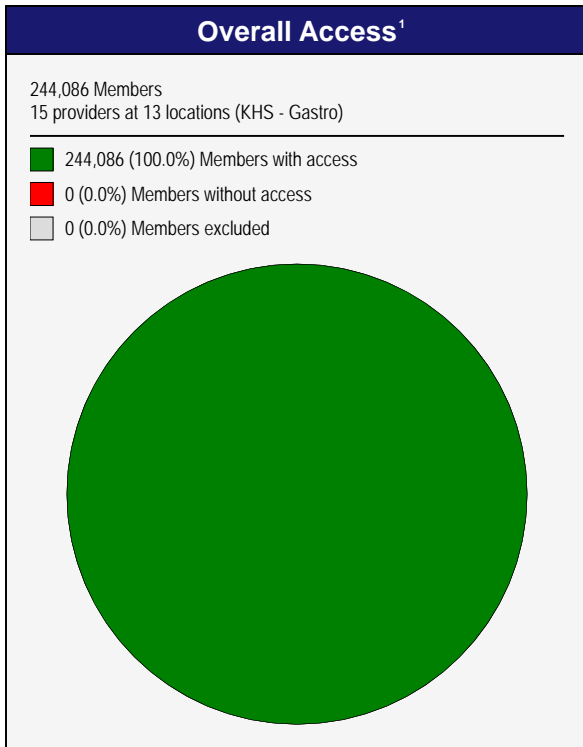
Access Analysis
Kern Health Systems - Gastro

Member / Provider Groups
Kern Membership
KHS - Gastro

Access Map
Member locations
◆ With access
● Without access

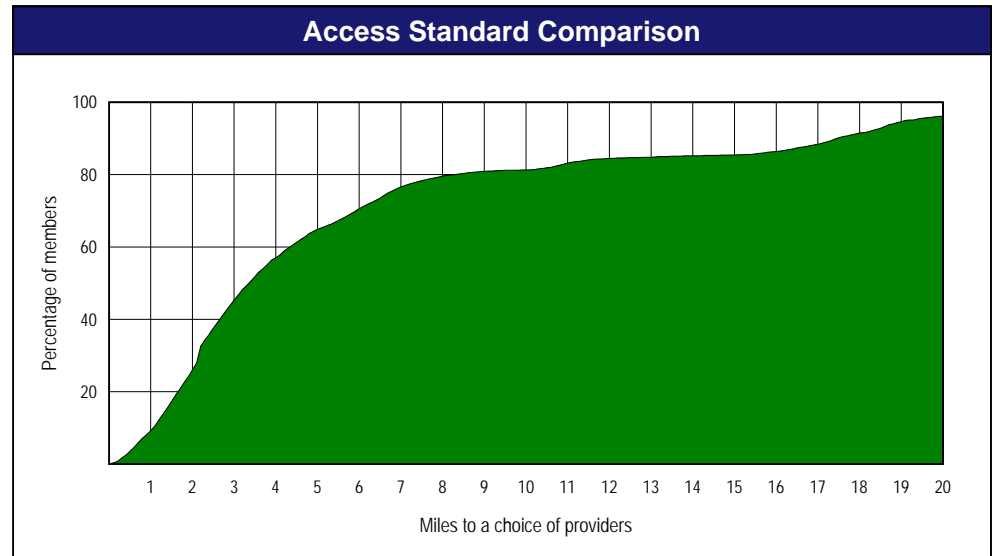
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Gastro) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	6.2 miles 7.3 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Gastro
 Member / Provider Groups
 Kern Membership
 KHS - Gastro

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	28.4	29.8
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	3.1	4.4
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	2.2	2.9
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	2.2	2.9
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	6.8	12.0
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.5	3.8
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.9	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	23.7	24.9
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	4.5	8.9
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	26.9	28.3
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	5.6	9.1
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	24.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	14.9	16.7
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	5.1	7.0
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	7.8	10.4
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	4.1	8.2
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	2.4	2.8
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.0	2.0
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	0.7	0.7
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	8.9	9.3
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	25.1	26.4
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	34.0	36.5
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	19.9	20.9
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	0.5	0.5
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	4.3	4.5
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	22.6	23.7
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	8.5	8.9
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.7	0.7
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	9.3	10.2
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	16.2	17.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	17.5
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	32.6	34.3
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	39.9	42.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	23.8	25.0
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	34.6	36.4
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	34.1	35.8

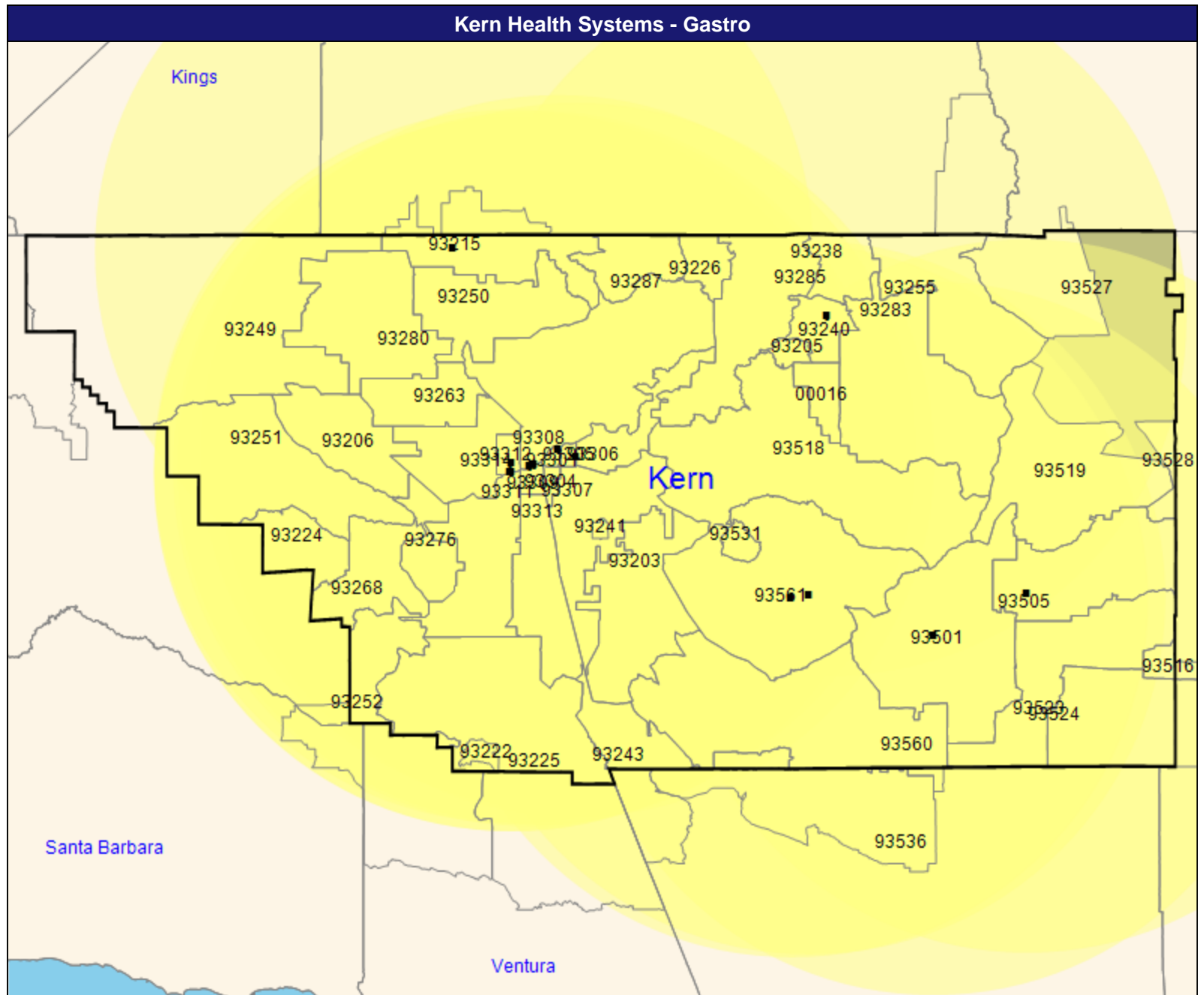
Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Gastro
 Member / Provider Groups
 Kern Membership
 KHS - Gastro

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	16.0	16.8
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	12.2	12.8
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	7.1	7.4
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	12.5	17.2
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	40.0	42.1
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	54.1	56.9
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	43.0	45.2
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	15.9	16.7
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	36.5	39.1
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	13.7	14.4
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	27.6	29.0
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	38.6	40.6
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	24.1	25.3
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	25.1	26.9
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	32.9	34.6
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	16.2	17.0
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	1.3	1.3
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	21.2	22.3
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	26.6	28.0
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	21.0	22.1
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	14.2	14.9
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	24.6	25.8
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	54.1	56.9

Kern Health Systems - Q3 Geo Access

- KHS - Gastro
 - 15 providers at 13 locations
 - All providers
-
- KHS - Gastro
 - 15 providers at 13 locations
 - All providers
 - 45 mile radius
-
- 18.19 miles



Kern Health Systems - Q3 Geo Access

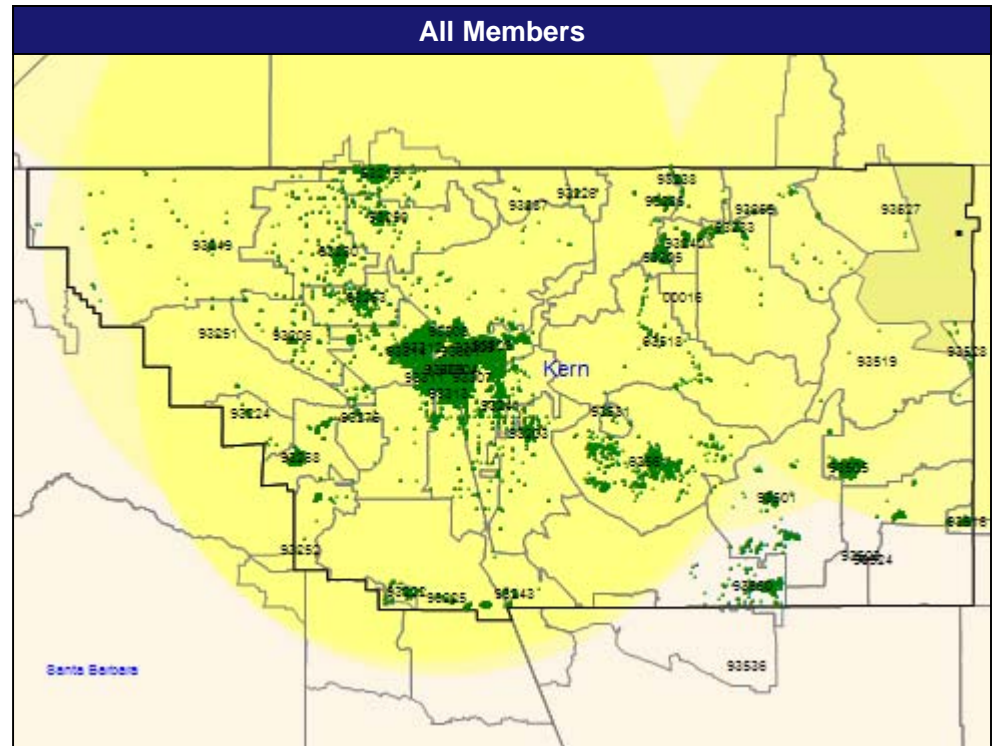
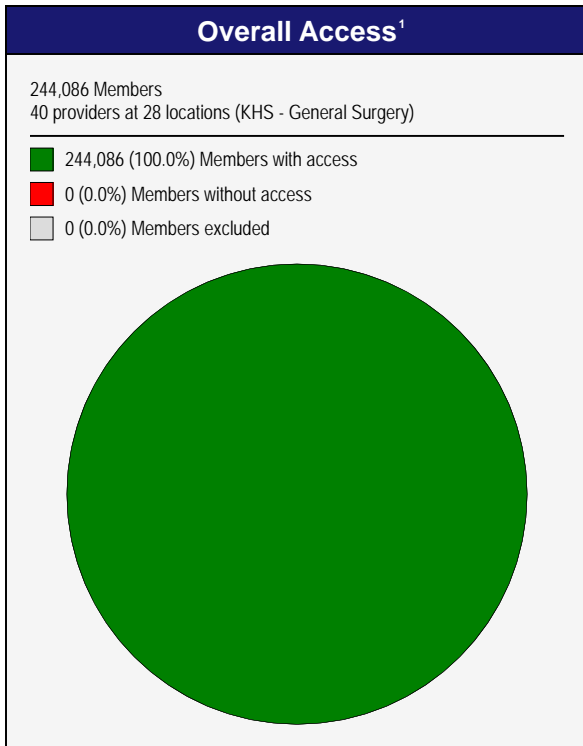
Access Analysis
Kern Health Systems - General Surgery

Member / Provider Groups
Kern Membership
KHS - General Surgery

Access Map
Member locations
◆ With access
● Without access

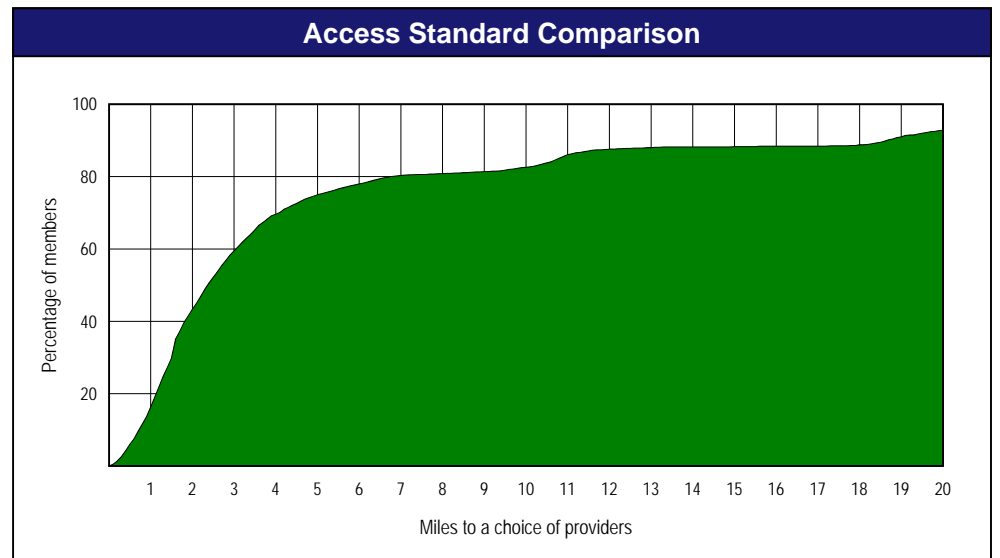
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - General Surgery) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	6.2 miles 7.1 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - General
 Surgery
 Member / Provider Groups
 Kern Membership
 KHS - General Surgery

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	30.0	31.5
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.6	2.1
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.3	0.4
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.3	0.4
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	3.9	7.4
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.6	3.8
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.9	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.2	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	23.7	24.9
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	3.0	4.8
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	26.9	28.3
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	4.4	8.8
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	22.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	13.3	15.0
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	3.2	3.3
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	4.8	6.6
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.9	3.8
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	1.5	1.5
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.1	2.2
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	0.9	0.9
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	8.7	9.1
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	45.4	47.7
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	22.1	23.2
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	28.5	30.0
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	44.3	46.6
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	47.3	49.7
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	40.8	42.9
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	8.4	8.8
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.3	0.3
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	7.1	9.7
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	55.0	57.8
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	53.4	56.2
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	32.3	34.0
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	37.3	42.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	24.0	25.2
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	11.9	12.5
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	25.0	26.3

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - General Surgery
 Member / Provider Groups
 Kern Membership
 KHS - General Surgery

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	30.7	32.3
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	12.4	13.0
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	6.9	7.2
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	12.5	17.2
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	39.8	42.3
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	47.3	49.7
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	43.1	45.3
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	13.6	14.3
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	30.4	32.0
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	53.4	56.2
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	45.6	48.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	25.7	27.0
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	37.8	40.1
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	60.5	63.6
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	13.4	14.8
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	32.6	34.3
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	41.6	44.4
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	34.7	36.5
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	21.2	22.3
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	19.0	20.0
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	20.8	21.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	14.4	15.1
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	24.4	25.6
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	60.5	63.6

Kern Health Systems - Q3 Geo Access

KHS - General Surgery

40 providers at 28 locations

■ All providers

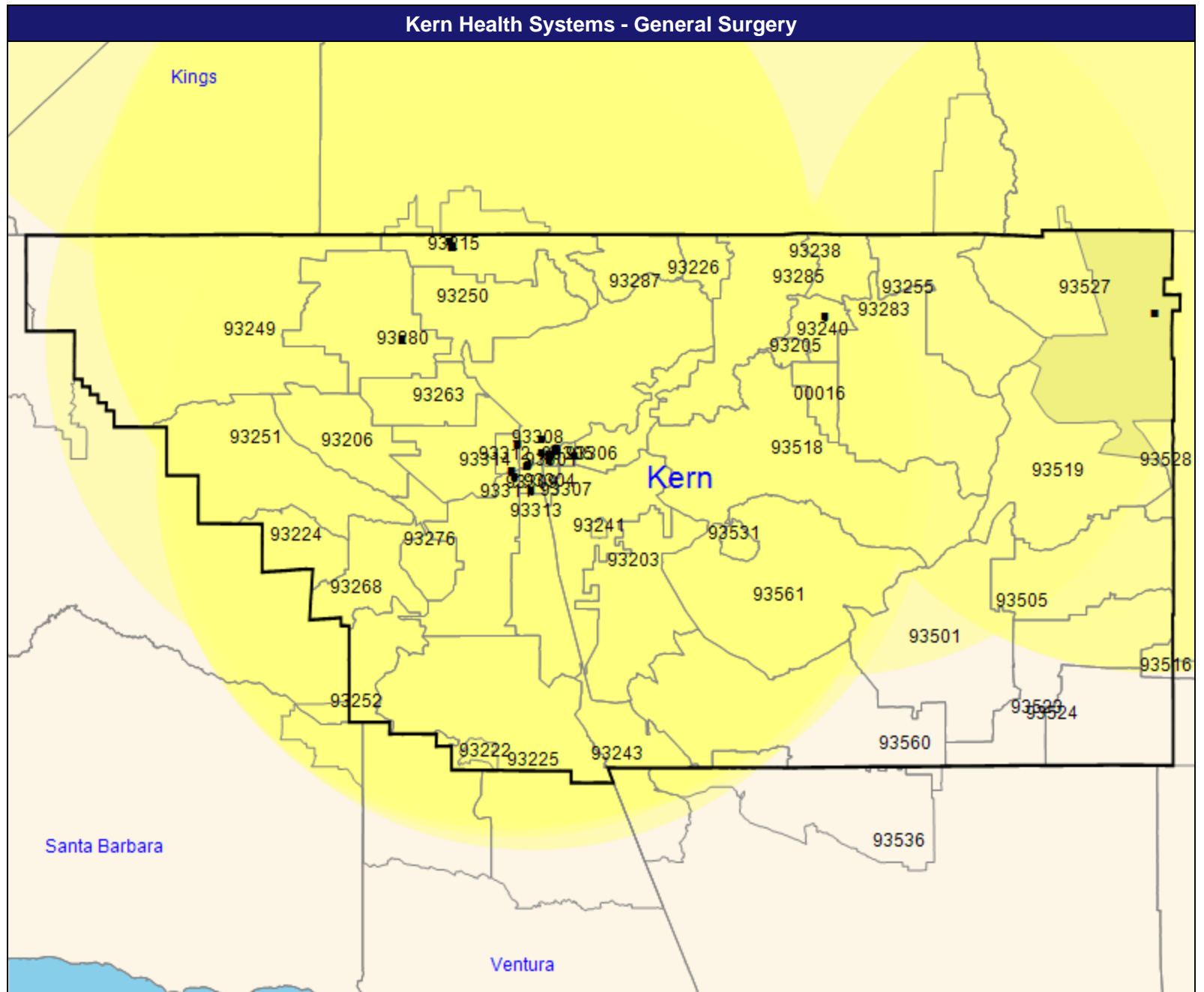
KHS - General Surgery

40 providers at 28 locations

■ All providers

○ 45 mile radius

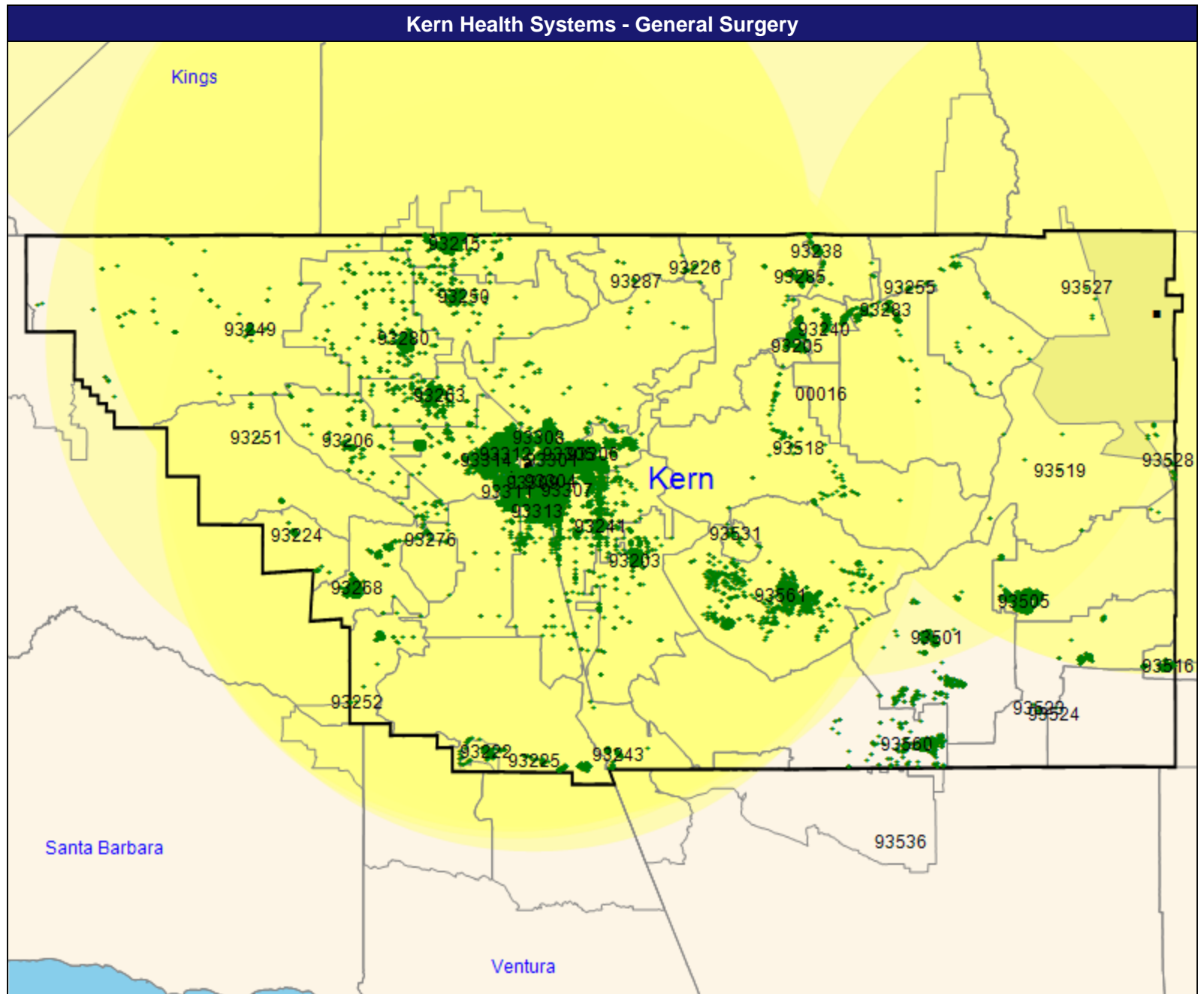
18.19 miles



Kern Health Systems - Q3 Geo Access

- KHS - General Surgery
- 40 providers at 28 locations
- All providers
- 45 mile radius
- Kern Health Systems - General Surgery
- Employee Group
- Kern Membership
- Provider Group
- KHS - General Surgery
- 244,086 member locations
- ◆ With access (244,086)
- Without access (0)
- The Access Standard is defined as (Kern Membership) members accessing:
- 1 (KHS - General Surgery) provider in
- 45 miles or 75 minutes

18.19 miles



Kern Health Systems - Q3 Geo Access

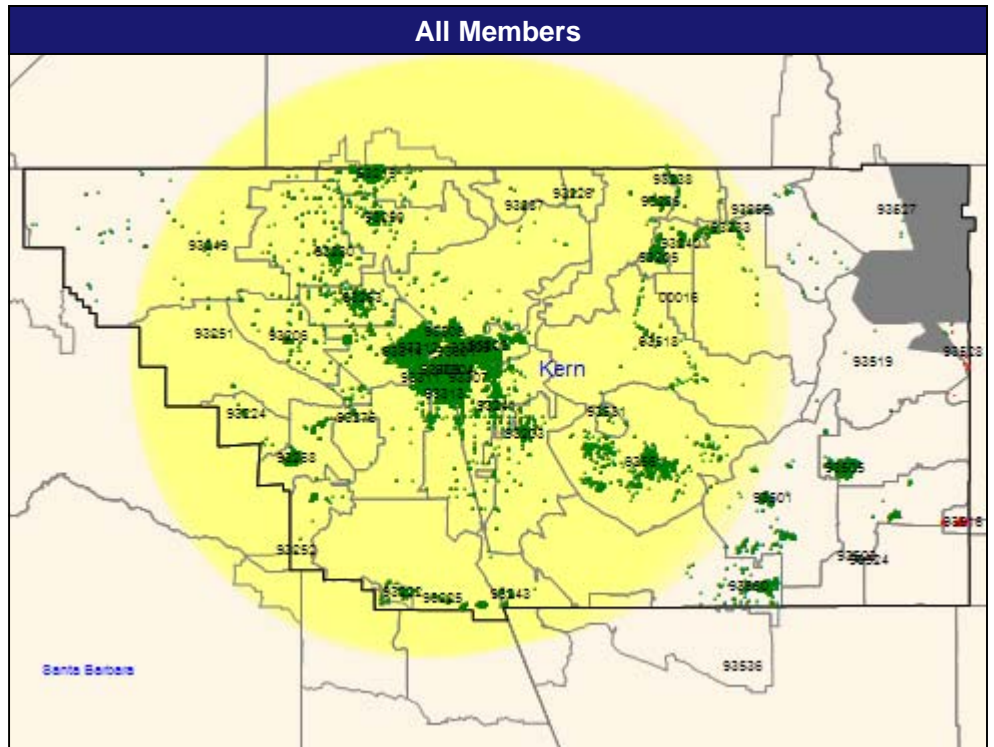
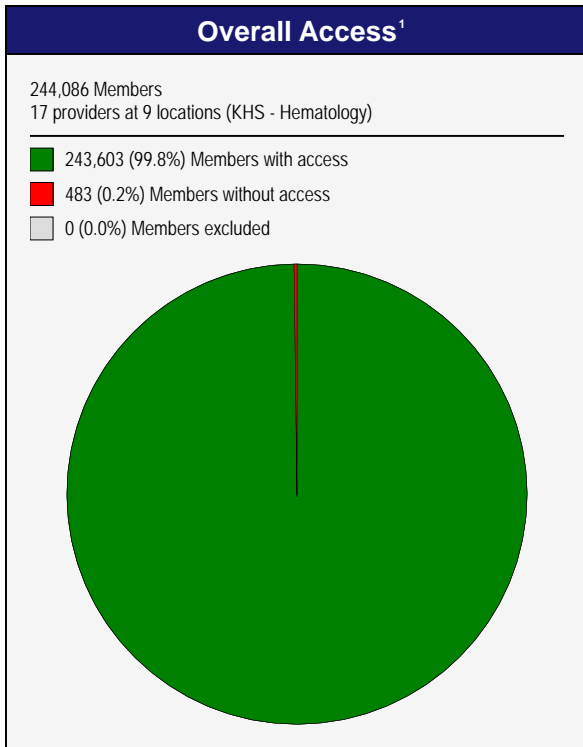
Access Analysis
Kern Health Systems - Hematology

Member / Provider Groups
Kern Membership
KHS - Hematology

Access Map
Member locations
◆ With access
● Without access

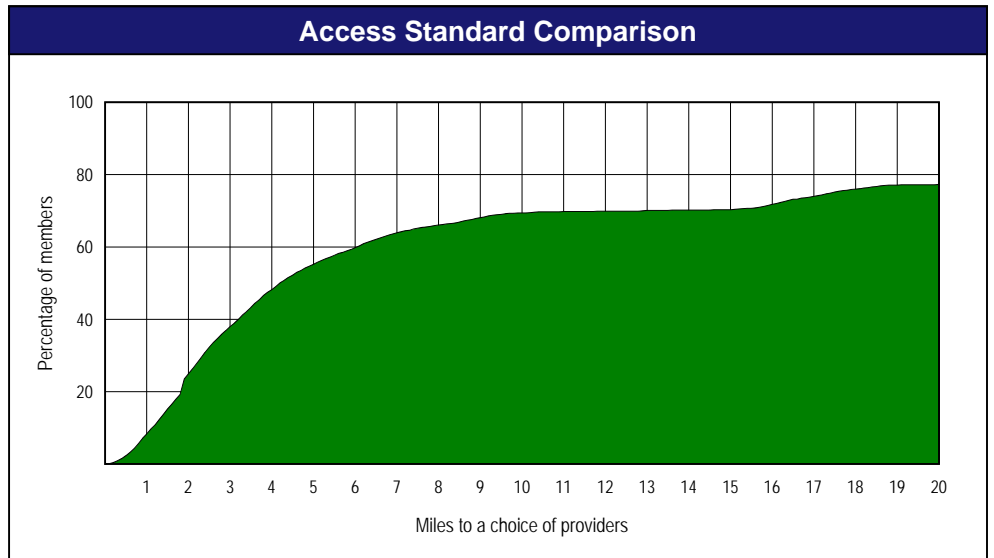
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Hematology) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	11.4 miles 12.6 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Hematology
 Member / Provider Groups
 Kern Membership
 KHS - Hematology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	28.1	29.5
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.9	2.5
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.7	0.9
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.7	0.9
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	6.3	10.0
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.4	3.3
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	7.8	8.2
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	25.2	26.5
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	4.9	8.5
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	27.3	28.7
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	5.7	8.2
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	24.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	15.0	15.8
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	4.8	5.0
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	8.2	10.1
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	4.6	8.0
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	2.6	3.0
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.2	2.4
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	1.1	1.1
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	35.2	37.0
Boron, CA	93516	459	1 in 45 miles or 75 mins	0	0.0	459	100.0	80.4	84.6
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	34.0	36.2
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	39.7	41.7
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	60.2	63.3
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	61.7	64.9
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	63.2	66.5
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	36.0	38.3
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	31.2	32.9
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	8.8	10.2
Edwards, CA	93523	217	1 in 45 miles or 75 mins	213	98.2	4	1.8	71.5	75.2
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	71.7	75.4
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	32.9	34.6
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	39.9	42.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.9	36.7
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	68.3	71.8
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	4	17.4	19	82.6	74.0	77.8

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Hematology
 Member / Provider Groups
 Kern Membership
 KHS - Hematology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	28.7	30.2
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	50.1	52.7
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	42.4	44.6
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	10.6	14.6
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	39.9	42.0
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	66.0	70.1
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	43.4	45.6
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	31.6	33.6
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	36.6	39.0
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	62.0	65.2
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	54.2	57.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	58.0	61.0
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	38.8	40.8
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	69.1	72.7
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	25.5	26.8
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	33.2	34.9
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	45.0	47.3
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	37.9	39.8
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	21.6	22.7
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	43.8	46.1
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	48.9	51.4
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	44.0	46.3
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	30.3	31.8
Grand Totals		244,086	1 in 45 miles or 75 mins	243,603	99.8	483	0.2	80.4	84.6

Kern Health Systems - Q3 Geo Access

KHS - Hematology

17 providers at 9 locations

■ All providers

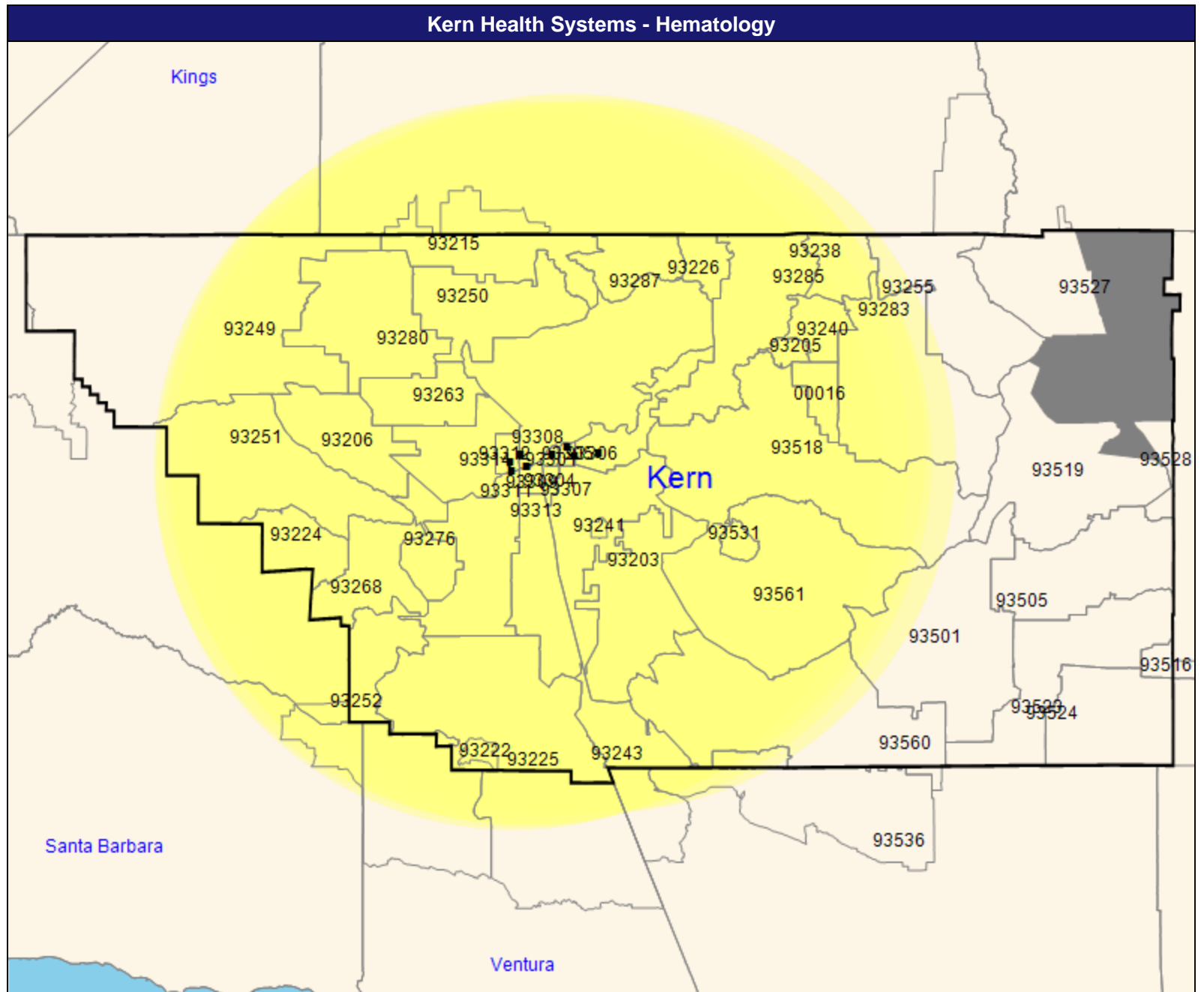
KHS - Hematology

17 providers at 9 locations

■ All providers

○ 45 mile radius

18.19 miles



Kern Health Systems - Q3 Geo Access

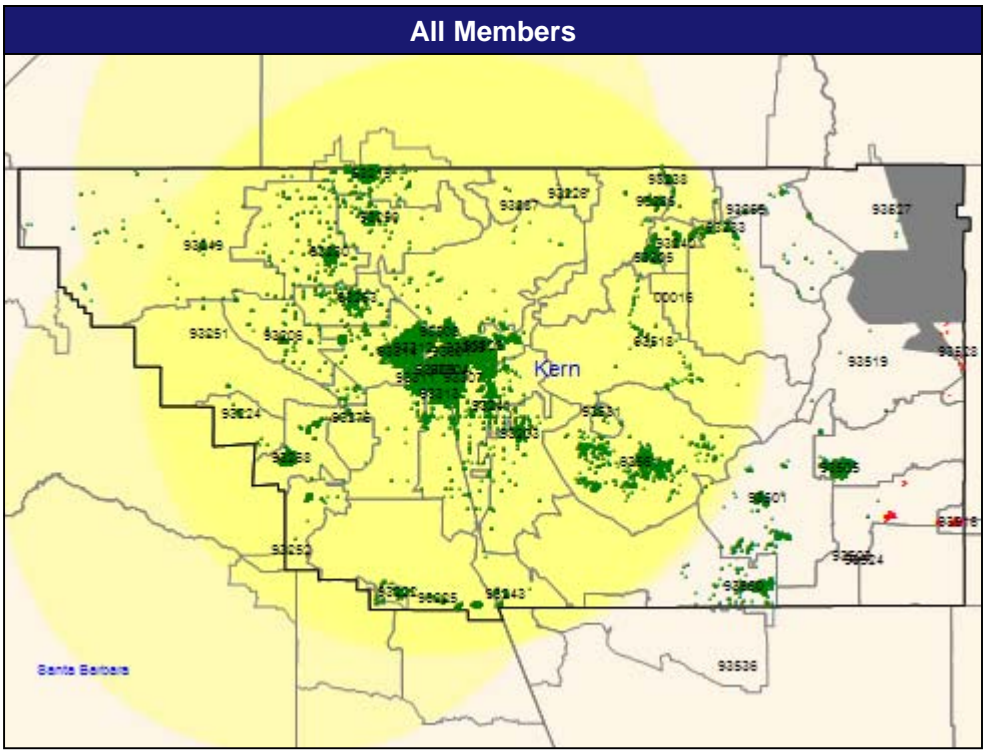
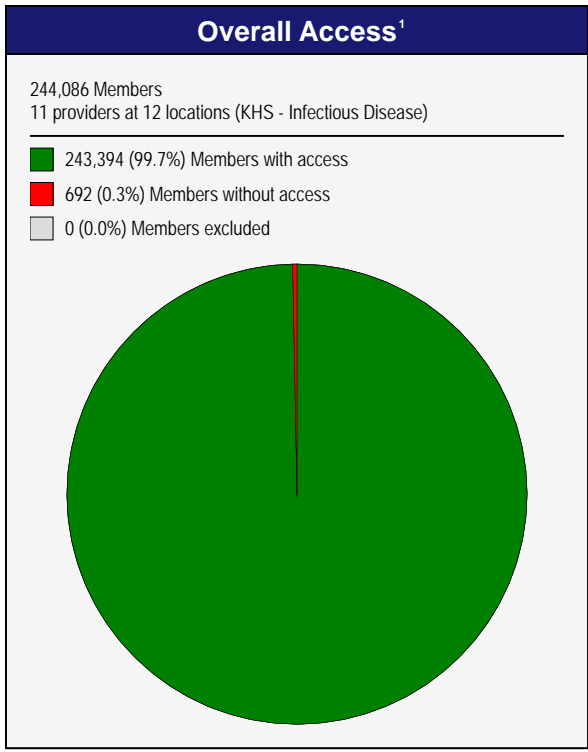
Access Analysis
 Kern Health Systems - Infectious Disease

Member / Provider Groups
 Kern Membership
 KHS - Infectious Disease

Access Map
 Member locations
 ◆ With access
 ● Without access

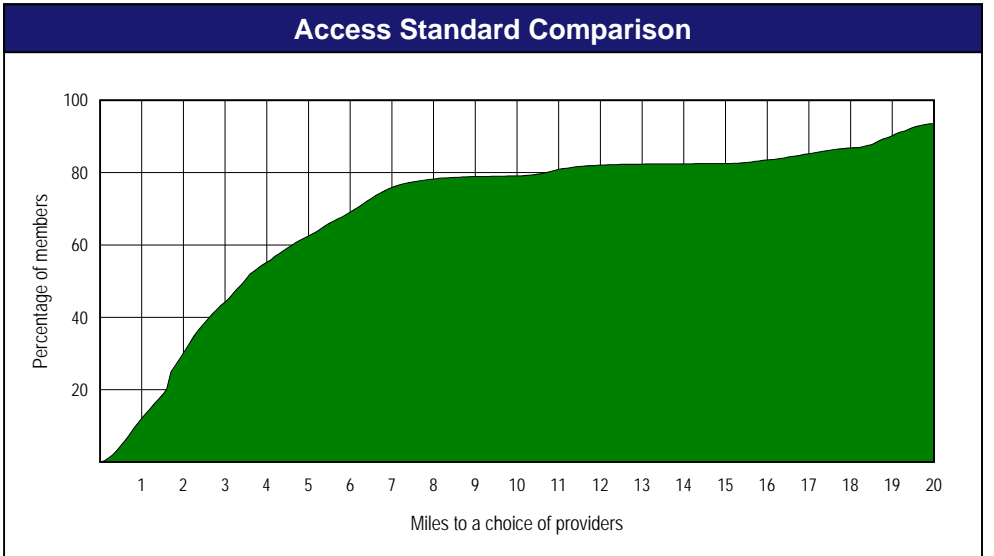
Comparison Graph
 Percent of members with access to a choice of providers over miles
 ■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - Infectious Disease) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	8.0 miles 9.0 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Infectious Disease
 Member / Provider Groups
 Kern Membership
 KHS - Infectious Disease

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	30.0	31.5
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.7	2.2
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.4	0.5
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.4	0.5
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	5.5	8.8
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.3	3.3
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.6	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	28.4	29.8
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	4.7	7.8
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	19.3	20.3
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	8.3	11.5
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	24.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	17.2	18.5
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	5.0	5.2
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	7.8	8.8
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	3.9	6.0
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	2.3	2.7
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.2	2.4
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	3.4	4.6
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	37.3	39.5
Boron, CA	93516	459	1 in 45 miles or 75 mins	0	0.0	459	100.0	82.9	87.2
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	31.4	33.0
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	42.6	44.8
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	62.7	66.0
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	64.2	67.5
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	66.1	69.5
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	8.5	8.9
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.8	0.8
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	8.6	10.1
Edwards, CA	93523	217	1 in 45 miles or 75 mins	8	3.7	209	96.3	73.8	77.6
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	73.6	77.4
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	17.0	17.8
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	39.9	42.2
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	33.9	35.6
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	71.1	74.8
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	0	0.0	23	100.0	77.1	81.1

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Infectious Disease
 Member / Provider Groups
 Kern Membership
 KHS - Infectious Disease

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	30.7	32.3
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	51.9	55.0
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	44.4	47.1
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	12.5	17.2
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	40.2	42.3
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	54.2	57.0
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	14.4	15.1
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	15.8	16.6
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	34.1	35.8
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	63.5	66.8
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	56.1	59.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	60.5	63.6
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	34.7	36.5
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	70.4	74.1
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	25.7	27.0
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	13.9	14.6
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	46.6	49.0
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	39.7	41.7
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	17.3	20.0
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	26.7	28.1
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	50.8	53.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	45.6	48.3
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	30.0	31.5
Grand Totals		244,086	1 in 45 miles or 75 mins	243,394	99.7	692	0.3	82.9	87.2

Kern Health Systems - Q3 Geo Access

KHS - Infectious Disease

11 providers at 12 locations

■ All providers

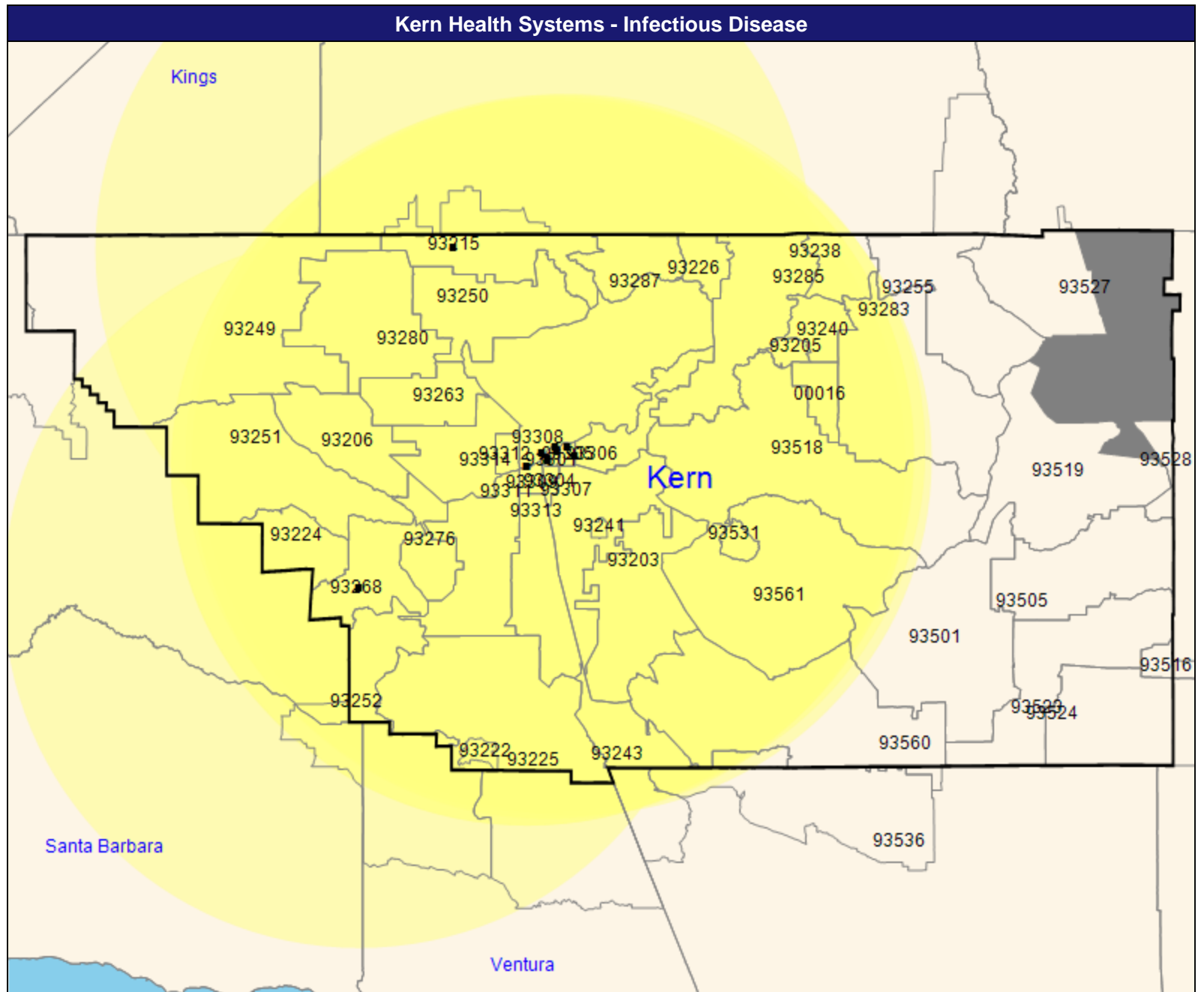
KHS - Infectious Disease

11 providers at 12 locations

■ All providers

○ 45 mile radius

18.19 miles



Kern Health Systems - Q3 Geo Access

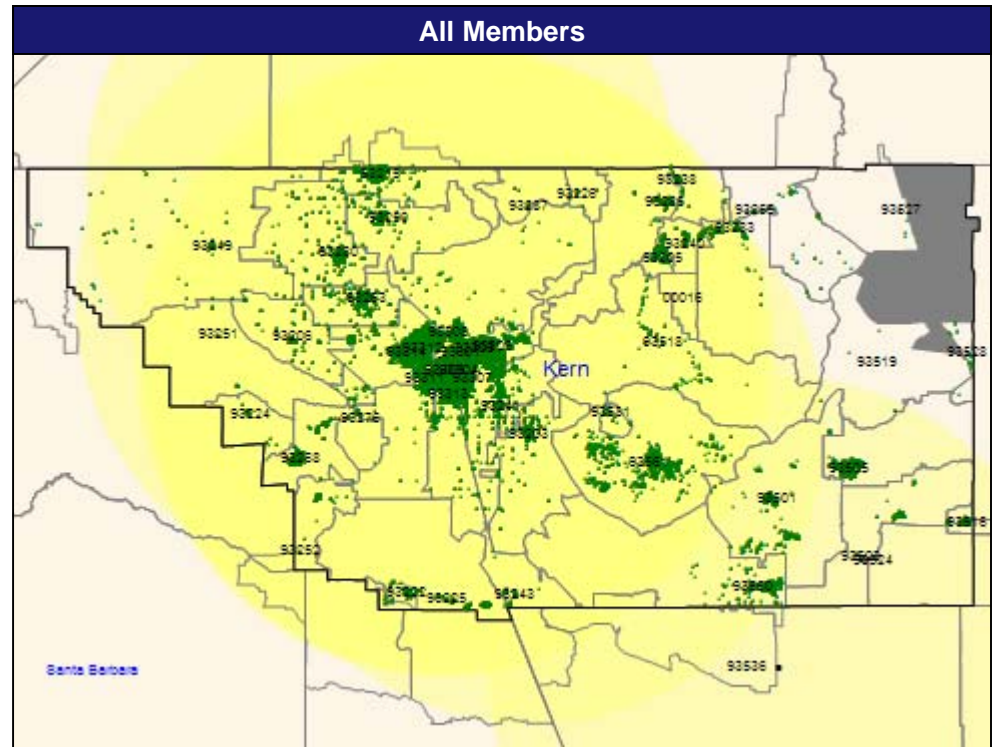
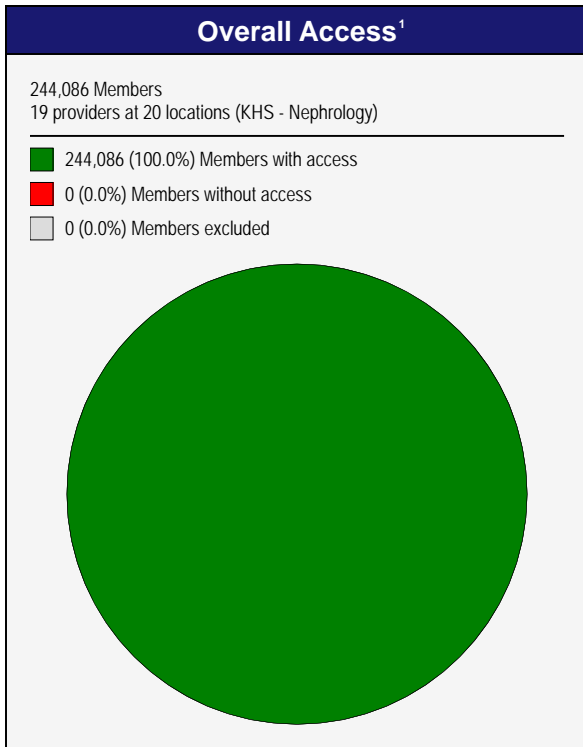
Access Analysis
Kern Health Systems - Nephrology

Member / Provider Groups
Kern Membership
KHS - Nephrology

Access Map
Member locations
◆ With access
● Without access

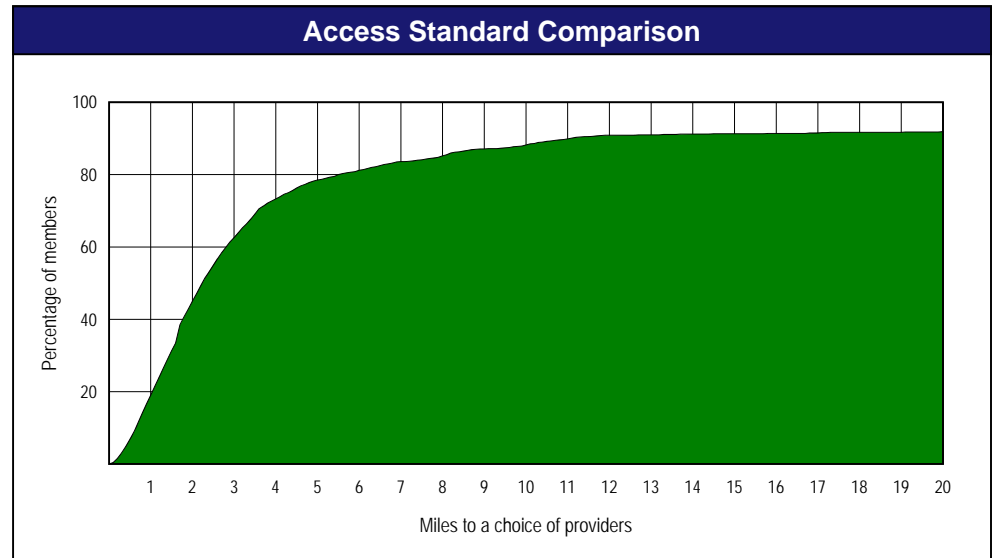
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Nephrology) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	5.3 miles 5.9 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Nephrology
 Member / Provider Groups
 Kern Membership
 KHS - Nephrology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	18.3	19.2
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.7	2.2
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.5	0.6
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.5	0.6
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	3.9	5.6
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.3	3.3
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.6	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	18.1	19.0
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	28.4	29.8
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	2.7	4.1
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	26.7	28.1
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	5.0	6.8
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	19.4	20.4
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	12.9	13.5
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	4.1	4.3
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	4.7	4.9
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.9	2.7
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	0.9	0.9
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.1	2.2
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	1.1	1.1
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	37.3	39.5
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	45.8	53.8
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	21.3	22.4
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	35.7	37.5
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	36.6	43.0
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	38.4	45.1
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	56.6	61.2
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	8.4	8.8
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.9	0.9
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	7.0	7.3
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	43.5	51.1
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	29.6	34.8
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	31.7	33.3
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	34.2	36.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	33.8	35.5
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	71.1	74.8
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	64.8	74.0

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Nephrology
 Member / Provider Groups
 Kern Membership
 KHS - Nephrology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	15.9	16.7
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	51.9	55.0
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	44.4	47.1
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	9.0	12.4
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	28.2	29.6
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	54.1	56.9
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	43.0	45.2
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	15.0	15.7
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	30.5	32.1
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	39.1	46.0
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	26.4	31.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	60.5	63.6
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	37.1	39.0
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	26.8	31.5
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	9.7	10.2
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	31.7	33.3
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	32.2	33.8
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	23.6	24.8
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	20.9	22.0
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	21.6	22.7
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	50.8	53.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	45.6	48.3
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	29.9	31.4
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	71.1	74.8

Kern Health Systems - Q3 Geo Access

KHS - Nephrology

19 providers at 20 locations

■ All providers

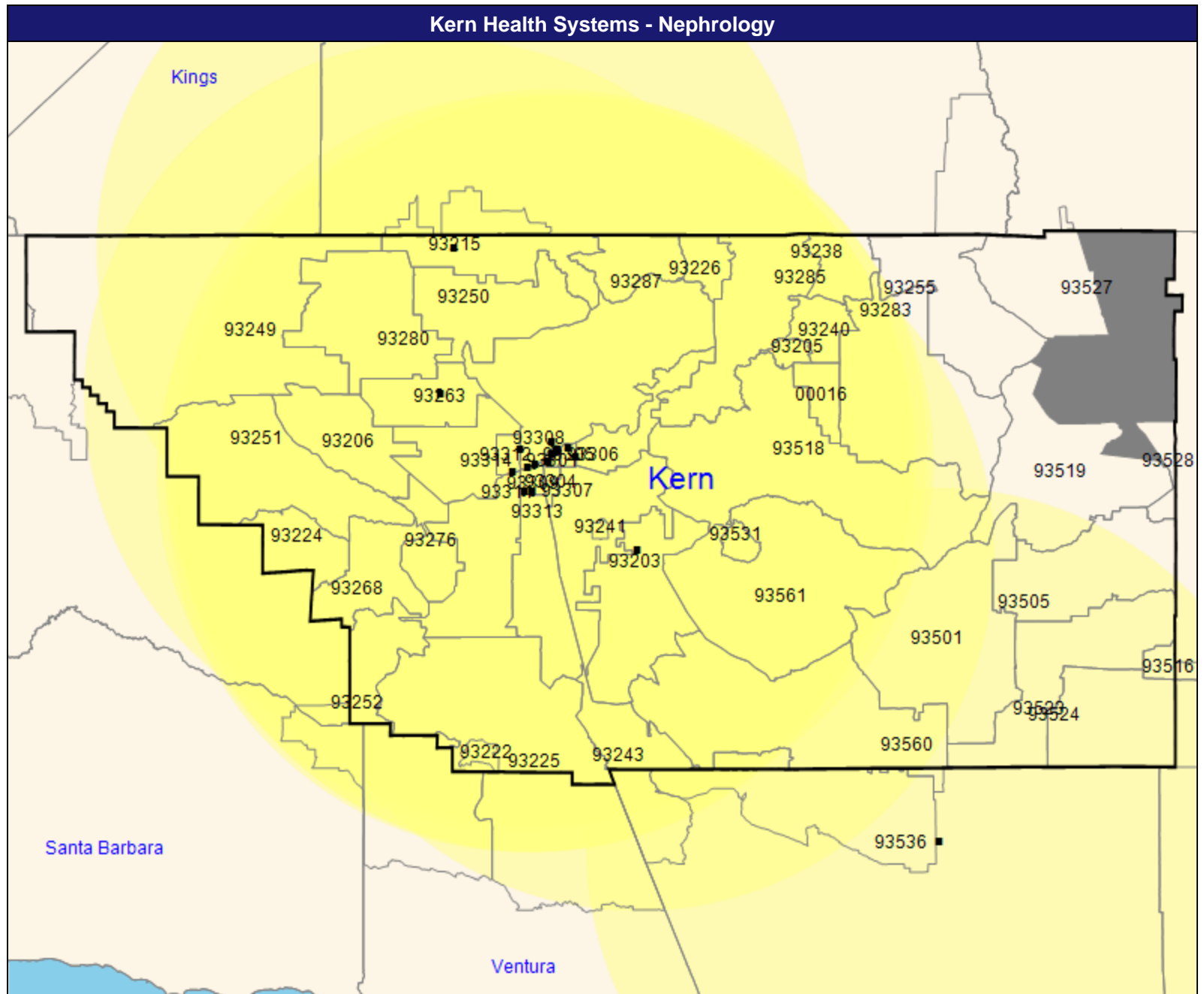
KHS - Nephrology

19 providers at 20 locations

■ All providers

○ 45 mile radius

18.19 miles



Kern Health Systems - Q3 Geo Access

KHS - Nephrology

19 providers at 20 locations

- All providers
- 45 mile radius

Kern Health Systems - Nephrology

Employee Group

Kern Membership

Provider Group

KHS - Nephrology

244,086 member locations

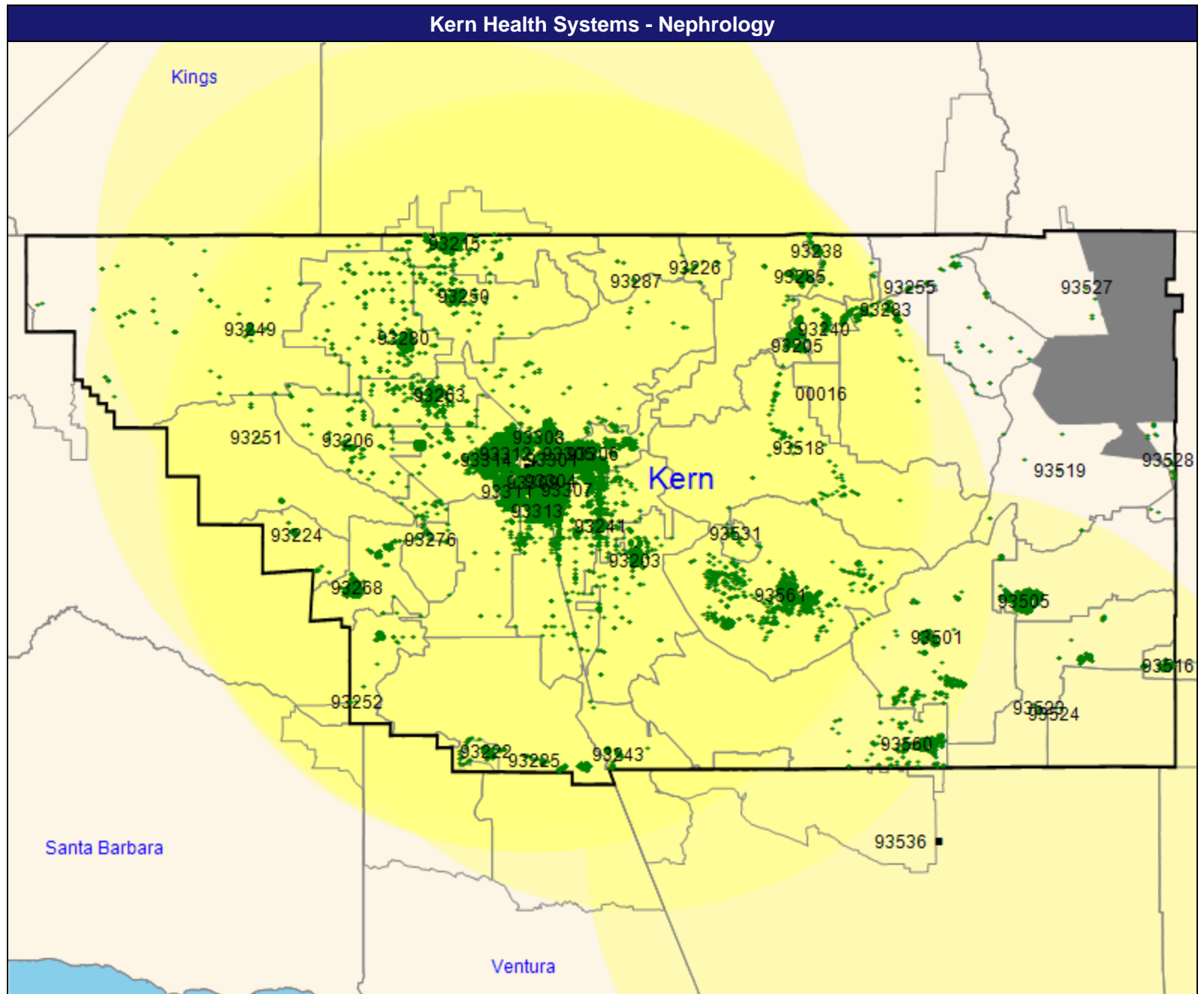
- ◆ With access (244,086)
- Without access (0)

The Access Standard is defined as (Kern

Membership) members accessing:

1 (KHS - Nephrology) provider in 45

miles or 75 minutes



Kern Health Systems - Q3 Geo Access

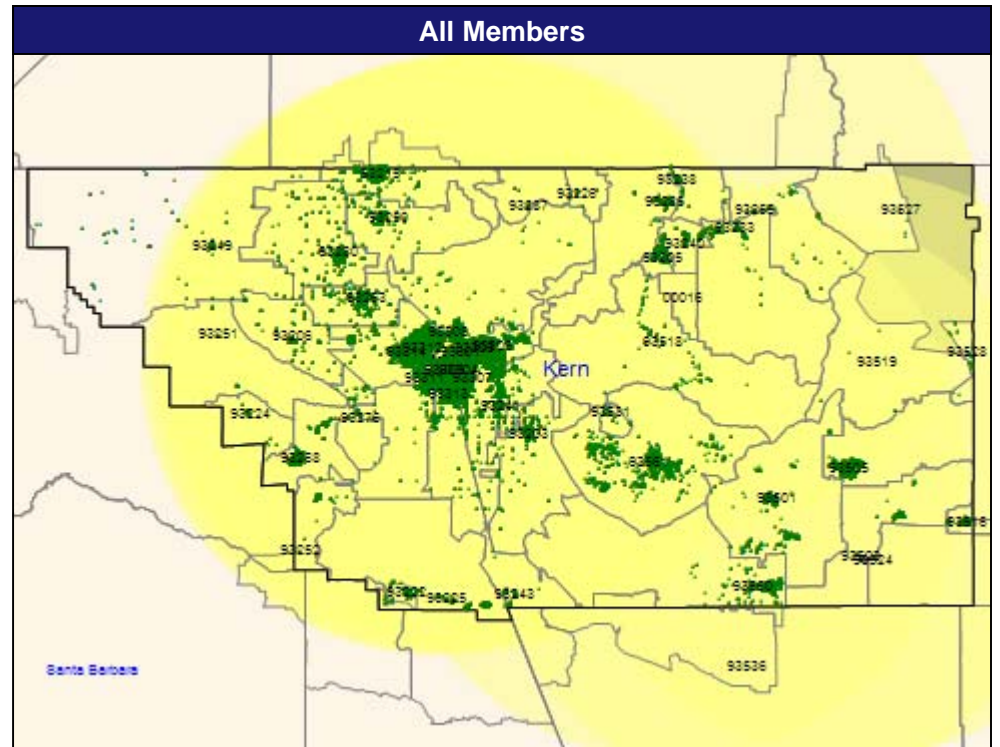
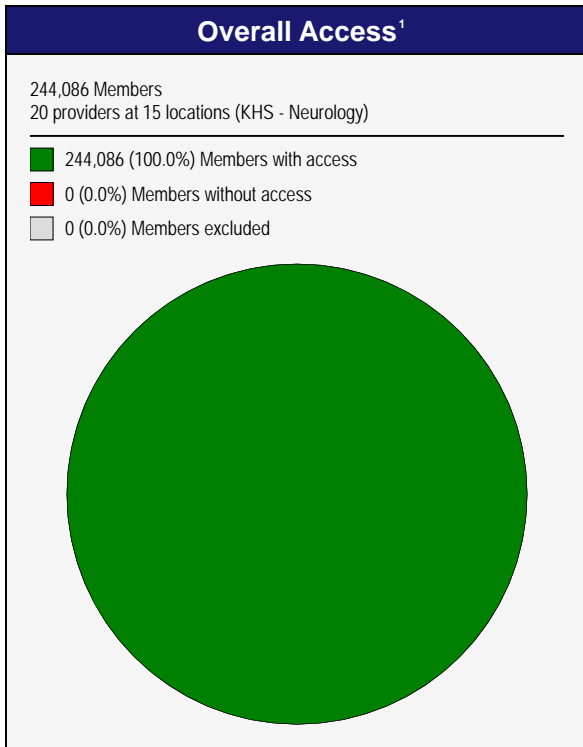
Access Analysis
Kern Health Systems - Neurology

Member / Provider Groups
Kern Membership
KHS - Neurology

Access Map
Member locations
◆ With access
● Without access

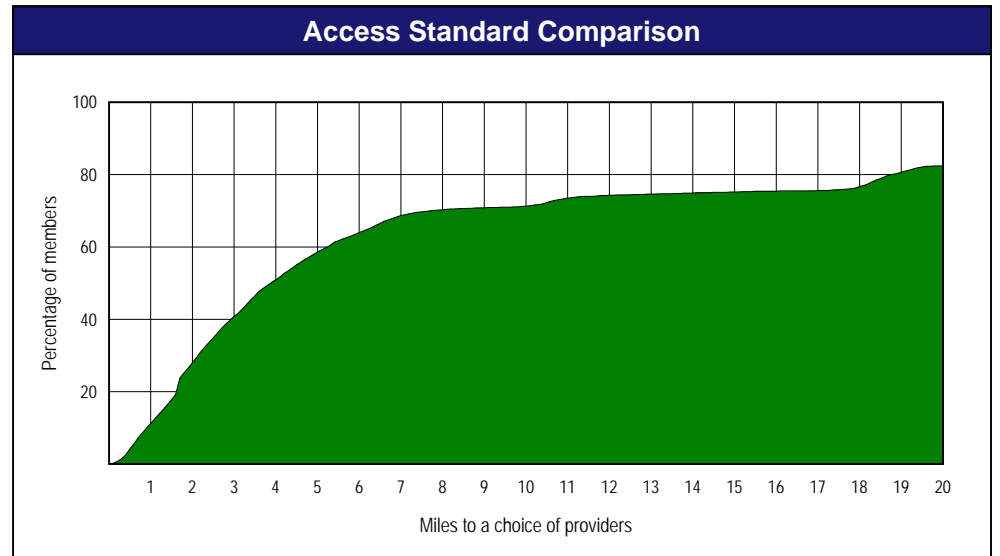
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Neurology) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	9.3 miles 10.8 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Neurology
 Member / Provider Groups
 Kern Membership
 KHS - Neurology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	28.4	29.8
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.7	2.2
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.6	0.8
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.6	0.8
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	5.5	8.8
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.3	3.3
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	9.2	9.6
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	23.5	24.7
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	4.4	7.6
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	28.6	34.2
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	6.6	11.5
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	24.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	15.8	18.5
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	5.0	5.2
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	7.7	8.8
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	3.7	5.9
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	2.4	2.8
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.2	2.4
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	2.7	3.7
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	8.7	9.1
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	25.1	26.4
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	34.8	38.6
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	20.7	21.7
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	0.5	0.5
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	4.3	4.5
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	22.6	23.7
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	36.9	40.8
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	31.9	35.1
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	8.6	10.1
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	16.2	17.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	17.5
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	34.2	39.4
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	39.9	42.2
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	24.0	25.2
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	34.6	36.4
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	34.1	35.8

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Neurology
 Member / Provider Groups
 Kern Membership
 KHS - Neurology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	17.6	18.5
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	12.4	13.0
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	6.9	7.2
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	12.2	16.8
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	40.2	42.3
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	66.8	72.5
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	44.6	50.8
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	32.4	36.2
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	37.4	41.5
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	13.7	14.4
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	27.5	28.9
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	40.0	44.9
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	24.1	25.3
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	26.2	28.9
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	34.6	39.8
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	17.7	18.6
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	1.3	1.3
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	23.0	28.4
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	44.6	47.7
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	20.8	21.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	14.4	15.1
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	26.2	27.5
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	66.8	72.5

Kern Health Systems - Q3 Geo Access

KHS - Neurology

20 providers at 15 locations

■ All providers

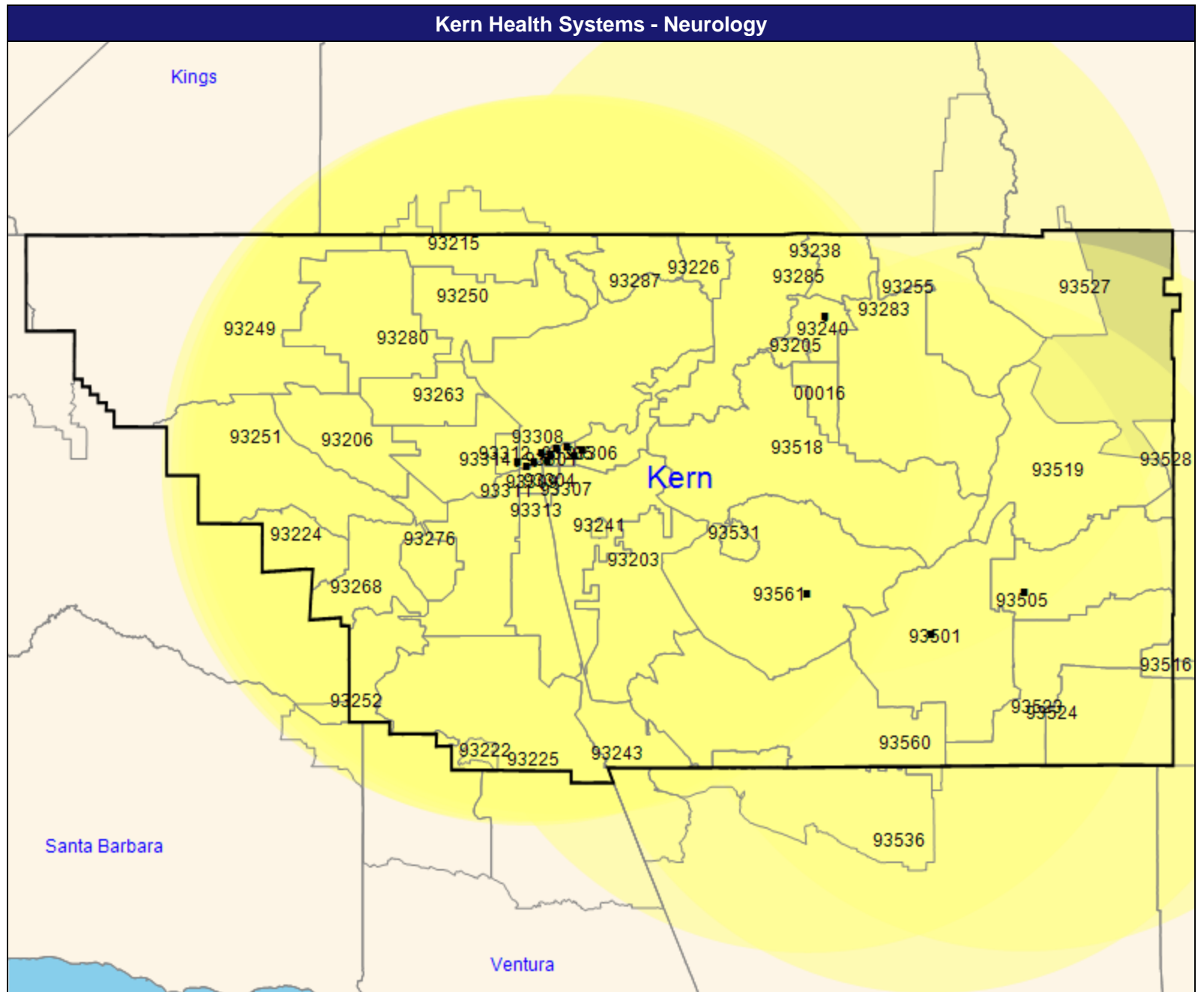
KHS - Neurology

20 providers at 15 locations

■ All providers

○ 45 mile radius

18.19 miles



Kern Health Systems - Q3 Geo Access

KHS - Neurology

20 providers at 15 locations

- All providers
- 45 mile radius

Kern Health Systems - Neurology

Employee Group

Kern Membership

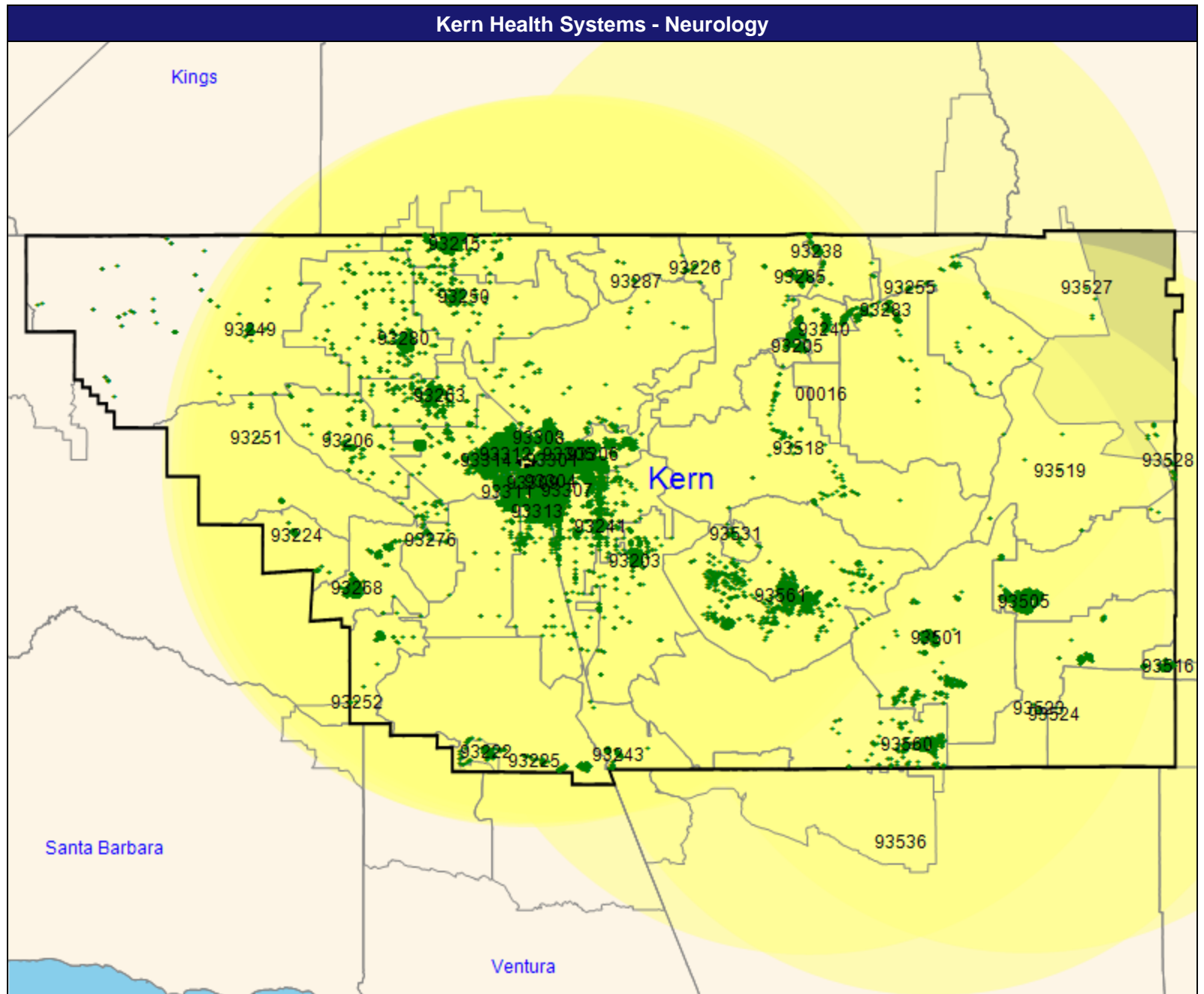
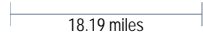
Provider Group

KHS - Neurology

244,086 member locations

- ◆ With access (244,086)
- Without access (0)

The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Neurology) provider in 45 miles or 75 minutes



Kern Health Systems - Q3 Geo Access

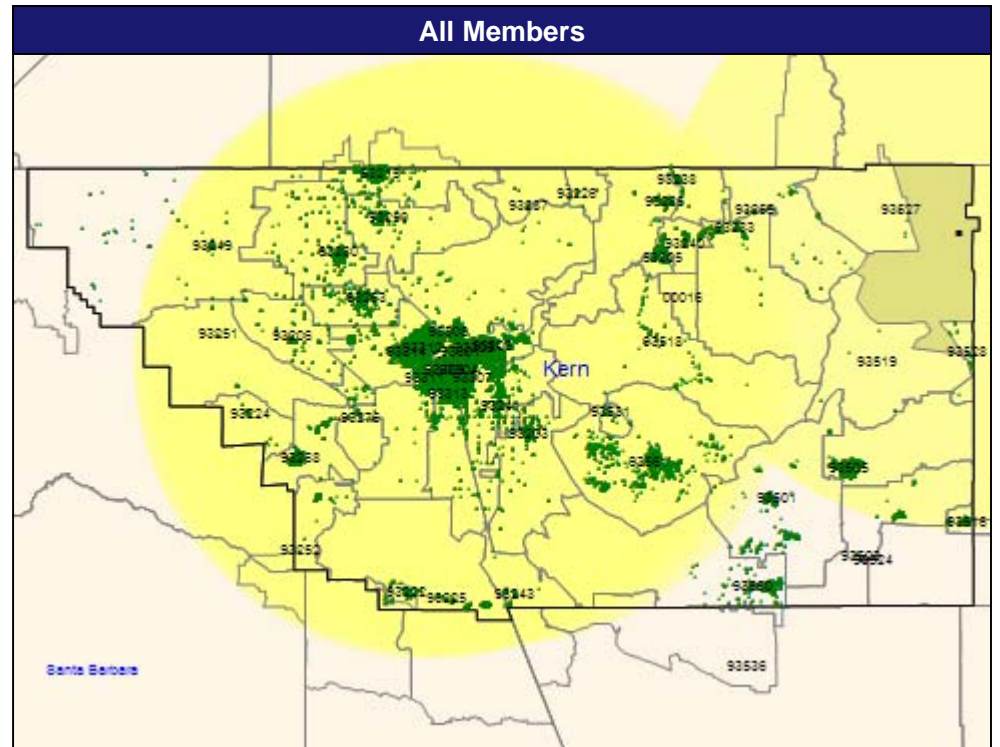
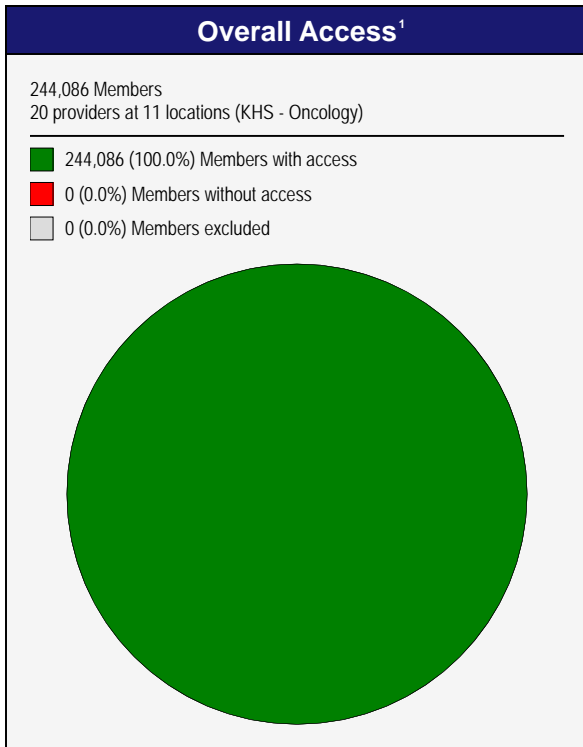
Access Analysis
Kern Health Systems - Oncology

Member / Provider Groups
Kern Membership
KHS - Oncology

Access Map
Member locations
◆ With access
● Without access

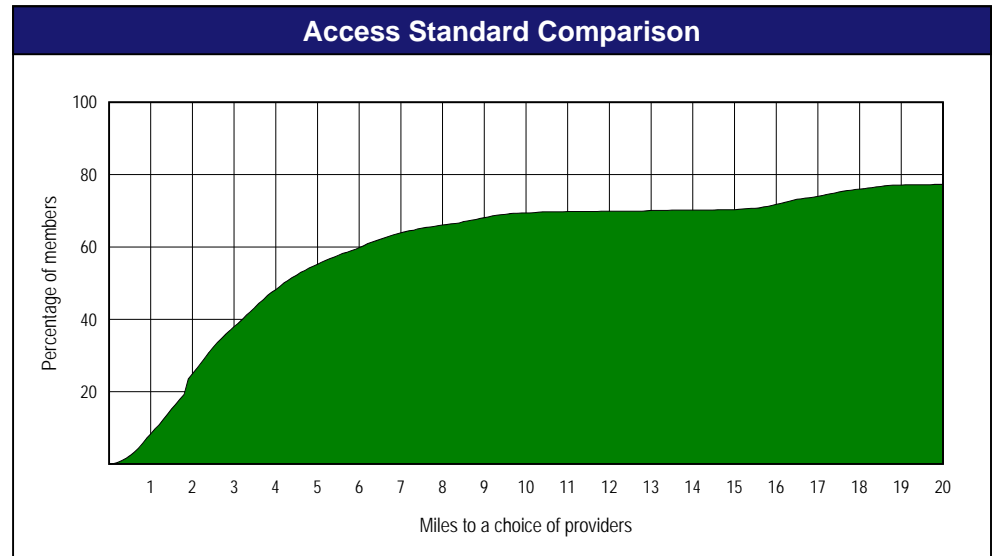
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Oncology) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	11.1 miles 12.3 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Oncology
 Member / Provider Groups
 Kern Membership
 KHS - Oncology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	28.1	29.5
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.9	2.5
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.7	0.9
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.7	0.9
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	6.3	10.0
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.4	3.3
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	7.8	8.2
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	25.2	26.5
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	4.9	8.5
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	27.3	28.7
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	5.7	8.2
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	24.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	15.0	15.8
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	4.8	5.0
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	8.2	10.1
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	4.6	8.0
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	2.6	3.0
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.2	2.4
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	1.1	1.1
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	35.2	37.0
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	45.4	47.7
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	34.0	36.2
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	39.7	41.7
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	44.3	46.6
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	47.3	49.7
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	41.7	43.8
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	36.0	38.3
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	31.2	32.9
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	8.8	10.2
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	55.0	57.8
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	53.4	56.2
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	32.9	34.6
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	39.9	42.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.9	36.7
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	11.9	12.5
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	25.0	26.3

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Oncology
 Member / Provider Groups
 Kern Membership
 KHS - Oncology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	28.7	30.2
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	47.2	49.6
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	40.5	42.6
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	10.6	14.6
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	39.9	42.0
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	66.0	70.1
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	43.4	45.6
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	31.6	33.6
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	36.6	39.0
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	61.9	65.1
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	54.2	57.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	33.5	35.2
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	38.8	40.8
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	68.3	71.8
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	25.5	26.8
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	33.2	34.9
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	45.0	47.3
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	37.9	39.8
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	21.6	22.7
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	43.8	46.1
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	39.7	41.7
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	44.0	46.3
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	30.3	31.8
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	68.3	71.8

Kern Health Systems - Q3 Geo Access

KHS - Oncology

20 providers at 11 locations

■ All providers

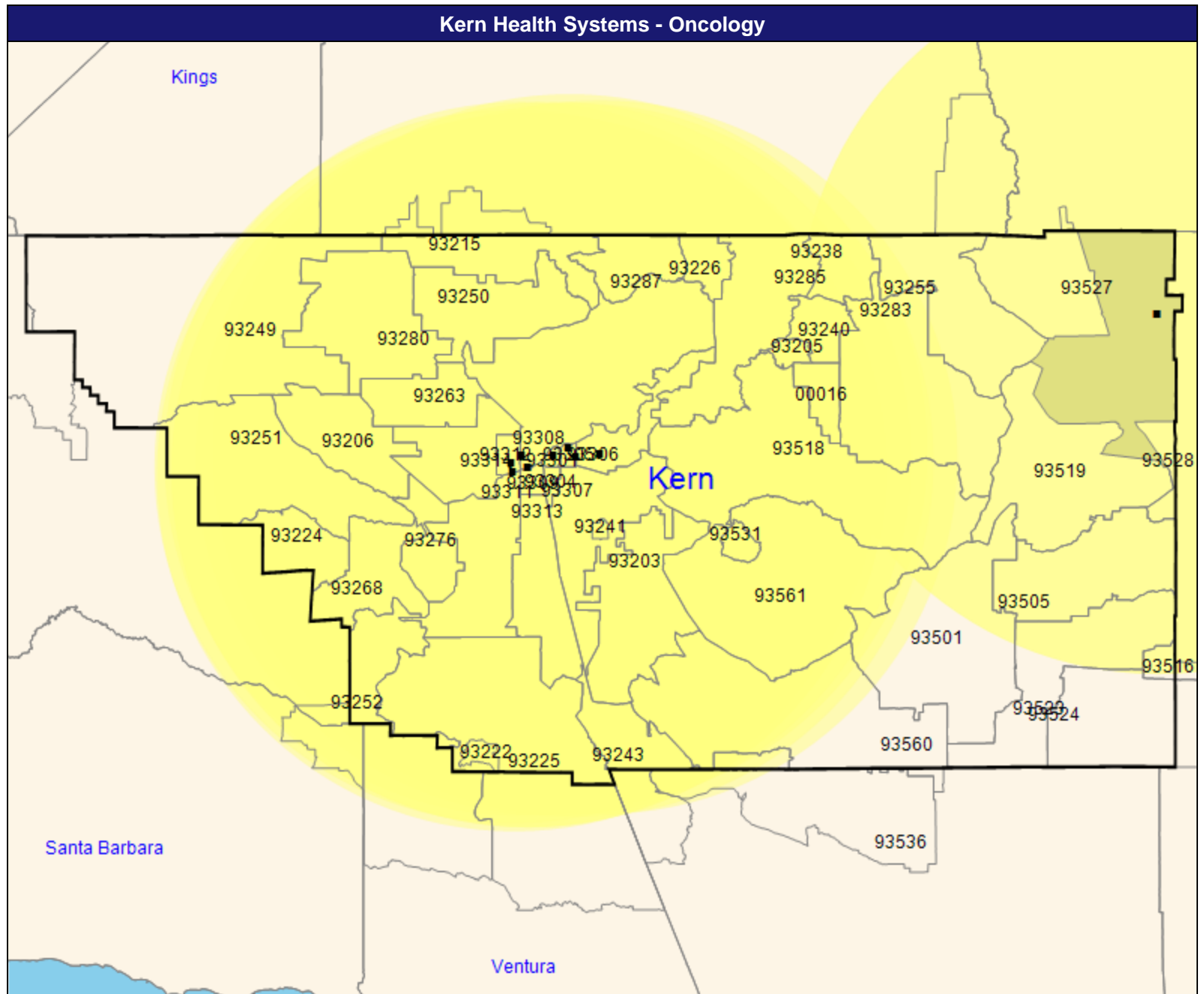
KHS - Oncology

20 providers at 11 locations

■ All providers

○ 45 mile radius

18.19 miles



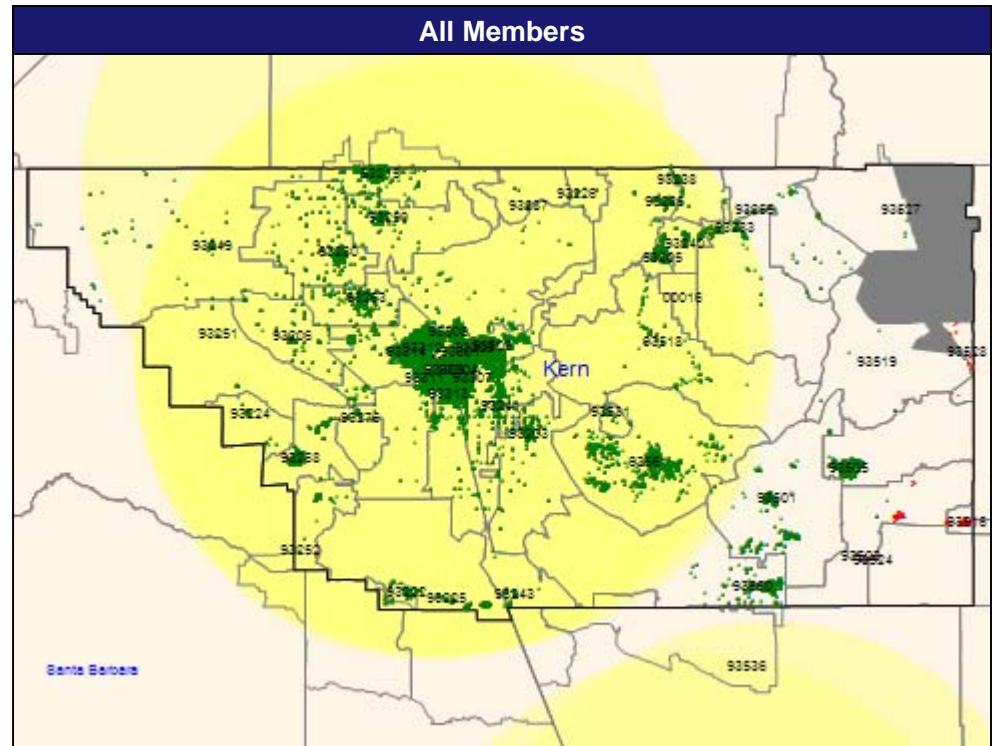
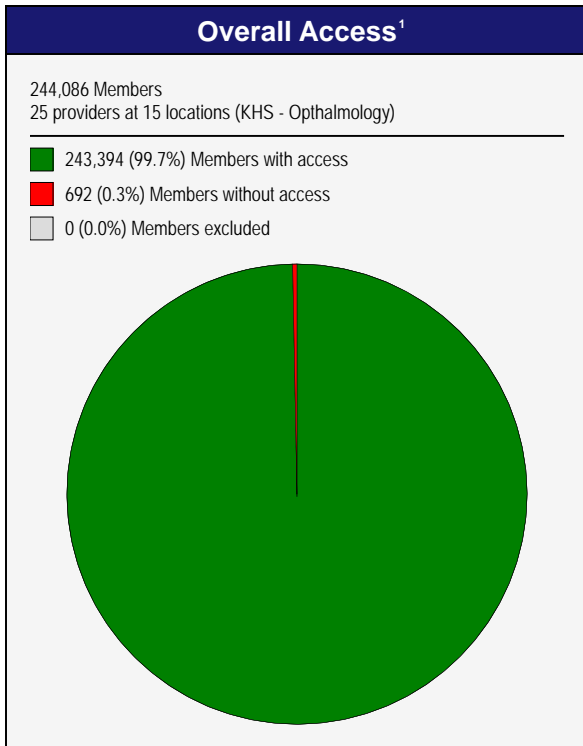
Kern Health Systems - Q3 Geo Access

Access Analysis
 Kern Health Systems - Ophthalmology
 Member / Provider Groups
 Kern Membership
 KHS - Ophthalmology

Access Map
 Member locations
 ◆ With access
 ● Without access

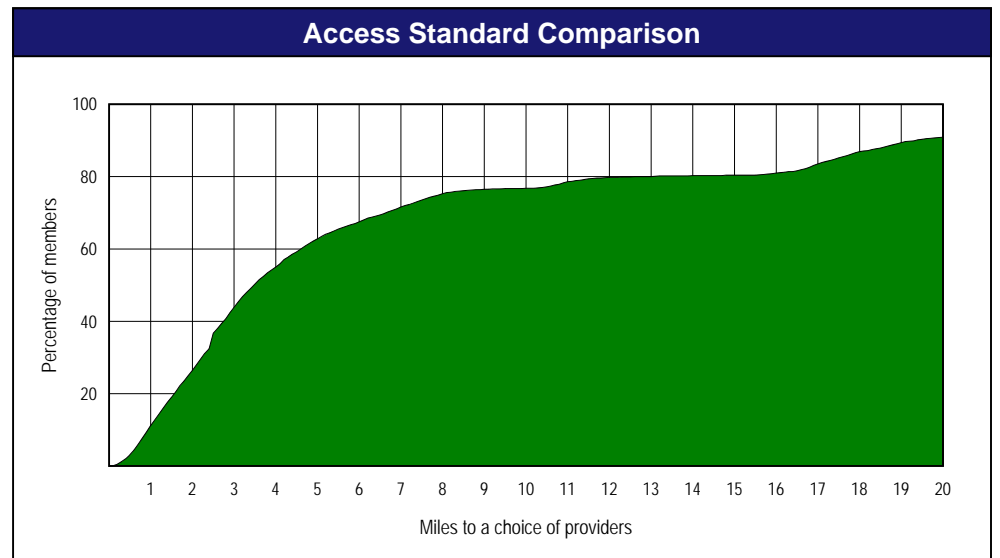
Comparison Graph
 Percent of members with access to a choice of providers over miles
 ■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - Ophthalmology) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	8.5 miles 9.6 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Ophthalmology
 Member / Provider Groups
 Kern Membership
 KHS - Ophthalmology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	30.0	31.5
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	2.4	3.4
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	1.0	1.3
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	1.0	1.3
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	6.2	9.9
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.6	3.8
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.6	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	28.4	29.8
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	3.8	6.7
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	27.2	28.6
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	5.4	7.4
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	24.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	14.6	15.3
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	3.8	4.0
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	7.1	8.9
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	3.5	5.7
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	3.7	4.5
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.3	0.6
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	1.0	1.0
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	37.3	39.5
Boron, CA	93516	459	1 in 45 miles or 75 mins	0	0.0	459	100.0	73.1	87.2
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	34.1	35.8
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	42.6	44.8
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	62.7	66.0
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	64.2	67.5
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	66.1	69.5
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	9.9	10.4
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.6	0.6
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	9.4	10.2
Edwards, CA	93523	217	1 in 45 miles or 75 mins	8	3.7	209	96.3	72.6	77.6
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	59.8	77.4
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	32.8	34.5
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	39.7	42.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.6	36.4
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	71.1	74.8
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	0	0.0	23	100.0	77.1	81.1

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Ophthalmology
 Member / Provider Groups
 Kern Membership
 KHS - Ophthalmology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	30.7	32.3
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	51.9	55.0
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	44.4	47.1
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	12.5	17.2
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	40.2	42.3
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	53.9	56.7
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	43.3	45.5
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	16.4	17.2
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	36.6	38.7
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	59.5	66.8
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	56.1	59.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	60.5	63.6
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	38.7	40.7
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	56.1	71.0
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	24.9	26.2
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	33.2	34.9
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	46.6	49.0
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	39.7	41.7
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	21.5	22.6
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	26.9	28.3
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	50.8	53.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	45.7	48.5
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	30.8	32.4
Grand Totals		244,086	1 in 45 miles or 75 mins	243,394	99.7	692	0.3	77.1	87.2

Kern Health Systems - Q3 Geo Access

KHS - Ophthalmology

25 providers at 15 locations

■ All providers

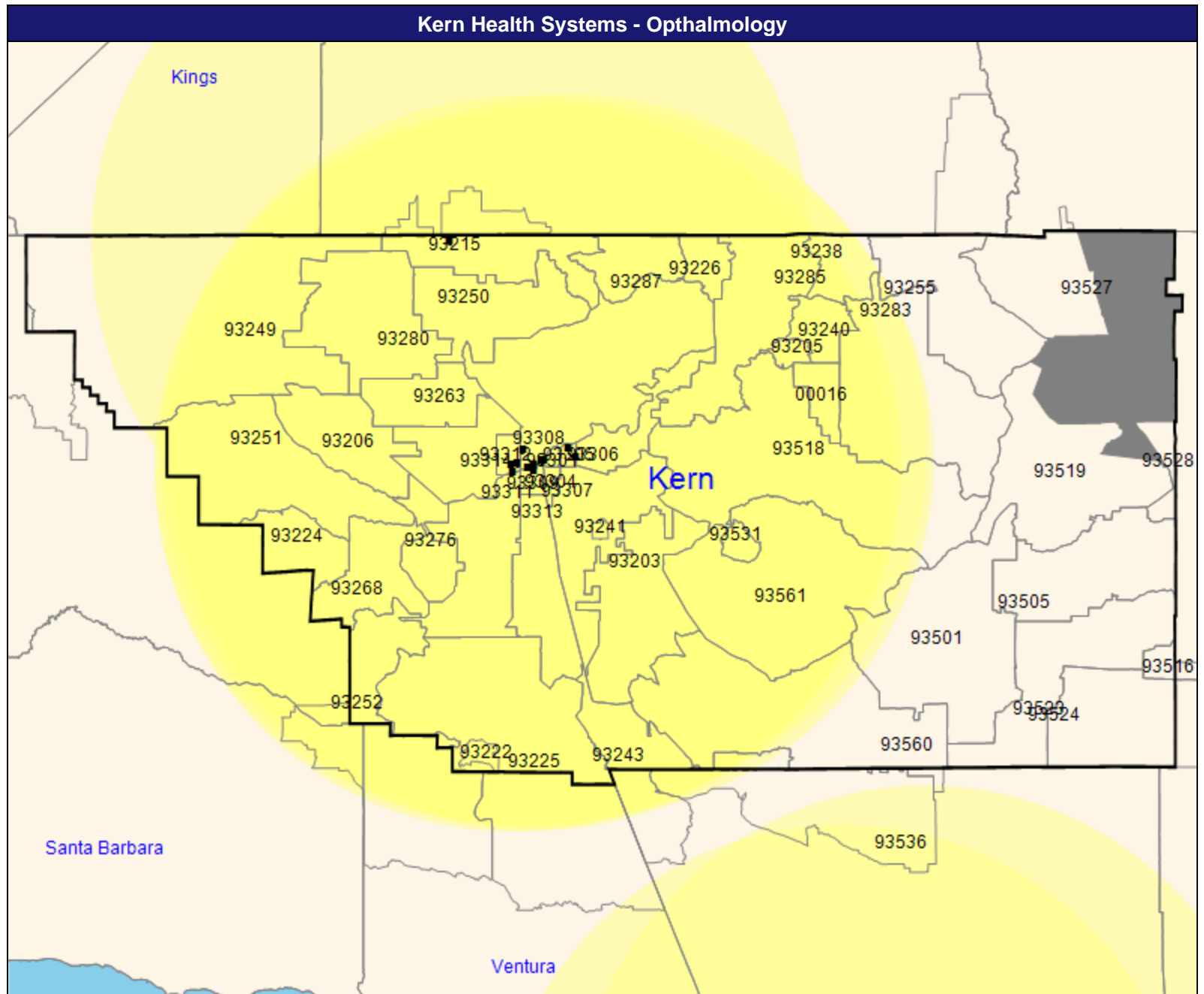
KHS - Ophthalmology

25 providers at 15 locations

■ All providers

○ 45 mile radius

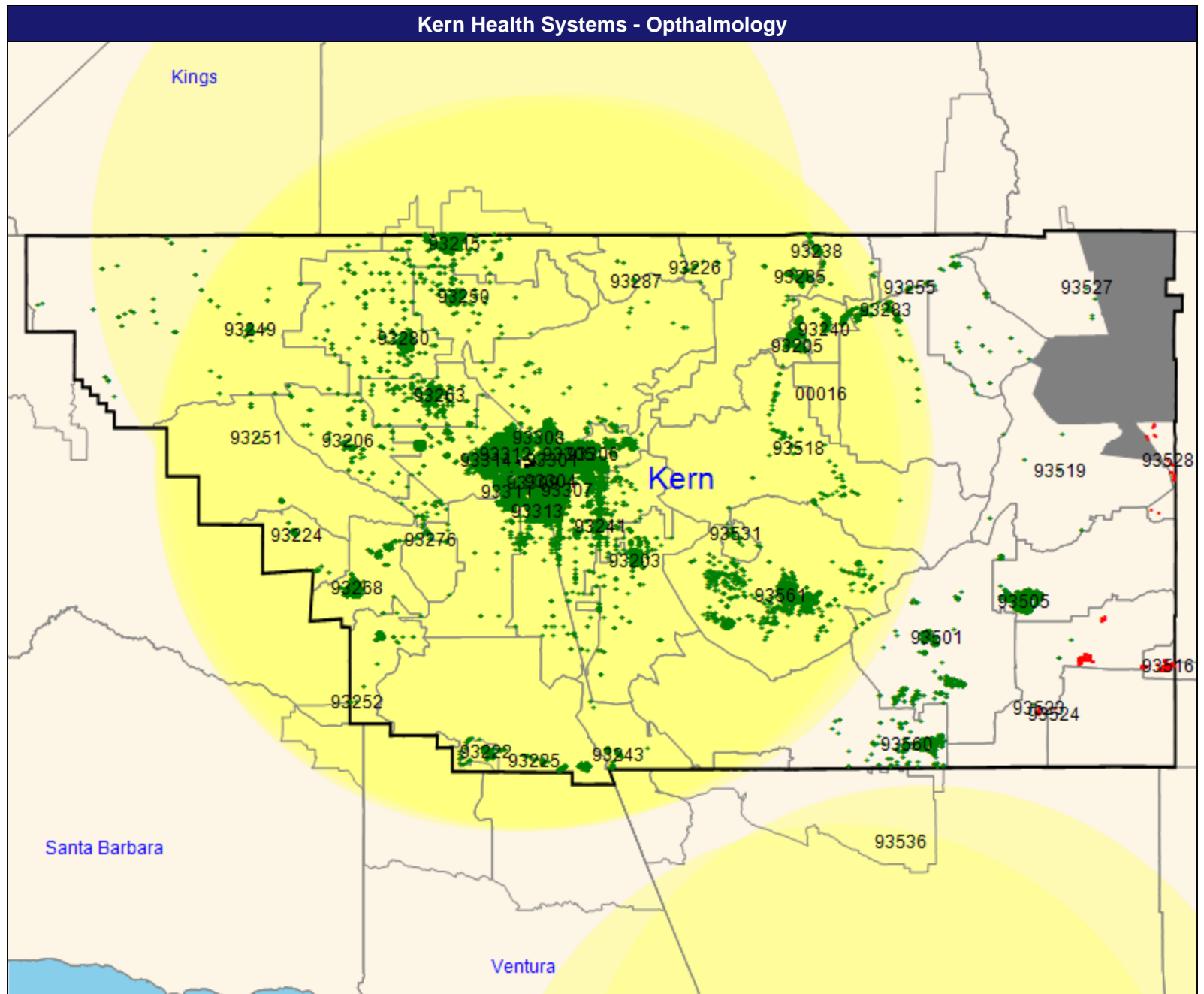
18.19 miles



Kern Health Systems - Q3 Geo Access

- KHS - Ophthalmology
- 25 providers at 15 locations
- All providers
- 45 mile radius
- Kern Health Systems - Ophthalmology
- Employee Group
- Kern Membership
- Provider Group
- KHS - Ophthalmology
- 244,086 member locations
- ◆ With access (243,394)
- Without access (692)
- The Access Standard is defined as (Kern Membership) members accessing:
- 1 (KHS - Ophthalmology) provider in 45 miles or 75 minutes

18.19 miles



Kern Health Systems - Q3 Geo Access

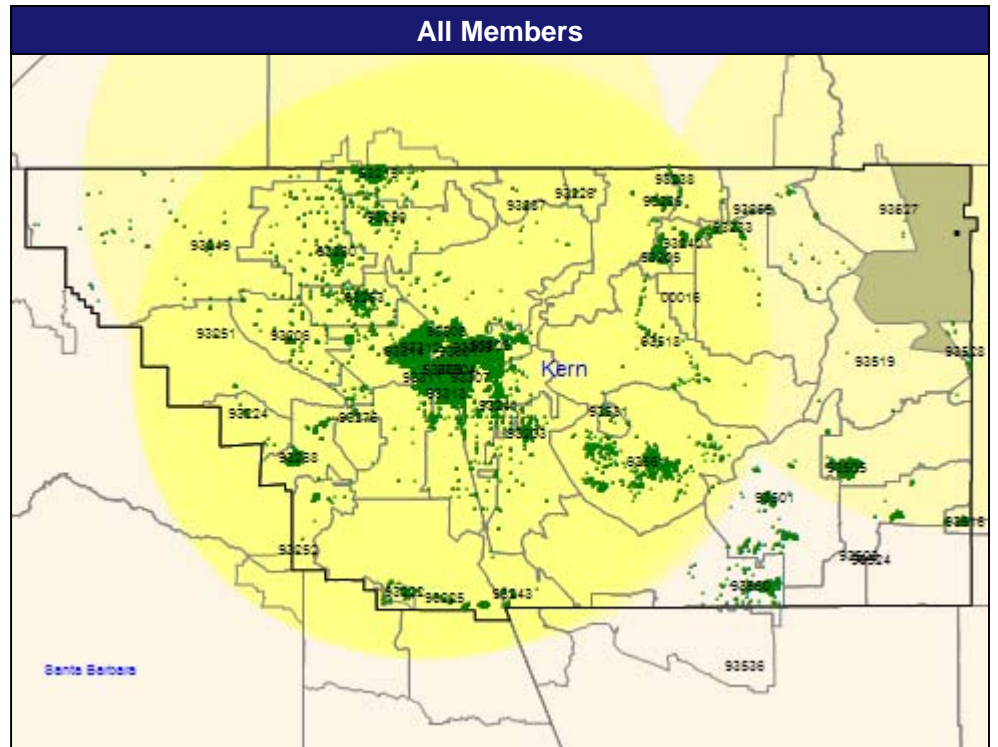
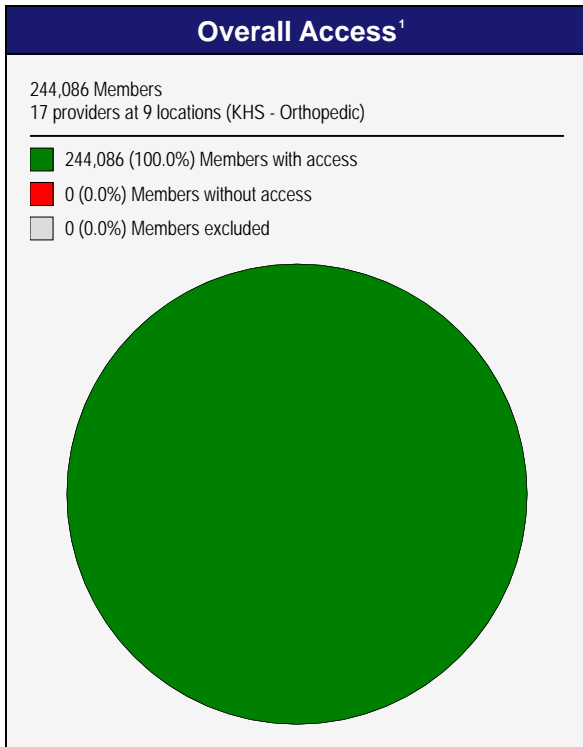
Access Analysis
Kern Health Systems - Orthoped

Member / Provider Groups
Kern Membership
KHS - Orthopedic

Access Map
Member locations
◆ With access
● Without access

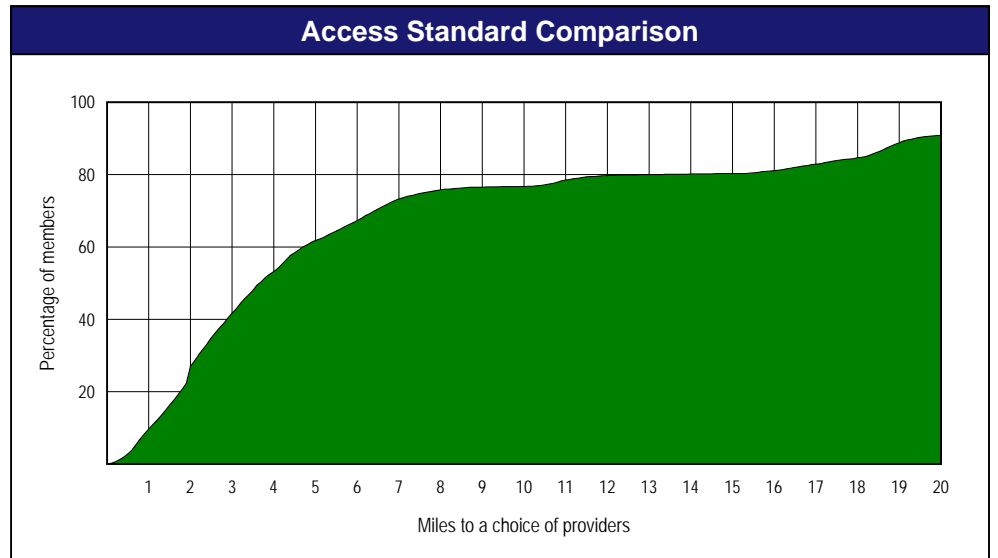
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Orthopedic) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	8.3 miles 9.3 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Orthoped
 Member / Provider Groups
 Kern Membership
 KHS - Orthopedic

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	30.0	31.5
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	2.0	2.6
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.8	1.0
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.8	1.0
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	6.3	10.0
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.4	3.5
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.6	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	28.4	29.8
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	4.9	8.5
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	26.7	28.1
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	6.6	9.1
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	24.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	16.0	16.8
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	5.3	7.3
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	8.2	10.1
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	4.6	8.0
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	2.6	3.0
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.2	2.4
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	0.6	0.6
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	37.3	39.5
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	45.3	47.6
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	34.8	36.6
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	42.6	44.8
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	44.3	46.6
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	47.2	49.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	41.6	43.7
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	8.6	9.0
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.6	0.6
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	8.9	10.2
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	55.0	57.8
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	53.4	56.2
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	32.4	34.1
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	39.9	42.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	34.0	35.7
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	11.9	12.5
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	25.0	26.3

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Orthoped
 Member / Provider Groups
 Kern Membership
 KHS - Orthopedic

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	30.7	32.3
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	45.9	48.3
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	42.4	44.9
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	12.5	17.2
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	40.2	42.3
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	54.1	56.9
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	42.8	45.0
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	15.9	16.7
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	37.2	39.1
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	62.3	65.5
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	56.1	59.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	33.5	35.2
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	38.4	40.4
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	68.7	72.3
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	25.7	27.0
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	32.7	34.4
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	46.6	49.0
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	39.7	41.7
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	21.1	22.2
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	26.7	28.1
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	39.7	41.7
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	45.5	47.8
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	30.1	31.6
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	68.7	72.3

Kern Health Systems - Q3 Geo Access

KHS - Orthopedic

17 providers at 9 locations

■ All providers

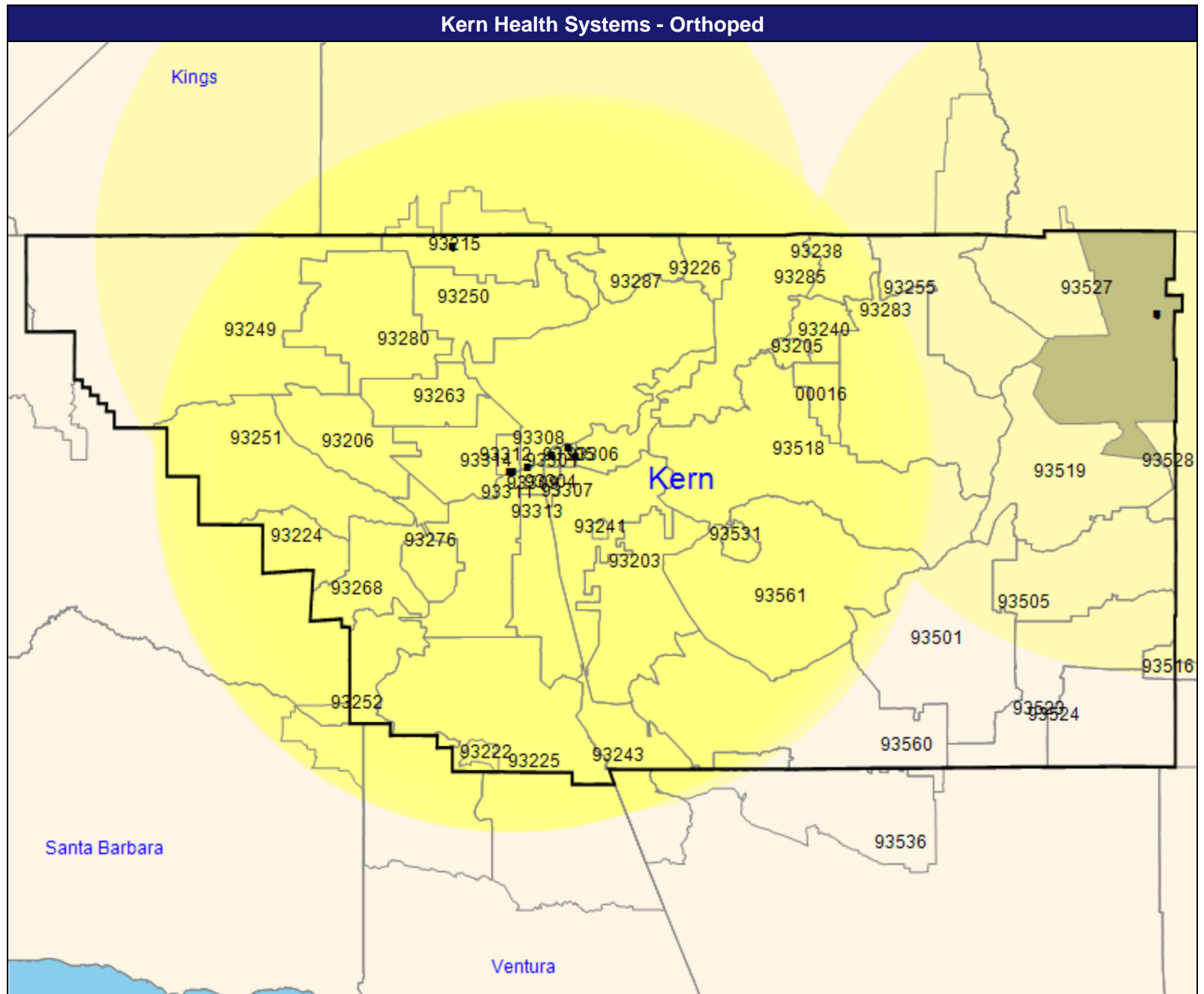
KHS - Orthopedic

17 providers at 9 locations

■ All providers

○ 45 mile radius

18.19 miles



Kern Health Systems - Q3 Geo Access

KHS - Orthopedic

17 providers at 9 locations

- All providers
- 45 mile radius

Kern Health Systems - Orthopedic

Employee Group

Kern Membership

Provider Group

KHS - Orthopedic

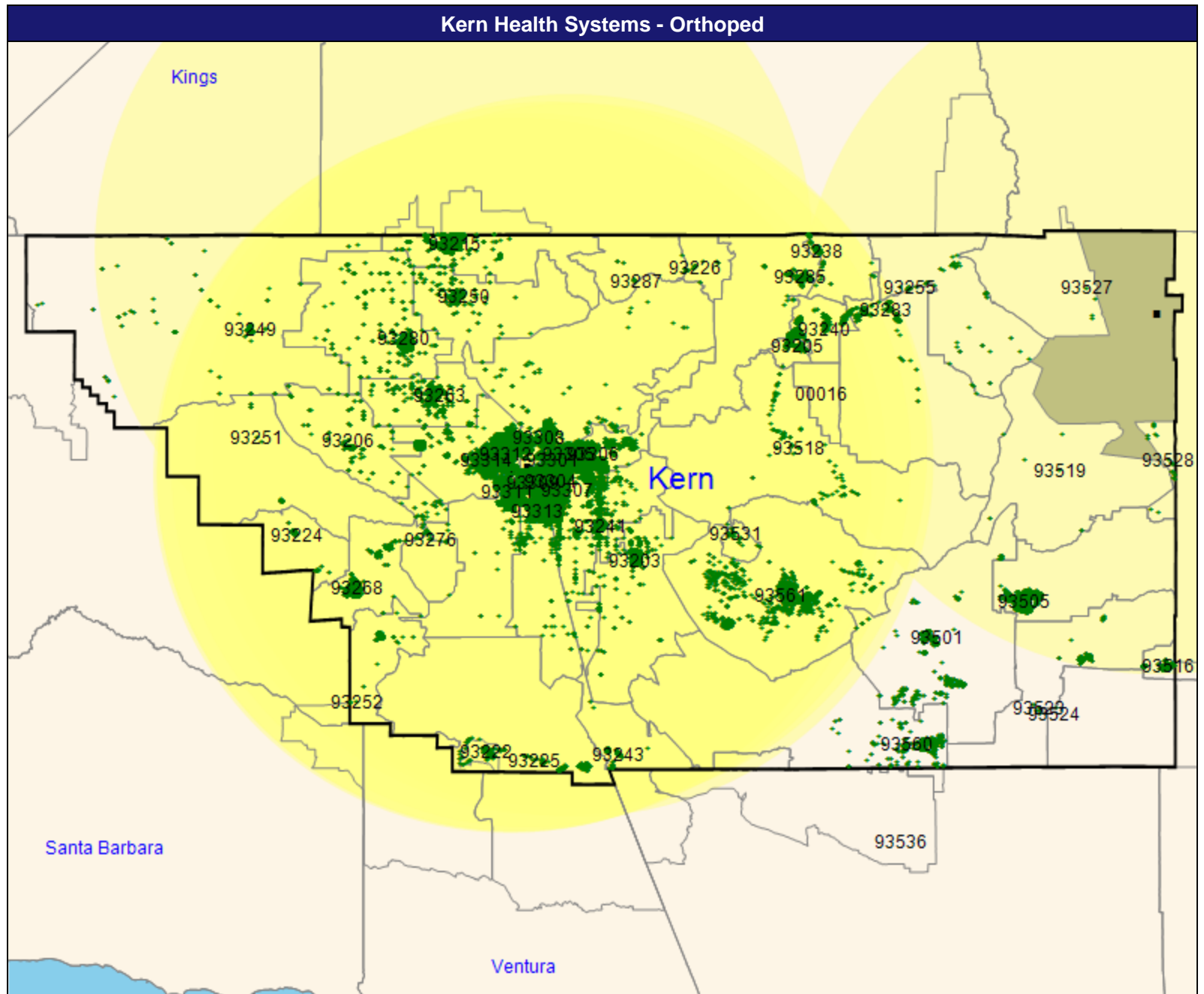
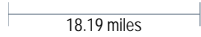
244,086 member locations

- ◆ With access (244,086)
- Without access (0)

The Access Standard is defined as (Kern

Membership) members accessing:

1 (KHS - Orthopedic) provider in 45 miles or 75 minutes



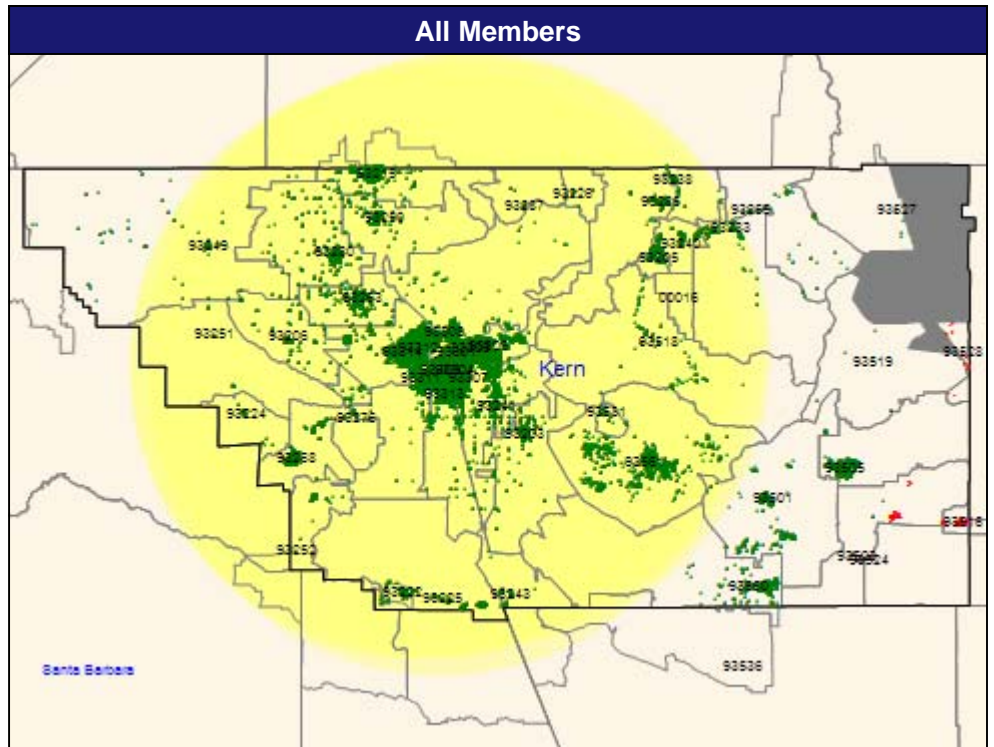
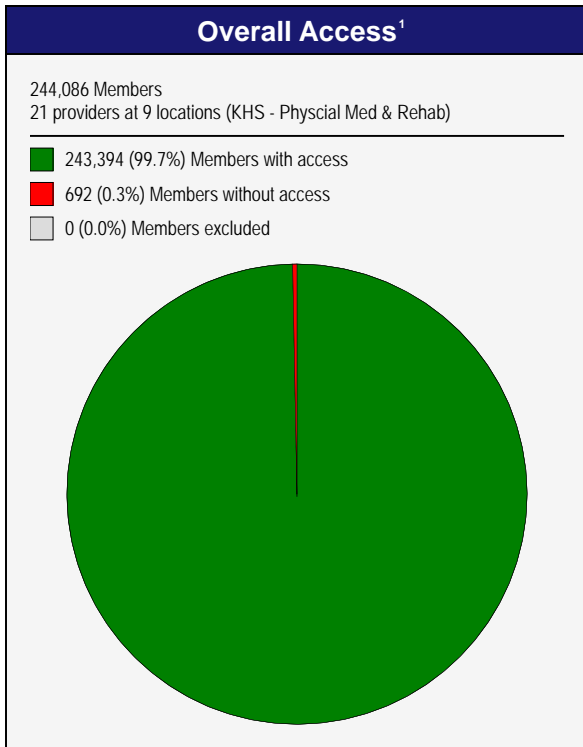
Kern Health Systems - Q3 Geo Access

Access Analysis
 Kern Health Systems - Physical Med & Rehab
 Member / Provider Groups
 Kern Membership
 KHS - Physical Med & Rehab

Access Map
 Member locations
 ◆ With access
 ● Without access

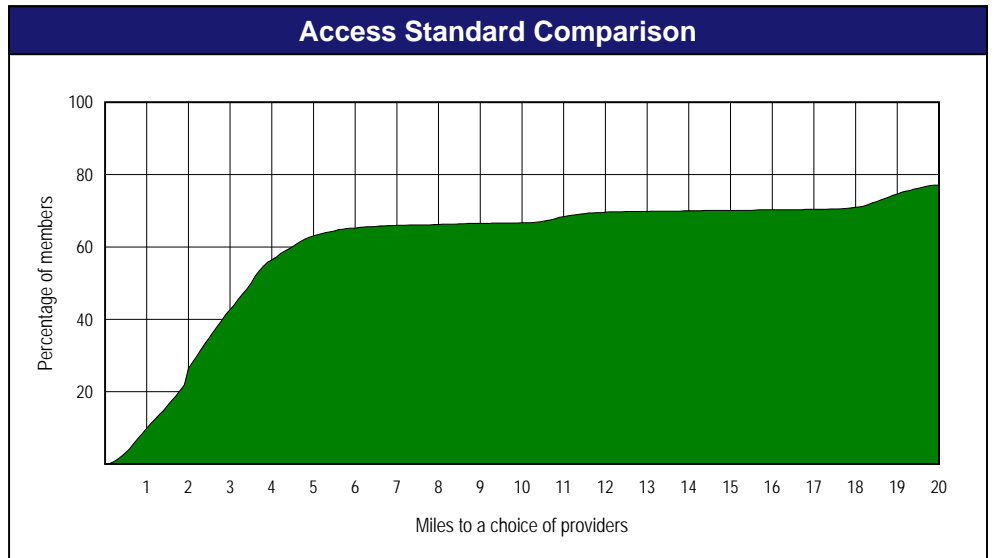
Comparison Graph
 Percent of members with access to a choice of providers over miles
 ■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - Physical Med & Rehab) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	11.5 miles 12.7 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Physical Med &
 Rehab
 Member / Provider Groups
 Kern Membership
 KHS - Physical Med & Rehab

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	30.0	31.5
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	2.9	3.8
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	1.7	2.2
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	1.7	2.2
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	4.0	7.5
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.4	3.5
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.6	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.2	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	28.4	29.8
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	2.8	5.6
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	27.0	28.4
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	6.6	9.1
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	22.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	15.9	16.7
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	5.2	7.1
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	4.8	6.6
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.9	3.8
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	2.6	3.0
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.9	1.8
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	0.8	0.8
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	37.3	39.5
Boron, CA	93516	459	1 in 45 miles or 75 mins	0	0.0	459	100.0	82.9	87.2
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	34.7	36.5
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	42.6	44.8
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	62.7	66.0
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	64.2	67.5
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	66.1	69.5
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	36.8	38.7
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	32.0	33.6
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	7.1	9.7
Edwards, CA	93523	217	1 in 45 miles or 75 mins	8	3.7	209	96.3	73.8	77.6
	93524	1	1 in 45 miles or 75 mins	0	0.0	1	100.0	73.6	77.4
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	32.6	34.3
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	37.3	42.0
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	38.0	40.0
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	71.1	74.8
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	0	0.0	23	100.0	77.1	81.1

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Physical Med & Rehab
 Member / Provider Groups
 Kern Membership
 KHS - Physical Med & Rehab

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	30.7	32.3
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	51.9	55.0
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	44.4	47.1
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	12.5	17.2
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	39.8	42.3
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	66.5	70.0
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	43.1	45.3
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	32.3	34.0
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	37.2	39.1
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	63.5	66.8
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	56.1	59.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	60.5	63.6
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	37.8	40.6
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	69.9	74.1
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	26.4	27.7
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	32.6	34.7
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	46.4	49.0
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	39.7	41.7
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	21.3	22.4
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	44.9	47.2
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	50.8	53.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	45.7	48.6
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	33.3	35.0
Grand Totals		244,086	1 in 45 miles or 75 mins	243,394	99.7	692	0.3	82.9	87.2

Kern Health Systems - Q3 Geo Access

KHS - Physical Med & Rehab

21 providers at 9 locations

■ All providers

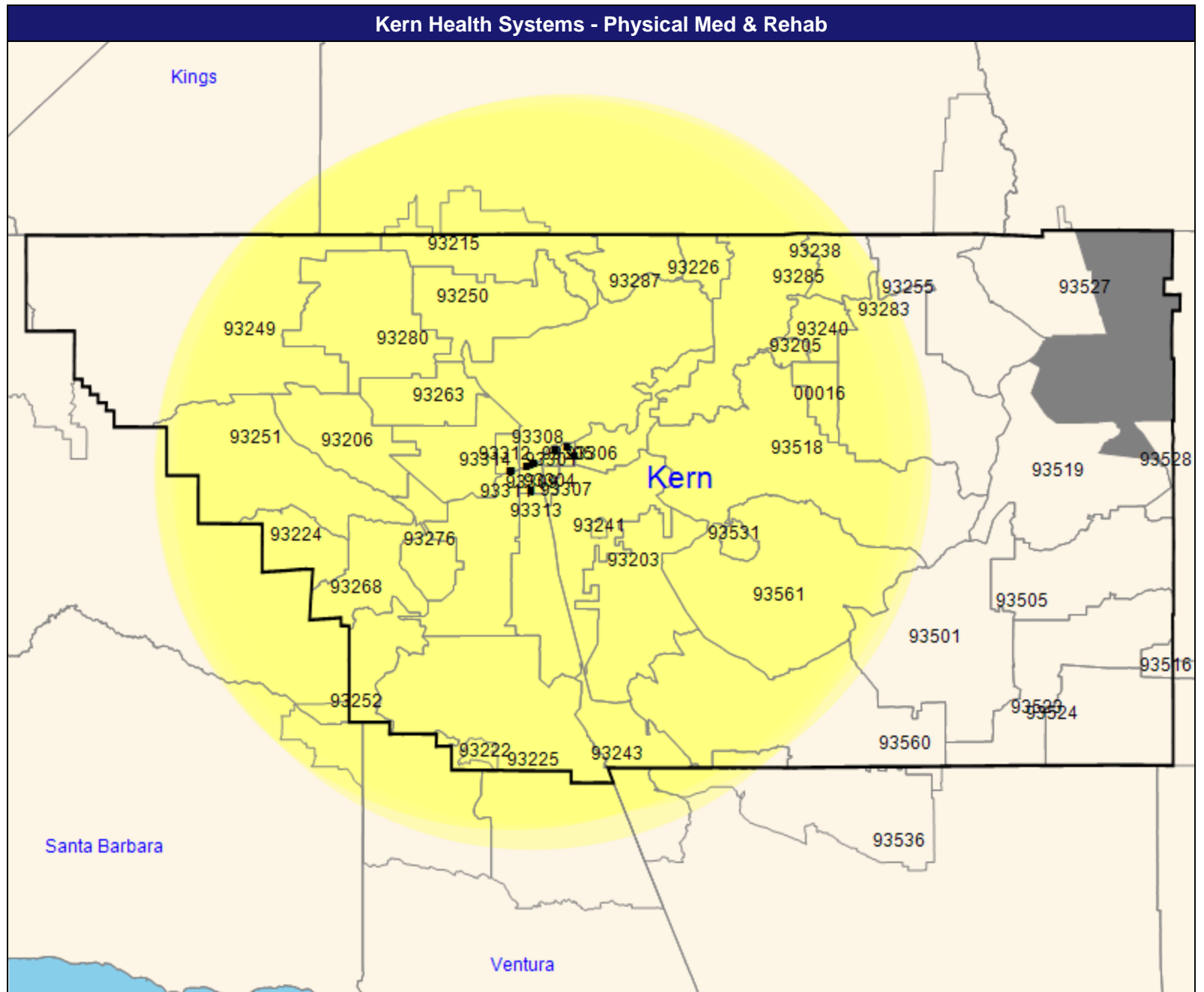
KHS - Physical Med & Rehab

21 providers at 9 locations

■ All providers

○ 45 mile radius

18.19 miles



Kern Health Systems - Q3 Geo Access

KHS - Physical Med & Rehab

21 providers at 9 locations

- All providers
- 45 mile radius

Kern Health Systems - Physical Med & Rehab

Employee Group
Kern Membership

Provider Group
KHS - Physical Med & Rehab

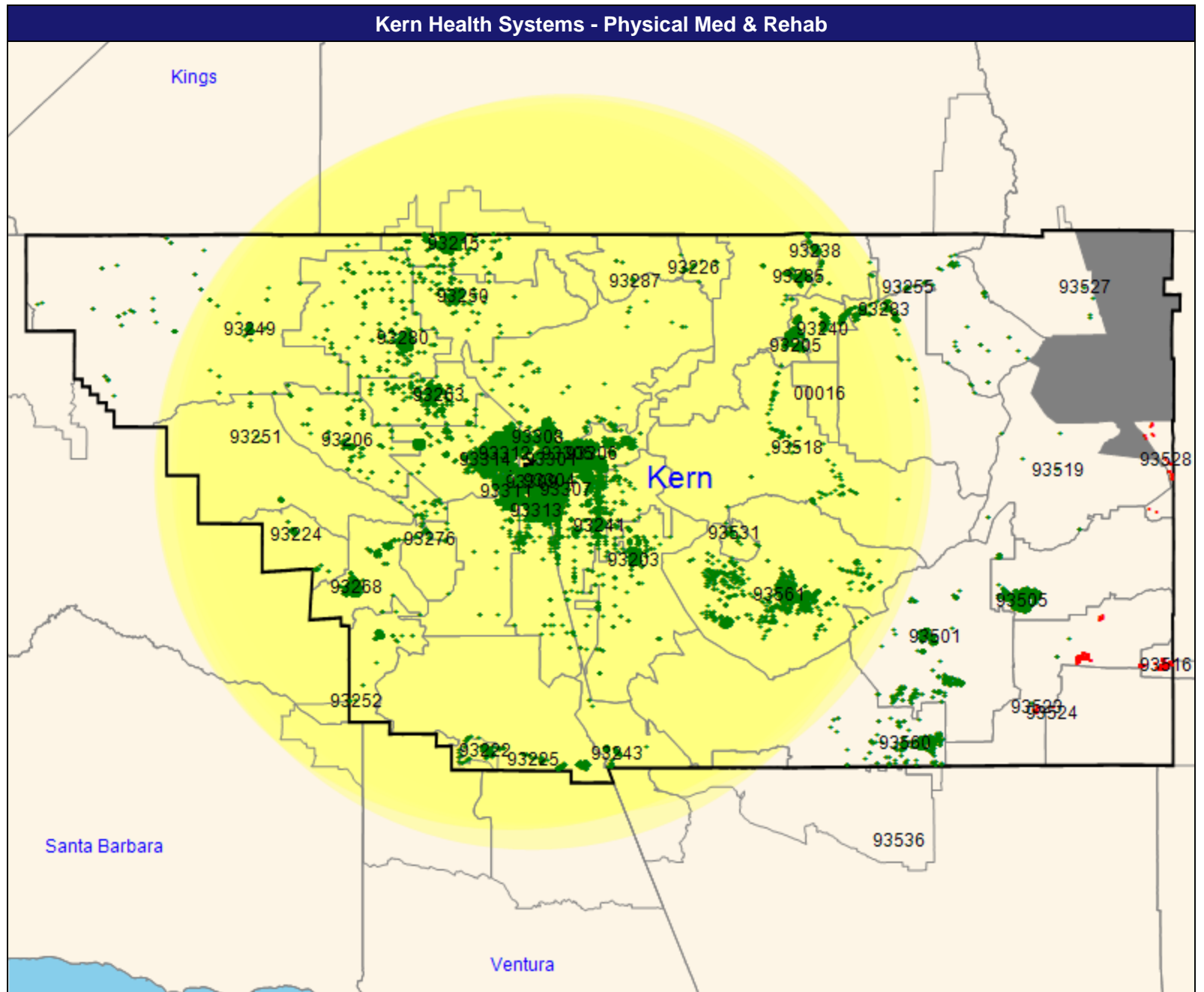
244,086 member locations

- ◆ With access (243,394)
- Without access (692)

The Access Standard is defined as (Kern Membership) members accessing:

- 1 (KHS - Physical Med & Rehab) provider in 45 miles or 75 minutes

18.19 miles



Kern Health Systems - Q3 Geo Access

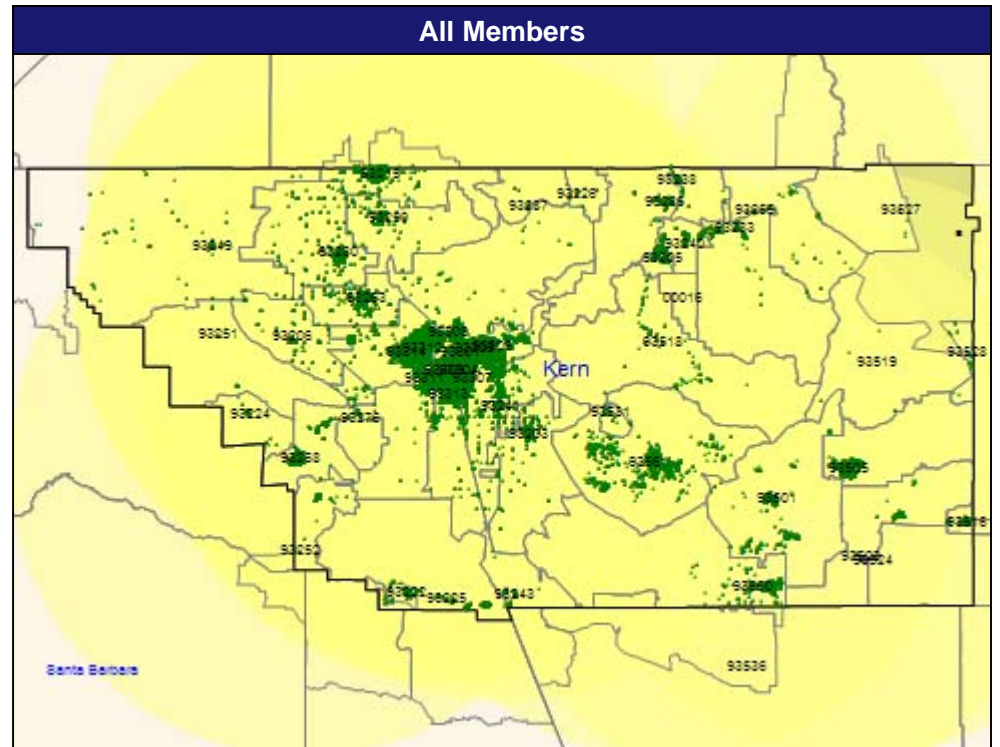
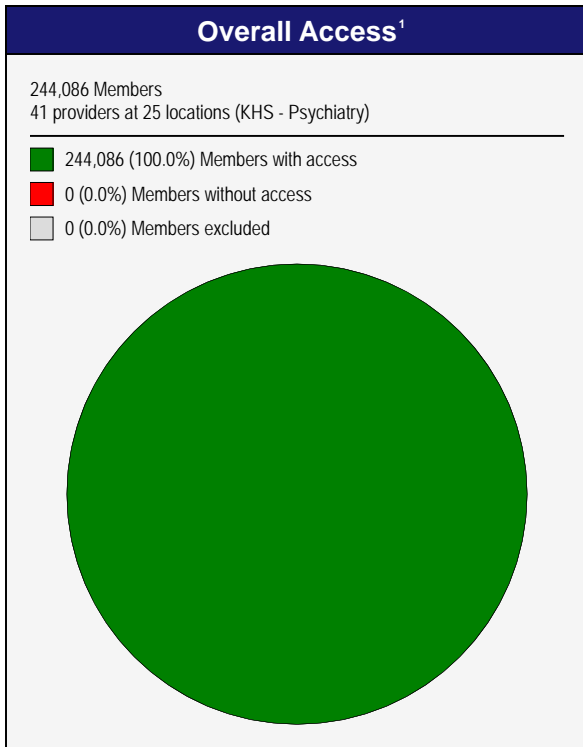
Access Analysis
Kern Health Systems - Psychiatry

Member / Provider Groups
Kern Membership
KHS - Psychiatry

Access Map
Member locations
◆ With access
● Without access

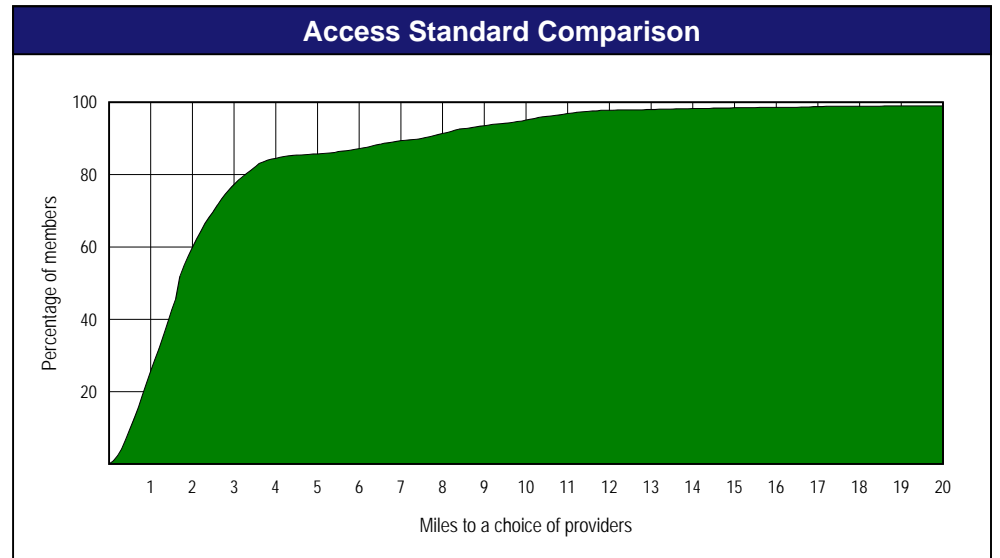
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Psychiatry) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	2.9 miles 3.4 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Psychiatry
 Member / Provider Groups
 Kern Membership
 KHS - Psychiatry

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	20.2	26.4
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.7	2.2
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.5	0.6
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.5	0.6
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	2.9	5.4
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.3	3.3
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	8.7	9.1
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	17.1	23.0
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	23.5	24.7
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	2.5	4.0
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	17.3	18.2
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	4.3	8.6
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	18.1	21.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	12.9	13.5
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	4.0	4.2
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	2.8	2.9
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	0.6	1.2
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	0.9	0.9
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.1	2.2
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	1.7	2.3
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	8.7	9.1
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	25.1	26.4
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	21.3	22.4
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	20.7	21.7
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	0.5	0.5
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	4.3	4.5
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	22.6	23.7
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	8.3	8.7
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.9	0.9
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	5.1	5.3
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	16.2	17.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	17.5
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	17.0	17.8
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	33.4	37.4
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	24.0	25.2
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	11.9	12.5
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	25.1	26.4

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Psychiatry
 Member / Provider Groups
 Kern Membership
 KHS - Psychiatry

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	17.0	18.5
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	12.4	13.0
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	6.9	7.2
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	2.1	4.2
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	31.1	39.1
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	54.1	56.9
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	14.4	15.1
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	15.0	15.7
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	25.9	27.2
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	13.7	14.4
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	25.7	27.0
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	34.1	35.8
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	24.1	25.3
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	9.7	10.2
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	13.9	14.6
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	16.1	18.6
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	1.3	1.3
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	15.8	16.6
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	21.6	22.7
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	20.8	21.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	14.4	15.1
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	24.4	25.6
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	54.1	56.9

Kern Health Systems - Q3 Geo Access

KHS - Psychiatry

41 providers at 25 locations

■ All providers

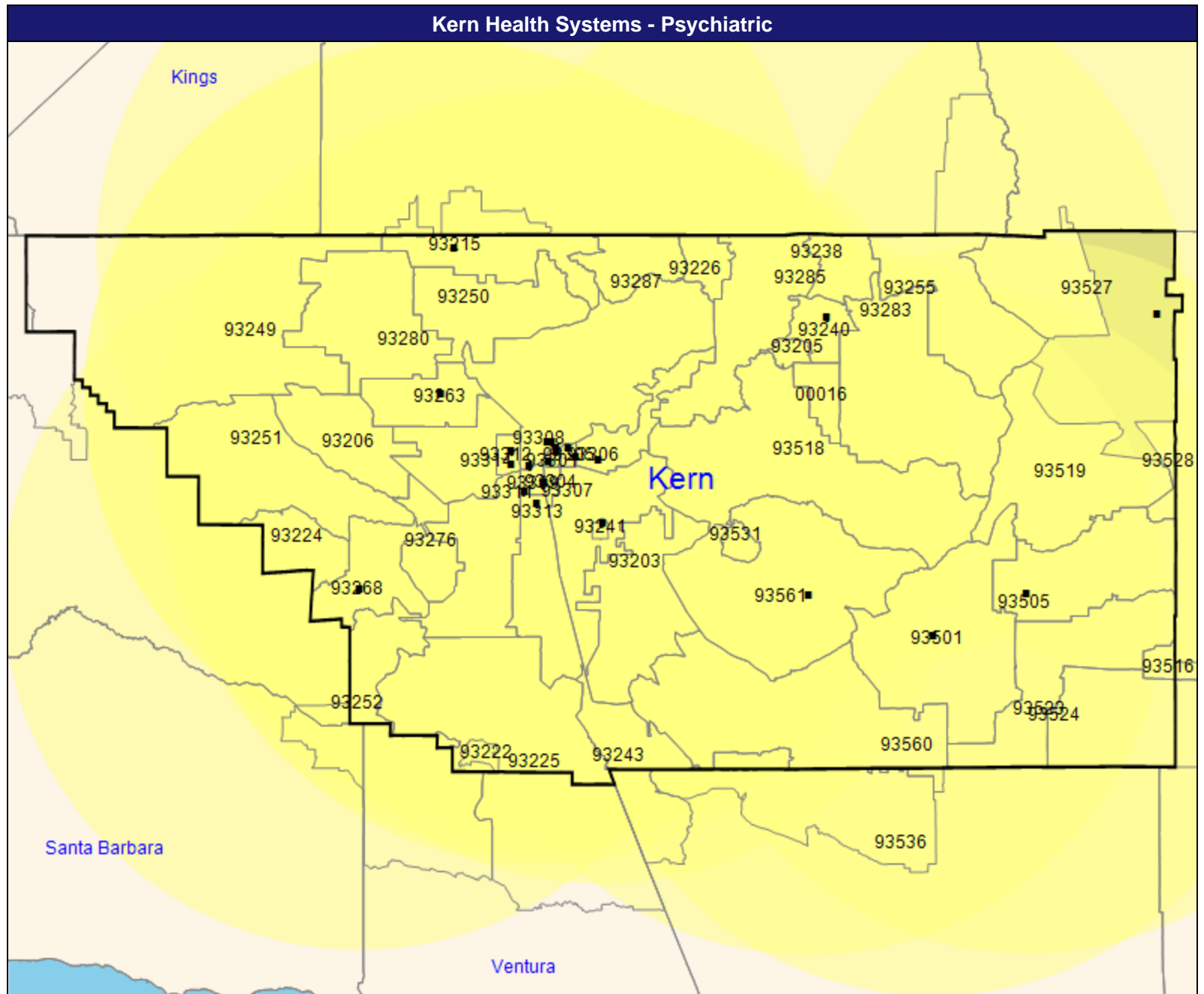
KHS - Psychiatry

41 providers at 25 locations

■ All providers

○ 45 mile radius

18.19 miles



Kern Health Systems - Q3 Geo Access

KHS - Psychiatry

41 providers at 25 locations

- All providers
- 45 mile radius

Kern Health Systems - Psychiatry

Employee Group

Kern Membership

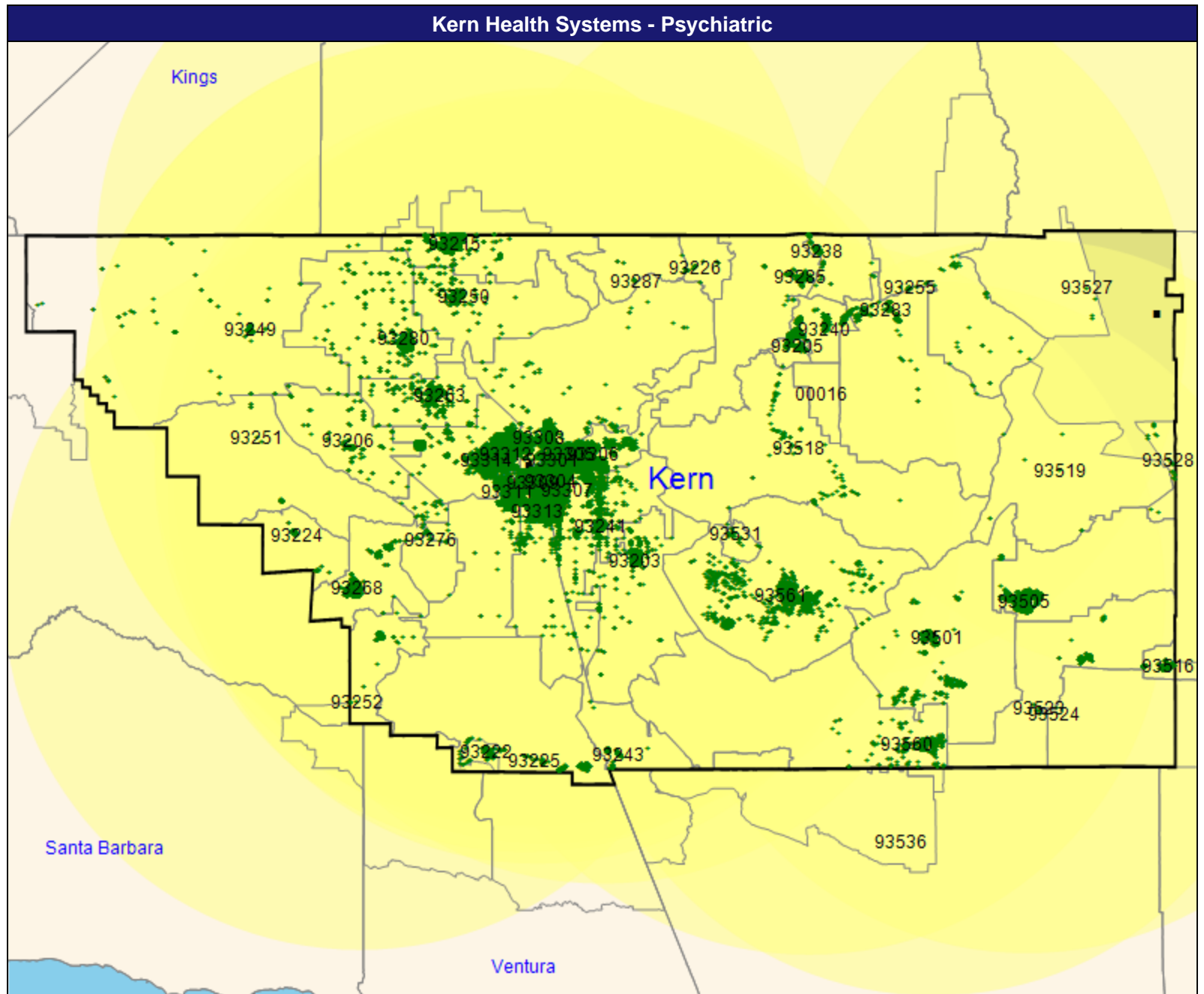
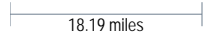
Provider Group

KHS - Psychiatry

244,086 member locations

- ◆ With access (244,086)
- Without access (0)

The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Psychiatry) provider in 45 miles or 75 minutes



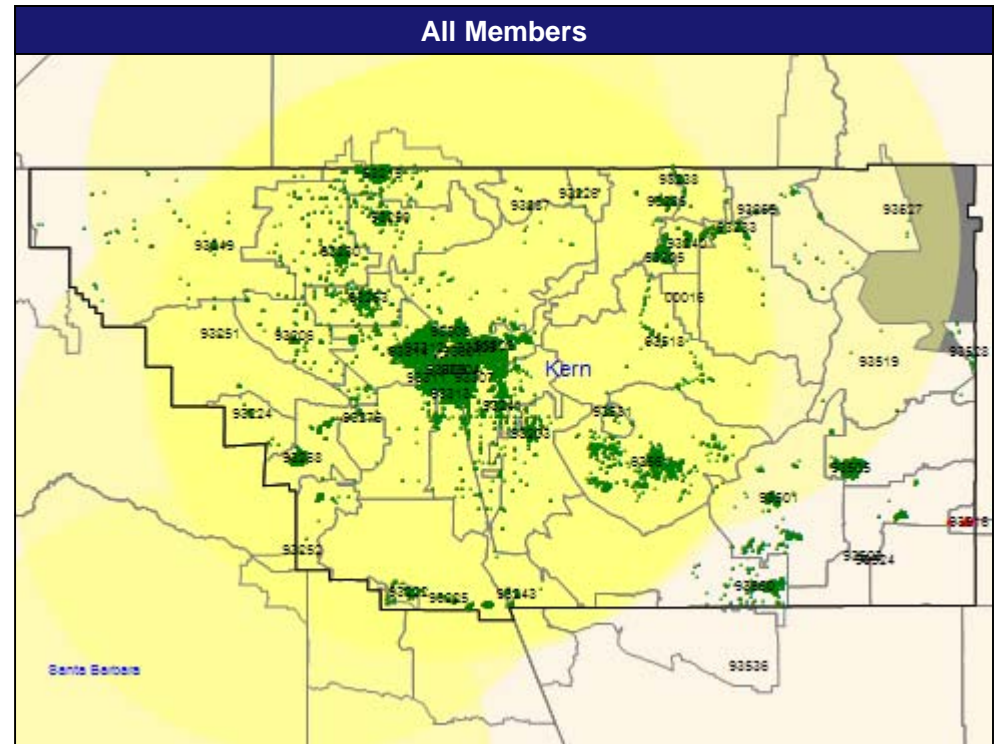
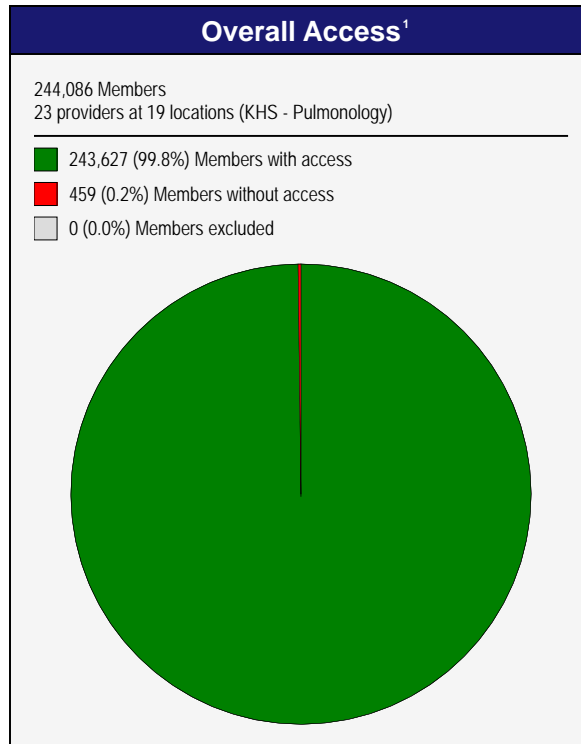
Kern Health Systems - Q3 Geo Access

Access Analysis
 Kern Health Systems - Pulmonology
 Member / Provider Groups
 Kern Membership
 KHS - Pulmonology

Access Map
 Member locations
 ◆ With access
 ● Without access

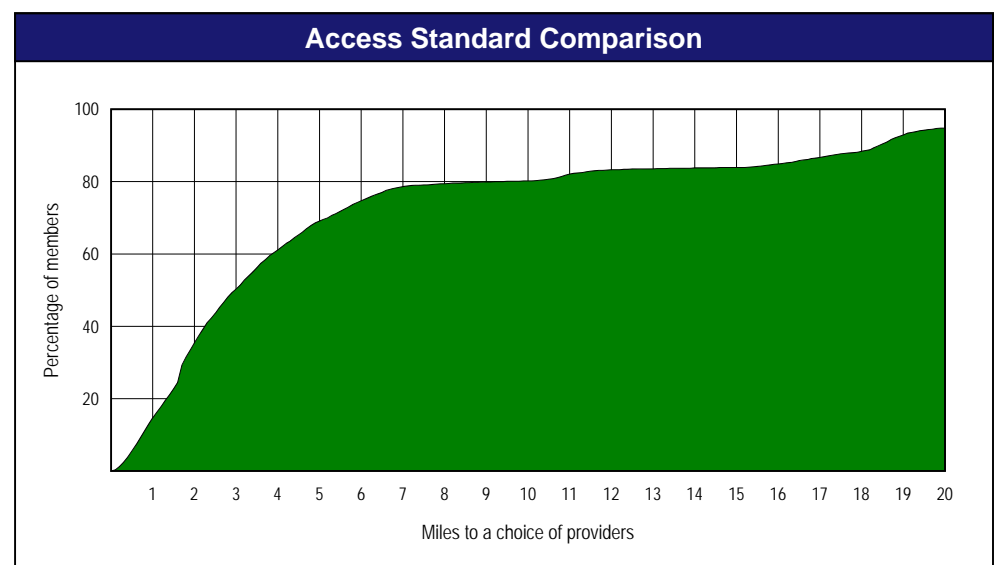
Comparison Graph
 Percent of members with access to a choice of providers over miles
 ■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - Pulmonology) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	6.9 miles 8.0 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Pulmonology
 Member / Provider Groups
 Kern Membership
 KHS - Pulmonology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	30.0	31.5
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.7	2.2
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.5	0.6
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.5	0.6
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	4.8	8.8
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	2.3	3.3
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	10.6	11.4
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	21.7	22.8
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	3.8	7.6
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	19.4	20.4
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	6.7	11.4
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	23.4	25.6
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	15.8	18.4
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	4.8	5.0
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	5.8	8.0
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	2.0	4.0
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	2.4	2.8
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.1	2.2
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	2.7	3.7
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	4.9	5.1
Boron, CA	93516	459	1 in 45 miles or 75 mins	0	0.0	459	100.0	75.2	79.1
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	31.3	32.9
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	31.8	33.4
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	55.1	58.0
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	56.7	59.6
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	53.1	55.8
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	8.5	8.9
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.7	0.7
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	8.0	10.1
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	67.1	70.6
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	66.4	69.8
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	16.9	17.7
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	38.6	42.2
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	21.2	22.3
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	38.4	40.4
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	57.5	60.5

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Pulmonology
 Member / Provider Groups
 Kern Membership
 KHS - Pulmonology

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	30.2	31.7
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	15.9	16.7
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	6.9	7.2
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	12.5	17.2
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	40.0	42.3
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	54.1	56.9
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	14.5	15.2
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	15.9	16.7
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	33.9	35.6
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	55.5	58.4
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	48.1	50.6
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	30.8	32.4
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	34.8	36.6
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	62.1	65.3
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	25.4	27.0
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	13.9	14.6
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	41.3	43.4
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	34.3	36.1
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	17.1	20.0
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	26.6	28.0
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	23.6	24.8
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	11.0	11.5
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	23.4	24.6
Grand Totals		244,086	1 in 45 miles or 75 mins	243,627	99.8	459	0.2	75.2	79.1

Kern Health Systems - Q3 Geo Access

KHS - Pulmonology

23 providers at 19 locations

■ All providers

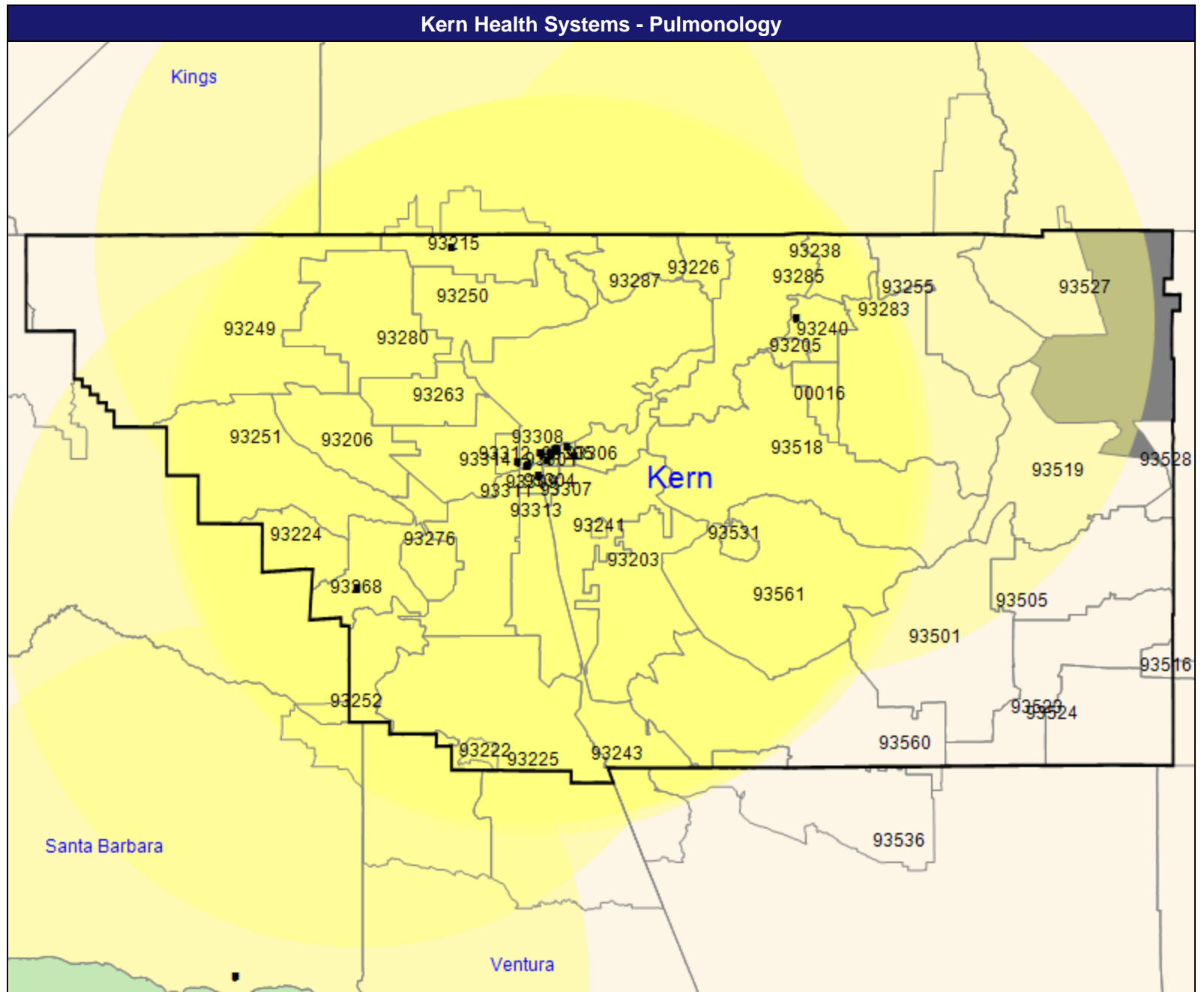
KHS - Pulmonology

23 providers at 19 locations

■ All providers

○ 45 mile radius

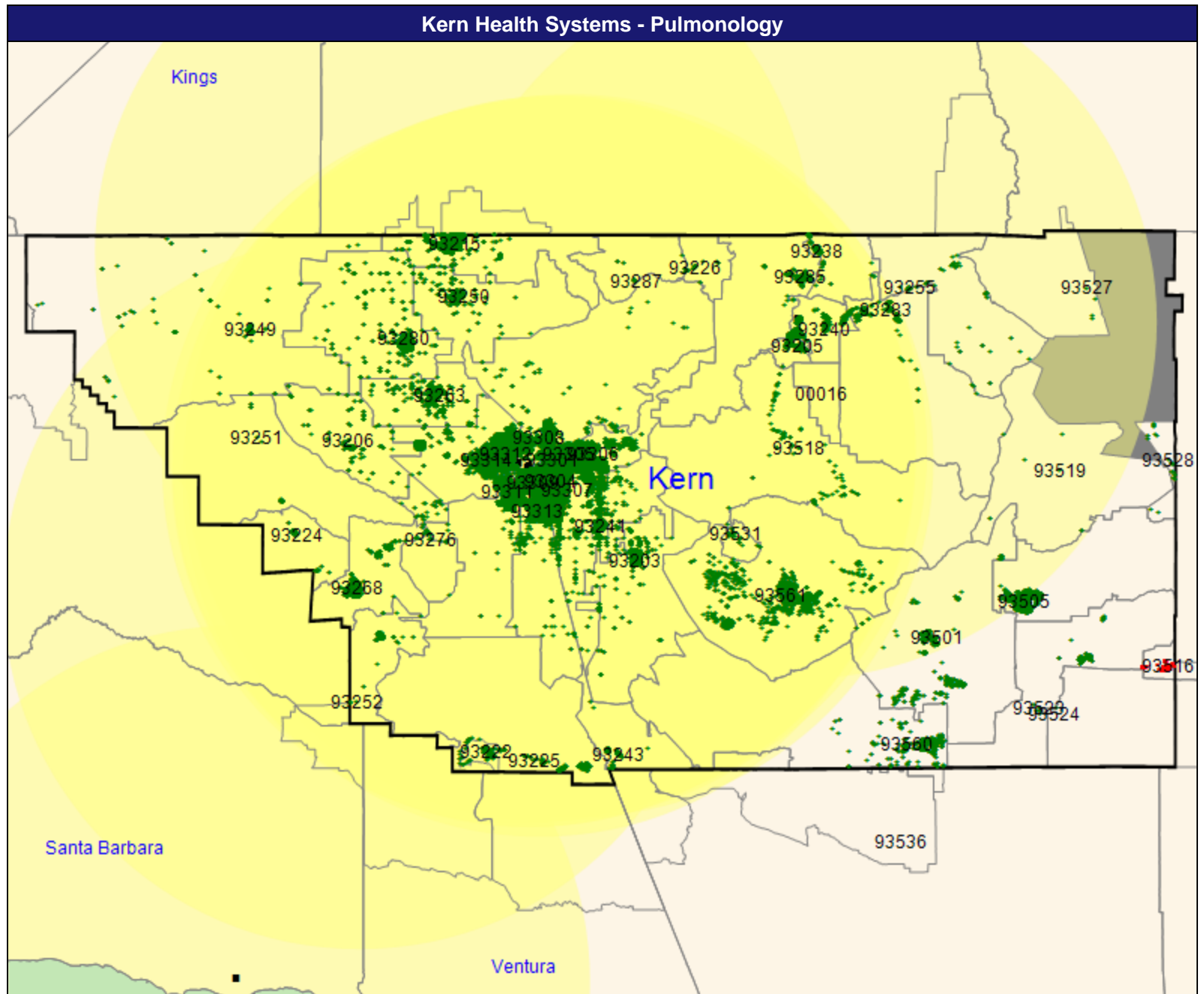
18.19 miles



Kern Health Systems - Q3 Geo Access

- KHS - Pulmonology
- 23 providers at 19 locations
- All providers
- 45 mile radius
- Kern Health Systems - Pulmonology
- Employee Group
- Kern Membership
- Provider Group
- KHS - Pulmonology
- 244,086 member locations
- ◆ With access (243,627)
- Without access (459)
- The Access Standard is defined as (Kern Membership) members accessing:
- 1 (KHS - Pulmonology) provider in 45 miles or 75 minutes

18.19 miles



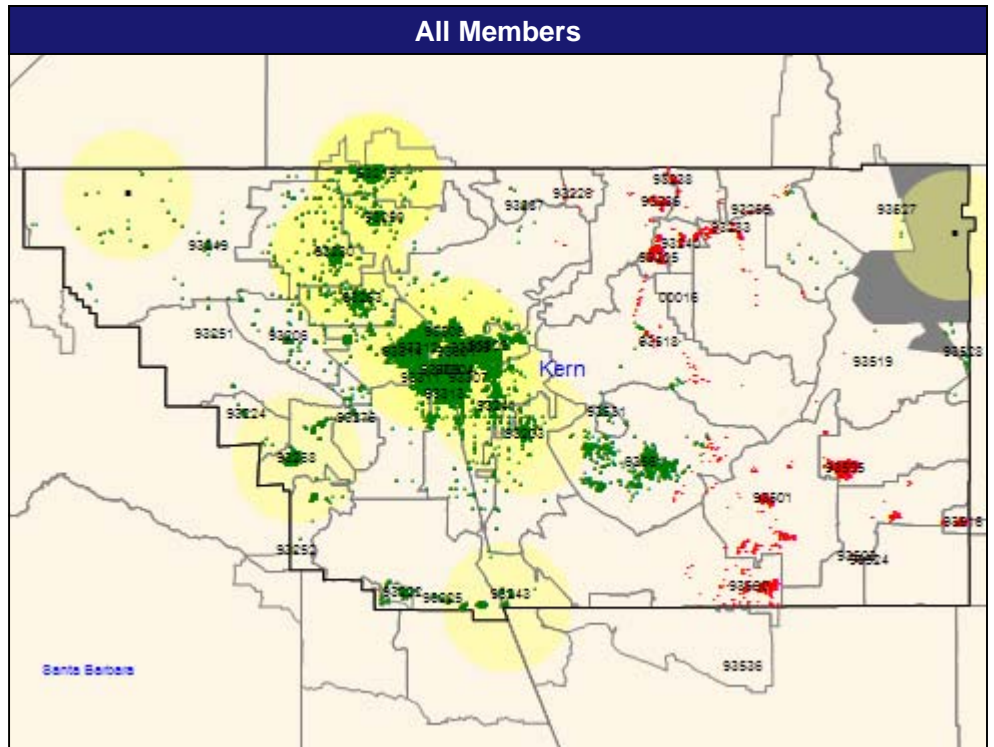
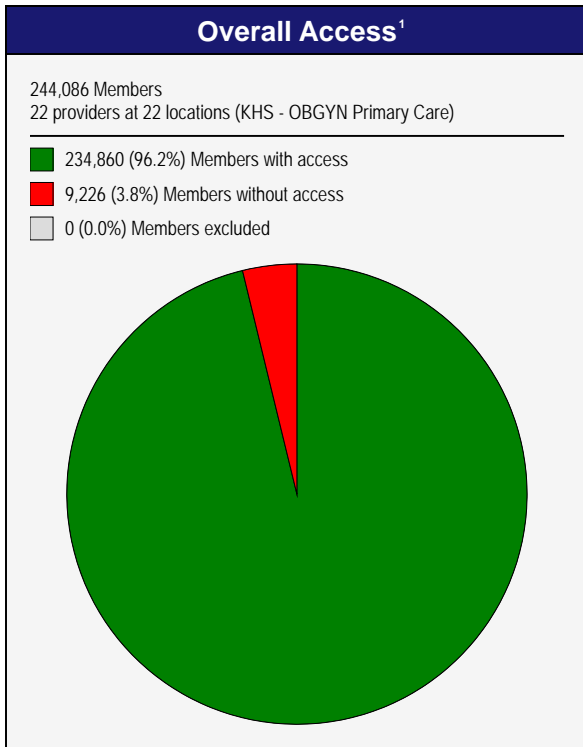
Kern Health Systems - Q3 Geo Access

Access Analysis
 Kern Health Systems - OBGYN
 Primary Care

Member / Provider Groups
 Kern Membership
 KHS - OBGYN Primary Care

Access Map
 Member locations
 ◆ With access
 ● Without access

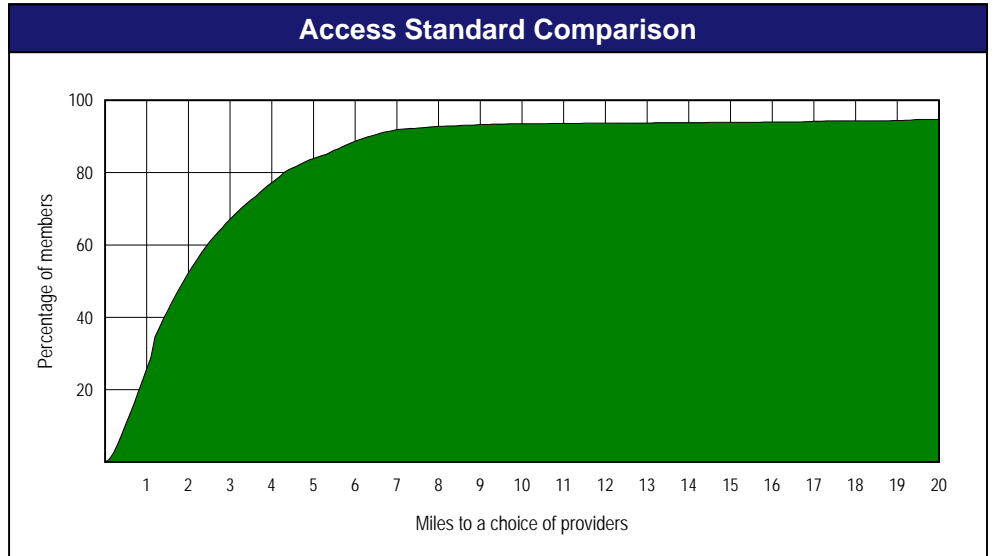
Comparison Graph
 Percent of members with access to a
 choice of providers over miles
 ■ 1st closest



¹ The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - OBGYN Primary Care) provider in 10 miles or 30 minutes

Distances/Times

	Average
Distance/Time to 1st closest provider	4.3 miles 5.1 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - OBGYN
 Primary Care
 Member / Provider Groups
 Kern Membership
 KHS - OBGYN Primary Care

All Members									
City	Zip Code	Member #	Provider Standard	With Access		Without Access		Maximum Distance	Maximum Time
				#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 10 miles or 30 mins	9,689	100.0	0	0.0	15.5	16.3
Bakersfield, CA	93301	5,161	1 in 10 miles or 30 mins	5,161	100.0	0	0.0	2.5	3.2
	93302	27	1 in 10 miles or 30 mins	27	100.0	0	0.0	1.5	2.4
	93303	6	1 in 10 miles or 30 mins	6	100.0	0	0.0	1.5	2.4
	93304	20,218	1 in 10 miles or 30 mins	20,218	100.0	0	0.0	4.3	8.6
	93305	16,754	1 in 10 miles or 30 mins	16,754	100.0	0	0.0	2.5	4.1
	93306	21,755	1 in 10 miles or 30 mins	21,755	100.0	0	0.0	11.3	12.6
	93307	42,740	1 in 10 miles or 30 mins	42,740	100.0	0	0.0	17.1	18.3
	93308	14,168	1 in 10 miles or 30 mins	14,163	99.9	5	0.1	28.7	31.0
	93309	15,402	1 in 10 miles or 30 mins	15,402	100.0	0	0.0	5.0	8.2
	93311	6,014	1 in 10 miles or 30 mins	6,014	100.0	0	0.0	18.7	19.6
	93312	5,902	1 in 10 miles or 30 mins	5,902	100.0	0	0.0	5.8	9.3
	93313	12,921	1 in 10 miles or 30 mins	12,921	100.0	0	0.0	20.0	22.4
	93314	2,636	1 in 10 miles or 30 mins	2,636	100.0	0	0.0	12.8	13.4
	93380	3	1 in 10 miles or 30 mins	3	100.0	0	0.0	4.0	4.2
	93383	2	1 in 10 miles or 30 mins	2	100.0	0	0.0	7.0	9.6
	93384	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	3.0	6.0
	93385	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	1.3	1.7
	93386	3	1 in 10 miles or 30 mins	3	100.0	0	0.0	0.9	1.2
	93387	9	1 in 10 miles or 30 mins	9	100.0	0	0.0	1.3	1.3
	93388	2	1 in 10 miles or 30 mins	2	100.0	0	0.0	0.9	0.9
	93389	7	1 in 10 miles or 30 mins	7	100.0	0	0.0	2.4	3.7
	93390	5	1 in 10 miles or 30 mins	5	100.0	0	0.0	0.9	0.9
Bodfish, CA	93205	509	1 in 10 miles or 30 mins	0	0.0	509	100.0	37.9	40.4
Boron, CA	93516	459	1 in 10 miles or 30 mins	0	0.0	459	100.0	45.4	47.7
Buttonwillow, CA	93206	755	1 in 10 miles or 30 mins	755	100.0	0	0.0	20.8	21.8
Caliente, CA	93518	166	1 in 10 miles or 30 mins	51	30.7	115	69.3	35.7	37.5
California City, CA	93504	39	1 in 10 miles or 30 mins	0	0.0	39	100.0	44.5	46.8
	93505	2,964	1 in 10 miles or 30 mins	0	0.0	2,964	100.0	47.4	49.8
Cantil, CA	93519	10	1 in 10 miles or 30 mins	1	10.0	9	90.0	41.8	44.0
Delano, CA	93215	18,444	1 in 10 miles or 30 mins	18,444	100.0	0	0.0	8.3	8.7
	93216	6	1 in 10 miles or 30 mins	6	100.0	0	0.0	0.3	0.3
Edison, CA	93220	24	1 in 10 miles or 30 mins	24	100.0	0	0.0	5.6	7.7
Edwards, CA	93523	217	1 in 10 miles or 30 mins	0	0.0	217	100.0	55.2	58.1
	93524	1	1 in 10 miles or 30 mins	0	0.0	1	100.0	53.5	56.3
Fellows, CA	93224	108	1 in 10 miles or 30 mins	108	100.0	0	0.0	16.2	17.0
Frazier Park, CA	93225	502	1 in 10 miles or 30 mins	502	100.0	0	0.0	16.1	16.9
Glennville, CA	93226	28	1 in 10 miles or 30 mins	0	0.0	28	100.0	33.8	35.5
Inyokern, CA	93527	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	12.0	12.6
Johannesburg, CA	93528	23	1 in 10 miles or 30 mins	23	100.0	0	0.0	25.1	26.4

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - OBGYN
 Primary Care
 Member / Provider Groups
 Kern Membership
 KHS - OBGYN Primary Care

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 10 miles or 30 mins	35	100.0	0	0.0	15.9	16.7
Kernville, CA	93238	172	1 in 10 miles or 30 mins	0	0.0	172	100.0	46.0	48.4
Lake Isabella, CA	93240	1,408	1 in 10 miles or 30 mins	0	0.0	1,408	100.0	43.0	45.4
Lamont, CA	93241	7,382	1 in 10 miles or 30 mins	7,382	100.0	0	0.0	2.1	4.2
Lebec, CA	93243	178	1 in 10 miles or 30 mins	178	100.0	0	0.0	10.6	11.1
Lost Hills, CA	93249	979	1 in 10 miles or 30 mins	979	100.0	0	0.0	22.6	23.7
Maricopa, CA	93252	443	1 in 10 miles or 30 mins	443	100.0	0	0.0	15.0	15.7
Mc Farland, CA	93250	6,215	1 in 10 miles or 30 mins	6,215	100.0	0	0.0	13.2	13.8
Mc Kittrick, CA	93251	50	1 in 10 miles or 30 mins	50	100.0	0	0.0	25.9	27.2
Mojave, CA	93501	1,581	1 in 10 miles or 30 mins	0	0.0	1,581	100.0	48.0	50.5
	93502	50	1 in 10 miles or 30 mins	0	0.0	50	100.0	41.8	44.0
Onyx, CA	93255	100	1 in 10 miles or 30 mins	42	42.0	58	58.0	33.6	35.3
Pine Mountain Club, CA	93222	105	1 in 10 miles or 30 mins	105	100.0	0	0.0	20.2	21.2
Rosamond, CA	93560	683	1 in 10 miles or 30 mins	0	0.0	683	100.0	43.4	45.6
Shafter, CA	93263	7,760	1 in 10 miles or 30 mins	7,760	100.0	0	0.0	9.3	9.7
Taft, CA	93268	5,372	1 in 10 miles or 30 mins	5,372	100.0	0	0.0	13.4	14.1
Tehachapi, CA	93561	4,062	1 in 10 miles or 30 mins	3,985	98.1	77	1.9	32.2	33.8
	93581	23	1 in 10 miles or 30 mins	23	100.0	0	0.0	23.6	24.8
Tupman, CA	93276	96	1 in 10 miles or 30 mins	96	100.0	0	0.0	16.1	16.9
Wasco, CA	93280	8,834	1 in 10 miles or 30 mins	8,834	100.0	0	0.0	19.0	20.0
Weldon, CA	93283	434	1 in 10 miles or 30 mins	0	0.0	434	100.0	39.8	41.8
Wofford Heights, CA	93285	415	1 in 10 miles or 30 mins	0	0.0	415	100.0	45.5	47.8
Woody, CA	93287	18	1 in 10 miles or 30 mins	16	88.9	2	11.1	29.9	31.4
Grand Totals		244,086	1 in 10 miles or 30 mins	234,860	96.2	9,226	3.8	55.2	58.1

Kern Health Systems - Q3 Geo Access

KHS - OBGYN Primary Care

22 providers at 22 locations

■ All providers

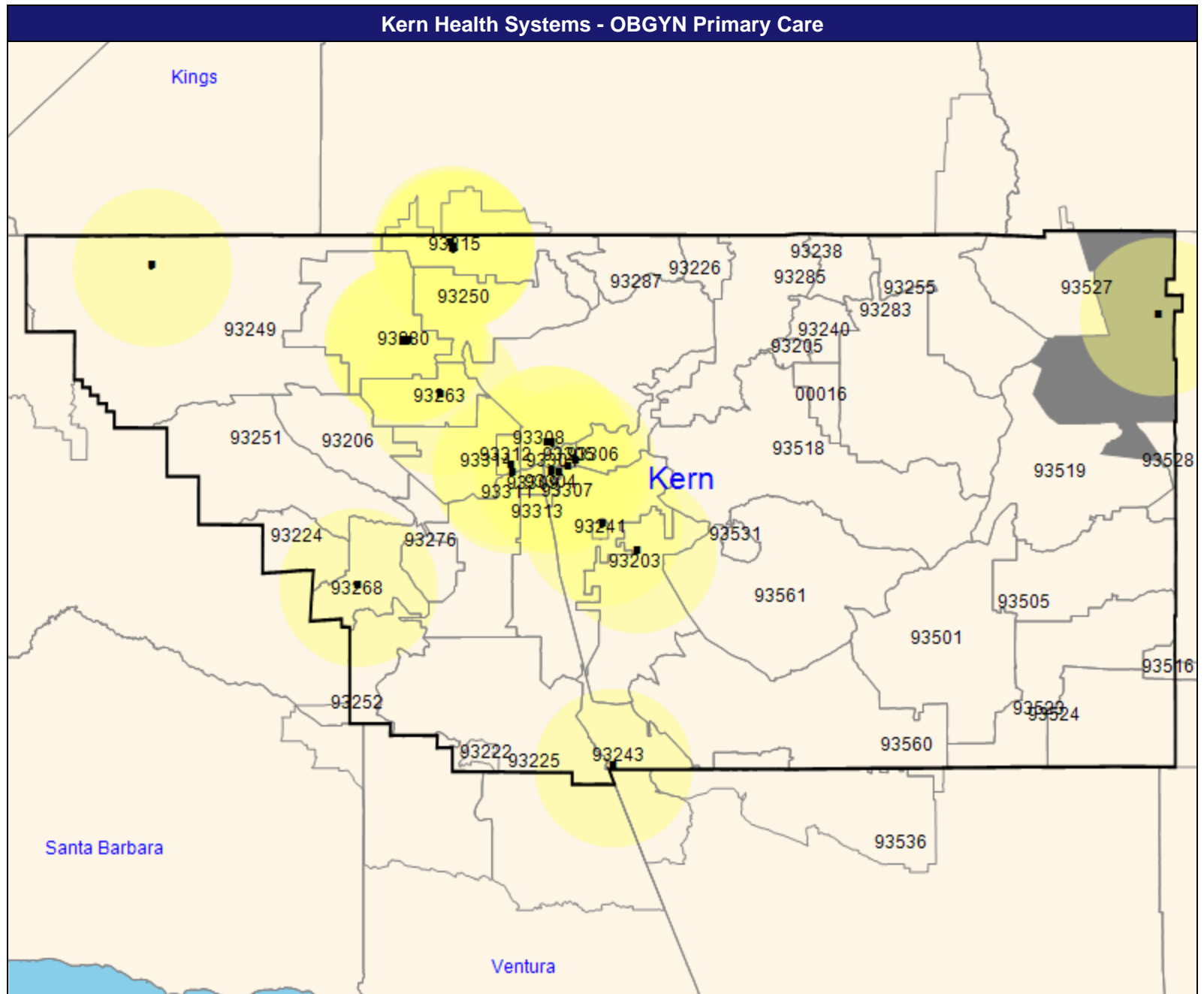
KHS - OBGYN Primary Care

22 providers at 22 locations

■ All providers

○ 10 mile radius

18.19 miles



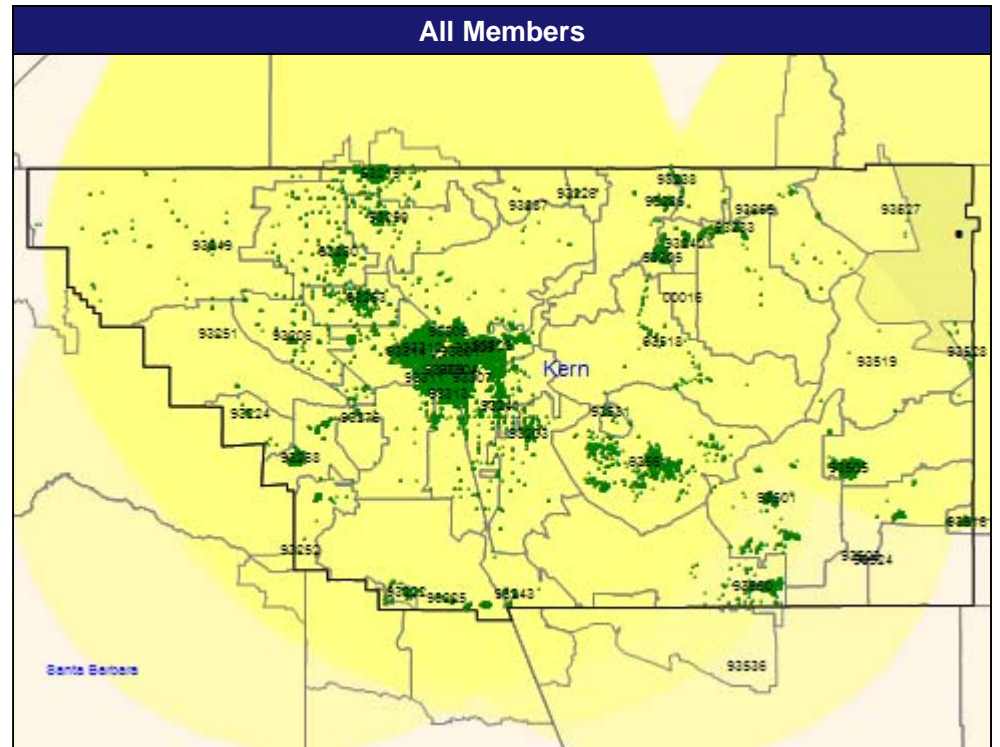
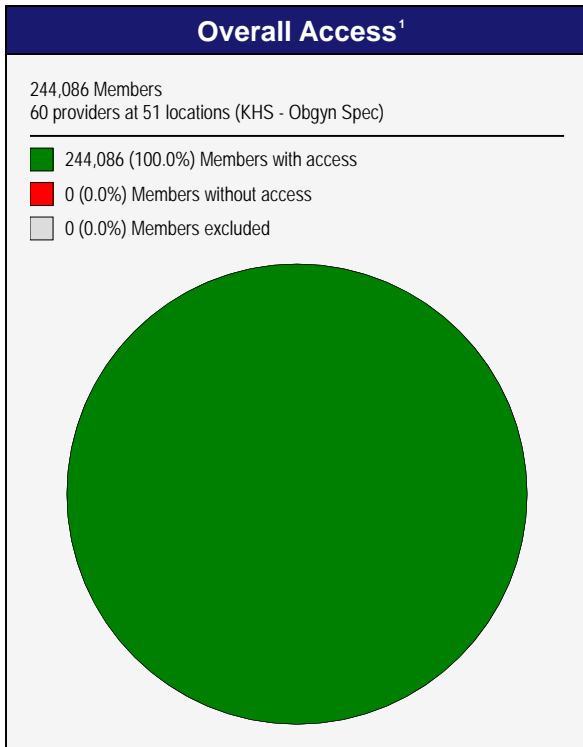
Kern Health Systems - Q3 Geo Access

Access Analysis
 Kern Health Systems - OBGYN Spec
 Member / Provider Groups
 Kern Membership
 KHS - Obgyn Spec

Access Map
 Member locations
 ◆ With access
 ● Without access

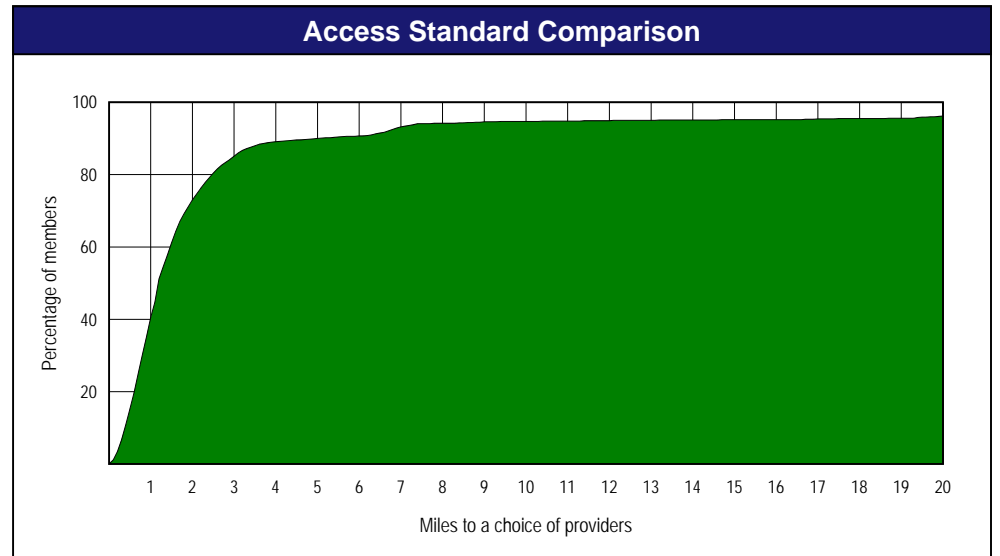
Comparison Graph
 Percent of members with access to a choice of providers over miles
 ■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - Obgyn Spec) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	3.0 miles 3.4 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - OBGYN Spec
 Member / Provider Groups
 Kern Membership
 KHS - Obgyn Spec

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	18.3	19.2
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.2	1.6
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.3	0.4
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.3	0.4
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	2.7	5.2
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	1.5	2.4
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	8.7	9.1
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	18.1	19.0
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	25.9	27.2
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	3.3	4.5
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	17.9	18.8
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	5.7	9.3
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	17.9	18.8
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	12.5	13.1
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	3.1	3.2
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	1.6	1.6
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	0.6	1.2
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.3	1.7
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	1.3	1.3
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	0.7	0.7
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	1.2	2.4
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	0.9	0.9
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	33.7	35.4
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	45.3	47.6
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	20.7	21.7
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	30.2	31.7
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	28.9	30.4
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	30.7	32.3
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	32.3	34.0
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	7.7	8.1
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.3	0.3
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	1.7	1.7
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	39.4	41.4
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	39.4	41.4
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	16.2	17.0
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	33.1	34.8
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	33.9	35.6
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	11.9	12.5
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	25.0	26.3

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - OBGYN Spec
 Member / Provider Groups
 Kern Membership
 KHS - Obgyn Spec

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	14.3	15.0
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	45.6	48.0
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	37.7	39.6
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	7.5	10.3
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	28.2	29.6
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	47.3	49.7
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	15.0	15.7
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	10.2	10.7
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	25.7	27.0
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	28.4	29.8
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	19.5	20.5
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	33.5	35.2
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	34.0	35.7
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	35.4	37.2
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	9.0	9.4
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	13.4	14.1
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	13.9	14.6
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	1.9	2.0
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	14.9	15.6
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	19.0	20.0
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	38.6	40.6
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	42.4	44.6
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	29.5	31.0
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	47.3	49.7

Kern Health Systems - Q3 Geo Access

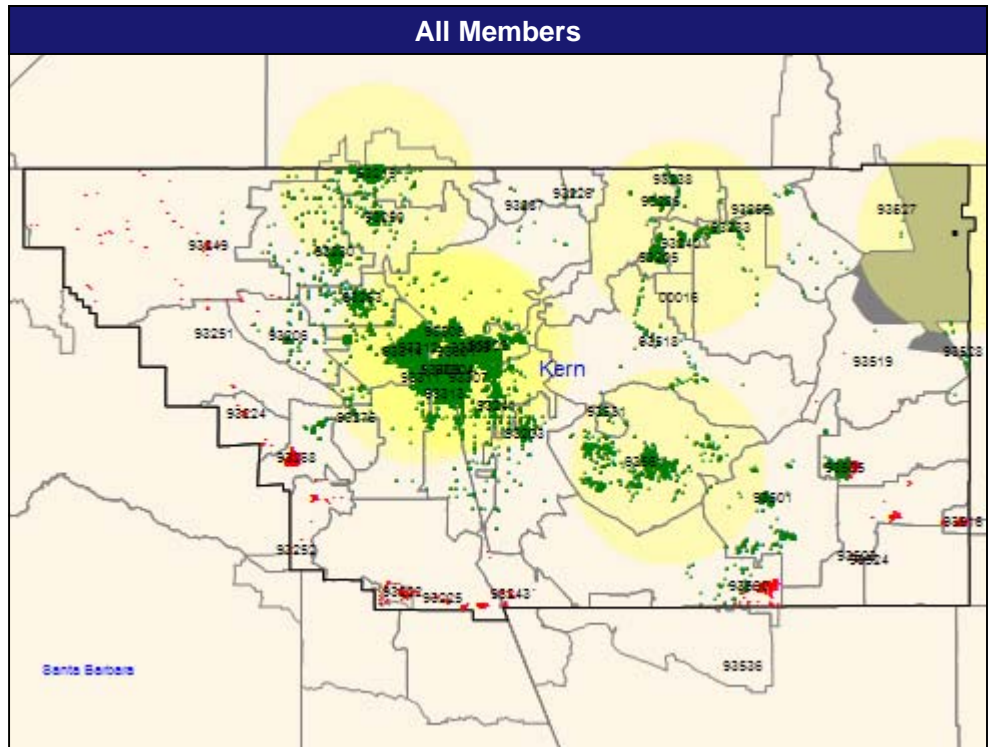
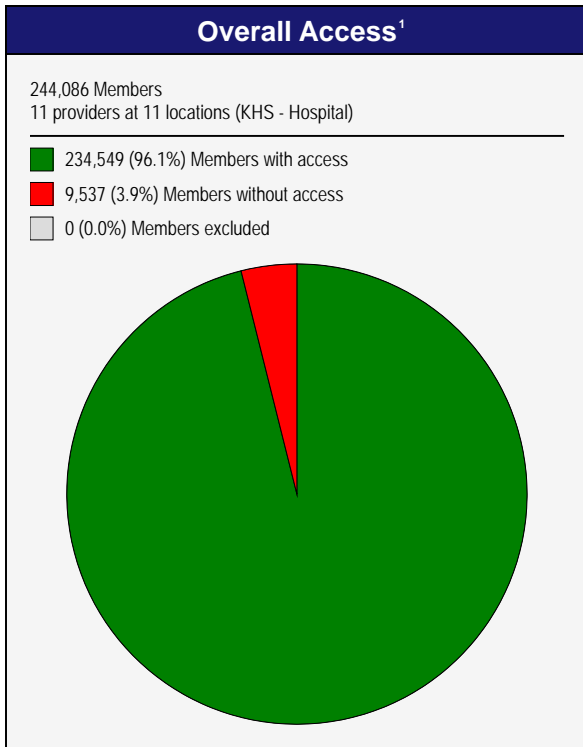
Access Analysis
Kern Health Systems - Hospital

Member / Provider Groups
Kern Membership
KHS - Hospital

Access Map
Member locations
◆ With access
● Without access

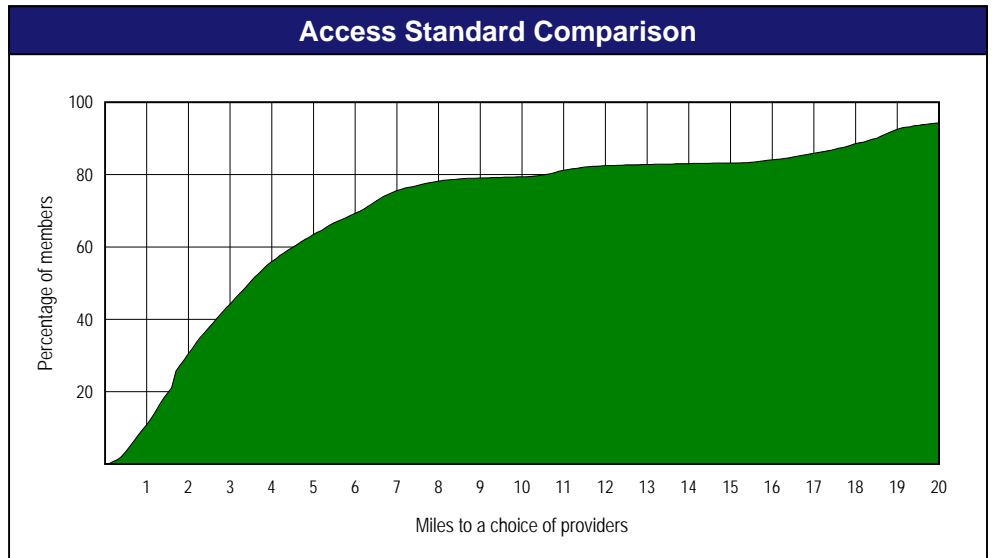
Comparison Graph
Percent of members with access to a choice of providers over miles
■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Hospital) provider in 15 miles or 30 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	6.7 miles 7.4 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Hospital
 Member / Provider Groups
 Kern Membership
 KHS - Hospital

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 15 miles or 30 mins	9,689	100.0	0	0.0	28.4	29.8
Bakersfield, CA	93301	5,161	1 in 15 miles or 30 mins	5,161	100.0	0	0.0	1.7	2.2
	93302	27	1 in 15 miles or 30 mins	27	100.0	0	0.0	0.5	0.6
	93303	6	1 in 15 miles or 30 mins	6	100.0	0	0.0	0.5	0.6
	93304	20,218	1 in 15 miles or 30 mins	20,218	100.0	0	0.0	5.5	8.8
	93305	16,754	1 in 15 miles or 30 mins	16,754	100.0	0	0.0	2.7	4.0
	93306	21,755	1 in 15 miles or 30 mins	21,755	100.0	0	0.0	10.9	11.4
	93307	42,740	1 in 15 miles or 30 mins	42,740	100.0	0	0.0	24.8	26.1
	93308	14,168	1 in 15 miles or 30 mins	14,168	100.0	0	0.0	23.7	24.9
	93309	15,402	1 in 15 miles or 30 mins	15,402	100.0	0	0.0	5.4	7.4
	93311	6,014	1 in 15 miles or 30 mins	6,014	100.0	0	0.0	26.7	28.1
	93312	5,902	1 in 15 miles or 30 mins	5,902	100.0	0	0.0	6.6	9.1
	93313	12,921	1 in 15 miles or 30 mins	12,921	100.0	0	0.0	24.4	25.6
	93314	2,636	1 in 15 miles or 30 mins	2,636	100.0	0	0.0	15.9	16.7
	93380	3	1 in 15 miles or 30 mins	3	100.0	0	0.0	3.2	3.3
	93383	2	1 in 15 miles or 30 mins	2	100.0	0	0.0	7.8	8.8
	93384	4	1 in 15 miles or 30 mins	4	100.0	0	0.0	3.9	6.0
	93385	4	1 in 15 miles or 30 mins	4	100.0	0	0.0	1.5	2.0
	93386	3	1 in 15 miles or 30 mins	3	100.0	0	0.0	1.1	1.1
	93387	9	1 in 15 miles or 30 mins	9	100.0	0	0.0	2.3	2.4
	93388	2	1 in 15 miles or 30 mins	2	100.0	0	0.0	1.5	1.5
	93389	7	1 in 15 miles or 30 mins	7	100.0	0	0.0	3.1	4.2
	93390	5	1 in 15 miles or 30 mins	5	100.0	0	0.0	0.6	0.6
Bodfish, CA	93205	509	1 in 15 miles or 30 mins	509	100.0	0	0.0	8.8	9.2
Boron, CA	93516	459	1 in 15 miles or 30 mins	0	0.0	459	100.0	45.4	47.7
Buttonwillow, CA	93206	755	1 in 15 miles or 30 mins	710	94.0	45	6.0	34.8	36.6
Caliente, CA	93518	166	1 in 15 miles or 30 mins	166	100.0	0	0.0	22.7	23.8
California City, CA	93504	39	1 in 15 miles or 30 mins	39	100.0	0	0.0	28.3	29.7
	93505	2,964	1 in 15 miles or 30 mins	2,160	72.9	804	27.1	30.1	31.6
Cantil, CA	93519	10	1 in 15 miles or 30 mins	1	10.0	9	90.0	32.3	34.0
Delano, CA	93215	18,444	1 in 15 miles or 30 mins	18,444	100.0	0	0.0	8.5	8.9
	93216	6	1 in 15 miles or 30 mins	6	100.0	0	0.0	0.8	0.8
Edison, CA	93220	24	1 in 15 miles or 30 mins	24	100.0	0	0.0	8.6	10.1
Edwards, CA	93523	217	1 in 15 miles or 30 mins	0	0.0	217	100.0	39.0	41.0
	93524	1	1 in 15 miles or 30 mins	0	0.0	1	100.0	39.3	41.3
Fellows, CA	93224	108	1 in 15 miles or 30 mins	0	0.0	108	100.0	32.3	34.0
Frazier Park, CA	93225	502	1 in 15 miles or 30 mins	0	0.0	502	100.0	39.9	42.0
Glennville, CA	93226	28	1 in 15 miles or 30 mins	28	100.0	0	0.0	23.9	25.1
Inyokern, CA	93527	4	1 in 15 miles or 30 mins	4	100.0	0	0.0	11.9	12.5
Johannesburg, CA	93528	23	1 in 15 miles or 30 mins	23	100.0	0	0.0	25.0	26.3

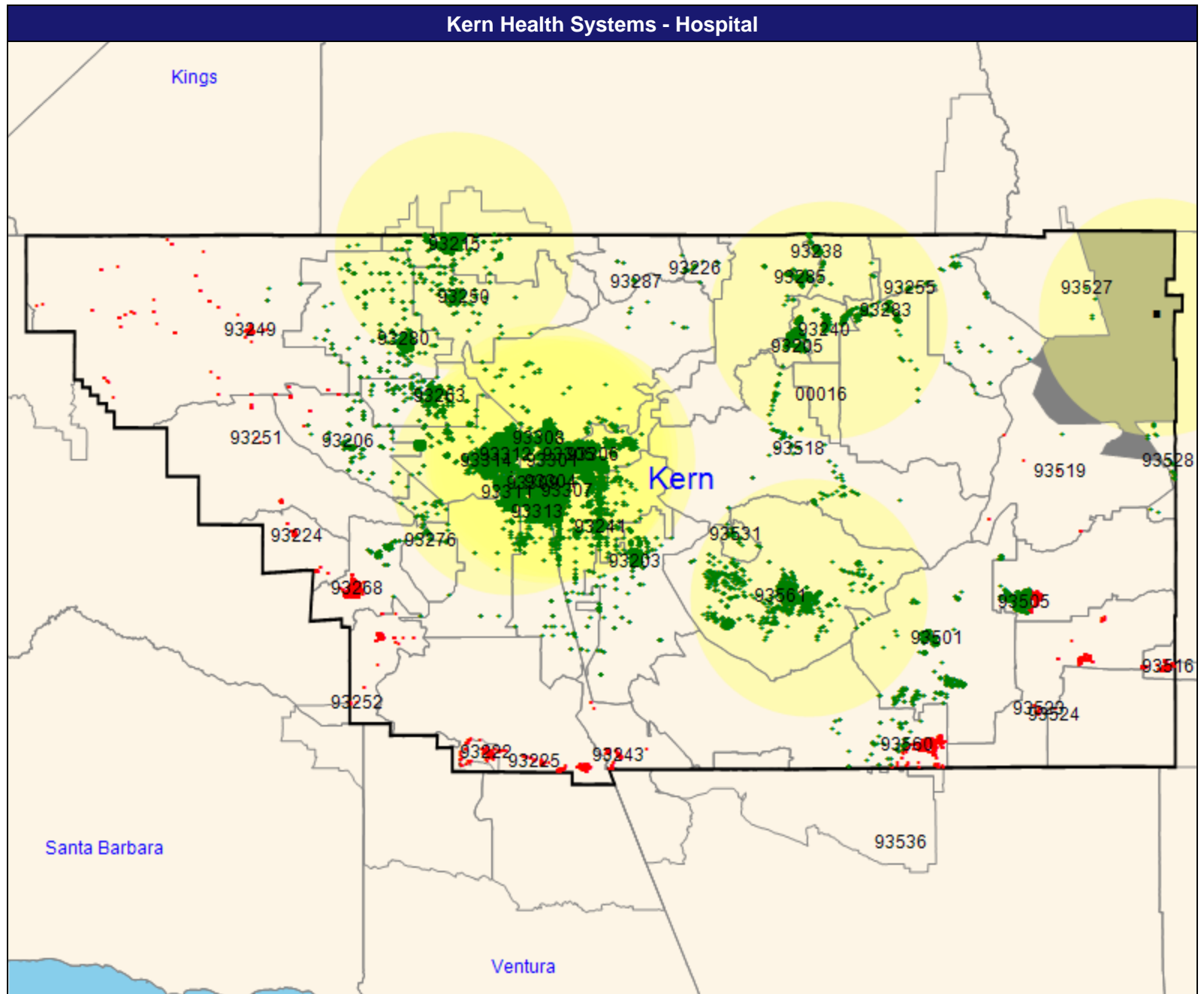
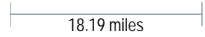
Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Hospital
 Member / Provider Groups
 Kern Membership
 KHS - Hospital

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 15 miles or 30 mins	35	100.0	0	0.0	17.5	18.4
Kernville, CA	93238	172	1 in 15 miles or 30 mins	172	100.0	0	0.0	12.3	12.9
Lake Isabella, CA	93240	1,408	1 in 15 miles or 30 mins	1,408	100.0	0	0.0	7.0	7.3
Lamont, CA	93241	7,382	1 in 15 miles or 30 mins	7,382	100.0	0	0.0	12.5	17.2
Lebec, CA	93243	178	1 in 15 miles or 30 mins	0	0.0	178	100.0	40.2	42.3
Lost Hills, CA	93249	979	1 in 15 miles or 30 mins	8	0.8	971	99.2	54.2	57.0
Maricopa, CA	93252	443	1 in 15 miles or 30 mins	0	0.0	443	100.0	42.8	45.0
Mc Farland, CA	93250	6,215	1 in 15 miles or 30 mins	6,215	100.0	0	0.0	15.8	16.6
Mc Kittrick, CA	93251	50	1 in 15 miles or 30 mins	1	2.0	49	98.0	37.3	39.2
Mojave, CA	93501	1,581	1 in 15 miles or 30 mins	1,581	100.0	0	0.0	28.3	29.7
	93502	50	1 in 15 miles or 30 mins	50	100.0	0	0.0	19.3	20.3
Onyx, CA	93255	100	1 in 15 miles or 30 mins	100	100.0	0	0.0	25.8	27.1
Pine Mountain Club, CA	93222	105	1 in 15 miles or 30 mins	0	0.0	105	100.0	38.3	40.3
Rosamond, CA	93560	683	1 in 15 miles or 30 mins	95	13.9	588	86.1	35.0	36.8
Shafter, CA	93263	7,760	1 in 15 miles or 30 mins	7,760	100.0	0	0.0	25.3	26.6
Taft, CA	93268	5,372	1 in 15 miles or 30 mins	314	5.8	5,058	94.2	32.7	34.4
Tehachapi, CA	93561	4,062	1 in 15 miles or 30 mins	4,062	100.0	0	0.0	17.7	18.6
	93581	23	1 in 15 miles or 30 mins	23	100.0	0	0.0	1.3	1.3
Tupman, CA	93276	96	1 in 15 miles or 30 mins	96	100.0	0	0.0	21.0	22.1
Wasco, CA	93280	8,834	1 in 15 miles or 30 mins	8,834	100.0	0	0.0	26.7	28.1
Weldon, CA	93283	434	1 in 15 miles or 30 mins	434	100.0	0	0.0	20.8	21.8
Wofford Heights, CA	93285	415	1 in 15 miles or 30 mins	415	100.0	0	0.0	14.3	15.0
Woody, CA	93287	18	1 in 15 miles or 30 mins	18	100.0	0	0.0	24.5	25.7
Grand Totals		244,086	1 in 15 miles or 30 mins	234,549	96.1	9,537	3.9	54.2	57.0

Kern Health Systems - Q3 Geo Access

- KHS - Hospital
- 11 providers at 11 locations
 - All providers
 - 15 mile radius
- Kern Health Systems - Hospital
- Employee Group
 - Kern Membership
- Provider Group
 - KHS - Hospital
- 244,086 member locations
 - ◆ With access (234,549)
 - Without access (9,537)
- The Access Standard is defined as (Kern Membership) members accessing:
 - 1 (KHS - Hospital) provider in 15 miles or 30 minutes



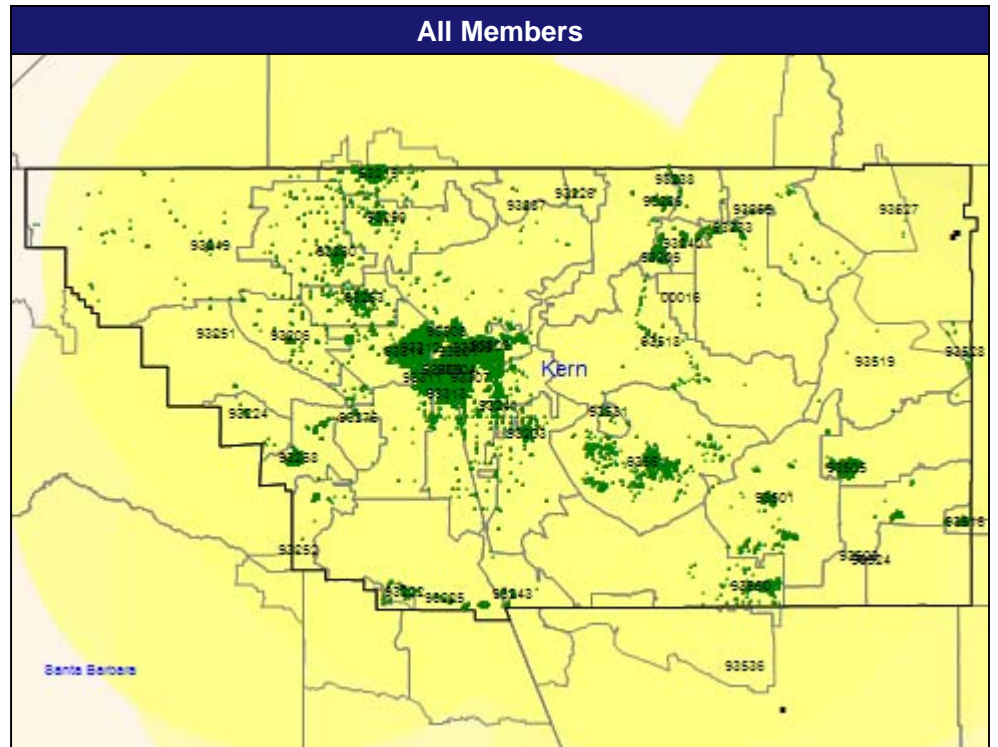
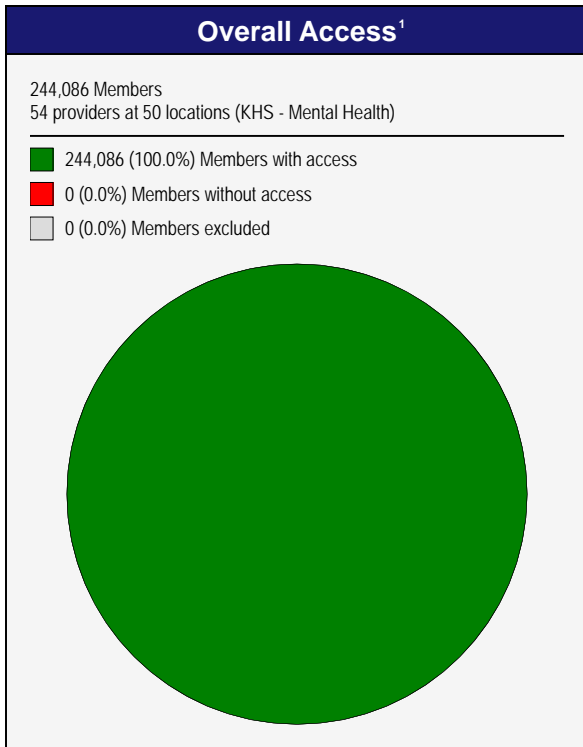
Kern Health Systems - Q3 Geo Access

Access Analysis
 Kern Health Systems - Mental Health
 Member / Provider Groups
 Kern Membership
 KHS - Mental Health

Access Map
 Member locations
 ◆ With access
 ● Without access

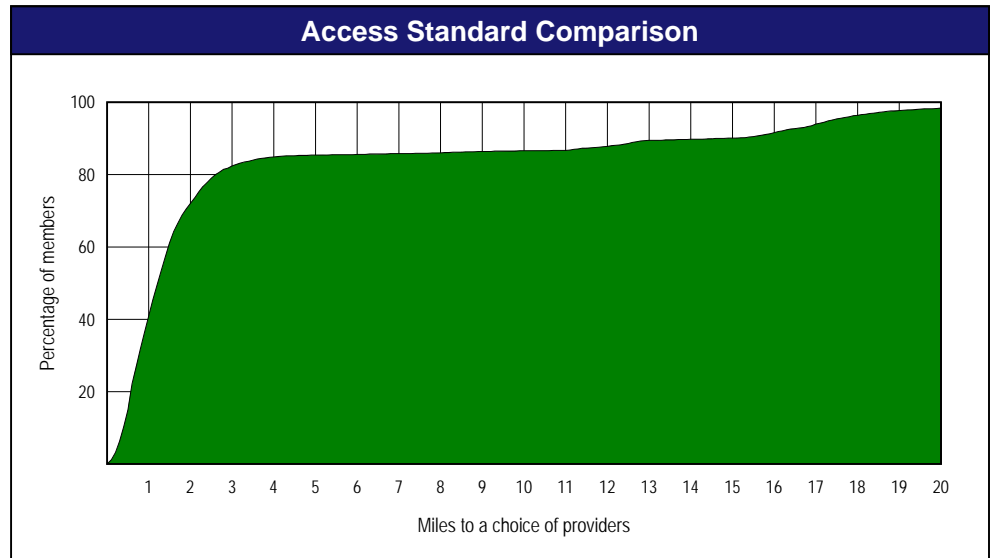
Comparison Graph
 Percent of members with access to a choice of providers over miles
 ■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - Mental Health) provider in 45 miles or 75 minutes



Distances/Times

	Average
Distance/Time to 1st closest provider	3.6 miles 3.9 mins



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Mental Health
 Member / Provider Groups
 Kern Membership
 KHS - Mental Health

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 45 miles or 75 mins	9,689	100.0	0	0.0	17.8	18.7
Bakersfield, CA	93301	5,161	1 in 45 miles or 75 mins	5,161	100.0	0	0.0	1.0	1.3
	93302	27	1 in 45 miles or 75 mins	27	100.0	0	0.0	0.3	0.4
	93303	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	0.3	0.4
	93304	20,218	1 in 45 miles or 75 mins	20,218	100.0	0	0.0	2.5	3.7
	93305	16,754	1 in 45 miles or 75 mins	16,754	100.0	0	0.0	1.7	2.8
	93306	21,755	1 in 45 miles or 75 mins	21,755	100.0	0	0.0	8.7	9.1
	93307	42,740	1 in 45 miles or 75 mins	42,740	100.0	0	0.0	17.0	18.5
	93308	14,168	1 in 45 miles or 75 mins	14,168	100.0	0	0.0	25.9	27.2
	93309	15,402	1 in 45 miles or 75 mins	15,402	100.0	0	0.0	2.6	4.1
	93311	6,014	1 in 45 miles or 75 mins	6,014	100.0	0	0.0	17.2	18.1
	93312	5,902	1 in 45 miles or 75 mins	5,902	100.0	0	0.0	4.3	8.6
	93313	12,921	1 in 45 miles or 75 mins	12,921	100.0	0	0.0	17.9	18.8
	93314	2,636	1 in 45 miles or 75 mins	2,636	100.0	0	0.0	12.9	13.5
	93380	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	4.0	4.2
	93383	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	1.6	1.6
	93384	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	0.6	1.2
	93385	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	1.2	1.9
	93386	3	1 in 45 miles or 75 mins	3	100.0	0	0.0	0.4	0.4
	93387	9	1 in 45 miles or 75 mins	9	100.0	0	0.0	2.3	2.7
	93388	2	1 in 45 miles or 75 mins	2	100.0	0	0.0	0.9	0.9
	93389	7	1 in 45 miles or 75 mins	7	100.0	0	0.0	0.4	0.8
	93390	5	1 in 45 miles or 75 mins	5	100.0	0	0.0	1.7	2.3
Bodfish, CA	93205	509	1 in 45 miles or 75 mins	509	100.0	0	0.0	33.1	34.8
Boron, CA	93516	459	1 in 45 miles or 75 mins	459	100.0	0	0.0	25.1	26.4
Buttonwillow, CA	93206	755	1 in 45 miles or 75 mins	755	100.0	0	0.0	20.8	21.8
Caliente, CA	93518	166	1 in 45 miles or 75 mins	166	100.0	0	0.0	29.7	31.2
California City, CA	93504	39	1 in 45 miles or 75 mins	39	100.0	0	0.0	0.5	0.5
	93505	2,964	1 in 45 miles or 75 mins	2,964	100.0	0	0.0	4.3	4.5
Cantil, CA	93519	10	1 in 45 miles or 75 mins	10	100.0	0	0.0	22.6	23.7
Delano, CA	93215	18,444	1 in 45 miles or 75 mins	18,444	100.0	0	0.0	24.8	26.1
	93216	6	1 in 45 miles or 75 mins	6	100.0	0	0.0	16.8	17.6
Edison, CA	93220	24	1 in 45 miles or 75 mins	24	100.0	0	0.0	1.7	1.7
Edwards, CA	93523	217	1 in 45 miles or 75 mins	217	100.0	0	0.0	16.2	17.0
	93524	1	1 in 45 miles or 75 mins	1	100.0	0	0.0	16.7	17.5
Fellows, CA	93224	108	1 in 45 miles or 75 mins	108	100.0	0	0.0	16.2	17.0
Frazier Park, CA	93225	502	1 in 45 miles or 75 mins	502	100.0	0	0.0	15.1	15.8
Glennville, CA	93226	28	1 in 45 miles or 75 mins	28	100.0	0	0.0	35.6	37.4
Inyokern, CA	93527	4	1 in 45 miles or 75 mins	4	100.0	0	0.0	11.9	12.5
Johannesburg, CA	93528	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	24.6	25.8

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Mental Health
 Member / Provider Groups
 Kern Membership
 KHS - Mental Health

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 45 miles or 75 mins	35	100.0	0	0.0	14.8	15.5
Kernville, CA	93238	172	1 in 45 miles or 75 mins	172	100.0	0	0.0	46.2	48.6
Lake Isabella, CA	93240	1,408	1 in 45 miles or 75 mins	1,408	100.0	0	0.0	36.9	38.8
Lamont, CA	93241	7,382	1 in 45 miles or 75 mins	7,382	100.0	0	0.0	2.0	4.0
Lebec, CA	93243	178	1 in 45 miles or 75 mins	178	100.0	0	0.0	21.2	22.3
Lost Hills, CA	93249	979	1 in 45 miles or 75 mins	979	100.0	0	0.0	47.3	49.7
Maricopa, CA	93252	443	1 in 45 miles or 75 mins	443	100.0	0	0.0	14.4	15.1
Mc Farland, CA	93250	6,215	1 in 45 miles or 75 mins	6,215	100.0	0	0.0	18.4	19.3
Mc Kittrick, CA	93251	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	25.9	27.2
Mojave, CA	93501	1,581	1 in 45 miles or 75 mins	1,581	100.0	0	0.0	13.7	14.4
	93502	50	1 in 45 miles or 75 mins	50	100.0	0	0.0	0.0	0.0
Onyx, CA	93255	100	1 in 45 miles or 75 mins	100	100.0	0	0.0	33.2	34.9
Pine Mountain Club, CA	93222	105	1 in 45 miles or 75 mins	105	100.0	0	0.0	5.0	5.2
Rosamond, CA	93560	683	1 in 45 miles or 75 mins	683	100.0	0	0.0	24.1	25.3
Shafter, CA	93263	7,760	1 in 45 miles or 75 mins	7,760	100.0	0	0.0	9.3	9.7
Taft, CA	93268	5,372	1 in 45 miles or 75 mins	5,372	100.0	0	0.0	13.4	14.1
Tehachapi, CA	93561	4,062	1 in 45 miles or 75 mins	4,062	100.0	0	0.0	14.6	15.3
	93581	23	1 in 45 miles or 75 mins	23	100.0	0	0.0	0.8	0.8
Tupman, CA	93276	96	1 in 45 miles or 75 mins	96	100.0	0	0.0	15.5	16.3
Wasco, CA	93280	8,834	1 in 45 miles or 75 mins	8,834	100.0	0	0.0	19.0	20.0
Weldon, CA	93283	434	1 in 45 miles or 75 mins	434	100.0	0	0.0	38.1	40.1
Wofford Heights, CA	93285	415	1 in 45 miles or 75 mins	415	100.0	0	0.0	41.7	43.8
Woody, CA	93287	18	1 in 45 miles or 75 mins	18	100.0	0	0.0	30.9	32.5
Grand Totals		244,086	1 in 45 miles or 75 mins	244,086	100.0	0	0.0	47.3	49.7

Kern Health Systems - Q3 Geo Access

KHS - Mental Health

54 providers at 50 locations

■ All providers

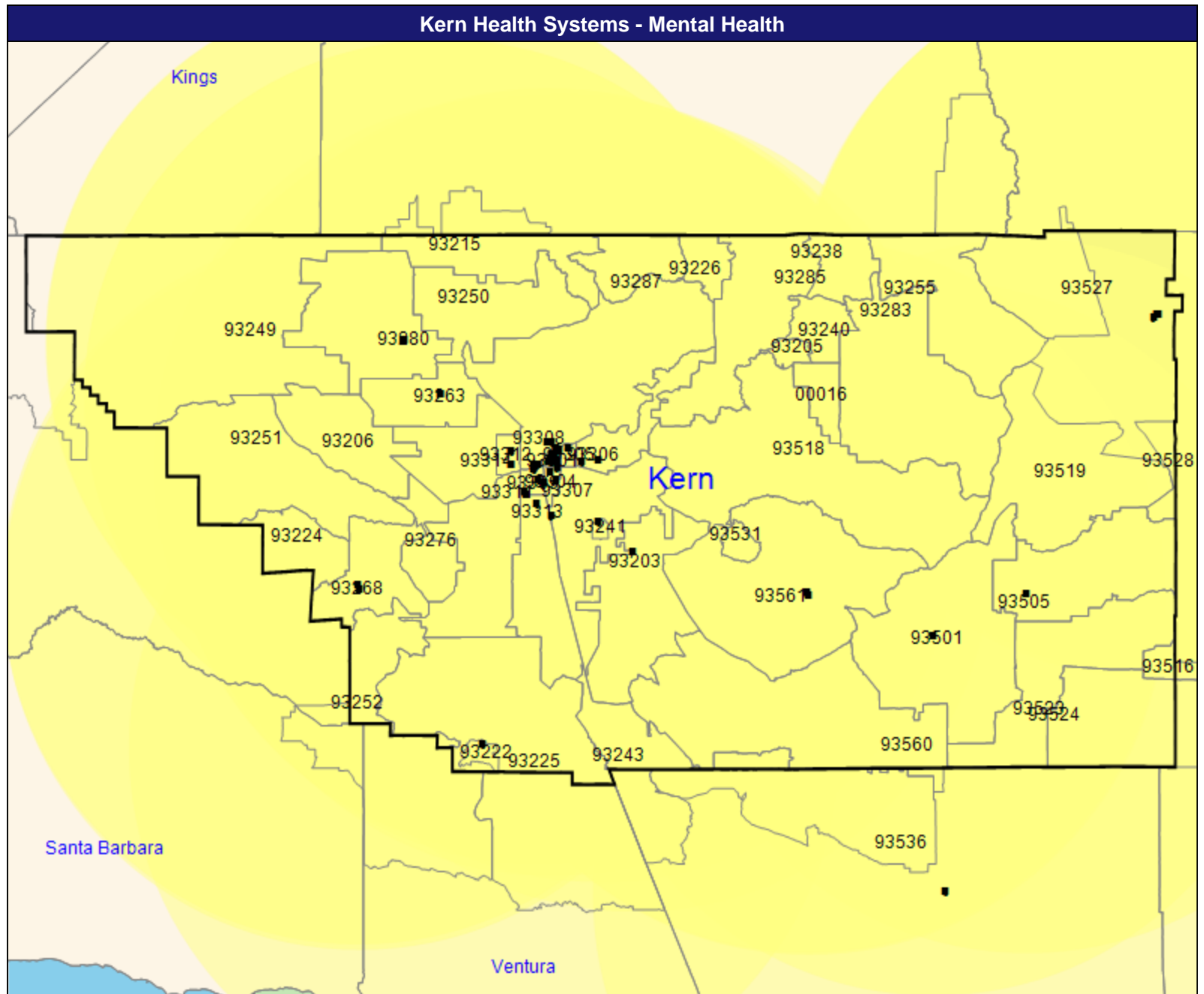
KHS - Mental Health

54 providers at 50 locations

■ All providers

○ 45 mile radius

18.19 miles



Kern Health Systems - Q3 Geo Access

KHS - Mental Health

54 providers at 50 locations

- All providers
- 45 mile radius

Kern Health Systems - Mental Health

Employee Group

Kern Membership

Provider Group

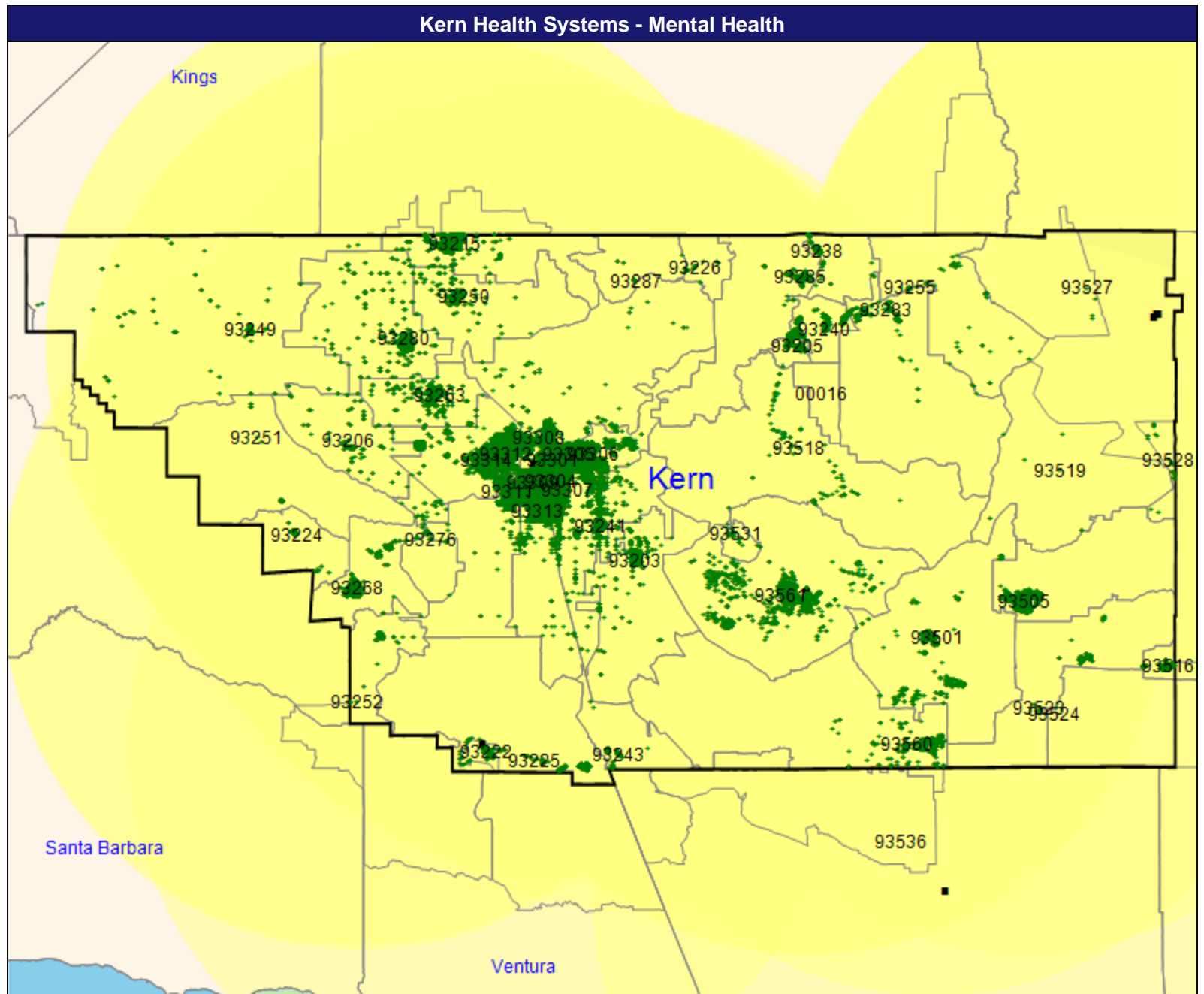
KHS - Mental Health

244,086 member locations

- ◆ With access (244,086)
- Without access (0)

The Access Standard is defined as (Kern Membership) members accessing:
1 (KHS - Mental Health) provider in 45 miles or 75 minutes

18.19 miles



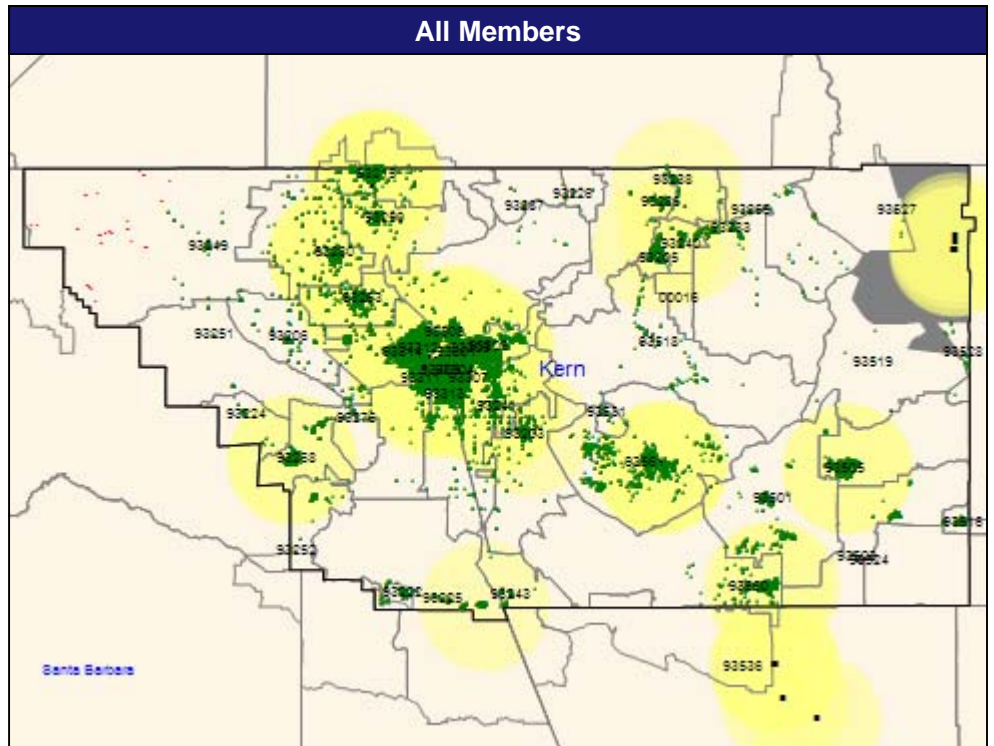
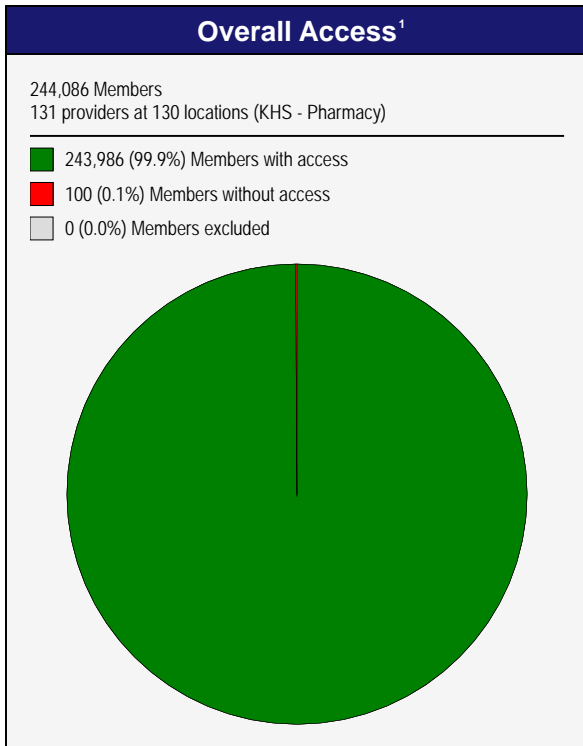
Kern Health Systems - Q3 Geo Access

Access Analysis
 Kern Health Systems - Pharmacy
 Member / Provider Groups
 Kern Membership
 KHS - Pharmacy

Access Map
 Member locations
 ◆ With access
 ● Without access

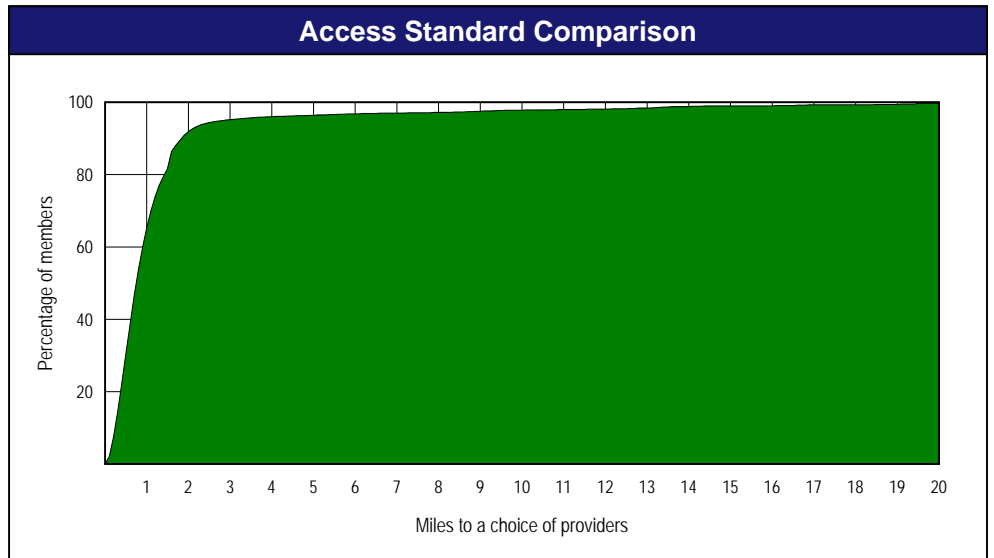
Comparison Graph
 Percent of members with access to a choice of providers over miles
 ■ 1st closest

¹ The Access Standard is defined as (Kern Membership) members accessing:
 1 (KHS - Pharmacy) provider in 10 miles or 30 minutes



Distances/Times

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



Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Pharmacy
 Member / Provider Groups
 Kern Membership
 KHS - Pharmacy

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Arvin, CA	93203	9,689	1 in 10 miles or 30 mins	9,689	100.0	0	0.0	15.5	16.3
Bakersfield, CA	93301	5,161	1 in 10 miles or 30 mins	5,161	100.0	0	0.0	1.3	1.7
	93302	27	1 in 10 miles or 30 mins	27	100.0	0	0.0	0.3	0.4
	93303	6	1 in 10 miles or 30 mins	6	100.0	0	0.0	0.3	0.4
	93304	20,218	1 in 10 miles or 30 mins	20,218	100.0	0	0.0	1.6	2.5
	93305	16,754	1 in 10 miles or 30 mins	16,754	100.0	0	0.0	1.8	2.8
	93306	21,755	1 in 10 miles or 30 mins	21,755	100.0	0	0.0	7.9	8.3
	93307	42,740	1 in 10 miles or 30 mins	42,740	100.0	0	0.0	16.1	17.6
	93308	14,168	1 in 10 miles or 30 mins	14,168	100.0	0	0.0	21.0	22.1
	93309	15,402	1 in 10 miles or 30 mins	15,402	100.0	0	0.0	1.6	2.7
	93311	6,014	1 in 10 miles or 30 mins	6,014	100.0	0	0.0	16.7	17.5
	93312	5,902	1 in 10 miles or 30 mins	5,902	100.0	0	0.0	1.8	2.8
	93313	12,921	1 in 10 miles or 30 mins	12,921	100.0	0	0.0	16.7	17.7
	93314	2,636	1 in 10 miles or 30 mins	2,636	100.0	0	0.0	11.2	11.7
	93380	3	1 in 10 miles or 30 mins	3	100.0	0	0.0	2.8	2.9
	93383	2	1 in 10 miles or 30 mins	2	100.0	0	0.0	2.1	2.2
	93384	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	0.9	1.8
	93385	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	0.7	1.4
	93386	3	1 in 10 miles or 30 mins	3	100.0	0	0.0	0.8	0.8
	93387	9	1 in 10 miles or 30 mins	9	100.0	0	0.0	1.6	1.6
	93388	2	1 in 10 miles or 30 mins	2	100.0	0	0.0	0.3	0.3
	93389	7	1 in 10 miles or 30 mins	7	100.0	0	0.0	0.2	0.4
	93390	5	1 in 10 miles or 30 mins	5	100.0	0	0.0	0.5	0.5
Bodfish, CA	93205	509	1 in 10 miles or 30 mins	509	100.0	0	0.0	4.1	4.3
Boron, CA	93516	459	1 in 10 miles or 30 mins	459	100.0	0	0.0	24.5	25.7
Buttonwillow, CA	93206	755	1 in 10 miles or 30 mins	755	100.0	0	0.0	20.7	21.7
Caliente, CA	93518	166	1 in 10 miles or 30 mins	166	100.0	0	0.0	23.1	24.3
California City, CA	93504	39	1 in 10 miles or 30 mins	39	100.0	0	0.0	0.1	0.1
	93505	2,964	1 in 10 miles or 30 mins	2,964	100.0	0	0.0	4.7	4.9
Cantil, CA	93519	10	1 in 10 miles or 30 mins	10	100.0	0	0.0	22.9	24.1
Delano, CA	93215	18,444	1 in 10 miles or 30 mins	18,444	100.0	0	0.0	6.8	7.1
	93216	6	1 in 10 miles or 30 mins	6	100.0	0	0.0	0.3	0.3
Edison, CA	93220	24	1 in 10 miles or 30 mins	24	100.0	0	0.0	2.2	2.3
Edwards, CA	93523	217	1 in 10 miles or 30 mins	217	100.0	0	0.0	15.6	16.4
	93524	1	1 in 10 miles or 30 mins	1	100.0	0	0.0	16.1	16.9
Fellows, CA	93224	108	1 in 10 miles or 30 mins	108	100.0	0	0.0	15.7	16.5
Frazier Park, CA	93225	502	1 in 10 miles or 30 mins	502	100.0	0	0.0	12.8	13.4
Glennville, CA	93226	28	1 in 10 miles or 30 mins	28	100.0	0	0.0	17.7	18.6
Inyokern, CA	93527	4	1 in 10 miles or 30 mins	4	100.0	0	0.0	12.2	12.8
Johannesburg, CA	93528	23	1 in 10 miles or 30 mins	23	100.0	0	0.0	22.6	23.7

Access Detail By Zip Code

Access Analysis
 Kern Health Systems - Pharmacy
 Member / Provider Groups
 Kern Membership
 KHS - Pharmacy

All Members									
City	Zip Code	Member	Provider	With Access		Without Access		Maximum Distance	Maximum Time
		#	Standard	#	%	#	%	1	1
Keene, CA	93531	35	1 in 10 miles or 30 mins	35	100.0	0	0.0	14.3	15.0
Kernville, CA	93238	172	1 in 10 miles or 30 mins	172	100.0	0	0.0	7.6	8.0
Lake Isabella, CA	93240	1,408	1 in 10 miles or 30 mins	1,408	100.0	0	0.0	2.9	3.0
Lamont, CA	93241	7,382	1 in 10 miles or 30 mins	7,382	100.0	0	0.0	2.1	4.2
Lebec, CA	93243	178	1 in 10 miles or 30 mins	178	100.0	0	0.0	9.7	10.2
Lost Hills, CA	93249	979	1 in 10 miles or 30 mins	879	89.8	100	10.2	46.9	49.3
Maricopa, CA	93252	443	1 in 10 miles or 30 mins	443	100.0	0	0.0	14.6	15.3
Mc Farland, CA	93250	6,215	1 in 10 miles or 30 mins	6,215	100.0	0	0.0	10.2	10.7
Mc Kittrick, CA	93251	50	1 in 10 miles or 30 mins	50	100.0	0	0.0	25.6	26.9
Mojave, CA	93501	1,581	1 in 10 miles or 30 mins	1,581	100.0	0	0.0	15.8	16.6
	93502	50	1 in 10 miles or 30 mins	50	100.0	0	0.0	13.5	14.2
Onyx, CA	93255	100	1 in 10 miles or 30 mins	100	100.0	0	0.0	25.5	26.8
Pine Mountain Club, CA	93222	105	1 in 10 miles or 30 mins	105	100.0	0	0.0	16.9	17.7
Rosamond, CA	93560	683	1 in 10 miles or 30 mins	683	100.0	0	0.0	13.9	14.6
Shafter, CA	93263	7,760	1 in 10 miles or 30 mins	7,760	100.0	0	0.0	8.9	9.3
Taft, CA	93268	5,372	1 in 10 miles or 30 mins	5,372	100.0	0	0.0	14.2	14.9
Tehachapi, CA	93561	4,062	1 in 10 miles or 30 mins	4,062	100.0	0	0.0	13.3	14.0
	93581	23	1 in 10 miles or 30 mins	23	100.0	0	0.0	1.3	1.3
Tupman, CA	93276	96	1 in 10 miles or 30 mins	96	100.0	0	0.0	13.8	14.5
Wasco, CA	93280	8,834	1 in 10 miles or 30 mins	8,834	100.0	0	0.0	18.4	19.3
Weldon, CA	93283	434	1 in 10 miles or 30 mins	434	100.0	0	0.0	20.8	21.8
Wofford Heights, CA	93285	415	1 in 10 miles or 30 mins	415	100.0	0	0.0	8.4	8.8
Woody, CA	93287	18	1 in 10 miles or 30 mins	18	100.0	0	0.0	23.0	24.2
Grand Totals		244,086	1 in 10 miles or 30 mins	243,986	99.9	100	0.1	46.9	49.3

Kern Health Systems - Q3 Geo Access

KHS - Pharmacy

131 providers at 130 locations

■ All providers

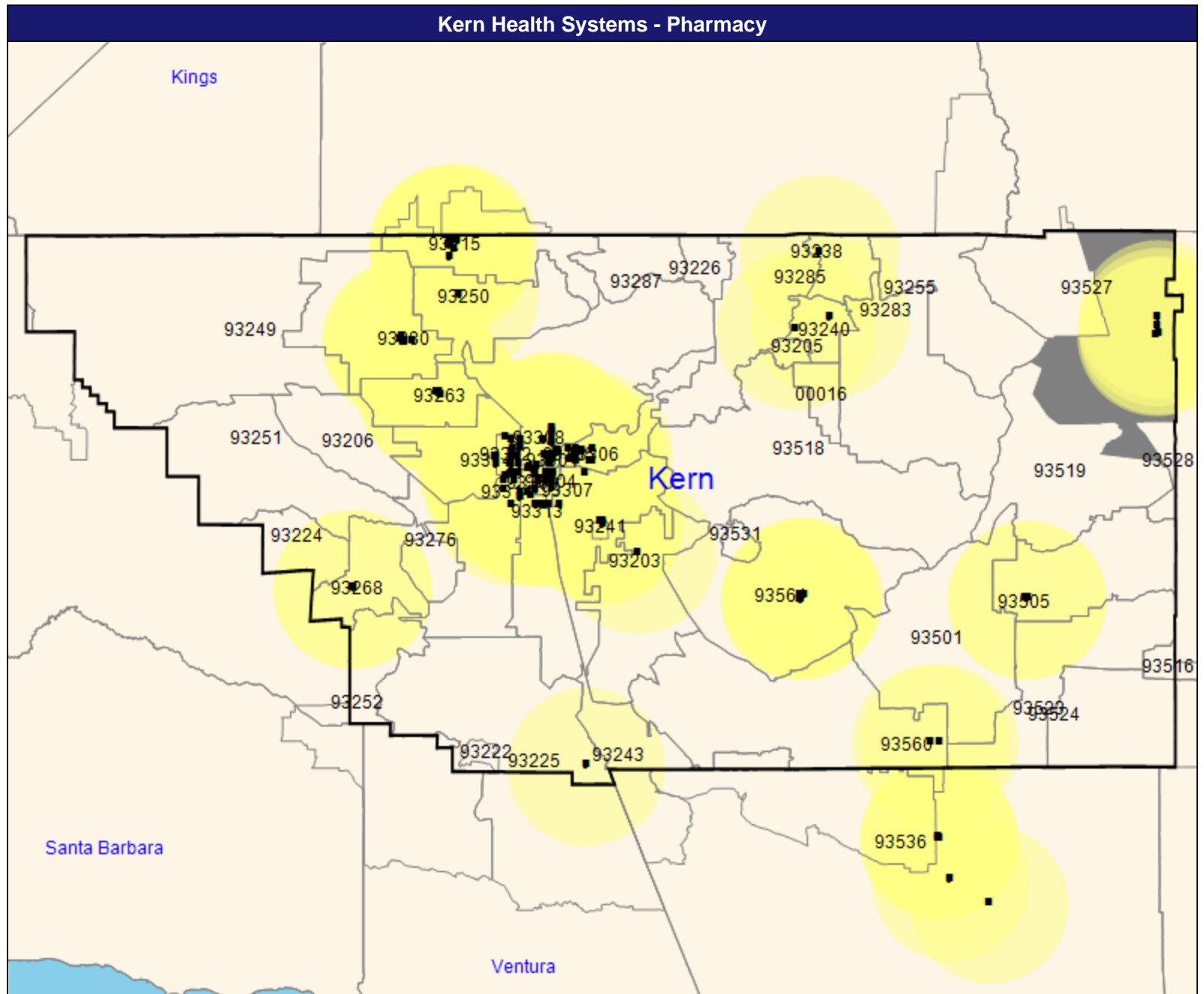
KHS - Pharmacy

131 providers at 130 locations

■ All providers

○ 10 mile radius

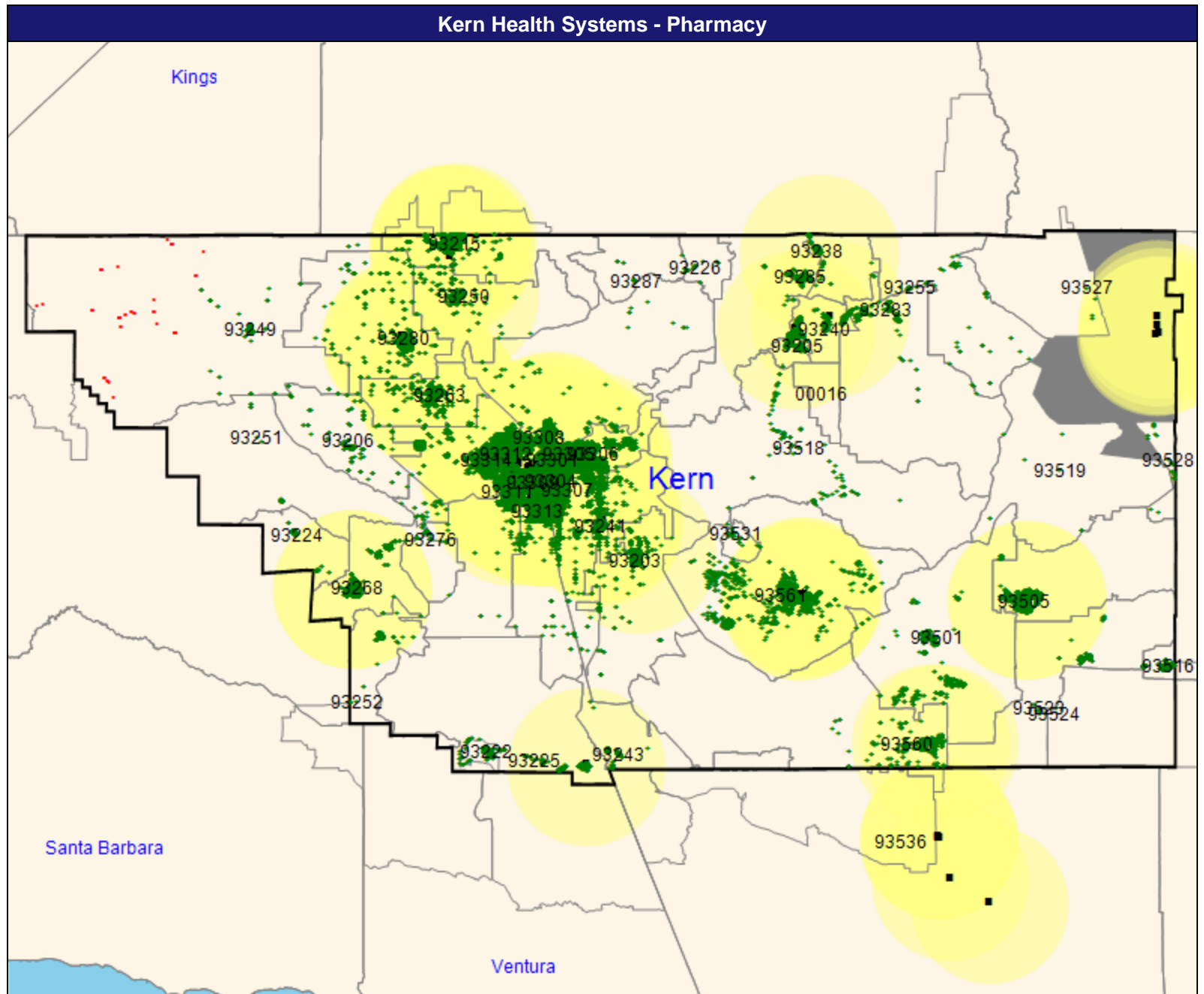
18.19 miles



Kern Health Systems - Q3 Geo Access

- KHS - Pharmacy
- 131 providers at 130 locations
 - All providers
 - 10 mile radius
- Kern Health Systems - Pharmacy
- Employee Group
 - Kern Membership
- Provider Group
 - KHS - Pharmacy
- 244,086 member locations
 - ◆ With access (243,986)
 - Without access (100)
- The Access Standard is defined as (Kern Membership) members accessing:
 - 1 (KHS - Pharmacy) provider in 10 miles or 30 minutes

18.19 miles

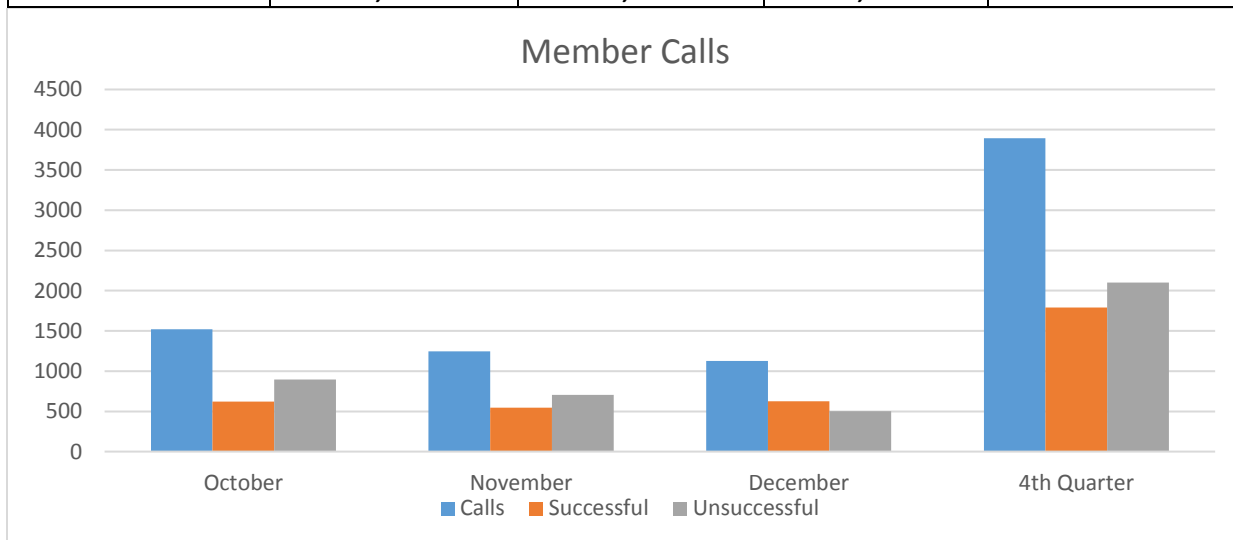


Disease Management Monthly Report

4th Quarter 2018

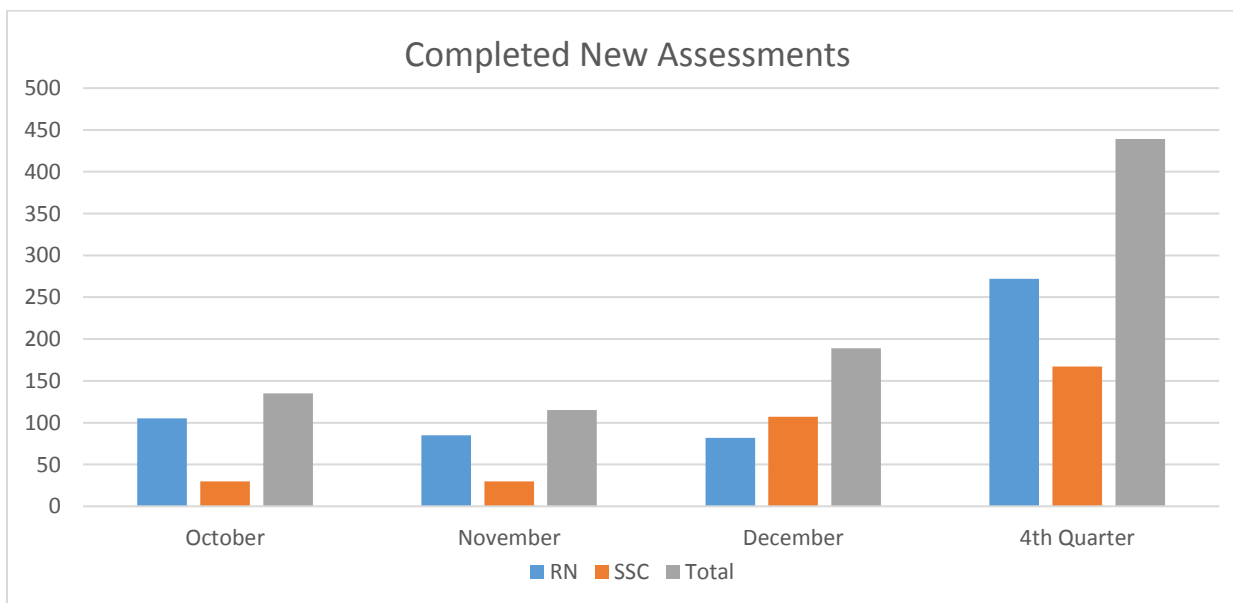
Telephone Calls: A total of 3,893 calls were made by the DM staff during the 4th Quarter 2018.

Member Calls Attempted	Successful Calls	Unsuccessful Calls	Total Member Calls	% Contacted
RN	975	1,460	2,435	40%
SSC	816	642	1,458	56%
Total	1,791	2,102	3,893	46%



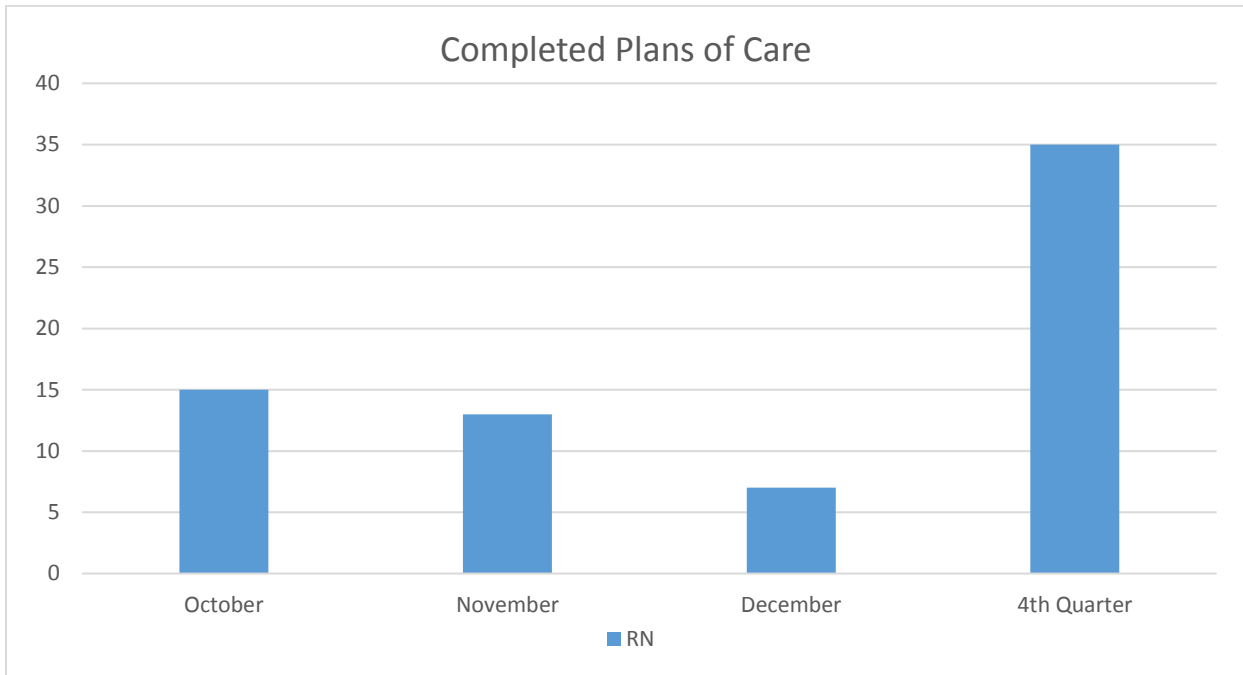
New Assessments Completed.

RN	SSC	Total
272	167	439



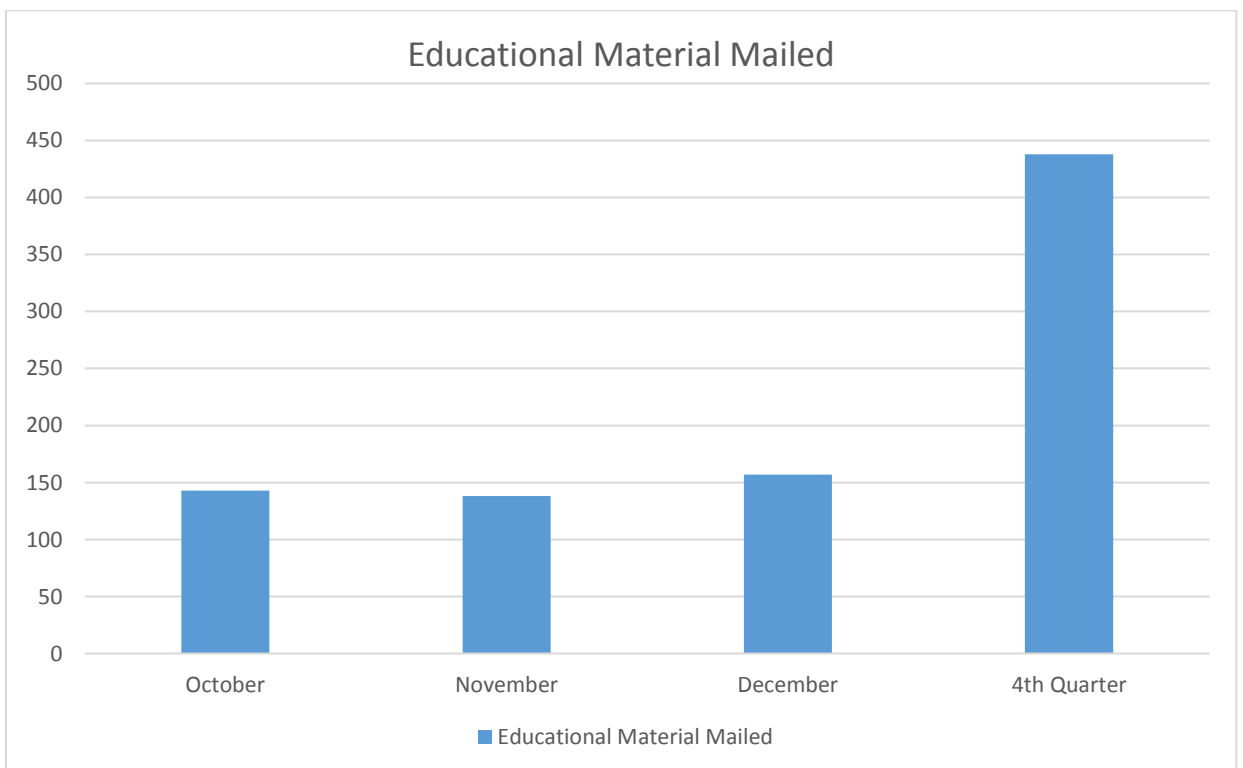
Plans of Care Completed & Closed.

RN
35



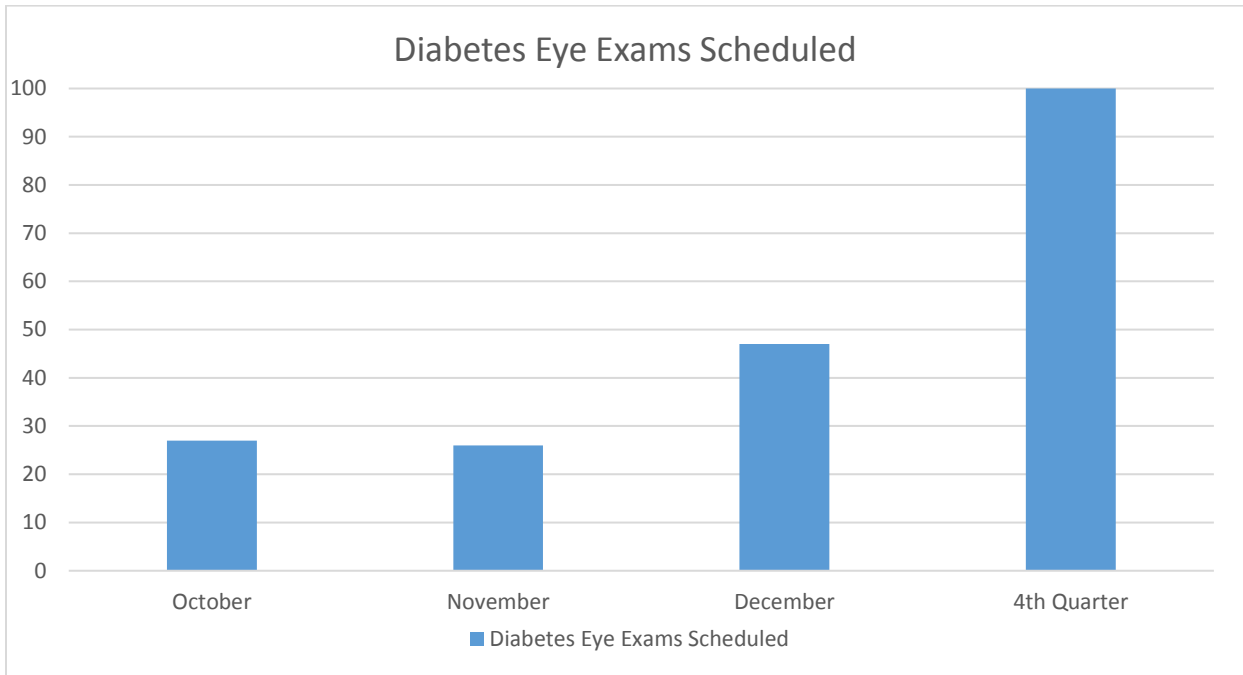
Educational Material Mailed.

438



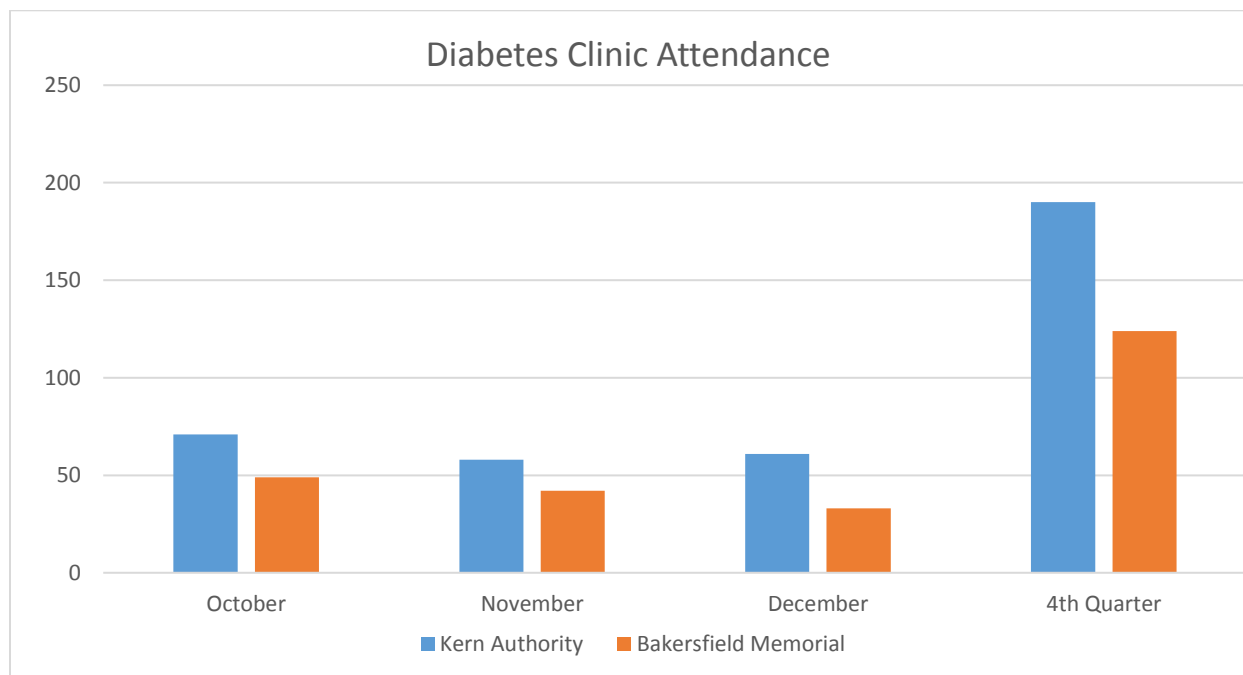
Diabetes Eye Exams Scheduled.

100



Diabetes Clinic Attendance.

Kern Authority	Bakersfield Memorial	Total
190	124	314



KFH Diabetes Prevention Program (DPP) 2019

Background

Effective January 1, 2019, in accordance with the Department of Health Care Services regulations, Kern Health Systems (KHS) will be implementing a Diabetes Prevention Program (DPP) as a benefit available to our members.

Members at risk for diabetes can join our new Diabetes Prevention Program. The Diabetes Prevention Program (DPP) is a lifestyle change program. DPP is designed to prevent or delay type 2 diabetes. Members who have been told they have pre-diabetes, or are at risk for diabetes qualify.

Program Structure

- Program Duration: 26 Group Sessions over 12 Months
- Follow CDC approved Curriculum
- Sessions 1 – 16: Meet Once a Week for Four Months
- Sessions 17 – 20: Meet Every Other Week for Two Months
- Sessions 21 – 26: Meet Once a Month for Four Months
- Each Group Session one (1) Hour Duration

Program Goals

By the end of the 1st six months, the participant goal is:

- Lose at least five percent (5%) of their starting weight
- Get at least 150 minutes of physical activity each week

By the end of the 2nd six months, the participant goal is:

- Keep off the weight the have lost
- Keep working toward goal weight, if not yet reached
- Lose more weight if they wish
- Keep getting at least 150 minutes of activity each week

Program Curriculum

First Six Months: 16 Weekly Sessions - Core

1. Introduction to the Program
2. Get Active to Prevent T2
3. Track Your Activity
4. Eat Well to Prevent T2
5. Track Your Food
6. Get More Active
7. Burn More Calories Than You Take in
8. Shop and Cook to Prevent T2
9. Manage Stress
10. Find Time for Fitness
11. Cope With Triggers
12. Keep Your Heart Healthy
13. Take Charge of Your Thoughts
14. Get Support
15. Eat Well Away from Home
16. Stay Motivated to Prevent T2



Program Curriculum

First Six Months: 4 Bi-Weekly Sessions - Core

17. When Weight Loss Stalls
18. Take a Fitness Break
19. Stay Active to Prevent T2
20. Stay Active Away from Home

Second Six Months: 6 Monthly Sessions - Maintenance

21. More About T2
22. More About Carbs
23. Have Healthy Food You Enjoy
24. Get Enough Sleep
25. Get Back on Track
26. Prevent T2---for Life

Who is Eligible?

- Limited to persons aged 18 years and older
- Must have a BMI of ≥ 25 (Asian ≥ 23)
- Must have diagnosis of pre-diabetes or
Be considered at risk for diabetes (DPP Risk Test) or
Have a history of Gestational Diabetes (GDM)
- Have an A1c of 5.7 – 6.4 or
Fasting glucose of 100 – 125 mg/dl or
2-hour 75 gm OGTT result of 140 – 199 mg/dl

Who is Ineligible?

- Persons younger than 18 years
- Underweight - BMI of ≤ 24 (Asian ≤ 22)
- Had a previous diagnosis, or are currently diagnosed with diabetes
- Are currently pregnant

CDC Prediabetes Screening Test

COULD YOU HAVE PREDIABETES?

Pre-diabetes means your blood glucose (sugar) is higher than normal, but not yet diabetes. Diabetes is a serious disease that can cause heart attack, stroke, blindness, kidney failure, or loss of feet or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes through effective lifestyle programs. Take the first step. Find out your risk for prediabetes.

TAKE THE TEST—KNOW YOUR SCORE!

Answer these seven simple questions. For each “Yes” answer, add the number of points listed. All “No” answers are 0 points.

Are you a woman who has had a baby weighing more than 9 pounds at birth?

Do you have a sister or brother with diabetes?

Do you have a parent with diabetes?

Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?

Are you younger than 65 years of age and get little or no exercise in a typical day?

Are you between 45 and 64 years of age?

Are you 65 years of age or older?

Add your score and check the back of this page to see what it means

IF YOUR SCORE IS 3 TO 8 POINTS

This means your risk is probably low for having prediabetes now. Keep your risk low. If you're overweight, lose weight. Be active most days, and don't use tobacco. Eat low-fat meals with fruits, vegetables, and whole-grain foods. If you have high cholesterol or high blood pressure, talk to your health care provider about your risk for type 2 diabetes.

IF YOUR SCORE IS 9 OR MORE POINTS

This means your risk is high for having prediabetes now. Please make an appointment with your health care provider as soon as possible to get tested for prediabetes. Members may also self-refer to the Prediabetes Prevention Program by calling the KFH Member Services line at 1-800-391-2000.

Program Schedule

- Both English and Spanish Sessions Offered
- English: Monday 10 a.m. - 11 a.m.
Wednesday 3 p.m. – 4 p.m.
- Spanish: Monday 3 p.m. – 4 p.m.
Wednesday 10 a.m. – 11 a.m.
- Make-up for the missed previous weeks session can be made up the hour before the new session, i.e. 9 a.m. or 2 p.m.
- Sessions to be held at the KFH Truxtun location beginning mid-February



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Health Education				POLICY #: 2.30-I	
DEPARTMENT: Health Services - Quality Improvement					
Effective Date: 03/2003	Review/Revised Date: 12/18/2018	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward

Douglas A. Hayward
Chief Executive Officer

Date 12.18.18

Debra King

Chief Operating Officer

Date 12/14/18

M. Tasinga

Chief Medical Officer

Date 12/13/18

Aborah L. Murray

Administrative Director of Health Services

Date 12/10/18

Carl B. [unclear]

Director of Compliance and Regulatory Affairs

Date 12/3/18

Quinton Silva

Director of Health Education, Cultural and Linguistic Services

Date 12/3/18

POLICY¹:

Kern Health Systems (KHS) will provide plan members with appropriate health education services as required by contractual, statutory, and regulatory requirements.

KHS will maintain the organized delivery of health education programs using educational strategies and methods that are appropriate for Members and effective in achieving behavioral change for improved health.²

To define KHS's health education system by providing a system for referring, providing, and monitoring of health education services.

PROCEDURES:

1.0 ADMINISTRATIVE OVERSIGHT

The supervision of the health education system will be by a full-time health educator. This individual will possess a master's degree in public or community health (MPH) with specialization in health education.³

2.0 QUALITY IMPROVEMENT PLAN

The health education system will be coordinated and integrated with the Quality Improvement Plan.

3.0 HEALTH EDUCATION AND CULTURAL/LINGUISTIC GROUP NEEDS ASSESSMENT

Findings from the Group Needs Assessment and other relevant data will be used to establish health education program priorities. These findings will also be used to establish appropriate levels of intervention for specific issues and target populations. The health education system will be reviewed annually to ensure appropriate allocation of health education resources based upon needs assessment findings, program evaluation results, and utilization data. (See *Policy and Procedure #2.11-I: Group Needs Assessment*)

4.0 PROGRAM DELIVERY

Health education programs will be delivered using educational strategies, methods, and materials that are appropriate for the member population and effective in achieving behavioral change for improved health. Appropriate services may be provided through individual sessions, group classes, support groups, disease management programs and educational materials. All health education programs will be at no charge to KHS members.⁴ Programs and services will be provided directly and/or through subcontracts or other formal agreements with providers that have expertise in delivering health education services to the Member population.⁵

Written health education materials are defined as materials designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, including updates on current health conditions, self-serve, and management of health conditions. They do not include informing materials which are vital documents that provide members essential information about access to and usage of KHS services. A reference chart has been developed by DHCS on the definitions and requirements for review and approval of written health education and written member information materials. (See Attachment A).

4.1 Health Education Materials⁶

Written health education materials will be available in all threshold languages and upon request by members, alternative formats such as Braille, large size print, online, CD or other methods⁷. In addition, all materials will be written at or below a sixth grade reading level using a readability formula that is most appropriate and reliable for the type of material and target audience and use the required 12-point font size, unless

KHS determines that a larger font size is needed. KHS may use software to test readability that is appropriate for the sample size and also develop tools that will support the readability evaluation process, such as glossaries of word replacements, exclusion work lists or guidelines on how to compose sentences that meet the sixth-grade reading level requirements. KHS may exclude State-mandated legal language and KHS or vendor legal disclaimers in calculating the reading level of health education material. Medical terminology, technical words and multi-syllable words that must be included in the health education materials and cannot be substituted for simpler one or two syllable words may be counted only once when testing for reading level. KHS may also exclude proper nouns, defined words, phone numbers and website addresses in calculating the reading level of written health education materials. Requirements for reading level and readability formulas are applicable only for written materials produced in English as there are no identified standards for reading grade levels in other languages. All materials will be accurately translated, reflect cultural and linguistic sensitivity and easily understood in each language.

4.2 Review and Approval of Member Education Materials

KHS may approve written member health education materials as long as the following conditions are met:

- a. Materials are assessed and approved using the Readability and Suitability Checklist (See Attachment B). Each provision on the Checklist is considered:
 - i. **Met:** when 85-100% of the material being assessed meets the expected standards or specific criteria.
 - ii. **Somewhat Met:** when 65-84% of the material being assessed meets the expected standards or specific criteria.
 - iii. **Not Met:** when 0-64% of the material being assessed meets the expected standards or specific criteria.
- b. The signed Checklist, including justification if needed, along with the approved health education materials, must be kept on file in electronic or hard copy format for the life of the material and made available to DHCS upon request.
- c. The assessment and approval process must be conducted by a qualified health educator or health education specialist with the equivalent training and background required by DHCS for their health education consultants. The qualified health educators are expected to use their professional judgement to determine when to approve written health education material based on the following guidelines:
 - i. **Approved:** when the majority of the Checklist provisions are met.
 - ii. **Approved with justification:** when some of the Checklist provisions are somewhat met and/or not met, the qualified health educator must justify why the document is approved and the justification must be kept on file with the Checklist.
 - iii. **Not approved:** when a majority of the Checklist provisions are not met.
- d. Medical content accuracy is reviewed and approved by KHS' Medical Director or other clinically licensed staff, as appropriate.
- e. KHS shall review and approved previously approved materials, including field-testing when required, every five years or any time the material is updated or changed to determine health and medical information is current and visual

images are up to date. Medical content accuracy will be reviewed and approved by KHS' Medical Director or other clinically licensed staff, as appropriate.

Qualified Health Educator. A qualified health educator must have one of the following qualifications:

- i. Master of Public Health (MPH) degree with a health education or health promotion emphasis from a program of study accredited by the Council on Education for Public Health, sanctioned by the American Public Health association.
- ii. Awarded a Master Certified Health Education Specialist (MCHES) by the National Commission for Health Educating, Inc.

KHS staff that is assigned health education duties must meet one of the criteria above in order to approve health education materials. If KHS does not have a qualified health educator on staff, KHS is required to submit health education materials to DHCS for review and approval with all required sections completed on the Readability and Suitability Checklist, (See Attachment B) except Section H. Section H will be completed by the DHCS health education consultant.

DHCS will monitor KHS for compliance through field and desk monitoring reviews and investigate complaints on the approved material as necessary. KHS will submit a small sample of approved written health education materials to DHCS upon request. KHS is responsible for ensuring that our delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

4.3 Readability and Suitability Checklist

KHS ensures that written health education materials developed, adapted, or used for members is systematically evaluated to assess the suitability for its members through use of the DHCS developed Checklist. The Checklist is designed for use with only English language materials since the same criteria and provisions may not apply for all languages. KHS provides adequate health education materials in a manner and format that is easily understood, culturally and linguistically appropriate for members and are not discriminatory. KHS ensures materials are in compliance with its Cultural and Linguistics Program and reviews materials to assure that they do not enforce cultural stereotypes and are inclusive in representation. Health education materials should include plain and simple language to increase member understanding of the important medical or health information included in the material. The Checklist address the following criteria:

- A. Publication description
- B. Content and key messages
- C. Layout
- D. Visuals
- E. Cultural appropriateness
- F. Language translations

- G. Field testing
- H. Medical Content
- I. Approval signatures

KHS may use materials listed below without completing a Checklist, as long as KHS has not made significant changes. If significant changes are made, KHS will complete the Checklist and field-testing.

- A. Materials produced by companies and entities listed on the DHCS Approved Companies for Written Health Education Materials letter (Attachment C). KHS may contact DHCS' Health Education Consultants for the most recent copy of the letter.
- B. Public domain materials produced by city, county, state, and federal government agencies.
- C. Materials produced by non-profit agencies or community-based organizations, such as the American Diabetes Association, the American Cancer Society, or the California Smokers' Helpline.

4.4 Field-Testing

Field-testing ensures that written health education materials are understood by and accessible for the target member audience. The field-testing process will enhance the usability and increase the readability of newly-developed or adapted materials. Health education materials which are developed by KHS, adapted, or obtained from outside sources must be field tested, except as noted in Attachment A.

KHS' health educator shall provide oversight for the field testing and select the most appropriate methodology based on the complexity of the material or determine if that health education material does not require field testing. The field testing process and results must be documented on the Checklist. Materials not field tested must have an explanation documented on the Checklist explaining the reason. Field testing may include, but is not limited to the following:

- a. Review of the material during a Community Advisory Committee Meeting, health education class, or other member event.
- b. Key informant interviews/surveys with members or community informants or internally qualified reviewers regarding written health education materials.
- c. Focus groups with targeted members to determine relevance and effectiveness of complex educational materials

KHS may accept field testing results conducted by outside organizations or vendors when using purchased materials or materials obtained from the public domain, if KHS' health educator determines that the field testing was conducted appropriately, and participants represent a population similar to KHS members.

4.5 Translation of Health Education Materials

The process for translating health education materials into will be in accordance with KHS Policy and Procedure 12.02-I: Translation of Written Member Materials.

4.6 Alternative Formats

KHS takes into account the specific needs of Seniors and Persons with Disabilities

(SPD) and those who are visually impaired. Upon request by the member, family caregiver or provider, KHS provides educational materials in alternative formats such as Braille, accessible PDFs, 18-point font or larger print, video or audio accessible materials online, a CD or DVD, or other appropriate technologies and methods. Requests for health educational material in alternative formats will be handled by the KHS Health Education department. If providing an alternative format causes undue hardship to KHS, KHS can provide the information in another reasonable format, such as by phone or in-person from a qualified health educator.

Vendor produced educational material should also be provided to members in alternative formats whenever possible. If vendor produced materials cannot be provided in an alternative format due to copyright laws or other administrative constraints, KHS must provide similar educational materials to members in an alternative format. The Checklist must be used to assess and approve written health education materials before they are converted to an alternative format.

4.7 Websites, Other Digital Content and Newsletters

KHS is not required to conduct a readability and suitability review of external websites or other digital content/media. Forms of digital content include information that is digitally broadcast, streamed, or contained in computer files. Examples include, but are not limited to, interactive voice recordings (IVR), infographics, and webinars. KHS will review the external website links listed on its member website to ensure information is presented in a manner that is easily understood and culturally appropriate.

KHS will complete a Checklist to assess and approve health education documents posted to the member website and not on the webpage/text that is not part of a downloadable document. KHS will reference the Web Content Accessibility Guidelines 2.0 as a guide for electronic content. KHS is not required to use the Checklist for text messages, however, text messages must be field-tested and meet the sixth grade reading level requirements prior to distribution.

Newsletters that focus on health education messages do not require DHCS approval and KHS is not required to complete a Checklist or field test the newsletter. If the newsletter focuses on member information, KHS will submit the proposed language to DHCS for approval (Attachment A).

4.8 Staff Training

The KHS health educators ensure that appropriate KHS staff have received training on KHS' policy and procedure for ensuring readability and suitability of health education materials. This includes training on how to use the readability calculation formulas and software. Oversight of health education materials review and final approval is provided by KHS' health educators.

4.9 Health Education Outreach

Targeted outreach will be used to promote optimal program use and participation by members. This outreach will include information about health education services in all new member orientation, member handbooks, member newsletter articles and other

benefit informing materials. Telephone contacts will be conducted to all newly enrolled members with a diagnosis relevant to current health education services. In addition, PM160s, indicating diagnoses that would benefit from health education interventions, will be used to identify members for referral to health education services.

5.0 PROGRAM SCOPE

The following areas of program intervention will be provided:

5.1 Appropriate Use of Health Care Services

This includes the effective use of the managed health care system; preventive and primary health care services; obstetrical care; health education services; and complementary and alternative care.⁸ Members will be educated during the new member orientations.

5.2 Risk-Reduction and Healthy Lifestyles

This will include interventions designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles and promote positive health outcomes. Programs will include tobacco use and cessation, alcohol and drug use, injury prevention, prevention of sexually transmitted diseases, HIV and unintended pregnancy, nutrition, weight control, physical activity and parenting.⁹

5.3 Self-Care and Management of Health Conditions

These are interventions designed to assist members to learn and follow self-care regimens and treatment therapies for existing medical conditions, chronic diseases or health conditions, including programs for pregnancy, asthma, diabetes and hypertension.¹⁰

6.0 POINT OF SERVICE EDUCATION

Members will receive health education services as part of preventive and primary health care visits.¹¹ To facilitate this process, providers' are required to utilize the "Staying Healthy" assessment form. (*KHS Policy and Procedure #3.05-P: Preventive Medical Care*) Utilizing the Staying Healthy assessment will allow health risk behaviors, health practices and health education needs related to health conditions to be identified. Health education interventions, counseling and referral to health education services should be documented and recorded in the member's medical record¹². To assist providers in providing effective health education services, the Health Education Department will provide resource information, educational materials and other pertinent program resources to all providers, upon request.¹³

6.1 Communication with the PCP

After the member has completed the health education services, health education staff forwards to the referring PCP, information identifying the class subject, date, and any pertinent notes. The PCP is informed to include this information in the member's medical record for documentation of health education services.

6.2 Monitoring and Reporting

A spreadsheet is maintained for all health education referrals. At the end of each month, staff reviews the status of all referrals that have been processed. No shows are

contacted to assess interest in rescheduling. Completed referrals are updated in the health education spreadsheet. The spreadsheet is used to create a monthly, quarterly and annual Health Education Activities report. This report is used to monitor member utilization of health education services as well as provider referrals. The Health Education Activities report is submitted to the Quality Improvement Utilization Management Committee (QI/UM) and the Public Policy Community Advisory Committee (PP/CAC) for review.

7.0 HEALTH EDUCATION REFERRALS

Health education services will be available and accessible upon KHS staff referral, member self-referral or referral by contracting medical providers. Upon receipt of a health education referral, health education staff will contact the member to assess their interest in participating in health education services and their availability. In coordinating the referral, health education staff will also assess the member's linguistic and transportation needs. Transportation and interpreter services are provided accordingly. The best available health education resource is then identified for the member. Health education staff will coordinate the referral between the appropriate resources and the member.

8.0 PROVIDER EDUCATION AND TRAINING

Education and training of contracted medical providers and other allied health care providers will be provided to support delivery of effective health education services for members. Provider education and training will include:

- A. Group Needs Assessment Findings
- B. Staying Healthy Assessment
- C. Techniques to enhance effectiveness of provider/patient interactions
- D. Educational tools, modules, materials and staff resources
- E. Plan specific resource and referral information and
- F. Health Education requirements, standards, guidelines and monitoring.

9.0 PROGRAM STANDARDS, MONITORING AND EVALUATION

KHS will adopt appropriate health education policies and procedures, standards and guidelines and conduct relevant levels of evaluation which will include process, impact and outcome evaluation methodologies, to ensure effectiveness in achieving health education program goal and objectives.¹⁴ KHS will periodically review the health education system to ensure appropriate allocation of health education resources, and maintain documentation that demonstrates effective implementation of the health education requirements.¹⁵ The Health Education Department is responsible for assessing and monitoring the health education programs that are offered to members to meet its health education standards.

The adopted standards/guidelines are supported by professional experts/peers, best practices, and/or published research findings. (See Health Education Guidelines for Medicaid Managed Care: The California Health Education Taskforce of Guidelines for Medicaid Managed Care, Fall 2000.) KHS will monitor the performance of providers who are contracted to deliver health education programs and service to members, and implement strategies to improve provider performance and effectiveness.¹⁶ Monitoring provider performance will be measured by evaluating the number of health education referrals by providers and assessing program services and materials during site reviews. In addition, KHS monitors its Health Education resources by reviewing member grievances and through an annual review of

programs participating in the network to identify changes or additions to program offerings. Methods used to communicate relevant health education issues to providers include direct correspondence, provider bulletins, provider forums, provider portal and through provider policy manuals.

9.1 DHCS Oversight

DHCS will monitor KHS for compliance through field and desk monitoring reviews for the Checklist and approved health education materials. DHCS will also investigate any complaints about KHS's health education materials.

ATTACHMENTS:

- Attachment A: Reference Chart of Requirements and Review
- Attachment B: Readability and Suitability Checklist
- Attachment C: DHCS Approved Companies List

REFERENCE:

¹ ¹ **Revisions 11/2018:** Policy revised to meet Readability and Suitability of Written Health Education Materials as requested by DHCS to comply with the requirement of APL 18-016. **Revisions 11/2017:** Policy revised to meet Readability and Suitability of Written Health Education Materials as requested by DHCS to comply with the requirement of APL 11-018. **Revision 2017-01:** Policy updated by Health Education & Disease Management Manager.

Revision 2013-10: Included requirements for approving health education materials and added language for materials that may be used if they meet standards and requirements in DHCS Contract and All Plan Letters. **Revision 2012-03:** Revised to comply with MMCD All Plan Letter 11-018. **Revision 2006-08:** Revised as requested (06/23/2006). **Revision 2005-09:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2003-06:** Requested by DHS 03/04/03. **Revision 2002-11:** Created per Health Education request. Reviewed by Health Education for compliance with MMCD Policy Letter 02-04

² DHS Contract A-10 7(A)(4)

³ DHS Contract A-10 7(A)(2)

⁴ DHS Contract A-10 7(A)(3)

⁵ DHS Contract A-10 7(A)(3)

⁶ DHS Contract A-10 7(A)(5)

⁷ MMCD Letter 11-018 §5 Alternative formats

⁸ DHS Contract A-10 7(A)(6)(a)

⁹ DHS Contract A-10 7(A)(6)(b)

¹⁰ DHS Contract A-10 7(A)(6)(c)

¹¹ DHS Contract A-10 7(A)(7)

¹² DHS Contract A-4 13(D)(8)

¹³ DHS Contract A-10 7(A)(7)

¹⁴ DHS Contract A-10 7(A)(8)

¹⁵ DHS Contract A-10 7(A)(9)

¹⁶ DHS Contract A-10 7(A)(8)

Document A: Review and Approval Guidance for Written Health Education and Member Information Materials

Definitions:

Written Health Education Materials: designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes

Written Member Information Materials: designed to provide members with information about benefits and access to/use of MCP services

Item	Health Education Materials	Member Information Materials	Checklist Required	Field Testing Required	Comments
Typical Informational Materials: Evidence of Coverage (EOC), Member Services Guide, welcome packets, enrollment & disenrollment information, marketing materials, provider directory, flyer promoting a program or benefit, cover letter, appointment reminder, notice to schedule a flu shot, notice about how to sign up for a program, file a grievance, or use the website		X	No	No	DHCS Contract Managers review documents that inform members about MCP use, benefits, and services, per contract requirements.
Newsletters: primarily health education content	X		No	No	MCPs are encouraged to use readability and suitability guidelines whenever possible. MCPs are responsible for ensuring materials meet requirements and are appropriate for their members.
Newsletters: primarily information for members about MCP use and services		X	No	No	DHCS Contract Managers review content prior to distribution, per contract requirements. MCP is not required to submit layout.
Websites and other digital content: health education information that is digitally broadcasted, streamed, or contained in computer files, including brochures, videos, text messages, interactive voice recordings, online presentations (webinars), PowerPoint presentations	X		Yes	Yes	Online/digital health education materials, including brochures, PowerPoint presentations, and documents that are part of online modules or programs that can be downloaded for use by members.
			No	Yes	Text messages that provide health education information and videos.
			No	No	Interactive voice recordings.
Websites and other digital content: member information that is digitally broadcasted, streamed, or contained in computer files that informs members about MCP use, benefits, and services		X	No	No	DHCS Contract Managers review documents that inform members about MCP use, benefits, and services, per contract requirements. This applies to similar documents on a website or other digital content that members can download.

Document A: Review and Approval Guidance for Written Health Education and Member Information Materials

Written Health Education Materials: designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes.

Examples of Topics Covered by Health Education Materials: tobacco prevention, cessation; importance of prenatal/post-partum care; managing a chronic disease; what to do when your child has a fever; facts about birth control or sexually transmitted infections; risk factors for heart disease; controlling asthma symptoms; weight management tips; diabetes self-care; importance of preventive health care; living healthy materials, such as managing obesity, eating healthy, physical activity, and health aging.

MCPs are responsible for ensuring materials meet readability and suitability requirements, use easily understood language and format, and are accessible for their members.

Qualified health educators should use professional judgement to determine when to use the Checklist and/or field-test materials not created by the MCP.

Health Education Handouts, Brochures, Pamphlets, and Packets	Checklist Required	Field Testing Required	Comments
Materials purchased from companies/vendors on the most recent DHCS <i>Approved Companies for Written Health Education Materials</i> letter – NO SIGNIFICANT CHANGES by MCP	No	No	MCPs are always responsible for ensuring materials meet readability and suitability requirements and are appropriate for their members.
Materials purchased from companies/vendors on the most recent DHCS <i>Approved Companies for Written Health Education Materials</i> letter – SIGNIFICANT CHANGES by MCP	Suggested	Suggested	The MCP’s qualified health educator should use professional judgement when determining whether to use the Checklist and/or field-test documents for material not created by the MCP.
Materials developed and produced by city, county, state, and federal government agencies – NO CHANGES by MCP	No	Suggested	Taking into account font size and style differences, field-testing is recommended, but not required. DHCS suggests that MCPs calculate the reading grade level for all materials.
Materials developed and produced by city, county, state, and federal government agencies – CHANGES by MCP	Suggested	Suggested	
Materials produced by a non-profit agency or community-based organization (CBO) such as the American Diabetes Association, American Cancer Society, American Heart Association, CA Smokers’ Helpline, etc.	No	Suggested	If the agency/CBO has documentation that shows the material meets readability and suitability guidelines, then use of the Checklist and/or field-testing are not required. MCPs must keep all documentation on file. DHCS suggests that MCPs calculate the reading level for all materials.
Materials developed by an MCP and Materials purchased from companies NOT on the most recent DHCS list of approved companies.	Yes	Yes	MCPs are always responsible for ensuring materials meet readability and suitability requirements and are appropriate for their members.

Document B: Readability and Suitability Checklist for Written Health Education Materials

Title of Material: _____

Main Topic: _____

Target Audience: _____

Developed by: _____

Date Brochure: Developed Adapted: _____ Date Brochure: Revised Reviewed: _____Format of Material: Flyer Brochure Booklet Poster Other: _____

This material is exempt from review and does not require the Checklist. (See Document B)

 Yes, describe why: _____ No

A. CONTENT REQUIREMENTS

	Somewhat Met ¹	Met ²	Not Met ³	NA
1. Non-clinical content is accurate and up-to-date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Number of concepts/messages is limited to 2-3 per page:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sentences are simple:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Technical terms are defined:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Material is written in an active voice:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Meets 6 th grade reading level requirement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Level: _____				
Method used: <input type="checkbox"/> Flesh Reading <input type="checkbox"/> Fry <input type="checkbox"/> Gunning Fog <input type="checkbox"/> SMOG <input type="checkbox"/> Other: _____				
7. Material does not use the word "free" in reference to cost sharing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Focuses on specific actions (behaviors):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. LAYOUT REQUIREMENTS

1. Blocks of text are in Serif font and are ≥ 12 point for general audiences or ≥ 14 point for seniors or persons with impaired vision:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All capital letters are used only for headings, subheadings, and content emphasis, and when grammatically correct:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There is adequate white space (~30%):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The layout guides the reader with headings, bullets/numbers, font formatting and size:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ A provision is **met** when 85-100% of the material being assessed meets the expected standards or specific criteria.

² A provision is **somewhat met** when 65-84% of the material being assessed meets the expected standards or specific criteria.

³ A provision is **not met** when 0-64% of the material being assessed meets the expected standards or specific criteria.

Document B: Readability and Suitability Checklist for Written Health Education Materials

- | | Met | Somewhat Met | Not Met | NA |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. Main points, phone numbers, and program names are emphasized using bold, boxes, or increased font size: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. There is appropriate contrast between the print and background colors: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. VISUAL REQUIREMENTS

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Visuals are relevant to the accompanying text: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Visuals are simple and uncluttered: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. People or equivalent visual presentation of people and activities are representative of the intended audience: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. CULTURAL APPROPRIATENESS REQUIREMENTS

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Visuals are culturally appropriate for the intended audience (material is not offensive, does not reinforce stereotypes, and is inclusive in representation): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Content is culturally appropriate for the intended audience (provides culturally meaningful information such as "how to" advice and examples): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Topic-specific cultural relevance is reflected where applicable (such as food and exercise habits of the intended audience): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Materials created by the MCP are available in alternative formats upon request: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. FIELD-TESTING

MCP qualified health educator determines if field-testing is needed for this material.

- Was this material field-tested? Yes Month/Year material was field-tested:
 No, Explain why:
- Type of field-testing conducted: Focus Groups Individual Member Interviews
 Community Advisory Committee (CAC) Review Other:
- Total # of participants in focus groups, interviews, or CAC:
- Description of participants (ethnicity, language spoken, disabilities, etc.):
- Summary of field-testing results:

Document B: Readability and Suitability Checklist for Written Health Education Materials

F. MEDICAL CONTENT REVIEW

MCP qualified health educator determines if material requires clinical review to verify medical accuracy. If not required, check N/A.

	Met	Somewhat Met	Not Met	NA
1. Clinical content is medically accurate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinical content is up-to-date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Primary Medical Content Reviewer or Medical Review Committee:				
<input type="checkbox"/> Physician				
<input type="checkbox"/> NP/PA/RN				
<input type="checkbox"/> Pharmacist				
<input type="checkbox"/> Other: _____				

G. TRANSLATED/NON-ENGLISH MATERIALS

Keep translation documentation on file for auditing purposes.

This material is available in the following languages (in addition to English):

Arabic Armenian Chinese Farsi Hmong Khmer Korean
 Russia Spanish Tagalog Vietnamese Other (specify): _____

Translation was reviewed by at least one other person who knows the language, besides the translator: Yes No

H. QUALIFIED HEALTH EDUCATOR'S SIGNATURE

Material must be reviewed for readability and suitability standards *at least* every 5 years.

Initial Review Subsequent (5-Year) Review

Material Review and Certification

Approved: If any provisions are marked "somewhat met" and/or "not met", justify why the document was approved. (e.g. there was just 1 "not met" provision and one "somewhat met" provision, and all the other provisions were met; there is little information on the topic, and it sufficiently captures the main points needed on the topic, despite an 11-point font, etc.): _____

Not Approved

My signature below certifies that this material was reviewed, as stated, and if approved, meets DHCS criteria.

Print Name: _____ Title: _____

Signature: _____ Date: _____

DHCS Health Education Consultant (For MCPs without a qualified health educator):

Print Name: _____

Signature: _____ Date: _____



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

September 12, 2018

To: All Medi-Cal Managed Care Health Plans

Subject: Regarding DHCS All Plan Letter 11-018
Approved Companies for Written Health Education Materials

Medi-Cal managed care health plans (MCPs) may purchase and use materials developed by approved companies without having to complete the Readability and Suitability Checklist. However, MCPs are still responsible for ensuring that the materials they give to Medi-Cal members meet the standards and requirements as outlined in regulations, contracts, and All Plan Letters.

Beginning in 2018, a company's first approval is valid for two years. All renewals approved in 2018, or later, will now be valid for five years.

To remain on the approved list, companies must submit the information listed below, one month prior to their renewal date. Submit the information, via email, to MMCDHealthEducationMailbox@dhcs.ca.gov:

- 1) Written request to remain on the Approved Companies List
- 2) Updated description of the company's material development process
 - a. Highlight any changes to the process
- 3) Updated description of how reading levels are calculated
 - a. Highlight any changes to the process
- 4) A list of new materials, including reading levels, or confirmation that no new materials have been developed
 - a. Samples of five or more new materials with reading levels, if applicable

If a company fails to submit a timely renewal request, and is no longer on the approved list, MCPs will need to complete the Readability and Suitability Checklist.

Whenever there is a change to the list of approved companies (additions or deletions), the Managed Care Quality and Monitoring Division (MCQMD) will send an updated list

August 31, 2018

Page 2

of all approved companies to the Health Education and Cultural & Linguistics Workgroup (HECLW). MCQMD retains the right to remove a company from the list.

The following companies have been approved by DHCS's MCQMD:

- Krames – *only* documents on Krames Approved List dated 10/31/2016 (*renewal due 10/31/2018*)
- MCG (*renewal due 4/30/2019*)
- IBM Watson Health (*1st renewal due 7/31/2020*)
- ETR Associates (*renewal due 4/30/2023*)
- Healthwise, Inc. (*renewal due 5/31/2023*)
- FDB Health (*renewal due 6/30/2023*)
- Channing Bete Company, Inc. (*renewal due 7/31/2023*)
- Dairy Council of California (*renewal due 8/31/2023*)

Please note that the renewal for the Institute for Healthcare Advancement is still being processed and has not at this time been reapproved. Please keep this approved companies letter on file and make it available to auditors and/or DHCS monitors as needed. If you have questions about this letter, please contact:

MMCDHealthEducationMailbox@dhcs.ca.gov.

Sincerely,

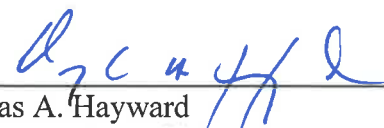


Aita V. Romain, MPH
Health Education Consultant III
Medical Quality and Oversight Section
Managed Care Quality and Monitoring Division



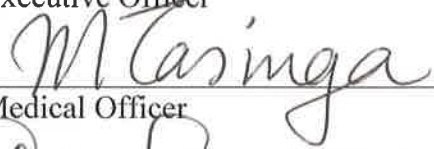
KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Vision Care			POLICY #: 3.07-P		
DEPARTMENT: Utilization Management					
Effective Date: 07/2000	Review/Revised Date: 10/25/2018	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



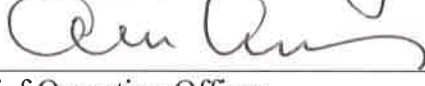
 Douglas A. Hayward
 Chief Executive Officer

Date 10/25/18



 Chief Medical Officer

Date 10/19/18




 Chief Operating Officer

Date 10/16/18



 Director of Claims

Date 10/15/18



 Administrative Director of Health Services

Date 10/12/18

POLICY:

Coverage for vision services differs by Kern Health Systems (KHS) Benefit Plan.

Vision services are covered under the Medi-Cal Plan. KHS contracts with Vision Service Plan (VSP) for the management and administration of optometric needs of Medi-Cal Plan members. VSP will care for the needs of the membership by providing optometric services through the VSP established network in Kern County. All VSP providers will be Prison Industry Authority (PIA) distributors and will coordinate lenses subscriptions with the PIA.

Vision care services for Medi-Cal members will be provided in accordance with DHS Contract Exhibit A – Attachment 10 (7)(c).

PURPOSE:

To define the benefits, contract arrangements, and referral systems for vision services and products available to KHS members.

PROCEDURES:

1.0 ACCESS

In cases where authorization is required for services (see Section 2.0), requests are processed in accordance with *KHS Policy and Procedure #3.22-P: Referral and Authorization Process*.

Medi-Cal Members

The Primary Care Practitioner (PCP) or the member may directly initiate a referral to VSP contracting optometrists by telephone or walk-in. KHS authorization is not required.

Medi-Cal members may self-refer for optometric services by choosing a provider listed in the *KHS Provider Directory* or by contacting KHS Member Services at 1-800-391-2000. Upon request, Member Services staff assist members in initiating the self-referral process to VSP providers. Members may choose any approved vision provider based on provider availability.

Members are informed on how to access Vision Services through new member orientations and the *Member Handbook*.

2.0 COVERED SERVICES

Medi-Cal Membersⁱ

The following table lists the vision benefits for Medi-Cal members:

Benefit	Prior Authorization Required	Restrictions/Comments
Adult routine exams	No - if exam meets restrictions	One exam every 24 months. A second eye exam with refraction within 24 months is covered only when a sign or symptom indicates a need for this service. The provider of services must make a reasonable effort to ascertain the date of any prior eye examination with refraction.
Adult Diabetic Eye Exam	No - if exam meets restrictions	One exam every 12 months for a comprehensive Diabetic retinopathy eye exam
Adult Lenses and Frames	No	Frames and lenses eligibility once every 24 months
Child routine exams (under age	No - if exam meets restrictions	Exams allowed in accordance with CHDP Periodicity Guidelines

Benefit	Prior Authorization Required	Restrictions/Comments
21)		
Child Diabetic Eye Exam	No-if exam meets restrictions	One exam every 12 months for a comprehensive Diabetic retinopathy eye exam
Child Lenses and Frames	No	Frames and lenses eligibility once every 24 months
Pregnant women through postpartum	No	Frames and lenses eligibility once every 24 months
Contact Lenses	Yes	Must be medically necessary
Other vision services/products	Yes	Must be medically necessary

3.0 COORDINATION OF CARE

VSP administers the vision benefit and tracks the benefit limitations for each member. KHS members are informed by VSP of their current benefit status when a service request is processed by VSP.

VSP Providers dispense lenses from the Prison Industry Authority (PIA) to the member.

Vision providers identifying conditions that could require medical intervention or referrals for specialty care should contact the member's PCP for case management. KHS Utilization Management staff are available to assist vision providers with questions regarding the referral process at 1-800-391-2000.

4.0 REIMBURSEMENT

4.1 Medi-Cal Members

KHS has a capitated arrangement with VSP for all optometric services covered presently by benefits, i.e., frames. VSP providers must inform members in writing of any financial responsibility when a member requests a product that is outside of the VSP capitation (not a Medi-Cal benefit). The member must sign for financial responsibility for those non-covered services requested by the member. The provider may bill the member when the member accepts these conditions.

5.0 PROVIDER EDUCATION

KHS providers are informed of the KHS Policy and Procedure for vision services through Provider Orientations, the *Provider Manual*, and *Provider Newsletters*.

REFERENCE:

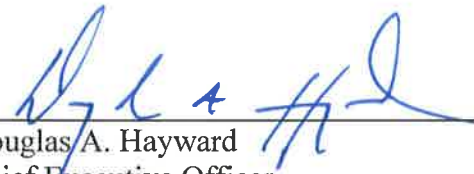
Revision 2018-09: Policy review by Administrative Director of Health Services as part of Internal Compliance Review of APL 17-006. No material revisions made to policy. **Revision 2014-12:** Diabetic benefits added. Healthy Families information removed. **Revision 2011-08:** Minor revisions provided by UM Supervisor. **Revision 2005-10:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). Includes *Member Notice of Vision Care Referral* which was previously included with policy #3.22 (2003-04). **Revision 2001-11:** Routine review. Insert information (CHDP periodicity requirement) previously contained in policy #3.22.

¹ Endnote Title 22 §51305(j); 51306




KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Alcohol and Substance Abuse Treatment Services				POLICY #: 3.10-P	
DEPARTMENT: Health Services - Utilization Management					
Effective Date: 08/1997	Review/Revised Date: 10/30/2018	DMHC	X	PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



 Douglas A. Hayward
 Chief Executive Officer

Date 10/30/18



 Chief Medical Officer

Date 10/19/18



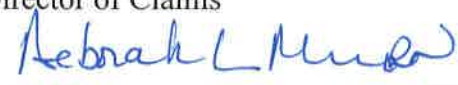
 Chief Operating Officer

Date 10/25/18



 Director of Claims

Date 10/22/18



 Administrative Director of Health Services

Date 10/16/18

POLICY:

Alcohol and substance abuse treatment services available under the Short-Doyle Medi-Cal (SDMC) program as defined in Title 22, Section 51341.1, outpatient heroin detoxification as defined in Title 22, Section 51328 are excluded from the Kern Health Systems (KHS) Medi-Cal contract,¹ and the implementation of covered tobacco cessation services.

KHS is contractually required to provide all preventive services consistent with the United States Preventive Services Task Force (USPSTF) Grade A and B recommendations. USPSTF assigned a Grade B recommendation for Alcohol Misuse Screening and Behavioral Counseling Interventions in Primary Care. The USPSTF recommends that clinicians screen adults ages 18 years or older for

alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

Consistent with USPSTF recommendations and the Preventive Services Medi-Cal Provider Manual, KHS must annually screen adult members 18 years of age and older for alcohol misuse. Although KHS must provide one alcohol misuse screening per year, additional screenings must be provided when medically necessary. Medical necessity must be documented by the member's PCP or primary care team.

KHS providers will make best efforts to identify members requiring alcohol, tobacco cessation or substance abuse treatment services. Providers will arrange their referral to the Kern County Behavioral and Recovery Services (KCBRS) for appropriate services provided through the Alcohol and Other Drugs Program, including outpatient heroin detoxification providers.²

To design and define systematic methods to identify and refer KHS plan members requiring alcohol and drug treatment services to KCBRS, and to identify, treat and refer KHS plan members for covered tobacco cessation services.

DEFINITIONS:

Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care	Means screening for alcohol misuse and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.
Alcohol Use Disorder	Means that a patient meets the criteria in the DSM for a substance use disorder resulting from alcohol use.
Behavioral Counseling Interventions for Alcohol Misuse	Means activities delivered by primary care clinicians and related health care staff to assist patients in adopting, changing, or maintaining behaviors proven to affect health outcomes and health status including appropriate alcohol use.

PROCEDURE:

1.0 ACCESS

KHS, KHS Contracted Providers and KCBRS work collaboratively to coordinate referrals for chemical dependency and tobacco cessation services. Primary Care Providers (PCPs) identify members requiring chemical dependency and tobacco cessation services through evaluations during office visits or during the initial health assessment. PCPs refer members to KHS, KCBRS or to community and volunteer organizations within the community as appropriate.

KCBRS referrals should be made to the following address and/or phone number:

Kern County Behavioral and Recovery Services
2001, 28th Street
Bakersfield, California 93301
(661) 868-6600
24 hour crisis intervention (661) 868-8000

KHS assists members in locating available treatment service sites.³ To the extent that treatment slots are not available in the KCBRS Alcohol and other Drugs Program, KHS pursues placement outside of Kern County.⁴

2.0 PROVISION OF SERVICES

2.1 Chemical Dependency

KHS covers psychotherapeutic medications, on the KHS formulary or approved with a TAR, prescribed by PCPs or KCBRS psychiatrists. Psychotherapeutic medications listed in Bulletin #420 are excluded from KHS coverage and should be billed to Fee-For-Service Medi-Cal.

KHS covers the History and Physical examination by a contract PCP if indicated prior to outpatient detoxification services and any associated laboratory studies.

In addition to the SHA, the Primary Care Provider (PCP) must administer an Alcohol Use Disorder (AUD) questionnaire to determine if alcohol use requires additional treatment beyond the scope of the Primary Care Provider. The USPSTF considers the following three tools as the instruments of choice for screening for alcohol misuse in the primary care setting. Accordingly, KHS must use one of these validated screening tools when screening members for alcohol misuse:

1. The Alcohol Use Disorders Identification Test (AUDIT);
2. The abbreviated AUDIT-Consumption (AUDIT-C); and
3. A single-question screening, such as asking, “How many times in the past year have you had 4 (for women and all adults older than 65 years) or 5 (for men) or more drinks in a day?”

If answers to specific questions indicate the need for expanded treatment modalities beyond the brief interventions of three 15 minute sessions in person or by phone by the PCP, a second screening test will be performed and can be billed separately as a screening tool. Coordination of services will follow guidelines outlined in the Memorandum of Understanding (MOU).

KHS must include alcohol misuse and behavioral counseling intervention services in their member-informing materials. KHS must also maintain policies and procedures to ensure that providers in primary care settings offer and document alcohol misuse screening services required by this APL and the Preventative Services Medi-Cal Provider.

KHS shall cover and pay for behavioral counseling intervention(s) for members who screen positively for risky or hazardous alcohol use or a potential alcohol use disorder or responds affirmatively to the alcohol question in the IHEBA, provides responses on the expanded screening that indicate hazardous use, or when otherwise identified. Any member identified with possible alcohol use disorders should be referred to the alcohol and drug program in the

county where the member resides for evaluation and treatment. Treatment for alcohol use disorders is not a service covered under this health coverage.

KHS must offer members with brief behavioral counseling interventions, as specified by the Preventive Services Medi-Cal Provider Manual to reduce alcohol misuse when, during the screening process, a member is identified as being engaged in risky or hazardous drinking.

Behavioral counseling interventions for alcohol misuse vary in their specific components, administration, length, and number of interactions, but may include cognitive behavioral strategies, such as action plans, drinking diaries, stress management, or problem solving. Interventions may be delivered by face-to-face sessions, written self-help materials, computer- or Web-based programs, or telephone counseling. KHS must offer at least one, but may offer up to a maximum of three, behavioral counseling interventions for alcohol misuse per year. Providers may combine these sessions in one or two visits or administer the sessions as three separate visits. Additional behavioral counseling interventions must be authorized when medically necessary; however, medical necessity must be documented by the member's PCP.

Primary care providers (PCPs) may offer AUD interventions in the primary care setting as long as they meet the following requirements:

AUD services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including but not limited to, the following:

- Licensed Physician
- Physician Assistant
- Nurse Practitioner
- Psychologist

• At least one supervising licensed provider per clinic or practice may take four hours of AUD training after initiating AUD services. The training is not required; however, it is recommended.

Chemical dependency services are provided by and are the responsibility of KCBRSKHS must ensure that members who, upon screening and evaluation, meet the criteria for an AUD as defined by the current DSM (DSM-5, or as amended), or whose diagnosis is uncertain, are referred for further evaluation and treatment to the county department for alcohol and substance use disorder treatment services, or a DHCS-certified treatment program.

KHS must ensure that PCPs maintain documentation of the alcohol misuse screening of their members. When a member transfers from one PCP to another, the receiving PCP must obtain the member's prior medical records, including those pertaining to the provision of preventive services.

2.2 Tobacco Cessation

KHS covers comprehensive tobacco cessation services including Federal Drug Administration (FDA) approved medication and individual, group and telephone counseling.

2.2.1 FDA-Approved Tobacco Cessation Medication (for non-pregnant adults of any age)

KHS covers all FDA-approved tobacco cessation medications for adults who use tobacco products. This includes over-the-counter medications with a prescription from the provider per

the below table. At least one FDA-approved tobacco cessation medication is available without prior authorization.

<u>Medication</u>	<u>Prescription Needed</u>
Buproprian SR	Yes
Varenicline	Yes
nicotine gum	No
nicotine inhaler	Yes
nicotine lozenge	No
nicotine nasal spray	Yes
nicotine patch	No*

*A prescription generic version is also available

- KHS will provide a 90-day treatment regimen of medications without other requirements, restrictions, or barriers.
- KHS will cover any additional medications once approved by the FDA to treat tobacco use.
- KHS will not require members to receive a particular form of tobacco cessation service as a condition of receiving any other form of tobacco cessation services.
- While counseling is encouraged, KHS will not require members to attend classes or counseling sessions prior to receiving a prescription for an FDA-approved tobacco cessation medication.

2.2.2 Individual, Group, and Telephone Counseling for Members of Any Age Who Use Tobacco Products

KHS collaborates with county tobacco control program(s) to identify other local group tobacco cessation counseling resources.

According to and as required by APL 16-014, KHS will:

- Ensure that individual, group, and telephone counseling is offered to members who wish to quit smoking, whether or not those members opt to use tobacco cessation medications;
- Ensure that providers review the SHA's questions on tobacco use with members which will constitute individual counseling when the conditions in Policy Letter (PL) 13-001 are met;
- Encourage that providers or other office staff use the "5 A's" (Ask, Advise, Assess, Assist, and Arrange), the "5 R's" (Relevance, Risks, Rewards, Roadblocks, and Repetition), or other validated behavior change models when counseling members;
- Ensure that a minimum of four (4) counseling sessions of at least ten (10) minutes in duration are covered for at least two separate quit attempts per year without prior authorization. MCPs must offer individual, group, and telephone counseling without cost to the members;
- Ensure that providers refer members to the California Smokers' Helpline (1-800-NO-BUTTS), a free statewide quit smoking service operated by the University of California San Diego (see below) or other comparable quit line services; and
- Encourage providers to use the Helpline's web referral, or if available, the e-referral

systems.

2.2.3 Services for Pregnant Women

Because of the serious risk of smoking to the pregnant smoker and fetus, whenever possible, pregnant members should be offered tailored, one-on-one counseling exceeding minimal advice to quit smoking.

KHS will require that providers will, at a minimum:

- Ask all pregnant women if they use tobacco or are exposed to tobacco smoke. Pregnant members who smoke should get assistance with quitting throughout their pregnancy.
- Offer all pregnant smokers at least one face-to-face counseling session per quit attempt. Face-to-face tobacco-cessation counseling services may be provided by or under supervision of a physician, legally authorized to furnish such services under state law.
- Refer pregnant members who use tobacco to a tobacco cessation quit line, such as the Helpline. These tobacco cessation counseling services are covered for 60 days after delivery, plus any additional days needed to end the respective month.
- Refer to the tobacco cessation guidelines provided by the American College of Obstetrics and Gynecology (ACOG) before prescribing tobacco cessation medications during pregnancy. KHS shall post ACOG guidelines on the KHS website for providers.

2.2.4 Prevention of Tobacco Use in Children and Adolescents

KHS will cover medically necessary tobacco cessation services to members, including counseling and pharmacotherapy, as required for children up to age 21 under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Coverage includes the provision of anticipatory guidance and risk-reduction counseling regarding tobacco use.

KHS requires that primary care providers provide interventions, including education or counseling, in an attempt to prevent initiation of tobacco use in school-age children and adolescents. Services shall be provided in accordance with the American Academy of Pediatrics Bright Futures periodicity schedule and anticipatory guidance, as periodically updated.

3.0 CASE MANAGEMENT AND COORDINATION OF CARE

KHS continues to cover and provide primary care and other services unrelated to the alcohol and substance abuse treatment.⁵ KHS coordinates services between the PCP and the treatment programs.⁶

3.1 PCP and KCBRS Chemical Dependency Provider Responsibilities

KHS PCPs forward pertinent medical records/documentation to KCBRS. KCBRS providers are responsible for communicating with the member's PCP as needed and appropriate and for supplying the PCP with appropriate medical records/documentation.

KHS PCPs are responsible to monitor that the member is following up with chemical dependency appointments. KHS Case Managers assist PCPs who are encountering difficulty

referring members for services or who are having difficulty with non-compliant members, by contacting the member/KCBRS to determine the nature of the difficulty and intercede/facilitate as needed.

KHS Providers continue to provide care for the physical health of the member, and the PCP communicates with the member's chemical dependency provider as needed and appropriate.

After consultation with the member's PCP, the KCBRS chemical dependency provider refers the member back to the PCP for ongoing care at such time that it is determined that the member no longer requires care from the KCBRS provider. The PCP provides ongoing medical care and refers back to KCBRS for chemical dependency follow-up as needed.

3.1.2 Hospitalization of a Member

If a member is hospitalized for chemical dependency services and requires medical treatment, the admitting chemical dependency Provider will contact the PCP for consultation and development of treatment plan. Members who require transfer to a medical bed for treatment of a medical condition are transferred by the PCP to the appropriate level of acute care. The chemical dependency provider continues to consult with the PCP regarding treatment of the member. When medically stable, the member is either discharged by the PCP with appropriate follow-up by KCBRS chemical dependency provider and the PCP, or transferred back to the inpatient treatment facility by the chemical dependency provider. Upon discharge, the member is instructed to follow-up with the KCBRS chemical dependency provider and the PCP, as appropriate.

3.1.3 KHS and KCBRS Liaisons

There is a designated liaison for KHS who serves as the liaison for KCBRS. Issues which require resolution are directed to these individuals for discussion and problem resolution

3.2.1 Identifying Tobacco Users

PCP's are responsible for identifying and tracking tobacco users. KHS will monitor provider compliance for identifying tobacco users and will utilize track tobacco users for better coordination of tobacco cessation benefits as required through the review of:

- PM160's
- The SHA during chart reviews
- The NME program

All reviews resulting in identified tobacco users are forwarded to the Health Education Department.

3.2.2 Tracking Treatment Utilization of Tobacco Users

KHS will track treatment utilization of tobacco use through the review of utilization data from the *Tobacco Registry Report* (See Attachment A) that includes internal data from provider and pharmacy claims encounters.

4.0 PROVIDER AND MEMBER EDUCATION

4.1 Chemical Dependency Provider Education

KHS providers are educated regarding chemical dependency carve-outs, PCP responsibilities, and referral procedures through Provider Orientations and the *Provider Administrative Manual*.

4.2 Tobacco Cessation Member Education

KHS will provide information to members who use tobacco about the availability of tobacco cessation services and identify those that are provided at no cost. Members are given the option of choosing which services to use. Additionally, KHS coordinates with the agency providing the tobacco cessation services to pay for the cost of the member to receive those services.

4.3 Tobacco Cessation Provider Education

KHS will use the USPHS “Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update,” for provider training on tobacco cessation treatments. This document informs and educates clinicians regarding effective strategies and approaches for providing tobacco cessation treatment for all populations, including specific recommendations for pregnant women. KHS will encourage providers to implement the USPHS’ comprehensive tobacco use treatment recommendations.

KHS will include tobacco cessation training with other provider trainings as required in DHCS contracts. These trainings must include:

- Requirements for comprehensive tobacco cessation member services included in this policy in accordance with APL 16-014;
- Overview of the “Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008”;
- How to use and adopt the “5 A’s”, the “5 R’s”, or other validated model for treating tobacco use and dependence in the provider’s clinic practice;
- Special requirements for providing services for pregnant tobacco users; and
- Advising providers about available online courses in tobacco cessation. These resources are posted on the KHS website.

5.0 CONFIDENTIALITY

KHS and KHS contracted providers will maintain and protect the confidentiality of members' medical information regarding inpatient and outpatient alcohol and drug services. Confidentiality of member information is described in *KHS Policy and Procedure #2.27 - Medical Records and Other Protected Health Information - Content, Maintenance, and Security* and *KHS Policy and Procedure #2.28-P: Medical Records and Other Protected Health Information – Privacy, Use, and Disclosure*.

6.0 DELEGATION OVERSIGHT

KHS is responsible for ensuring that their delegates and subcontractors comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

ATTACHMENTS

- ❖ Attachment A: Tobacco Registry Report

REFERENCE:

Revision 2018-10: Policy revised to comply with APL 18-014 by Administrative Director of Health Services. ¹ **Revision 2018-02:** DHCS Approved 2/28/2018. Policy revised to comply with MIT 19K for the provision of Alcohol Misuse Screening and Counseling (AMSC). **Revision 2017-04:** Policy revised to comply with ALP 16-014. Titles updated. **Revision 2014-08:** Policy submitted as part of DMHC Mental Health Carve-In(12-2013) Material Modification. DMHC approval pending as of 08/2014. **Revision 2009-03:** Routine revision. **2005-11:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004).

² DHS Contract A-11 (6)

³ DHS Contract A-11 (6)

⁴ DHS Contract A-11 (6)

⁵ DHS Contract A-11 (6)

⁶ DHS Contract A-11 (6)

Attachment A

Tobacco Registry Report

Report captures all members who meet criteria used to identify tobacco users on or after 1/1/16

Member Source ID	Tobacco User	Pregnant Tobacco User	Prior Tobacco User	Cessation Product	Cessation Counseling	Tobacco Exposure	Newborn Tobacco Exposure	New Member Question	Number of Conditions Met
MEMBER#	Y	N	Y	N	N	N	N	N	2
MEMBER#	N	Y	N	Y	Y	Y	N	Y	1
MEMBER#	Y	N	Y	N	N	N	N	N	3

Tobacco Registry Report

Report captures all members who meet criteria used to identify tobacco users on or after 1/1/15

Member Source Id	Member Group Name	Enrolled Date	Language	Member Effective Date	Member Name	Date of Birth	Address	City	State	Zip	Current Age	Provider ID	Provider Name	Member Region	Home Phone	Number of Flays	Flay Date	Last Flay Updated	DC3	Last Update Paid
MEMBER	EXPANSION	1/1/2015	ENGLISH	8/1/2014	MEMBER NAME	8/7/1977	111 BICAMPT ST	BAKERSFIELD	CA	93307	29	PNV00043	TIWANA AUTPAL	TIWANA AUTPAL	913111111	1	1/8/2014	10/20/2014	11/1/2014	1/13/2016
MEMBER	SMOKING SERVICES	1/1/2015	SPANISH	10/1/2015	MEMBER NAME	7/24/1975	111 WINDLEWIP	BAKERSFIELD	CA	93306	41	PNV00114	BECKWILLIAM	WILLIAM BOGAN	913111111	10	1/17/2014	1/17/2014	11/1/2015	1/13/2015
MEMBER	SPN	1/1/2014	ENGLISH	1/1/2014	MEMBER NAME	4/1/1964	113 HEATHWAY	BAKERSFIELD	CA	93307	50	PNV000314	CENTINORTH OF THE RIVER COMMUNITY HEALTH CENTER	CLINDA SERRA	913111111	0	1/13/2014	1/13/2014	11/1/2015	1/13/2015



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS				
POLICY AND PROCEDURES				
SUBJECT: Mental Health Services			POLICY #: 3.14-P	
DEPARTMENT: Health Services - Utilization Management				
Effective Date:	Review/Revised Date:	DMHC		PAC
10/2000	12/14/2018	DHCS		QI/UM COMMITTEE
		BOD		FINANCE COMMITTEE

Douglas A. Hayward Date 12.14.18
 Douglas A. Hayward
 Chief Executive Officer

M. Tasinga Date 12/13/18
 Chief Medical Officer

[Signature] Date 11/26/18
 Chief Operating Officer

[Signature] Date 11/24/18
 Director of Claims

Seborah L. Menden Date 11/9/18
 Administrative Director of Health Services

POLICY¹:

All specialty mental health services or Serious Emotional Disorders (inpatient and outpatient) are carved out of the Medi-Cal Product contract and are therefore excluded from Kern Health Systems (KHS) coverage.² KHS shall cover outpatient mental health services that are within the scope of practice of Primary Care Providers³ or when performed for mild to moderate mental health conditions on an outpatient basis by a licensed mental health provider. Members who need specialty mental health services are referred to and are provided mental health services by an appropriate Medi-Cal Fee-For-Service (FFS) mental health provider or to the local mental health plan for specialty mental health services.⁴

Treatment for Serious Emotional Disturbances is provided by the Kern County Behavioral and Recovery Services (KCBRS).

KHS' responsibility to provide services related to mental health conditions is described in this policy and procedure. The KHS Utilization Management Department (UM) collaborates with the KCBRS in the delivery of mental and physical health services to KHS Plan members.

KHS is responsible for updating, amending, or replacing existing Memorandum of Understandings (MOUs) with KCBRS to delineate KHS and KCBRS responsibilities when covering mental health services. The existing MOUs between KHS and KCBRS are required based on Specialty Mental Health Services (SMHS) regulations and existing KHS contracts.

The MOU will include the following elements:

- Basic Requirements;
- Covered Services and Populations;
- Oversight Responsibilities of the KHS and KCBRS;
- Screening, Assessment, and Referral;
- Care Coordination;
- Information Exchange;
- Reporting and Quality Improvement Requirements;
- Dispute Resolution;
- After-Hours Policies and Procedures; and,
- Member and Provider Education.

The MOU is the primary vehicle for ensuring member access to necessary and appropriate mental health services. The MOU addresses policies and procedures for management of the member's care for both KHS and KCBRSs, including but not limited to:

- Screening, assessment and referral,
- Medical necessity determination, care coordination, and exchange of medical information.

MOU elements will promote local flexibility and acknowledge the unique relationships and resources that exist at the county level.

KHS's Utilization Management program does not impose Quantitative Treatment Limitations (QTL), or Non-Quantitative Treatment Limitations (NQTL) more stringently on covered mental health and substance use disorder services than are imposed on medical/surgical services in accordance with the parity in mental health and substance use disorder requirements in 42 CFR 438.900 et seq

KHS will coordinate and/or provide mental health services as appropriate in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- California Health and Safety Code §1374.72; §1367.01
- 42 CFR 438.910(d)DHCS Contract Exhibit A – Attachment 10 (7)(D); Attachment 11 (5); and Attachment 12 (3) (Medi-Cal Product only)

PURPOSE:

To provide guidelines for the provision and/or coordination of mental health services.

DEFINITIONS

<p>Serious Emotional Disturbance (SED)⁵</p>	<p>One or more of the mental disorders as identified in the most recent edition of the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, other than a primary substance abuse disorder or developmental disorder, that result in behavior inappropriate to the child's age according to the expected developmental norms. Members of this target population shall meet one or more of the following criteria:</p> <p>A. As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self care, school functioning, family relationships, or ability to function in the community; and either of the following occur:</p> <ol style="list-style-type: none"> 1. The child is at risk of removal from home or has already been removed from the home 2. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment <p>B. The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder</p> <p>C. The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.</p>
<p>Severe Mental Illness (SMI)⁶:</p>	<p>Includes schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, and bulimia nervosa.</p>
<p>Specialty Mental Health Services⁷</p>	<p>Mental health services outside the scope of practice of Primary Care Providers</p>
<p>Mild to Moderate Mental Health Services</p>	<p>Includes Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, Autistic or Pervasive Disorders, Developmental Disorders, Tic Disorders, Delirium, Dementia, and Amnesic and other Cognitive Disorders, Mental Disorders due to General Medical Condition, Substance Related Disorders, Sexual Dysfunctions, Sleep Disorders, Antisocial Personality Disorder, or Other Conditions that may be a Focus of Clinical Attention, except Medication-Induces Movement Disorders which are included</p>

PROCEDURE:

1.0 ACCESS⁸

KHS and KCBRS work collaboratively to coordinate referrals for mental health services that are excluded from coverage by KHS.⁹ Services that are the responsibility of KHS are subject to utilization

management protocols as described in *KHS Policy and Procedure #3.22-P: Referral and Authorization Process* and other KHS policies specific to the type of service/supplies provided. KHS will continue to be responsible for the arrangement and payment of all medically necessary Medi-Cal physical health care services, not otherwise excluded by contract, to beneficiaries who require specialty mental health services.

Primary Care Providers (PCPs) are required to provide outpatient mental health services within their scope of practice.¹⁰ These include services for members diagnosed with minor depression, minor anxiety, or uncomplicated grief reaction.

At any time, beneficiaries can choose to seek and obtain a mental health assessment from a licensed mental health provider within KHS's provider network. KHS is still obligated to ensure that a mental health screening of beneficiaries is conducted by network PCPs. Beneficiaries with positive screening results may be further assessed either by the PCP or by referral to a network mental health provider. The beneficiary may then be treated by the PCP within the PCP's scope of practice. When the condition is beyond the PCP's scope of practice, the PCP must refer the beneficiary to a mental health provider within the KHS network. For adults, the PCP or mental health provider must use a Medi-Cal-approved clinical tool or set of tools mutually agreed upon with the KCBRS to assess the beneficiary's disorder, level of impairment, and appropriate care needed. The clinical assessment tool or set of tools are identified in the MOU between KHS and KCBRS.

Primary care providers will identify the need for a mental health screening and refer to a specialist within the contracted network. Upon assessment, the mental health specialist can assess the mental health disorder and the level of impairment and refer members that meet medical necessity criteria to KCBRS for a Specialty Mental Health Services (SMHS) assessment. When a member's condition improves under SMHS and the mental health providers in the plan and the County System of care coordinate care, the member may return to the mental health provider in KHS network.

If a KHS beneficiary with a mental health diagnosis is not eligible for KCBRS services because they do not meet the medical necessity criteria for SMHS, then KHS is required to ensure the provision of outpatient mental health services as listed in the DHCS contract.

KHS will ensure its network providers refer adult beneficiaries with significant impairment resulting from a covered mental health diagnosis to the county KCBRS. Also, when the adult KHS beneficiary has a significant impairment, but the diagnosis is uncertain, the KHS must ensure that the beneficiary is referred to the KCBRS for further assessment. Services beyond the PCP's scope of practice should be referred as described below.

KHS will also cover outpatient laboratory tests, medications (excluding carved-out medications that are listed in the KHS's relevant Medi-Cal Provider Manual), supplies, and supplements prescribed by the mental health providers in the KHS network, as well as by PCPs, to assess and treat mental health conditions. KHS may require that mild to moderate mental health services to adults are provided through KHS's provider network, subject to a medical necessity determination. KHS may contract with

the KCBRS to provide these mental health services when the KHS covers payment for these services.

KHS will continue to be required to provide medical case management and cover and pay for all medically necessary Medi-Cal-covered physical health care services for KHS beneficiary receiving SMHS. KHS will coordinate care with the KCBRS. KHS is responsible for the appropriate management of a beneficiary's mental and physical health care, which includes, but is not limited to, the coordination of all medically necessary, contractually required Medi-Cal-covered services, including mental health services, both within and outside the KHS provider network.

Referrals for mental health services may be generated by the provider of care, KHS UM Case Managers, school systems, employers, or self referrals. To ensure confidentiality, KHS has a designated UM Mental Health Case Manager (MHCM) or Social Worker that is responsible for all aspects of the member's mental health care and the coordination of physical health care when indicated. Referrals for Medi-Cal members may be sent either directly to KCMHD or to KHS for forwarding to KCBRS.

Kern County Behavioral and Recovery Services
2151 College Ave.
Bakersfield, CA 93305
Fax: (661) 868-8087

OR

Kern Health Systems
Mental Health Case Manager
9700 Stockdale Highway
Bakersfield, CA 93311
Fax: (661) 664-5190

Members needing immediate crisis intervention may self refer to the Crisis Stabilization Unit due to the availability of an on-site Mental Health staff 24 hours a day. The Memorandum of Understanding (MOU) with the county mental health plan allows Members in need of urgent and emergency care, including person-to-person telephone transfers, to be referred to the county crisis program during their call center hours.

1.1 Mental Health Parity

KHS will comply with Mental Health Parity requirements on October 1, 2017, as required by Title 42, CFR, §438.930. KHS will also ensure direct access to an initial mental health assessment by a licensed mental health provider within KHS's provider network. KHS will not require a referral from a PCP or prior authorization for an initial mental health assessment performed by a network mental health provider. KHS will notify beneficiaries of this policy, and KHS's informing materials must clearly state that referral and prior authorization are not required for a beneficiary to seek an initial mental health assessment from a network mental health provider. KHS is required to cover the cost of an initial mental health assessment completed by an out-of-network provider only if there are no in-network providers that can complete the necessary service.

If further services are needed that require authorization, KHS is required to follow guidance developed for mental health parity, as follows:

KHS will disclose the utilization management or utilization review policies and procedures that KHS utilizes to DHCS, its contracting provider groups, or any delegated entity, uses to authorize, modify, or deny health care services via prior authorization, concurrent authorization or retrospective authorizations, under the benefits included in the KHS contract.

KHS policies and procedures must ensure that authorization determinations are based on the medical necessity of the requested health care service in a manner that is consistent with current evidence-based clinical practice guidelines. Such utilization management policies and procedures may also take into consideration the following:

- Service type
- Appropriate service usage
- Cost and effectiveness of service and service alternatives
- Contraindications to service and service alternatives
- Potential fraud, waste and abuse
- Patient and medical safety
- Other clinically relevant factors

The policies and procedures must be consistently applied to medical/surgical, mental health and substance use disorder benefits. KHS will notify contracting health care providers of all services that require prior authorization, concurrent authorization or retrospective authorization and ensure that all contracting health care providers are aware of the procedures and timeframes necessary to obtain authorization for these services.

The disclosure requirements for KHS include making utilization management criteria for medical necessity determinations for mental health and substance use disorder benefits available to beneficiaries, potential beneficiaries and providers upon request in accordance with Title 42, CFR §438.915(a). KHS will also provide to beneficiaries, the reason for any denial for reimbursement or payment of services for mental health or substance use disorder benefits in accordance with Title 42, CFR, §438.915(b). In addition, all services must be provided in a culturally and linguistically appropriate manner.

1.2 Accessing Specialty Mental Health Care from KCBRS Practitioners

KCBRS reviews referrals and refers the member to the appropriate KCBRS mental health provider. KCBRS coordinates the care between the member and the designated mental health provider. Arrangements for appointments are per KCBRS established protocols.

KHS or the mental health provider may submit the request directly to KCBRS for review and approval/denial for outpatient treatment of Serious Emotional Disorders or Inpatient Mental Health Services. If the follow-up visits are denied, KCBRS will discuss alternatives with the

mental health provider and follow established KCBRS protocol.

Services Provided by CKCBRS for Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental Health Services include:

Mental Health Services (assessments plan development, therapy, rehabilitation and collateral)
Medication Support
Day Treatment Services and Day Rehabilitation
Crises Intervention and Crises Stabilization
Targeted Case Management
Therapeutic Behavior Services

Residential Services Provided by CKCBRS
Adult Residential Treatment Services
Crises Residential Treatment Services

Inpatient Services
Acute Psychiatric Inpatient Hospital Services
Psychiatric Inpatient Hospital Professional Services
Psychiatric Health Facility services

Services Provided by County Alcohol or Other Drug Programs for: Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services
Outpatient Drug Free
Intensive Outpatient (newly expanded to additional populations)
Residential Services (newly expanded to additional populations)
Narcotic Treatment Program
Naltrexone
Voluntary Inpatient Detoxification Services

If a beneficiary with a mental health diagnosis is not eligible for KCBRS services because the adult beneficiary's level of impairment is mild to moderate, or, for adults and children, the recommended treatment does not meet criteria for Medi-Cal specialty mental health services, then KHS will ensure the provision of the outpatient mental health services listed or other appropriate services within the scope of the KHS's covered services.

KHS will ensure its network providers refer beneficiaries with significant impairment resulting from a covered mental health diagnosis to KCBRS. Also, when the beneficiary has a significant impairment, but the diagnosis is uncertain, KHS will ensure that the beneficiary is referred to the KCBRS for further assessment.

2.0 COVERED SERVICES

The following outpatient mental health benefits will be available to KHS members:

1. Individual and group mental health evaluation and treatment (psychotherapy)
2. Psychological testing when clinically indicated to evaluate a mental health condition

3. Psychiatric consultation
4. Outpatient services for the purposes of monitoring drug therapy
5. Outpatient laboratory, supplies and supplements-
 - Laboratory testing may include tests to determine a baseline assessment before prescribing psychiatric medications or to monitor side effects from psychiatric medications.
 - Supplies may include laboratory supplies.
 - Supplements may include vitamins that are not specifically excluded in the Medi-Cal formulary and that are scientifically proven effective in the treatment of mental health disorders (although none are currently indicated for this purpose).
6. Drugs (excluding anti-psychotic drugs which are covered by Medi-Cal Fee-For-Service) See Attachment A.

PCPs are required to provide outpatient mental health services within their scope of practice.¹¹ KHS is responsible to provide emergency mental health services to all members.¹² 24 hour Mental Health Crisis services are available via the crisis hotline at (800) 991-5272. Member's will continue to have access to an existing relationship with a mental health provider in an emergency or urgent care situation and care will be coordinated through communications with the KCBRS and emergency room personnel. KHS Case Management Registered Nurses are available 24/7/365 at 661/331-7656 to provide support and coordination of services to providers involved in member's mental health evaluation and care. All specialty mental health services (inpatient and outpatient) are carved out of the KHS Medi-Cal LOB.

KHS will cover outpatient mental health services to beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning (assessed by a licensed mental health professional through the use of a Medi-Cal-approved clinical tool or set of tools resulting from a mental health disorder, as defined in the current Diagnostic and Statistical Manual (DSM). The clinical tool will define the provisional diagnosis, functional impairment resulting from the mental disorder, probability of deterioration or other risk factors linked to the mental disorder, or if a alcohol drug dependence or abuse disorder is present.

KHS is responsible for the delivery of non-SMHS for children under age 21 and outpatient mental health services for adult beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder, as defined by the current DSM.

The clinical assessment tools used will be specific for 2 age groups:

- Child 0-17 years of age (see Attachment B) and,
- Adult 18 years of age or older (see Attachment C).

The referral algorithm will determine which system of care is appropriate to deliver the necessary mental health services for maximum patient outcomes.

Conditions that the DSM identifies as relational problems (e.g. couples counseling, family counseling for relational problems) are not covered as part of the new benefit by KHS nor by KCBRS. All services must be provided in a culturally and linguistically appropriate manner.

Medically necessary services are defined as reasonable and necessary services to protect life, prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness, or injury. These include services to:

1. Diagnose a mental health condition and determine a treatment plan;
2. Provide medically necessary treatment for mental health conditions (excluding couples and family counseling for relational problems) that result in mild or moderate impairment; and,
3. Refer adults to KCBRS for specialty mental health services when a mental health diagnosis covered by KCBRS results in significant impairment; or refer children under age 21 to KCBRS for specialty mental health services when they meet the criteria for those services.

The number of visits for mental health services is not limited as long as the beneficiary meets medical necessity criteria.

2.1 EPSDT Benefit

Pursuant to the EPSDT benefit, KHS is required to provide and cover all medically necessary services.

For adults, medically necessary services include all covered services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury.

For children under the age 21, KHS will provide a broader range of medically necessary services that is expanded to include standards set forth under Title 22, CCR Sections 51340 and 51340.01 and “[such other necessary health care, diagnostic services, treatment, and other measures described in [Title 42, United States Code (US Code), Section 1396d(a)] to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services or items are covered under the state plan” (Title 42, US Code, Section 1396d(r)(5)).

However for children under the age 21, KHS is required to provide and cover all medically necessary service, except for SMHS listed in CCR, Title 9, Section 1810.247 for beneficiaries that meet the medical necessity criteria for SMHS as specified in to CCR, Title 9, Sections 1820.205, 1830.205, or 1830.210 that must be provided by KCBRS.

2.2 Health Home Program

KHS will be participating in the Health Homes Program (HHP) as required by the DHCS and will coordinate care for members enrolled in the HHP who also receive care through the KCBRS. The MOU is the vehicle for ensuring this coordination, as detailed in the MOU Template (Attachment 2).

2.3 Non -Mental Health Covered Services

The following medically necessary services remain the responsibility of KHS¹³:

- A. Emergency room professional services to include services provided by psychiatrists,

psychologists, licensed clinical social workers, marriage family and child counselors, or other specialty mental health provider for mild to moderated mental health diagnoses. See *KHS Policy and Procedure #3.31-P: Emergency Services* for additional information on emergency services.

- B. Facility charges for emergency room visits which do not result in a psychiatric admission
- C. All laboratory and radiology services when these services are necessary for the diagnosis, monitoring, or treatment of a mental health condition. Services must be performed by a contracted provider whenever possible and are subject to utilization review as outlined in the applicable KHS scope of service policy.
- D. Emergency medical transportation services necessary to provide access to emergency mental health services within KHS's mental health provider network.
- E. All non-emergency medical transportation as described in *KHS Policy and Procedure #5.15 – Non-Medical Transportation* required to access Medi-Cal covered mental health services, subject to a written prescription by a KHS Mental Health Network Provider, Services must be performed by a contracted provider whenever possible and are subject to utilization review as outlined in the applicable KHS scope of service policy.
- F. All Medi-Cal covered psychotherapeutic drugs not otherwise excluded that are prescribed by the member's PCP or a psychiatrist.¹⁴ (See Attachment A for a list of excluded drugs.)

3.0 DOCUMENTATION

Hard copies of referrals received by KHS are filed in the member's KHS mental health chart for any follow-up or tracking purposes. This includes any referrals from mental health providers for medical services.

4.0 COORDINATION OF CARE, MONITORING, AND REPORTING¹⁵

KHS has established and maintains mechanisms to identify members who require non-covered psychiatric services and make appropriate referrals.¹⁶ KHS continues to cover and facilitate the provision of primary care and other services unrelated to the mental health treatment and coordinate services between the Primary Care Practitioner and the psychiatric service provider(s).¹⁷ KHS coordinates care with KCBRS in accordance with a Memorandum of Understanding that meets the requirements of DHCS Contract Exhibit A – Attachment 12 (3).¹⁸

Referrals for mental health services received by KHS or delegated contractor are reviewed for appropriateness then entered into the referral system and mailed to either the Contracted Behavioral Health provider or the KCBRS access supervisor. If for any reason the referral is not appropriate for mental health, the MHCM notifies the submitter to discuss the case for alternatives of care.

4.1 PCP Responsibilities

PCPs are responsible to monitor that the member is following up with mental health appointments. The KHS MHCM or delegated contractor assists the PCP in the coordination of

the member's care when requested and upon verification of the release of mental health information from the member.

Basic Case Management Services are provided by the Primary Care Provider, in collaboration with KHS, and shall include:

- Initial Health Assessment (IHA) performed within 120 calendar days of enrollment
- California Child Health and Disability Prevention (CHDP) assessment and ensure immunization compliance
- Individual Health Education Behavioral Assessment (IHEBA) performed within 60 calendar days of enrollment for members under the age of 18 and within 120 calendar days for members over the age of 18; and that all existing Members who have not completed an IHEBA, must complete it during the next preventative care office visit according to the Staying Healthy Assessment (SHA) periodicity with annual reviews of the member's answers.
- KHS will allow each member at least one expanded screening, using a validated screening tool, every year. Additional screenings can be provided in a calendar year if medical necessity is documented by the member's provider. KHS will ensure that PCPs maintain documentation of the IHEBA and the expanded screening. When a member transfers to another PCP, the receiving PCP must obtain prior records. If no documentation is found, the new PCP must provide and document this service.
- Identification of appropriate providers and facilities (such as medical, rehabilitation, and support services) to meet Member care needs
- Direct communication between the provider and Member/family
- Member and family education, including healthy lifestyle changes when warranted; and
- Coordination of carved-out and linked services, and referral to appropriate community resources and other agencies.

KHS will ensure that:

- a) Primary Care Providers shall use the DHCS updated SHA questionnaires and forms, DHCS 7098 A through I, the AAP Bright Futures assessment tools, or a DHCS-approved alternative approved IHEBA, per MMCD Policy Letter PL 13-001.
- b) The IHEBA is:
 - i) Administered and reviewed by the Primary Care Provider during a scheduled office visit, according to the SHA periodicity schedule: 0-6 months, 7-12 months, 1-2 years, 3-4 years, 5-8 years, 9-11 years, 12-17 years, and every 3-5 year for adults and seniors;
 - ii) Reviewed at least annually by the Primary Care Provider with Members during a scheduled office visit.
 - iii) Re-administered by the Primary Care Provider at the appropriate SHA periodicity age-intervals.
 - iv. Based on the Member's identified behavioral risks and willingness to make lifestyle changes, the Primary Care Provider shall provide tailored health education counseling, intervention, referral, and follow-up during the initial IHEBA administration, re-administration, and annual review of the assessment;

- v. The Primary Care Provider must sign, print their name, and date the “Clinic Use Only” section of the SHA for newly administered, re-administered, or annually reviewed SHAs. The Primary Care Provider must check the appropriate boxes to indicate the specific behavioral topics and counseling, anticipatory guidance, referral, and follow-up provided to the Member; and
- vi. Documentation equivalent to the SHA must be kept by Primary Care Providers who use AAP’s Bright Futures or a DHCS-approved alternative IHEBA.
- vii. In addition to the SHA, the Primary Care Provider (PCP) must administer a Alcohol Misuse Screening and Counseling (AMSC) questionnaire to adults ages 18 years or older to determine if alcohol misuse or have engaged in risky or hazardous drinking behavior that requires additional treatment beyond the scope of the Primary Care Provider. Each member is granted at least one expanded screening, using a validated screening tool, per year. If a member answers “yes” to the alcohol prescreen question in the SHA, a second screening test such as the AUDIT-C will be performed and can be billed separately as a screening tool. If the results of the expanded screening indicate a potential alcohol misuse problem, the PCP must offer (or refer) the member for brief intervention, one to three sessions (which may be combined). If the expanded screening indicates that a member might have an alcohol use disorder (whether or not the member definitely meets DSM criteria for alcohol use disorder), then the member must be referred to local alcohol and drug programs for further evaluation and treatment to receive expanded services covered under Medi-Cal Fee-For-Service. Expanded treatment modalities beyond the brief interventions of three 15 minute sessions maybe conducted in person, by telehealth, by phone, or by the PCP. Providers may provide brief intervention services on the same date of service as the expanded screen or on subsequent days. These sessions may also be combined in one or two visits or administered as three separate visits.
- viii. KHS shall cover and pay for behavioral counseling intervention(s) for members who screen positively for risky or hazardous alcohol use or a potential alcohol use disorder or responds affirmatively to the alcohol question in the IHEBA, provides responses on the expanded screening that indicate hazardous use, or when otherwise identified. Any member identified with possible alcohol use disorders should be referred to the alcohol and drug program in the county where the member resides for evaluation and treatment. Treatment for alcohol use disorders is not a service covered under this health coverage.
- ix. Primary care providers (PCPs) may offer AMSC (Alcohol Misuse Screening and Counseling) in the primary care setting as long as they meet the following requirements:

- AMSC services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including but not limited to, the following:
 - Licensed Physician
 - Physician Assistant
 - Nurse Practitioner
 - Psychologist
 - At least one supervising licensed provider per clinic or practice may take four hours of AMSC training after initiating AMSC services. The training is not required; however, it is recommended.
 - xi. Behavioral counseling intervention(s) typically include one to three sessions, 15 minutes in duration per session, offered in-person, by telephone, or by telehealth modalities. Providers may refer offsite for behavioral counseling interventions; however, KHS will encourage PCPs and their teams to offer the service within the primary care clinic, to increase the likelihood of members following through on the interventions.
 - xii. KHS will allow each member at least three behavioral counseling intervention sessions per year. Providers may combine these sessions in one or two visits or administer the sessions as three separate visits. Additional behavioral counseling interventions can be provided if medical necessity has been determined by the member's provider.
- c) KHS shall provide Members with the following:
- i. Information on the purpose of the IHEBA/SHA or AMSC and assurances that the IHEBA will be kept confidential in the Member's Medical Record, prior to the administration of the IHEBA/SHA or AMSC;
 - ii. Assistance in completing the SHA, IHEBA/SHA or AMSC translations, interpretation services, accommodation for any disability as needed; and
 - iii. Information on the Member's right to omit or not answer any assessment question, or to decline to complete the entire assessment.
 - iv. KHS will ensure that members who, upon screening and evaluation, meet criteria for an alcohol use disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM), or whose diagnosis is uncertain, are referred for further evaluation and treatment to the County Department for alcohol and substance use disorder treatment services or DHCS-certified treatment program.
 - v. KHS will include AMSC services in their member-informing materials and their procedures that address grievances and appeals regarding AMSC services.

4.2 Mental Health Provider Responsibilities

The mental health provider is required to directly refer members needing medical care to the KHS MHCM or delegated contractor. Referrals are processed in accordance with *KHS Policy and Procedure #3.22-P: Referral and Authorization Process*.

If a member requires medical treatment while admitted to a mental health treatment facility, the admitting mental health provider contacts the PCP for consultation and development of the treatment plan. Members who require transfer to a medical bed for treatment of a medical condition will be transferred by the PCP to the appropriate level of acute care. The KCBRS provider continues to consult with the PCP regarding treatment of the member. When the member is medically stable, the member will either be discharged by the PCP with appropriate follow-up by KCBRS and the PCP, or will be transferred back to the inpatient treatment facility by the KCBRS provider. Upon discharge, the member is instructed to follow-up with the KCBRS and the PCP, as appropriate.

KHS shall make appropriate referrals for Members needing Specialty Mental Health Services as follows:

- i) For those Members with a tentative psychiatric diagnosis which meets eligibility criteria for referral to the County Mental Health Plan (CKCBRS), as defined in MMCD Mental Health Policy Letter 00-01 Revised, the Member shall be referred to KCBRS in accordance with the Memorandum of Understanding (MOU) between Contractor and KCBRS as stipulated in Exhibit A, Attachment 12, Provision 3, Local Health Department KCBRS Coordination for the coordination of Specialty Mental Health Services to Members.
- ii) For those Members whose psychiatric diagnosis is not covered by KCBRS, but is a covered diagnosis, the Member shall be referred to an appropriate Medi-Cal mental health provider within KHS's provider network. KHS shall consult with KCBRS as necessary to identify other appropriate community resources and to assist the Member to locate available non-covered mental health services available through the Medi-Cal FFS program. Any time a member requires medically necessary Outpatient Mental Health Service that is not available within the provider network, KHS shall ensure access to out-of-network and Telehealth mental health providers as necessary to meet access requirements.
- iii) KHS may negotiate with KCBRS to provide the outpatient mental health services when KHS covers payment for these services. Disputes between KHS and KCBRS regarding this section shall be addressed collaboratively within the Contract as specified by the MOU to achieve a timely and satisfactory resolution. If KHS and KCBRS cannot agree, disputes shall be resolved pursuant to Title 9, CCR, and Section 1850.505. Any decision rendered by DHCS regarding a dispute between KHS and KCBRS concerning provision of mental health services or Covered Services required under this Contract shall not be subject to the dispute procedures specified in Exhibit E, Attachment 2, Provision 18 regarding Disputes.

4.3 DELEGATION AND MONITORING

The KHS MHCM or delegated contractor actively coordinates all services

between the member and providers. KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors. Any problems identified in coordination of care are reported to the Chief Medical Officer and Administrative Director of Health Services for intervention/resolution. The Chief Medical Officer and/or Administrative Director of Health Services may submit the problem to the KHS QI/UM Committee for review and action, as appropriate.

5.0 REIMBURSEMENT

Reimbursement for mental health services is made per contract agreement. Claims must be submitted in accordance with *KHS Policy and Procedure #6.01-P: Claims Submission and Reimbursement* and other KHS policies specific to the type of service/supplies provided.

KCBRS sub-contractors should not submit claims directly to KHS.

KCBRS must submit all DHCS required encounter data to KHS with transmitted claims.

6.0 PROVIDER REQUIREMENTS

Providers under contract with KHS must meet the requirements outlined in *KHS Policy and Procedure #4.01 – P, Credentialing*.

KHS provides mental health services through health care providers who are acting within the scope of their licensure and acting within their scope of competence, established by education, training and experience.¹⁹

7.0 PROVIDER RESOURCES

KHS providers are educated regarding mental health carve-outs, PCP responsibilities, licensed mental health professionals responsibilities, and referral procedures through orientations and through this policy and procedure which is included in the *KHS Provider Manual*.

8.0 DISPUTES WITH KCBRS

Disputes between KHS and KCBRS shall be resolved pursuant to Title 9, CCR, Section 1850.505.²⁰

ATTACHMENTS

- Attachment A – *Excluded Psychotherapeutic Drugs*
- Attachment B – *Child 0-17 Behavioral Health Screening form*
- Attachment C – *Adult Behavioral Health Screening form*

Revision 2018-1: Policy revised to comply with APL 18-015. New section for updating, amending, or replacing existing Memorandum of Understandings (MOUs). **Revision 2017-12:** Major revision to P&P to comply with APL 17-018.

Revision 2017-04: Section 5.0 Tobacco Cessation Services removed from policy. To be incorporated into policy 3.10-P. Titles updated. **Revision 2015-11:** Minor addition to reference on page 13 Section (i). No material change, revision date revised. **Revision 2015-03:** Tobacco Cessation Services added to comply with all plan Letter (APL) 14-006. **Revision 2015-01:** Minor revisions incorporated due to internal audit of APL 13-021 Outpatient Mental Health Services. Attachments updated. **Revision 2014-03:** Revised to comply with SBIRT Deliverable AIR #1, training requirements added. **Revision 2014-02:** Major revision to policy for Mental Health and SBIRT. References to Healthy Families removed. Revisions provided by Director of Health Services. **Revision 2009-03:** Routine review. **Revision 2005-11:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2004-02:** Routine revision. Revised per DHS Comment 04/30/01. Reformatted according to scope of services template (sections simply moved from one part of the policy to another or to the associated internal policy are not marked as redline). Reviewed policy against AB88, DHS Contract, and MRMIB Contract and regulations to ensure compliance. **Revision 2001-02:** Changes requested by UM. **Revision 2000-10:** Routine revision.

² DHS Contract A-11 (6)(A)(1)

³ DHS Contract A-10 (8)(E)(1)

⁴ DHS Contract A-10 (8)(E)(3)

⁵ Health and Safety Code §1374.72 (e)

⁶ Health and Safety Code §1374.72 (d)

⁷ DHS Contract A-10 (8)(E)(3)

⁸ DHS Contract A-11 (6)(A)(2)

⁹ DHS Contract §6.7.3.3(A)

¹⁰ DHS Contract §6.7.3.3 (A)

¹¹ DHS Contract §6.7.3.3 (A)

¹² Health and Safety Code §1374.72. These services are not exempted per the DMHC Healthy Families exemption filing (024A).

¹³ DHS Contract A-10 (8)(E)(2)

¹⁴ DHS Contract A-10 (8)(E)(1)

¹⁵ *Medical case management required as well as coordination of services with the Specialty Mental Health Provider 6.7.3.3B.*

¹⁶ DHS Contract A-10 (8)(E)(4)

¹⁷ DHS Contract A-10 (8)(E)(4)

¹⁸ DHS Contract A-10 (8)(E)(4) and A-11 (6)(B) and MRMIB Contract §V(D)

²⁰ DHS Contract A-11 (5)(A)(3)

Erectile Dysfunction Drugs

Erectile dysfunction (ED) drugs listed in the *Part 2 – Pharmacy* provider manual are noncapitated when used for the treatment of ED, which is not a Medi-Cal benefit, and therefore not a covered service. For all other indications, ED drugs are capitated to the plans.

Psychiatric Drugs

Noncapitated psychiatric drugs are as follows:

Amantadine HCl	Olanzapine
Aripiprazole	Olanzapine Fluoxetine HCl
<u>Aripiprazole Lauroxil</u>	Olanzapine Pamoate Monohydrate (Zyprexa Relprevv)
Asenapine (Saphris)	Paliperidone (oral and injectable)
Benztropine Mesylate	Perphenazine
Brexpiprazole (Rexulti)	Phenelzine Sulfate
Cariprazine	Pimavanserin
Chlorpromazine HCl	Pimozide
Clozapine	Quetiapine
Fluphenazine Decanoate	Risperidone
Fluphenazine HCl	Risperidone Microspheres
Haloperidol	Selegiline (transdermal only)
Haloperidol Decanoate	Thioridazine HCl
Haloperidol Lactate	Thiothixene
Haloperidone (Fanapt)	Thiothixene HCl
Isocarboxazid	Tranylcypromine Sulfate
Lithium Carbonate	Trifluoperazine HCl
Lithium Citrate	Trihexyphenidyl
Loxapine Succinate	Ziprasidone
Lurasidone Hydrochloride	Ziprasidone Mesylate
Molindone HCl	

Where to Submit Claims

Providers submit claims for capitated services directly to the plans. See the *MCP: Code Directory* section in this manual for plan address and telephone number information.

Providers submit claims for noncapitated services (fee-for-service Medi-Cal) to the California MMIS Fiscal Intermediary (FI) as specified in the appropriate Part 2 provider manual.

Child 0-17 Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary

MEMBER INFO

Patient Name: _____ Date of Birth: ____/____/____ M F
 Medi-Cal # (CIN): _____ Current Eligibility: _____ Language/cultural requirements: _____
 Address: _____ City: _____ Zip: _____ Phone: (____) _____
 Caregiver/Guardian: _____ Phone: (____) _____
 Documents Included: **Required consent completed** MD notes H&P Assessment Other: _____
 Primary Care Provider _____ Phone: (____) _____
Referring Provider Name: _____ Phone: (____) _____
 Referring/Treating Provider Type: PCP MFT/LCSW ARNP Psychiatrist Other _____

List A: Provisional Diagnosis/Diagnosis, if known	List B: Functional impairment in life domain <u>resulting from</u> mental disorder	List C: Probability of deterioration/Risk factors linked to mental disorder	List D: SUD
<input type="checkbox"/> Schizophrenia/Psychotic Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Impulse Control Disorder <input type="checkbox"/> Adjustment Disorder <input type="checkbox"/> Personality Disorder (except Antisocial Personality Disorder) <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Pervasive Development Disorder (except Autism) <input type="checkbox"/> Disruptive Behavior/Attention Deficit D/O <input type="checkbox"/> Feeding and eating, Elimination D/O <input type="checkbox"/> Other disorders of infancy, childhood, adolescence <input type="checkbox"/> Somatoform disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Paraphilias <input type="checkbox"/> Gender Identity Disorder	<input type="checkbox"/> Independent living skills (e.g. notable difficulties dressing, grooming, cleaning, following parental instructions) <input type="checkbox"/> Social relations (current interference that affects current relationships) <input type="checkbox"/> Medical Self Care (notable difficulty following medical instructions) <input type="checkbox"/> Educational/Vocational/Employment / Meaningful Activity (disruptive behavioral problems with school or other age appropriate activities)	<input type="checkbox"/> Psychiatric hospitalizations – 2 or more in last 6 months <input type="checkbox"/> Suicidal/Violent Behaviors current or in the last 6 months. <input type="checkbox"/> Self-injurious behaviors that required medical attention in last 6 months	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Alcohol Dependence <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Drug Dependence

Referral Algorithm	
1	Remains in PCP care/ Therapy only with Kern Health Systems Contracted Provider <input type="checkbox"/> Diagnosis with none in List B or C
2	Refer to Kern Health Systems Behavioral Health Utilization Management Department Fax (661)664-5190 <input type="checkbox"/> Uncertain diagnosis or diagnosis not in List A <input type="checkbox"/> Mild – Moderate impairment in List B and none in list C
3	Refer to Kern County Mental Health for assessment (661) 868-1554 <input type="checkbox"/> Diagnosis in List A and 1+ Significant impairment in List B <input type="checkbox"/> Diagnosis in List A and 1+ in List C
4	Refer to Kern County Mental Health Gate Team Alcohol & Drug Program (661) 868-6453 <input type="checkbox"/> 1 from list D

Additional Relevant Clinical Information (medications, psychiatric/substance abuse history, trauma history):

For Receiving Clinician Use ONLY

Assigned Case Manager/MD/Therapist Name: _____ Phone: (____) _____
 Date communicated assessment outcome with referral source: _____

Adult Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary

MEMBER INFO

Patient Name: _____ Date of Birth: ____/____/____ M F
 Medi-Cal # (CIN): _____ Current Eligibility: _____ Language/cultural requirements: _____
 Address: _____ City: _____ Zip: _____ Phone: (____) _____
 Caregiver/Guardian: _____ Phone: (____) _____
 Documents Included: **Required consent completed** MD notes H&P Assessment Other: _____
 Primary Care Provider _____ Phone: (____) _____
Referring Provider Name: _____ Phone: (____) _____
 Referring/Treating Provider Type PCP MFT/LCSW ARNP Psychiatrist Other _____

List A: Provisional Diagnosis/Diagnosis, if known	List B: Functional impairment in life domain below <u>resulting from</u> the mental disorder	List C: Probability of deterioration/Risk factors linked to mental disorder	List D: Substance Use Disorder
<input type="checkbox"/> Schizophrenia/Psychotic Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Impulse control Disorder <input type="checkbox"/> Adjustment Disorder <input type="checkbox"/> Personality Disorder (except Antisocial Personality Disorder) <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Disruptive Behavior/Attention Deficit D/O <input type="checkbox"/> Somatoform Disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Paraphilias <input type="checkbox"/> Gender Identity Disorder	<input type="checkbox"/> Independent living skills (e.g. notable difficulty cooking, cleaning, self-management, Activities of Daily Living, using transportation, residential instability/homelessness in last 30 days) <input type="checkbox"/> Social Relations (current interference that affects current relationships) <input type="checkbox"/> Medical Self Care (notable difficulty following medical instructions) <input type="checkbox"/> Vocational/Employment/Meaningful Activities (disruptive behavior problems with work/education/volunteer performance)	<input type="checkbox"/> Persistent symptoms & impairments after 2 medication trials <input type="checkbox"/> 2 or more psychiatric hospitalizations in the past 12 months <input type="checkbox"/> Present LPS (Mental Health) Conservatorship <input type="checkbox"/> Suicidal/Violent Behaviors current or in the last 6 months. <input type="checkbox"/> Self-injurious behaviors that required medical attention in last 6 months	<input type="checkbox"/> Failed SBI (screening & brief intervention at primary care) <input type="checkbox"/> Alcohol Abuse (with failed SBI) <input type="checkbox"/> Alcohol Dependence (with failed SBI) <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Drug Dependence

Referral Algorithm	
1	Remains in PCP care/ Therapy only with Kern Health Systems Contracted Provider <input type="checkbox"/> Diagnosis with none in List B or C
2	Refer to Kern Health Systems Behavioral Health Utilization Department Fax (661) 664-5190 <input type="checkbox"/> Uncertain diagnosis or diagnosis not in List A <input type="checkbox"/> Mild - Moderate impairment in List B and none in list C
3	Refer to Kern County Mental Health for assessment (661) 868-1554 <input type="checkbox"/> Diagnosis in List A and 1+ Significant impairment in List B <input type="checkbox"/> Diagnosis in List A and 1+ in List C
4	Refer to Kern County Mental Health Gate Team Alcohol & Drug Program (661) 868-6453 <input type="checkbox"/> 1 from list D

Additional Relevant Clinical Information (medications, psychiatric history, substance abuse or trauma history): _____

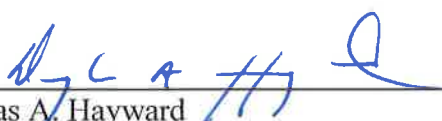
For Receiving Clinician Use ONLY

Assigned Case Manager/MD/Therapist Name: _____ Phone: (____) _____
 Date communicated assessment outcome with referral source: _____




KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS				
POLICY AND PROCEDURES				
SUBJECT: EPSDT Supplemental Services and Targeted Case Management (TCM)			POLICY #: 3.13-P	
DEPARTMENT: Health Services – Utilization Management				
Effective Date: 08/1997	Review/Revised Date: 12/14/2018	DMHC		PAC
		DHCS		QI/UM COMMITTEE
		BOD		FINANCE COMMITTEE




 Douglas A. Hayward
 Chief Executive Officer

Date 12.14.18



 Chief Medical Officer

Date 12/13/18



 Administrative Director of Health Services

Date 12/10/18

POLICY:

KHS is required to cover and ensure the provision of screening, preventive, and medically necessary diagnostic and treatment services for members under the age of 21, including EPSDT Supplemental Services. The EPSDT benefit includes case management and targeted case management services designed to assist members in gaining access to necessary medical, social, educational, and other services. KHS will ensure that comprehensive case management is provided to each member. KHS must maintain procedures for monitoring the coordination of care provided to members, including but not limited to all medically necessary services delivered both within and outside KHS’s provider network. If KHS determines that case management services are medically necessary and not otherwise available, KHS will provide, or arrange and pay for, the case management services for its members who are eligible for EPSDT services (Title 22, CCR, and Section 51340(k)). KHS will ensure the provision and referral of appropriate Early and Periodic Screening, Diagnostic and Treatment (EPSDT) in accordance with the following statutory, regulatory, and contractual requirements:

- Title 22, CCR, Section 51184 and 51340(k)
- DHCS Contract Exhibit A – Attachment 10 Provision 4(F) and Attachment 11 Provision 2

- DHCS APL14-011 Behavioral Health Treatment Coverage for Children Diagnosed with Autism Spectrum Disorder
- Pursuant section 1905(a)(4)(B) of the Social Security Act (the Act) for Early and Periodic Screening, Diagnostic and Treatment services (EPSDT)
- Section 1374.73 of the Health and Safety Code
- Pursuant to Section 14132.56 of the Welfare & Institutions Code

DEFINITIONS:

EPSDT Case Management Services²	Services that will assist EPSDT-eligible individuals in gaining access to needed medical, social, educational, and other services.
EPSDT Diagnosis and Treatment Services³	<p>Only those services provided to persons under 21 years of age that:</p> <ol style="list-style-type: none"> 1. Are identified in section 1396d(r) of Title 42 of the United States Code, 2. Are available under CCR Title 22 Chapter 3 of Division 3 Subdivision 1, ccr.oal.ca.gov without regard to the age of the recipient or that are provided to persons under 21 years of age pursuant to any provision of federal Medicaid law other than section 1396d(a)(4)(B) and section 1396a(a)(43) of Title 42 of the United States Code, and 3. Meet the standards and requirements of CCR Title 22 Sections 51003 and 51303, ccr.oal.ca.gov and any specific requirements applicable to a particular service that are based on the standards and requirements of those sections.

Federal law requires states to screen children enrolled in Medicaid for elevated blood lead levels (BLLs) as part of required prevention services offered through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Accordingly, the Centers for Medicare and Medicaid Services (CMS) released an informational bulletin in November 2016 that provides an overview of blood lead screening requirements for children enrolled in Medicaid. In addition, KHS is contractually required to cover and ensure the provision of blood lead screenings in accordance with California state regulations. These regulations impose specific responsibilities on doctors, nurse practitioners, and physician's assistants conducting periodic health care assessments on children between the ages of six months and six years. The California Department of Public Health's California Childhood Lead Poisoning Prevention Branch (CLPPB) issues guidance for all California providers pursuant to these regulations and required blood lead standards of care, including guidance related to children enrolled in Medi-Cal.

PROCEDURES:

1.0 PROGRAM DESCRIPTION

The EPSDT benefit provides comprehensive screening, diagnostic, treatment, and preventive health care services for individuals under the age of 21 who are enrolled in Medi-Cal and is key to ensuring that members who are eligible for EPSDT services receive appropriate preventive, dental, mental health, developmental, and specialty services.

Section 1905(r) of the Social Security Act (SSA) defines the EPSDT benefit to include a comprehensive array of preventive, diagnostic, and treatment services for low-income individuals under 21 years of age. States are required to provide any Medicaid covered services listed in section 1905(a) of the SSA for members who are eligible for EPSDT services when the services are determined to be medically necessary to correct or ameliorate any physical or behavioral conditions.

In accordance with Title 42 of the Code of Federal Regulations (CFR), Section 440.130(c), services must also be provided when medically necessary to prevent disease, disability, and other health conditions or their progression, to prolong life, and to promote physical and mental health and efficiency.

The EPSDT benefit is more robust than the Medi-Cal benefit package provided to adults and is designed to ensure that eligible members receive early detection and preventive care in addition to medically necessary treatment services, so that health problems are averted or diagnosed and treated as early as possible.

All members under the age of 21 must receive EPSDT screenings designed to identify health and developmental issues, as early as possible. The EPSDT benefit also includes medically necessary diagnostic and treatment services for members with developmental issues, when a screening examination indicates the need for further evaluation of a child's health. The member should be appropriately referred for diagnosis and treatment without delay.

Pursuant to Title 22, CCR, Section 51340, speech therapy, occupational therapy, and physical therapy services are exempt from the benefit limitations set forth under Title 22, CCR, and Section 51304. KHS may not impose service limitations. In addition, KHS is required to provide speech therapy, occupational therapy, and physical therapy services when medically necessary to correct or ameliorate defects discovered by screening services, whether or not such services or items are covered under the state plan unless otherwise specified in the applicable KHS contract with DHCS.

2.0 ACCESS

Title 42 of the United States Code (USC), Section 1396d(r), defines EPSDT services as including the following:

- 1) Screening services provided at intervals which meet reasonable standards of medical and dental practice and at other intervals indicated as medically necessary to determine the existence of physical or mental illnesses or conditions. Screening services must include, at a minimum, a comprehensive health and developmental history (including assessment of both physical and mental health development); a comprehensive unclothed physical exam; appropriate immunizations; laboratory tests (including blood lead level assessment appropriate for age and risk factors); and health education (including anticipatory guidance).

- 2) Vision services provided at intervals which meet reasonable standards of medical practice and at other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Vision services must include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses.
- 3) Dental services provided at intervals which meet reasonable standards of dental practice and at other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Dental services must include, at a minimum, treatment for relief of pain and infections, restoration of teeth, and maintenance of dental health.
- 4) Hearing services provided at intervals which meet reasonable standards of medical practice and at other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Hearing services must include, at a minimum, diagnosis and treatment for defects in hearing, including hearing aids.
- 5) Other necessary health care, diagnostic services, treatment, and measures, as described in 42 USC 1396d (a), to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services or items are listed in the state plan or are covered for adults.
- 6) Blood Lead Anticipatory Guidance and Screening Requirements

KHS will ensure that their contracted providers (i.e. physicians, nurse practitioners, and physician's assistants), who perform periodic health assessments on children between the ages of six months to six years (i.e. 72 months), comply with current federal and state laws and industry guidelines for health care providers issued by CLPPB, including any future updates or amendments.

KHS will ensure that their contracted providers:

- 1) Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child that at a minimum, includes information that children can be harmed by exposure to lead. This anticipatory guidance must be performed at each periodic health assessment, starting at 6 months of age and continuing until 72 months of age.
- 2) Perform BLL testing on all children in accordance with the following:
 - a) At 12 months and at 24 months of age.
 - b) When the health care provider performing a periodic health assessment becomes aware that a child 12 to 24 months of age has no documented evidence of BLL test results taken at 12 months of age or thereafter.
 - c) When the health care provider performing a periodic health assessment becomes aware that a child 24 to 72 months of age has no documented evidence of BLL test results taken when the child was 24 months of age or thereafter.
 - d) Whenever the health care provider performing a periodic health assessment of a child 12 to 72 months of age becomes aware that a change in circumstances has placed the child at increased risk of lead poisoning, in the professional judgement of the provider.
 - e) When requested by the parent or guardian.

- f) The health care provider is not required to perform BLL testing if:
 - i) A parent or guardian of the child, or other person with legal authority to withhold consent, refuses to consent to the screening.
 - ii) If in the professional judgement of the provider, the risk of screening poses a greater risk to the child's health than the risk of lead poisoning.
 - iii) Providers must document the reasons for not screening in the child's medical record.

Screenings may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up BLL testing must be performed using blood samples taken through the venous blood sampling method. Since no level of lead in the body is known to be safe and clinical guidelines are subject to change, KHS will ensure their contracted providers follow the CLPPB guidelines when interpreting BLLs and determining appropriate follow-up activities. When there is a discrepancy in requirements between this APL and CLPPB guidelines, KHS will ensure their contracted providers follow CLPPB guidelines.

2.1 Medical Necessity Standards

Specifically, for members under the age of 21, KHS is required to provide and cover all medically necessary services with the following exceptions:

- A. Dental services provided by dental personnel covered by the Medi-Cal Denti-Cal Program (Policy Letter 13-002);
- B. Non-medical services provided by Regional Centers (RCs) to members with developmental disabilities, including, but not limited to, respite, out-of-home placement, and supportive living. However, KHS will monitor and coordinate all medical services with RC staff;
- C. Alcohol and substance use disorder treatment services available under the Drug Medi-Cal Program and outpatient heroin detoxification services, including all medications used for treatment of alcohol and substance use disorder covered by DHCS, as well as specific medications not currently covered by DHCS, but reimbursed through Medi-Cal fee-for-service (FFS);
- D. Specialty mental health services listed in Title 9, CCR, Section 1810.247 for members that meet medical necessity criteria as specified in Title 9, CCR, Sections 1820.205, 1830.205, or 1830.210, which must be provided by a mental health plan (APLs 13-018 and 17-018);
- E. CCS services not included in the KHS capitated rate. The EPSDT services determined to be medically necessary for treatment or amelioration of the CCS-covered condition, including private duty nursing related to a CCS-eligible condition, must be case managed and have obtained prior authorization by the CCS program (on a FFS basis) (Title 22, CCR, Section 51013);⁸
- F. Services for which prior authorization is required but are provided without obtaining prior authorization; and
- G. Other services listed as services that are not "Covered Services" under KHS's Contract with DHCS, such as Pediatric Day Health Care services.

Where another entity—such as a local education agency (LEA), RC, or local governmental health program—has overlapping responsibility for providing services to a member under the

age of 21, KHS will assess what level of medically necessary services the member requires, determine what level of service (if any) is being provided by other entities, and then coordinate the provision of services with the other entities to ensure that KHS and the other entities are not providing duplicative services.

KHS has the primary responsibility to provide all medically necessary services, including services which exceed the amount provided by LEAs, RCs, or local governmental health programs. However, these other entities must continue to meet their own requirements regarding provision of services. KHS should not rely on a LEA program, RC, CCS, Child Health and Disability Prevention Program, local governmental health program, or other entities as the primary provider of medically necessary services. KHS is the primary provider of such medical services except for those services that have been expressly carved out. KHS is required to provide case management and coordination of care to ensure that members can access medically necessary medical services as determined by the KHS provider. For example, when school is not in session, KHS will cover medically necessary services that were being provided by the LEA program when school was in session.

The California Code of Regulations (CCR) further clarifies the parameters of California's implementation of the EPSDT program. Pursuant to Title 22 of the CCR, Section 51184(a)(3), screening services include any other encounter with a licensed health care provider that results in the determination of the existence of a suspected illness or condition or a change or complication in a condition. Screening services must identify developmental issues as early as possible.

KHS is required to provide appointment scheduling assistance and necessary transportation, including non-emergency medical transportation and non-medical transportation, to and from medical appointments for the medically necessary services that KHS is responsible for providing, including carved out services, pursuant to the contract with DHCS.

KHS is responsible for determining whether a member requires Targeted Case Management (TCM) services, and refers members who are eligible for TCM services to a Regional Center or local governmental health program as appropriate for the provision of TCM services.⁷ If members under age 21 are not accepted for TCM services, KHS ensures the member has access to services comparable to EPSDT TCM services.⁸ Such services would be provided through the County Health System if not otherwise available.

If a Member is receiving TCM services as specified in Title 22, CCR, Section 51351, KHS is responsible for coordinating the member's health care with the TCM Provider and for determining the medical necessity of covered diagnostic and treatment services recommended by the TCM provider.⁹

3.0 REPORTING

According to a November 2016 CMS informational bulletin, there is concern that not all blood lead screening tests conducted in provider's offices are coded in a way to be included in Medicaid screening data. In an effort to improve reporting of blood lead screenings, KHS required to educate providers about appropriate Common Procedure Terminology (CPT) coding of blood lead screenings.

Previously, KHS was contractually required to report EPSDT data to DHCS using the PM-160 confidential screening/billing report form. KHS was required to submit the PM-160 to DHCS and to the local children's preventive services program within 30 calendar days of the end of each month for all encounters during that month. However, in 2017, in order to comply with Health Insurance Portability and Accountability Act requirements, the PM-160 claim form was discontinued and replaced with the CMS1500/UB-04 claim forms or their electronic equivalents (837-P/837-I).

DHCS currently utilizes encounter data for tracking the administration of blood lead screenings. KHS ensure that blood lead screening encounters are identified using the appropriate indicators (such as CPT codes) as outlined in the most recent DHCS Companion Guide for X12 Standard File Format, which can be obtained by emailing the Encounter Data mailbox at: *MMCDEncounterData@dhcs.ca.gov*.

KHS is required to submit complete, accurate, reasonable, and timely encounter data consistent with the KHS contract and APLs 14-0196 and 17-005.

In addition, California law requires laboratories and health care providers performing blood lead analysis on blood specimens drawn in California to electronically report all results to CLPPB, along with specified patient demographic, ordering physician, and analysis data on each test performed. KHS will ensure that applicable contracted providers are reporting blood lead results to CLPPB, as required.

4.0 MONITORING

KHS will provide training to ALL laboratories and health care providers performing blood lead analysis and monitor through quarterly reporting reconciliation for members less than 6 years of age. Providers will be notified of compliance with this requirement through various communication channels and ongoing auditing of screenings performed.

5.0 DELEGATION

KHS is responsible for ensuring that our delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

REFERENCE:

Revision 2018-11: Policy updated by Administrative Director of Health Services to comply with APL 18-017.

Revision 2018-04: Policy updated by Director of Health Services to comply with APL 18-007.

Revision 2016-02: Removed language on the transition from Kern Regional Center. **Revision 2014-11:** Policy updated by Director of Health Services to comply with ABA Autism requirements. **Revision 2014-01:** Revision provided by Director of Health Services. Healthy Families language removed. **Revision 2005-10:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004).

² CCR Title 22 Section 51184(g)

³ CCR Title 22 Section 51184(b)

⁷ DHS Contract A-11 2

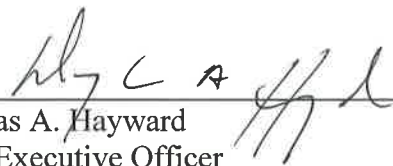
⁸ DHS Contract A-11 2

⁹ DHS Contract A-11 2

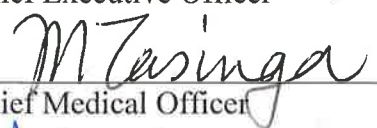


KERN HEALTH SYSTEMS

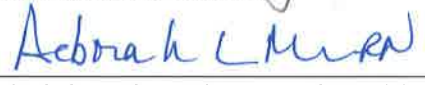
KERN HEALTH SYSTEMS				
POLICY AND PROCEDURES				
SUBJECT: 24-Hour Telephone Triage Service			POLICY #: 3.15-I	
DEPARTMENT: Utilization Management				
Effective Date:	Review/Revised Date:	DMHC	PAC	
06/2004	12/18/2018	DHCS	QI/UM COMMITTEE	
		BOD	FINANCE COMMITTEE	



 Douglas A. Hayward
 Chief Executive Officer
 Date 12-18-18



 Chief Medical Officer
 Date 12/14/18



 Administrative Director of Health Services
 Date 12/13/18

POLICY¹:

Kern Health Systems (KHS) has a contractual relationship with a third party vendor to provide KHS membership with 24-hour advice and triage of member's telephone calls for medical and behavioral health issues. The third party vendor is registered with the State of California and utilizes specific protocols and professionals who are licensed with the State of California to perform telephone advice and triage. These professionals are Medical Doctors, Registered Nurses, Nurse Practitioners, and Physician Assistants. The third party vendor is registered with the California Department of Consumer Affairs.

Telephone triage will be conducted in accordance with the statutory, regulatory and contractual requirements outlined in the following sources²:

- California Health and Safety Code §1348.8
- DHCS Contract Exhibit A – Attachment 9 (3)(D)

PROCEDURES:

1.0 TELEPHONE ADVICE AND TRIAGE

The third party vendor utilizes standard protocols to provide telephone triage and advice. This service includes recording pertinent member information received through direct phone contact with the caller (member, member's representative, or facility representative) including a brief history of the problem. The third party vendor directs the member to the most appropriate medical or behavioral health care services based on their diagnosis or medical need. Such services may be provided by a Primary Care Practitioner (PCP), emergency room (depending on the level of service required), urgent care facility, clinic, or other appropriate facility.

KHS is responsible to provide emergency mental health services to all members. A 24 hour Mental Health Crisis services are available via the crisis hotline at (800) 991-5272.

Member's will continue to have access to an existing relationship with a mental health provider in an emergency or urgent care situation and care will be coordinated through communications with the MHP and emergency room personnel. Members needing immediate crisis intervention for Mental Health issues may self-refer to the Crisis Stabilization Unit due to the availability of an on-site Mental Health staff 24 hours a day.

The Memorandum of Understanding (MOU) with the county mental health plan allows Members in need of urgent and emergency care, including person-to-person telephone transfers, to be referred to the county crisis program during their call center hours.

KHS Registered Nurses are available at 661/331-7656 to provide support and coordination of services to providers involved in member's mental health evaluation and care. All specialty mental health services (inpatient and outpatient) are carved out of the KHS clinical and financial responsibility.

2.0 PERFORMANCE STANDARDS

The Third party vendor, a URAC accredited call center, utilizes a set of protocols which has been reviewed and approved by the third party vendor board of reviewers. The third party vendor performs all services in accordance with the applicable standards of care within the medical community of Kern County and as further defined by KHS.

Appropriate staffing levels are maintained such that the monthly average speed of answer is two minutes (excluding 30 seconds of greeting).

Members will obtain timely assistance in determining the urgency of their condition, including a reasonable call back time (not more than 30 minutes). The third party vendor may provide telephone triage through various methods, but all methods of triage should be performed by qualified health professionals and, if provided through contracted primary care physicians and mental health care providers, the third party vendor must provide a backup triage line if contracted providers are unable to meet the 30-minute call back time.

3.0 MONITORING AND OVERSIGHT

The Quality Improvement Department staff will direct providers who receive member encounters reported from the third party vendor to evaluate the services provided and/or recommended during the process of chart review and medical record review.³ Corrective

Action Plans developed as a result of the Chart Review follow KHS *Policy and Procedure #2.33 – Facility Site Review – Corrective Action Plans*.

4.0 GRIEVANCES AND DISPUTES

Member grievances and provider disputes related to the third party vendor triage process are subject to and processed in accordance with the KHS member grievance and provider dispute policies-*Policy 5.01-P Member Grievance Process; Policy 5.06-P Member Rights and Responsibilities*.

5.0 REPORTING

Reporting is the dual responsibility of the third party vendor and KHS. Reports are submitted as outlined in the following tables.

Reports provided by the third party vendor to KHS

Reported To	Report	Frequency	Requirements and Format
KHS and the member's PCP	Copy of the encounter form for each caller	Daily	Includes chief complaint, assessment, acuity level, recommended disposition, referral facility (if applicable), KHS plan information, and pertinent notes.
KHS	Summary of activities	Monthly	Includes number of calls, call dispositions, referrals by activity, average speed of answer, and average call back time. Top 10 protocols used by age group.
KHS and the member's PCP	Identification of frequent callers	As needed	Written correspondence

Reports Presented by KHS Administrative Director of Health Services to KHS Committees

Reported To	Report	Frequency	Requirements and Format
QI/UM Committee and Executive Staff	Summary of the third party vendors Activities	Quarterly	Includes number of calls, call dispositions, referrals by activity, average speed of answer, and average call back time. Top 10 protocols used by age group.

REFERENCE:

Revisions 2018-12: Policy review and update by Administrative Director of Health Services. ¹ **Revisions 2014-08:** Policy still pending approval by DMHC as part of the Material Modification. Policy revised by Director of Health Services to comply with Mental Health Carve-In (2013-12). **Revision 2011-08:** Removed reference to company that previously provided 24-hour advice and triage of member's telephone calls for medical issues. **Revision 2004-05:** Created as a result of DHS/DMHC Medical Audit (YE Oct03) - Finding 3.1.4.

² HSC §1368.015 Website requirements.

³ 2004 DHS Contract A-4 (13) (D) (7) and A-9 (6) (B).



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Referral and Authorization Process			POLICY #: 3.22-P		
DEPARTMENT: Utilization Management					
Effective Date: 01/01/1999	Review/Revised Date: 12/13/2018	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward Date 12/13/18
 Douglas A. Hayward
 Chief Executive Officer

M. Tsinga Date 12/11/18
 Chief Medical Officer

Ben Cury Date 12/4/18
 Chief Operating Officer

Bruce Wharda RPh Date 12/3/18
 Director of Pharmacy

Kevin Thomas Date 11/30/18
 Director of Claims

Nate St... Date 11/28/18
 Director of Member Services

Dr. D... Date 11/28/18
 Director of Provider Relations

Aborah L. M... Date 11/21/18
 Administrative Director of Health Services

POLICY:

Kern Health Systems (KHS) will develop, implement, and continuously improve a utilization management (UM) program that ensures appropriate processes are used to review and approve the provision of medically necessary covered services.¹ For those services which require prior authorization, only KHS UM personnel, the KHS Chief Medical Officer or their designee(s), and the KHS CEO may give authorization for payment by KHS. Services may not be authorized by any other KHS personnel.

Contracted providers are required to obtain prior authorization, unless special circumstances require use of a non-contracted provider, pre-arranged by KHS or determined by KHS to be emergent or urgent in nature. In order to provide continuity of care, KHS will under certain conditions authorize care by a non-contracted provider. See *KHS Policy and Procedures #3.39 –Continuity of Care by Terminated Providers* and *#3.40 – Continuity of Care for New Members* for details.

The referral and authorization process will conform to the requirements outlined in the following statutory, regulatory, and contractual sources:

- ❖ Code of Federal Regulations Title 42 §§431.211; 431.213; and 431.214
- ❖ California Health and Safety Code §§1363.5; 1367.01; 1371.4; 1374.16
- ❖ California Code of Regulations Title 28 §1300.70(b) and (c)
- ❖ California Code of Regulations Title 22 §§51014.1; 51014.2; and 53894
- ❖ California Code of Regulations Title 22§ 51303 Investigational Services
- ❖ 2004 DHCS Contract Exhibit A-Attachment 5; Exhibit A-Attachment 9; Exhibit A-Attachment 13(8)
- ❖ DHCS MMCD Letters 04006 (November 1, 2004) and 05005 (April 11, 2005)

DEFINITIONS:

<p>Request for Acute Continuing Services²</p>	<p>Request for extension of approval for acute care services in hospitals when both of the following conditions apply:</p> <p>A. The treating physician has determined that the member cannot safely be discharged because acute care services continue to be medically necessary for one of the following reasons:</p> <ol style="list-style-type: none"> 1. Further acute care is needed for the purpose of treating the condition or conditions for which the acute care was originally approved for an acute admission requiring prior authorization 2. Complications directly related to the diagnosis for which acute care was originally approved have arisen and necessitate further acute care 3. Further care is needed for an illness contracted during the course of an approved acute admission if the illness most likely occurred because the patient was hospitalized 4. Further care is needed for the purpose of treating a diagnosed condition(s) for which a length of stay was
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	<p>previously approved after an emergency or urgent admission</p> <p>5. Further diagnostic procedures and/or treatments are needed after a previously approved emergency or urgent admission, for which no length of stay was approved and the acute care stay has been at least 5 days in duration at the time of the request</p> <p>B. The medical record contains documentation consistent with (A) above.</p>
<p>Request for Non-Acute Continuing Services³</p>	<p>Request for services received by KHS prior to or no later than 10 working days after expiration of the immediately preceding approved authorization for services in the following categories:</p> <p>A. Long-Term Care, specifically Skilled Nursing Facility, and Subacute levels of care</p> <p>B. Chronic Hemodialysis, including all related services</p> <p>C. Hospice Care</p> <p>D. All other non-acute services under the Medi-Cal program when the treating physician substantiates on or with the request that the same level or frequency of services should be continued because the treatment goal approved on the original authorization has not been achieved.</p>

PROCEDURES:

1.0 TYPES OF SERVICES FOR WHICH AUTHORIZATION IS REQUIRED

Unless specifically excluded, all services must be authorized by KHS in accordance with KHS referral policies and procedures. The following services do not require prior authorization:⁴

- A. Primary care from a KHS contracted Primary Care Practitioner (PCP).
- B. Emergency care⁵. (See *KHS Policy and Procedure #3.31 – Emergency Services* for details and limitations.)
- C. Maternity care. Authorization is required for specialty procedures in the OB/GYN area (i.e., amniocentesis, hysterectomy, and LEEP). (See *KHS Policy and Procedure #3.24 – Maternity Care* for details and limitations.)
- D. Family planning services and abortion. (See *KHS Policy and Procedure #3.21 – Family Planning Services and Abortion* for details and limitations.)
- E. STD services. (See *KHS Policy and Procedure #3.17 – STD Treatment* for details and limitations.)
- F. HIV testing. (See *KHS Policy and Procedure #3.18 – Confidential HIV Testing* for details and limitations.)
- G. Sensitive Services⁶. (See *KHS Policy and Procedure #3.20 – Sensitive Services* for details and limitations.)
- H. Initial Mental Health Assessment
- I. Outpatient Hospice Services
- J. Urgent Care

Although the above services do not require authorization, submission of a *Referral/Prior Authorization Form* and supporting documentation may be required for tracking purposes. See *KHS Policy and Procedure 3.25-P: Prior Authorization Procedures and Services* and the specific scope of service policy for additional information. Absence of an authorization requirement does not relieve the provider of the requirements to use contracting providers (as applicable) and verify eligibility.

1.1 Non-Contracted Providers

With the exception of Family Planning, HIV testing, Initial Mental Health Assessment, and Sexually Transmitted Disease (STD) diagnosis and treatment, prior authorization is required for all non-emergent services performed by non-contracted providers. All requests for such services are reviewed by the KHS Chief Medical Officer, or their designee(s) or UM staff.

See *KHS Policies and Procedures #3.17 – STD Treatment, #3.18-Confidential HIV Testing, and #3.21 – Family Planning Services and Abortion* for additional information on receiving the related services from non-contracted providers.

See *KHS Policy 6.01-P Claims Submission and Reimbursement* for additional information on non-contracted providers.

2.0 VERBAL AUTHORIZATION

Providers and/or members can request verbal authorization for the services indicated in the following table.

Type of Service	Contact Information	Decision and Notification Timeline
Hospice	<p>Regular business hours: UM Department (800) 391-2000</p> <p>After business hours: 24 –hour Telephone Triage Line (800) 391-2000. Must request to speak to KHS administrator on call.</p>	Response within 24 hours. ⁷
Non-urgent care following an exam in the emergency room	<p>Regular business hours: UM Department (800) 391-2000</p> <p>After business hours: 24 –hour Telephone Triage Line (800) 391-2000.</p>	Response within 30 minutes or the service is deemed approved. ⁸
Post-stabilization	<p>Regular business hours: UM Department (800) 391-2000</p> <p>After business hours:</p>	Response within 30 minutes or the service is deemed approved. ⁹

	24 –hour Telephone Triage Line (800) 391-2000. Must request to speak to KHS administrator on call.	
Urgent Care	24 –hour Telephone Triage Line (800) 391-2000.	Prior authorization not required.
Urgent Referrals	Regular business hours: UM Department (800) 391-2000	Response within 3 working days.

Telephone/verbal authorization must be followed by submission of a *Referral/Prior Authorization Form* and supporting documentation.

UM staff follow-up verbal authorization decisions with written notification as outlined in *Section 4.3 –Provider and Member Notification*.

3.0 HOSPITAL AUTHORIZATION

For non-elective hospital admissions, notification of admission must be submitted to KHS as outlined in *KHS Policy and Procedure #3.33 – Hospital/Facility Authorization, Admission, and Discharge*. The admission face sheet may be used in lieu of a *Referral/Prior Authorization Form*. Authorization requests will be processed in the same manner and as outlined in the Routine Authorization section or Retrospective Review Decisions of this procedure as appropriate.

Prior authorization must be obtained for all elective hospital admissions.

4.0 ROUTINE AUTHORIZATION

KHS provides written notification to members of any termination or reduction in medical services and any denials, modifications, or delays of referrals. Services denied, delayed, or modified based on medical necessity may be eligible for Independent Medical Review (IMR). See *KHS Policy and Procedure #14.51 – Independent Medical Review* for details on the IMR process.

4.1 Request for Authorization

A routine authorization request is initiated by submission of a *Referral/Prior Authorization Form* (See Attachment A) either via fax, mail or online submission. The request must include pertinent medical records and member data which support the referral and will assist the specialist in the assessment and delivery of services. KHS requests only the information reasonably necessary to make a determination regarding the request.¹⁰

A PCP must initiate referrals to qualified contract providers for specialty care in a time frame appropriate to the acuity of the member’s condition.

Referral forms must be filled out completely, with all pertinent patient information. The signature of the contracted referring physician or contracted mid-level must appear on the form.

In order to submit a referral request online, the provider is required to have internet access and as well as access to the KHS Provider Portal. The Provider Relations and MIS departments

will facilitate online authorization access and provide instructions on its use.

Completed *Referral/Prior Authorization Forms* and necessary medical records should be submitted to the KHS Utilization Management Department via fax or mail.

Utilization Management
 Kern Health Systems
 9700 Stockdale Highway
 Bakersfield, CA 93311
 Fax: (661) 664-5190

The date of receipt for routine referral/authorization requests that are received by KHS after 3:00 PM will be the next business day.¹¹ The 3:00 cut off time does not apply to services which require verbal authorization as described in Section 2.0 of this policy.

4.2 Utilization Review

Utilization review includes the actions outlined in the following table.

Action	Timeline	Comments
Review by UM staff		<p>UM staff reviews the referral against established KHS guidelines.</p> <p>Requests are classified as urgent when the member’s condition is such that he/she faces an imminent and serious threat to his or her health including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process would be detrimental to the member's life or health or could jeopardize his/her ability to regain maximum function¹².</p> <p>If a referral does not qualify as an urgent referral, the provider will be notified with a <i>Re-classification Letter</i> stating the referral does not meet the criteria for an urgent review (See Attachment K).</p>

Action	Timeline	Comments
Review by Chief Medical Officer, Medical Director or Associate Medical Director		Required if the referral does not meet established criteria for medical necessity. This excludes administrative denials.
Decision (defer, approve, modify, terminate/reduce, or deny)	<p>Routine: Five working days of receipt.¹³</p> <p>Urgent: within three (3) working days (as appropriate for the nature of the member's condition) of the receipt of all information reasonably necessary and requested.¹⁴</p> <p>Concurrent Review for Treatment Regimen Already in Place: Five working days or consistent with urgency of medical condition.¹⁵</p> <p>Standing Referral: Within three business days the date the request and receipt of all appropriate medical records and other items of information necessary to make the determination. (See Section 6.0)¹⁶</p>	<p>Requests needing additional medical records may be deferred according to the timeliness standards outlined in Sections 4.2.1 and 4.2.1.1 of this document. Urgent referrals are not deferred, as requests for additional information are handled via telephone within three (3) working days of receipt.</p> <p>In the case of concurrent review, care will not be discontinued until the treating provider has been notified of the decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of the member.¹⁷ The date of action must be determined in compliance with the notice requirements outlined in Section 4.3.2 of this document.</p>

4.2.1 Deferrals

Authorization requests needing additional medical records may be deferred, not denied, until the requested information is obtained. If deferred, the UM Clinical Intake Coordinator UM Clinical Intake Coordinator follows-up with the referring provider within 14 calendar days from the receipt of the request if additional information is not received. Every effort is made at that time to obtain the information. Providers are allowed 14 calendar days to provide additional information¹⁸. On the 14th calendar day from receipt of the original authorization request, the request is approved or denied as appropriate.

4.2.1.1 Extended Deferral

The time limit may be extended an additional 14 calendar days if the member or the Member's provider requests an extension, or KHS UM Department can provide justification for the need for additional information and how it is in the Member's interest. In cases of extension, the request is approved or denied as appropriate no later than the 28th calendar day from receipt of the original authorization request.

4.2.2 Modifications

There may be occasions when recommendations are made to modify an authorization request in order to provide members with the most appropriate care. Recommendations to modify a request are first reviewed by the KHS Chief Medical Officer, or their designee(s).

The referrals that qualify for a modification are:

- A. Change in place of service
- B. Change of specialty
- C. Change of provider or
- D. Reduction of service

Under KHS's Knox Keene license and Health and Safety Code §1300.67.2.2 , KHS, as a plan operating in a service area that has a shortage of one or more types of providers is required to ensure timely access to covered health care services, including applicable time-elapsd standards, by referring enrollees to, or, *in the case of a preferred provider network*, by assisting enrollees to locate, available and accessible contracted providers in neighboring service areas consistent with patterns of practice for obtaining health care services in a timely manner appropriate for the enrollee's health needs. KHS will arrange for the provision of specialty services from specialists outside the plan's contracted network if unavailable within the network, when medically necessary for the enrollee's condition.

KHS's Knox Keene license permits KHS to arrange for the provision of specialty services, which implies that the clause "if either the member or requesting provider disagrees, KHS does not require approval to authorize the modified services. UM Clinical Intake Coordinator UM Clinical Intake Coordinator

In the case of radiology requests, modifications to the appropriateness of contrast in performing the study may be changed based on accepted protocols that have been developed by credentialed radiologist's and approved by the PAC. These types of modifications can be done without discussing the modification with the requesting provider. Modifications to the type of study require a discussion and approval by the requesting provider in accordance to KHS DHCS contract.

4.2.3 Denials

If initial review determines that an authorization request does not meet established utilization criteria for medical necessity, denial is recommended. Only the Chief Medical Officer, or their designee(s) may deny an authorization request based on medical necessity.¹⁹ Reasons for possible denial include:

- A. Not a covered benefit
- B. Not medically necessary
- C. Continue conservative management
- D. Services should be provided by a PCP
- E. Experimental or investigational treatment (See KHS Policy #14.51-P, §1.1)
- F. Member made unauthorized self-referral to provider
- G. Inappropriate setting
- H. Covered by hospice

4.2.4 Administrative Denials

Administrative denials are denials for requested services that are determined by a qualified health professional that are not made, whole or in part, on the basis of medical necessity. Often times, these decisions are to facilitate services that are either a carve out from benefits provided under Kern Health Systems health plan coverage or additional local or out of area resources that will be financially responsible for the requested service based on diagnosis or other criteria.

The following denials will be considered Administrative in nature and can be denied by the UM UM Clinical Intake Coordinator without prior review by the Chief Medical Officer or their designee(s) for Medi-Cal:

- ❖ Referral to Kern Regional Center
- ❖ Referral to Mental Health
- ❖ Referral to Search and Serve
- ❖ Referral for CCS covered conditions
- ❖ Referral for VSP services
- ❖ Duplicate requests from a provider with no additional documentation(exact duplicate)
- ❖ Co-Signatures from provider or supervising provider for mid-level or resident not on referral request.

KHS UM Clinical Intake Coordinators apply critical thinking skills and sound judgment prior to performing an administrative denial. These administrative denials can only be performed if they will not subject the member to a poor outcome based on the decision for service.

If the UM Clinical Intake Coordinator is unable to determine if the denial would adversely affect the member or uncertain of the type of denial, the UM Clinical Intake Coordinator should forward the denial to a Chief Medical Officer, or their designee(s) for review and recommendations.

4.3 Provider and Member Notification

Results of the utilization review for non-urgent referrals are communicated by UM staff to the provider and member as outlined in the following table. Notification to providers is provided via the method of submission, either online portal, mail, or facsimile.²⁰

The term “Action,” has been replaced with “Adverse Benefit Determination.” The definition of an “Adverse Benefit Determination” encompasses all previously existing elements of “Action” under federal regulations with the addition of language that clarifies the inclusion of determinations involving medical necessity, appropriateness, setting, covered benefits, and financial liability.

An “Adverse Benefit Determination” is defined to mean any of the following actions taken by KHS:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
2. The reduction, suspension, or termination of a previously authorized service.
3. The denial, in whole or in part, of payment for a service.
4. The failure to provide services in a timely manner.
5. The failure to act within the required timeframes for standard resolution of Grievances and Appeals.
6. For a resident of a rural area with only one MCP, the denial of the beneficiary’s request to obtain services outside the network.
7. The denial of a beneficiary’s request to dispute financial liability.

Beneficiaries must receive written notice of an Adverse Benefit Determination. KHS will utilize DHCS-developed, standardized NOA templates for common scenarios (denial, delay, modification, termination) and corresponding “Your Rights” attachments to comply with new federal regulations. The following five distinct NOA templates accommodate actions that MCPs may commonly take:

1. Denial of a treatment or service
2. Delay of a treatment or service
3. Modification of a treatment or service
4. Termination, suspension, or reduction of the level of treatment or service currently underway
5. Carve-out of a treatment or service

Effective July 1, 2017, KHS shall utilize the revised NOA templates and corresponding “Your Rights” attachments. KHS shall not make any changes to the NOA templates or “Your Rights” attachments without prior review and approval from DHCS, except to insert information specific to beneficiaries as required.

Section 1557 of the Affordable Care Act (ACA) prohibits discrimination on the basis of race, color, national origin, sex, age, or disability. On May 18, 2016, the United States Department of Health and Human Services (HHS), Office for Civil Rights (OCR) issued the Nondiscrimination in Health Program and Activities Final Rule to implement Section 1557. Federal regulations require KHS to post nondiscrimination notice requirements and language assistance taglines in significant communications to beneficiaries. “Nondiscrimination Notice” and “Language Assistance” taglines templates provided by DHCS will be used by KHS to make modifications or create new templates. DHCS review and approval must be obtained prior to use. These templates must be sent in conjunction with each of the following significant notices sent to beneficiaries: Adverse Benefit Determination, Grievance acknowledgment letter, Appeal acknowledgment letter, Grievance resolution letter, and NAR.

Result of Review	Provider Notice	Member Notice
Approved	<p>Referring: Approved <i>Referral/Prior Authorization Form</i> (within 24 hours of the decision).²¹</p> <p>Specialist: Approved <i>Referral/Prior Authorization Form</i> and any pertinent medical records and diagnostics (within 24 hours of the decision).</p> <p style="text-align: center;">OR</p> <p>Hospital: <i>Hospital Notification Letter</i> (within 24 hours of the decision). See Attachment to <i>KHS Policy and Procedure #3.33 – Admission/Discharge Notification and Authorization Process for Contracted Facilities</i>.</p>	<p><i>Notice of Referral Approval</i> (within 48 hours of the decision). See Attachment B.</p>
Deferred	<p>Referring: Copy of Notice of Adverse Determination Letter and the <i>Referral/Prior Authorization Form</i> (within 24 hours of the decision)²².</p> <p style="text-align: center;">OR</p> <p>Hospital: Requests for hospital services are not deferred.</p>	<p>Notice of Adverse Determination Documents (within 2 business days of the decision).²³ Documents include all of the following:</p> <ul style="list-style-type: none"> ❖ <i>Notice of Adverse Determination - Delay</i> letter. (Attachment C) ❖ <i>Your Rights Under Medi-Cal Managed Care</i> (Attachment G) Medi-Cal members only ❖ <i>Form to File a State Hearing</i> (Attachment H). Medi-Cal members only

Result of Review	Provider Notice	Member Notice
<p>Modified (Initial request for a service or treatment)</p>	<p>Referring: Copy of Notice of Adverse Determination Letter and modified <i>Referral/Prior Authorization Form</i> (within 24 hours of the agreement).²⁴</p> <p>Specialist: Modified <i>Referral/Prior Authorization Form</i> and any pertinent medical records and diagnostics (within 24 hours of the agreement).</p>	<p>Notice of Adverse Determination Documents. (within 2 business days of the decision).²⁵ Documents include all of the following:</p> <ul style="list-style-type: none"> ❖ <i>Notice of Adverse Determination – Modify</i> (Attachment D) ❖ <i>Your Rights Under Medi-Cal Managed Care</i> (Attachment G) Medi-Cal members only ❖ <i>Form to File a State Hearing</i> (Attachment H). Medi-Cal members only
<p>Terminated or Reduced (Subsequent request for a continuing service or treatment that was previously approved)</p>	<p>Treating: Copy of Notice of Adverse Determination Letter sent to the member (within 24 hours of the decision).</p>	<p>Notice of Adverse Determination Documents. (within 2 business days of the decision and at least 10 days before the date of action unless falls under exceptions listed in section 4.3.2 of this document).²⁶ Documents include all of the following²⁷:</p> <ul style="list-style-type: none"> ❖ <i>Notice of Adverse Determination – Terminate</i> (Attachment F) ❖ <i>Your Rights Under Medi-Cal Managed Care</i> (Attachment G) Medi-Cal members only ❖ <i>Form to File a State Hearing</i> (Attachment H). Medi-Cal members only

Result of Review	Provider Notice	Member Notice
<p>Denied (Includes those carve out services that are denied as not covered by KHS).²⁸</p>	<p>Referring: Copy of Notice of Adverse Determination Letter (within 24 hours of the decision).²⁹.</p> <p style="text-align: center;">OR</p> <p>Hospital: <i>Hospital Notification Letter</i> (within 24 hours of the decision). See Attachment to <i>KHS Policy and Procedure #3.33 – Admission/Discharge Notification and Authorization Process for Contracted Facilities</i>.</p>	<p>Notice of Adverse Determination Documents (within 2 business days of the decision).³⁰ Documents include all of the following:</p> <ul style="list-style-type: none"> ❖ <i>Notice of Adverse Determination – Denial</i> (Attachment E) ❖ <i>Your Rights Under Medi-Cal Managed Care</i> (Attachment G) Medi-Cal members only ❖ <i>Form to File a State Hearing</i> (Attachment H). Medi-Cal members only

The Notice of Adverse Determination letters together with the indicated enclosures contain all of the required elements for both provider and member notice of delay, denial, or modification including the following³¹:

- A. The action taken
- B. A clear and concise explanation of the reason for the decision (including clinical reasons for decisions regarding medical necessity)³²
- C. A description of the criteria/guidelines used
- D. A citation of the specific regulations or plan authorization procedures supporting the action³³
- E. Information on how to file a grievance with KHS including the Plan’s name address and phone number
- F. Information regarding a Medi-Cal member’s right to a State Fair Hearing including:
 - 1. The method by which a hearing may be obtained
 - 2. That the member may either be self-represented or represented by an authorized third party such as legal counsel, relative, friend, or any other person
 - 3. The time limit for requesting a fair hearing.
 - 4. The toll free number for obtaining information on legal service organizations for representation.
- G. Information regarding the member’s right to an Independent Medical Review with DMHC
- H. DMHC required language regarding grievances³⁴
- I. The following information in cases of delay:
 - 1. Disclosure of the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required in order to make a decision
 - 2. The anticipated date on which a decision may be rendered

J. Name and telephone number of the Chief Medical Officer, or their designee(s)³⁵

4.3.1 Urgent Referrals

In the case of urgent referrals, the Nurse UM Clinical Intake Coordinator provides written notification to the provider on the same day as the decision via facsimile or the online portal.

4.3.2 Termination or Reduction of a Continuing Service That Was Previously Approved³⁶

Use of the *Notice of Adverse Determination – Terminate* letter and the timeliness guidelines outlined in this section apply in any of the following conditions:

- A. KHS intends to reduce or terminate authorization for a medical service prior to expiration of the period covered by the authorization.³⁷
- B. KHS intends to take either of the following actions on a request for non-acute continuing services as defined in the Definitions section of this document:³⁸
 - 1. Termination: Denial
 - 2. Reduction: Approval at less than the amount or frequency requested and less than the amount or frequency approved on the immediately preceding authorization. There is no reduction if a shorter time period of services than requested is approved, as long as the amount or frequency of services during that period has not been reduced from the previously approved level.
- C. KHS intends to terminate (deny) a request for acute continuing services as defined in the Definitions section of this document³⁹. There is no termination if less than the full number of days requested is approved. Such notices must be personally delivered to the member in his/her hospital room unless the member's treating physician has certified in writing that such personal delivery may result in serious harm to the member. In such cases, the notice shall be mailed to the member or his/her beneficiary.

Unless specifically covered by one of the exceptions below, KHS will mail the Notice of Adverse Determination Documents to the member at least 10 days before the date of action.⁴⁰

KHS will mail the Notice of Adverse Determination Documents to the member at least 5 days before the date of action if⁴¹:

- A. KHS has facts indicating that action should be taken because of probable fraud by the member; and
- B. The facts have been verified, if possible, through secondary sources.

KHS will mail the Notice of Adverse Determination Documents not later than the date of action if any of the following conditions apply⁴²:

- A. KHS has factual information confirming the death of the member
- B. KHS receives a clear written statement signed by the member that:
 - 1. The member no longer wishes services; or
 - 2. The member gives information that requires termination or reduction of

services and indicates that he/she understands that this must be the result of supplying that information;

- C. The member has been admitted to an institution where he is ineligible under the plan for further services
- D. The member's whereabouts are unknown and the post office returns KHS mail directed to the member indicating no forwarding address (See 42 CFR Sec. 431.231 (d) for procedure if the recipient's whereabouts become known);
- E. KHS establishes the fact that the recipient has been accepted for Medicaid services by another local jurisdiction, State, territory, or commonwealth
- F. A change in the level of medical care is prescribed by the member's physician;

4.3.2.1 State Fair Hearings Regarding Terminations or Reductions

In cases where a State Fair Hearing is pending for a terminated or reduced service, authorization for services shall be maintained or begin as outlined in California Code of Regulations Title 22 §51014.2.

5.0 Retrospective Authorization Request:

Retrospective authorization request may be submitted within Ten (10) business days of the date of service for outpatient/office visits/procedures that are identified as an additional procedure performed during an authorized visit or an unauthorized visit or procedure that is deemed urgent or emergent. All supporting documentation must be included with the request. Any outpatient/office referral request that requires prior authorization received by KHS with a date of service greater than Ten (10) business days will be denied by the UM Clinical Intake Coordinator. UM Clinical Intake Coordinators will review the retrospective request and approve if the information received meets medical necessity for the services rendered, and the services were in conjunction with an approved visit or are identified as urgent or emergent in nature. All retrospective reviews will be completed within 30 calendar days. Failure to obtain prior authorization by the provider due to eligibility verification for previously scheduled appointments are not considered urgent or emergent requests. A Notice of Adverse Determination Denial Letter will be generated if the referral is denied. Providers are encouraged to contact KHS UM department directly via phone at 1-800-391-2000 if an authorization is needed for the same day. Most requests can be accommodated if documentation is received for review to determine medical necessity.

If KHS is not notified of a hospital admission, the decision for authorization request will be determined following a retrospective review of medical records submitted with a claim. Authorization for payment may not be given if facility fails to notify KHS of admission and the admission is other than emergent in nature.

5.1 Claim Denials for Services Performed without Obtaining Prior Authorization:

Claims submitted by KHS contract and non-contract providers are matched against authorizations entered into the claims payment system. Providers are required to determine a member's eligibility and obtain prior authorization before initiating non emergent services. If the provider fails to obtain prior authorization or retrospective authorization as defined in 5.0 for non-emergent services, the claim(s) for those services will be denied. Procedures and services for which no authorization paperwork is required are described in KHS Policy and Procedure 3.25-P: Prior Authorization

Procedures and Services.

Requests for retrospective payment for unauthorized services may be reviewed at the discretion of the health plan, and the decision to review will be based on the documentation submitted detailing the extenuating circumstances that explains why the prior authorization request was not submitted. All such requests must include complete medical records. Requests for retrospective authorization submitted only with records, will not be reviewed for medical necessity; but, instead denied as prior authorization was not obtained.

Providers may submit a Claims Dispute in accordance with KHS Policy 6.04-P.

6.0 STANDING REFERRALS⁴³

Occasionally a member will have a disease that requires prolonged treatment by or numerous visits to a specialty care provider. Once it is apparent that a member will require prolonged specialty services, UM may issue a standing referral. A standing referral is an authorization that covers more visits than an initial consultation and customary follow-up visits and typically includes proposed diagnostic testing or treatment.

Conditions that may be best treated using a standing referral include but are not limited to HIV and AIDS.

A standing referral may be limited by number of visits and/or length of time. It is only valid during periods when the member is eligible with KHS.

A standing referral may be issued to contracted or non-contracted providers as deemed appropriate by the Chief Medical Officer, or their designee(s). The Director of Provider Relations will negotiate letters of agreement for services not available within the network. Members with a need for a standing referral are referred to providers who have completed a residency encompassing the diagnosis and treatment of the applicable disease entity. Members with a need for a standing referral to a physician with a specialized knowledge of HIV medicine are referred to an HIV/AIDS specialist as outlined in *KHS Policy and Procedure #4.01-P: Credentialing*.

Determinations regarding standing referrals are made within three business days of the date of request and receipt of all appropriate medical records and other items of information necessary to make the determination. Once a determination is made, the referral is made within four business days of the date the proposed treatment plan, if any, is submitted to the plan Chief Medical Officer, or their designee(s).⁴⁴

6.1 Treatment Plan

The Chief Medical Officer or their designee(s) may require the treating provider to submit a treatment plan setting forth the expected course of diagnosis and treatment including projected number of visits, proposed therapies, requirements for communication between the treating provider and PCP, and a means for assessing the patient. The Chief Medical Officer, or their designee(s) reviews the treatment plan for appropriateness and may use specialists to assist in the review as needed.

7.0 CRITERIA AND GUIDELINES⁴⁵

Review criteria are consistently applied. Review criteria include, but are not limited to:

- A. MCG (Milliman Care Guidelines)
- B. Hospice criteria
- C. DME criteria
- D. Level of care - skilled vs. custodial guidelines
- E. Medi-Cal guidelines-DHCS/DMHC
- F. Medicare guidelines
- G. Internally developed criteria using evidence based, national clinical standards by KHS licensed professional and processed through various internal committee for review, adoption, and final implementation.

KHS discloses or provides for disclosure to the commissioner, contract providers, or enrollees, the process and criteria KHS uses to authorize, modify, or deny health care services under the benefits provided by the Plan.⁴⁶

The criteria are:

- A. Developed with the involvement of KHS committees made up of practicing health care providers
- B. Developed using sound clinical principals and processes as appropriate
- C. Evaluated and updated if necessary at least annually
- D. Disclosed to the provider and enrollee if used as basis for a decision to deny, delay, or modify services in a specified case under review

7.1 Disclosure of Criteria to the Public

KHS makes available to the public upon request, criteria or guidelines for specific procedures or conditions requested.⁴⁷ Beneficiaries may request, free of charge, copies of all documents and records relevant to the NOA, including criteria or guidelines used.

All requests for criteria/guidelines from the public are directed to the Administrative Director of Health Services. He/she speaks with the requestor and makes the necessary arrangements to provide a copy of the criteria/guideline and cover letter. (See Attachment I). The request is logged in the *Public Request for Criteria Log*. (See Attachment J).

8.0 APPEALS PROCESS

Both providers and members may appeal a denied/modified referral.

Provider appeals must be submitted and are processed in accordance with *KHS Policy and Procedure #3.23-P: Practitioner/Provider Appeals Regarding Authorization*.

DHCS has deemed it necessary to create two distinct “Your Rights” attachments to accommodate the following scenarios:

- 1) Beneficiaries who receive a NOA and
- 2) Beneficiaries who receive a Notice of Appeal Resolution (NAR). A NAR is a formal letter informing a beneficiary that an Adverse Benefit Determination has been overturned or upheld.

While the “Your Rights” attachment sent out to beneficiaries who receive a NOA will contain general information on State Hearing and IMR rights, the notice will primarily inform the beneficiary on how to request an Appeal with KHS. A State Hearing form will not be attached, as the beneficiary would

need to exhaust the MCr's Appeal process first. Similarly, an IMR form will not be attached, as the beneficiary would also need to exhaust the MCP's Appeal process prior to requesting an IMR unless the Department of Managed Health Care (DMHC) determines that an expedited review is warranted due to extraordinary and compelling circumstances. Requirements pertaining to IMRs remain unchanged.

Conversely, the "Your Rights" attachment sent out to beneficiaries who receive a NAR that upholds the original Adverse Benefit Determination will not contain information on how to file a request for an Appeal as the beneficiary will have already exhausted the MCP's Appeal process. The notice will primarily inform the beneficiary on how to request a State Hearing and/or IMR. State Hearing and IMR application forms will be attached as appropriate.

Member appeals must be submitted and are processed in accordance with *KHS Policy and Procedure #5.01-P: Grievance Process*.

9.0 SPECIALIST SERVICES

Upon receipt of authorization from KHS, the specialist provides the authorized medical services within the normal scope of the designated specialty. In compliance with access standards, specialists should contact members to schedule appointments for care following the receipt of authorizations.

9.1 PCP Notification

The specialist is required to communicate the assessment, findings, and recommended treatment plan to the member's PCP in writing in a timely manner as the patient's condition warrants.

It is the responsibility of the PCP to contact the specialist should the PCP disagree with the diagnostic or treatment plan of the specialist and/or additional services authorized by the plan. In the case of continued disagreement between the PCP and the specialist, the specialist and/or PCP should contact the KHS Chief Medical Officer, or their designee(s), who will take appropriate action.

9.2 Requests for Authorization of Additional Services

Specialists must initiate a referral for all services not authorized on the initial referral form. Referrals from specialists are handled in the same manner as referrals from PCPs.

9.3 Specialty Consultations via Telemedicine

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve the member's clinical health status through the use of two way video, email, smart phones, wireless tools and other forms of telecommunications technology. No prior authorization is required for all consultations performed utilizing telemedicine and limited to those KHS contracted providers who have demonstrated adequate office space, availability of a patient navigator, and suitable telemedicine equipment to connect with a remote medical group.

10.0 REFERRAL GUIDELINES FOR SPECIFIC TYPES OF CARE

Prior authorization requirements for specific services can be found in the scope of services policy. Procedures and services for which no authorization paperwork is required are described in *KHS Policy and Procedure 3.25-P: Prior Authorization Procedures and Services*.

10.1 Coordination of Covered Services⁴⁸

KHS shall arrange for the timely referral and coordination of covered services if a member's provider has a religious or ethical objection to perform various types of services.

The UM Department will arrange and coordinate the services by referring the member to another provider who does not have religious or ethical objections in providing the covered services. The process for the coordination of care shall not generate additional expenses to DHCS.

11.0 DOCUMENTATION, TRACKING, AND MONITORING ⁴⁹

Letters regarding authorization requests, including those sent by KHS to both members and providers, are retained as outlined in *KHS Policy and Procedure #10.51-I: Records Retention*.⁵⁰

KHS tracks all referral requests through the KHS computerized MIS system. Requests are entered into the system at the time of authorization. The UM Department maintains adequate staffing to manage referrals in a timely manner.

For referrals that contain requests for medications, the KHS UM Clinical Intake Coordinators will review guidelines for appropriateness. Referrals may be routed to the Pharmacy department, as appropriate, for determination of medical necessity. The Pharmacy department will notify the UM department within 24-hours of the decision.

On occasion, referrals will be routed to the Health Education department for further review. Health Education will notify the UM department within 24-hours of the results of the review.

KHS will conduct random audits quarterly to document department compliance with provider notification within 24 hours of decision by either facsimile or phone call with appropriate documentation.

KHS will conduct random audits quarterly for purposes of compliance with the referral process and identifying any correspondence issues. Issues will be brought to the attention of the Administrative Director of Health Services for corrective action.

It is the PCPs responsibility to track referrals and follow-up care. To assist in this effort KHS provides the PCP with access to view all submitted referrals through an online provider portal. Providers/vendors are able to monitor the referrals received, closed and decision dates. The PCP should investigate all open authorizations and follow up with the member as necessary. PCP follow-up and documentation is monitored by the Quality Improvement Department through facility site review.⁵¹

Semiannual random audits are conducted by the Director of Compliance to ensure staff compliance requirements related to member and provider notification of deferred, modified, and denied referrals. A sample of thirty deferred, thirty modified, and thirty denied referrals are reviewed semi-annually. Any unjustified non-compliant trend is discussed with the responsible UM Clinical Intake Coordinator. Results of the audit are reported as outlined in *Section 13.0 – Reporting*.

12.0 PCP FOLLOW-UP AND DOCUMENTATION

It is the responsibility of the PCP to follow-up with the specialist to ascertain the results of care and fulfill the responsibilities of PCP.

PCP office staff should coordinate and confirm the specialist appointment and notify the patient either in person or by phone. The PCP should call the specialist if necessary and must complete a referral slip for office staff to schedule an appointment for the patient. The patient should be provided with the specialist's name, address, and phone number. If prior authorization is required for the appointment, office staff should date a copy of the referral slip and place in a tickler file system for future follow up. Upon receipt of authorization, the appointment should be scheduled and patient notified.

PCP office staff should call specialists to follow-up on appointments. Any missed appointments should be documented in the member's medical record. PCP office staff should contact the member to encourage him/her to reschedule the appointment. Contacts with the member should be documented in the member's chart.

A log of all external referrals should be maintained to ascertain receipt of consult reports. The specialist should be contacted if the report is not received in a timely manner.

Documenting emergency and follow-up care in the patient medical record and monitoring and follow-up of on-going conditions, medications, and abnormal diagnostic reports are responsibilities of the PCP. PCPs should review all diagnostic tests (lab, x-ray, etc.) and consult reports within 10 days of receipt. The PCP should initial and date all diagnostic test results and consult reports prior to filing in the medical record. PCP staff should follow-up on all diagnostic test results not received in a timely manner.

The PCP shall work in a cooperative manner with KHS and Utilization Management personnel to monitor and manage hospital admissions (either by the PCP, designated hospitalist or treating specialist), continued stay, and hospital discharge planning and documentation of same.

13.0 REPORTING

Reports are submitted as outlined in the following table.

Reported To	Report	Due Date	Responsibility
QI/UM Committee	Results of UM referral audits	Semi-annually	Administrative Director of Health Services
QI/UM Committee	Results of QI audit of referral follow up by PCP as described in <i>Section 11.0 – Documentation, Tracking, and Monitoring</i>	Quarterly	Director of Quality Improvement, Health Education & Disease Management

ATTACHMENTS:

- Attachment A: *Referral/Prior Authorization Form*
- Attachment B: *Notice of Referral Approval*⁵²
- Attachment C: *Notice of Adverse Determination - Delay*⁵³
- Attachment D: *Notice of Adverse Determination - Modify*⁵⁴
- Attachment E: *Notice of Adverse Determination - Denial*⁵⁵
- Attachment F: *Notice of Adverse Determination - Terminate*⁵⁶
- Attachment G: *Your Rights Under Medi-Cal Managed Care*⁵⁷
- Attachment H: *Form to File a State Hearing*⁵⁸
- Attachment I: *Public Letter – Criteria Request*
- Attachment J: *Public Request for Criteria Log*
- Attachment K: *Re-classification Letter*

REFERENCE:

2018-11: Updated per APL-18-013 Hepatitis C Virus Treatment Policy by Administrative Director of Health Services. **2018-05:** Revisions by Administrative Director of Health Services per Mega Regulations and DHCS contract updates. Types of Services updated, titles updated, attachments updated. Additional language added in November 2017 on modified services. ¹ **2016-09:** Recommendation by Dr. Bennetts to remove reference to Policy 3.44 in §4.2.3. during the DMHC 1115 Waiver SPD/DMHC Routine Survey (Audit). **2015-03:** Administrative Director of Health Services removed NO prior authorization references. **2014-08:** Formatting changes to policy, no material changes. Notice of Action letters (NOAs) revised as a result of the DHCS 2013 Medical Audit ending in 2014- CAF-9. “Your Right’s Forms” updated to ensure continued compliance. Translation changes made to comply with MMCD APL 05005. **2013-07:** Revision provided by Chief Operating Officer concerning retrospective authorization request. Policy approved by KHS Board of Directors July 2013. 2004 DHS Contract Exhibit A- Attachment 5(1)

² 22 CCR §51003(c)(2)

³ 22 CCR §51003(c)(1). List only includes applicable services.

⁴ 2004 DHS Contract Exhibit A – Attachment 5 (2)(F)

⁵ HSC §1371.4; 2004 DHS Contract Exhibit A-Attachment 5(2)(F)

⁶ New DHS Contract 03-76165 does not contain any definition for sensitive services nor does it include sensitive services in the list of no prior auth services (A-5(2)(F)). The DHS/DMHC Medical Audit (YE Oct03) Finding 1.2.2 is based on the old contract provision 6.5.9.4. Decision was made to go ahead and make policy comply with old contract.

⁷ 2004 DHS Contract Exhibit A-Attachment 5(3)(I)

⁸ CCR Title 22§53855(a); 2004 DHS Contract Exhibit A-Attachment 5(3)(C)

⁹ CCR Title 22§53855(a); 2004 DHS Contract Exhibit A-Attachment 5(3)(B)

¹⁰ HSC §1367.01(g)

¹¹ Per management request.

¹² Definition of urgent request from HSC 1367.01(h)(2)

¹³ HSC §1367.01(h); 2004 DHS Contract Exhibit A-Attachment 5(3)(G)

¹⁴ HSC §1367.01(h)(2). Requirement is 72 hours, but per A. Watkins, urgent referrals are processed within 48 hours.

¹⁵ HSC 1367.01 (h)(1); 2004 DHS Contract Exhibit A-Attachment 5(3)(D)

¹⁶ HSC 1374.16(c)

¹⁷ HSC 1367.01 (h)(3)

¹⁸ 14 day requirement found in DHS Contract 03-76165 Exhibit A-Attachment 5 (3)(G). CCR Title 22 Section 53894(b) superceded by the more strict 14 day requirement.

¹⁹ HSC §1367.01(e); 2004 DHS Contract Exhibit A-Attachment 5(2)(A)

²⁰ HSC §1367.01(h)(4)

²¹ HSC §1367.01(h)(3)

²² Written notice required. HSC §1367.01(h)(3)

²³ Written notification required. HSC §1367.01(h)(3) and (4)

²⁴ Written notification required. HSC §1367.01(h)(3) and (4)

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- ²⁵ Written notification required. HSC §1367.01(h)(3) and (4)
- ²⁶ Written notification required. HSC §1367.01(h)(3) and (4); 42 CFR §431.211 – 10 day prior to action requirement.
- ²⁷ Although the NOA Letter does not indicate any enclosures, it is not clear why the requirements to provide notice would not apply cases of termination or reduction. As such, KHS will include the same enclosures as included with the other types of NOA letters.
- ²⁸ (8/31/05). KHS previously sent carve out letters instead of denial notices. DHS has stated that they do not see an exemption for carve out services in SB59 and will not approve ICE's request to substitute a carve out letter for the NOA. ICE has recommended that Plans use the NOA for carved out services.
- ²⁹ Written notification required. HSC §1367.01(h)(3) and (4)
- ³⁰ Written notification required. HSC §1367.01(h)(3) and (4)
- ³¹ HSC §1367.01(h)(4) and (5) and 1367.24(b); CCR Title 22 §53894
- ³² DHS Contract 03-76165 Exhibit A – Attachment 5 (2)(C)
- ³³ Required for member notice only. CCR Title 22 §53894(d)(3)
- ³⁴ Required for member notice only. HSC §1367.24(b)
- ³⁵ Only required for provider notice. Although it is not required for member notice, since provider notice is a copy of the member notice, the information is included in the member notice. HSC §1367.01(h)(4)
- ³⁶ MMCD Letter 04006 page 3 #5.
- ³⁷ 22 CCR §51014.1(c)
- ³⁸ 22 CCR §51014.1(e)
- ³⁹ 22 CCR §51014.1(f)
- ⁴⁰ 42 CFR §431.211
- ⁴¹ 42 CFR §431.214
- ⁴² 42 CFR §431.213. Two exceptions in the regs regarding skilled nursing facilities are not included in this policy.
- ⁴³ AB1181(Escutia 1998); HSC §1374.16; DHS Contract 03-76165 Exhibit A-Attachment 9(5)
- ⁴⁴ HSC 1374.16(c)
- ⁴⁵ DHS Contract 03-76165 Exhibit A – Attachment 5 (2)(B)
- ⁴⁶ Health and Safety Code §1363.5
- ⁴⁷ Health and Safety Code §1363.5
- ⁴⁸ DHCS Contract Exhibit A – Attachment 9 (4)
- ⁴⁹ HSC §1367.01(j)
- ⁵⁰ DHS Contract 03-76165 Exhibit A – Attachment 5 (2)(G)
- ⁵¹ CAP response for DHS/DMHC Medical Audit (YE Oct03).
- ⁵² Must include specific service approved (HSC §1367.01(h)(4)
- ⁵³ Exact letter required by MMCD 04006 and 05005.
- ⁵⁴ Exact letter required by MMCD 04006 and 05005.
- ⁵⁵ Exact letter required by MMCD 04006 and 05005.
- ⁵⁶ Exact letter required by MMCD 04006 and 05005.
- ⁵⁷ Exact letter required by MMCD 04006 and 05005.
- ⁵⁸ Exact letter required by MMCD 04006 and 05005.



Kern Family Health Care
The Friendly Face
 Of Kern Health Systems

Referral/Prior-Authorization Form
 Phone: 661/664-5083
 Fax: 661/664-5190

Please Check Type: Routine Urgent/Expedited
 Please Check Product: KFHC Medi-Cal

PLEASE PRINT Member Information: (Complete in full)				
Patient Name:		Alternate Contact Information:		
Address	City	State	Zip	Daytime Phone
KFHC Member ID#	DOB:	Age:	CCS Eligible Condition: YES NO	
Alternate ID#			CCS Open Case #:	

PLEASE PRINT Facility / Provider Information: (Complete in full)		
Requesting Provider:	Phone:	Fax:
Address:		
Provider Signature:	Date:	
Requested Service(s):	ICD10 Code(s) _____	
	CPT Code(s) _____	
<input type="checkbox"/> Patient Request	Facility _____	
<input type="checkbox"/> Allergy	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Hem/Onc
<input type="checkbox"/> Cardiology	<input type="checkbox"/> ENT	<input type="checkbox"/> Home Health
<input type="checkbox"/> Dermatology	<input type="checkbox"/> GE/GI	<input type="checkbox"/> Mental Health
<input type="checkbox"/> DME	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Nephrology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Pain Mgmt
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Podiatry	<input type="checkbox"/> Radiology
<input type="checkbox"/> Pulmonology	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Urology	<input type="checkbox"/> Urology	
Requested Provider:	Phone:	Fax:
Address:		

INFORMATION BELOW MUST BE COMPLETED TO PROCESS SERVICE REQUEST

Diagnosis / Clinical Problem:	KFHC Date Rec'd Stamp
Clinical History / Date of Onset:	

To facilitate processing of request, please attach clinical documentation including progress notes, reports, labs, imaging, etc. (Total additional pages _____)

For Kern Family Health Care Use ONLY:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Modified <input type="checkbox"/> Withdrawn <input type="checkbox"/> Delayed <input type="checkbox"/> Duplicate Request <input type="checkbox"/> Disenrolled	
	Auth # _____
<input type="checkbox"/> Commentary/UM Criteria Not Met: _____	
Reviewer Signature _____	Date _____
	PCP _____

AUTHORIZATION CONTINGENT UPON ELIGIBILITY ON DATE OF SERVICE Eligibility Date _____

HIPAA Notice: The information contained in this form may contain confidential and legally privileged information. It is only for the use of the individual or entity named above. If the recipient of this form is not the recipient addressed on the form, you are hereby notified that any dissemination, distribution, or copying of the attached document (s) is strictly prohibited. If you have received this in error, please immediately notify the sender by telephone and return the form to the sender.

Notice of Referral Approval / Aviso de Aprobación de la Referencia

<Date>

ID #:

Dear/*Estimado* <Member Name>

The following services have been recommended by your Doctor and approved by Kern Family Health Care.

Procedure/*Procedimiento*:

Name of Provider/*Nombre del Proveedor*:

Provider Address/*Dirección del Proveedor*:

Provider Phone #/*Teléfono del Proveedor*:

Approval/Authorization #/*Autorización #*:

Expiration Date of Referral/*Fecha de Expiración de la Referencia*:

If you have not already been contacted, please call the above provider to schedule your appointment or procedure. Authorizations are only valid if you are still an eligible member with Kern Family Health Care at the date of service.

We hope you will call Kern Family Health Care at 800-391-2000 if you have any questions about your referral authorization.

Los servicios mencionados anteriormente han sido recomendados por su médico y aprobados por Kern Family Health Care.

Si todavía no se han comunicado con usted, por favor llame al proveedor que se menciona arriba para que haga una cita. Las autorizaciones son válidas solamente si usted todavía es un miembro elegible con Kern Family Health Care en la fecha de servicio.

Esperamos que usted llame a Kern Family Health Care al 800-391-2000 si tiene alguna pregunta sobre la aprobación de su referencia.

Thank you/*Gracias*,

Kern Family Health Care

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Kern Family Health Care's Member Services Department at (661) 632-1590 or 1-800-391-2000 right away.

IMPORTANTE: ¿Puede leer esta carta? Si no, nosotros le podemos ayudar a leerla. Además, usted puede recibir esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al Departamento de Servicios para Miembros al (661) 632-1590 o 1-800-391-2000.



Kern Family
Health Care

The Friendly Face
Of Kern Health Systems

**ADVERSE BENEFIT DETERMINATION - Delay
About Your Treatment Request**

Identification Number:

RE:

Your Provider listed above has asked Kern Family Health Care to approve:

We cannot make a decision at this time because of the following reason(s):

This request is being delayed according to guidelines as specified in the KFHC Policy 3.22, section 4.2.1. If you have any questions or if you would like a copy of the actual benefit provision, guideline, protocol or other similar criterion on which our decision was based, you may contact our Member Services Department. **They are available to answer any questions you may have regarding this notice and can be reached at (661) 632-1590 inside Bakersfield or 800-391-2000 outside of Bakersfield.**

You may appeal this decision. The enclosed 'Your Rights' information notice tells you how. It also tells you where to go to get help, including free legal help.

The State Medi-Cal Managed Care 'Ombudsman Office' is available to answer questions and help you with this notice. You may call them at 1-888-452-8609. You may also get help from your provider, or call us at **(661) 632-1590 inside Bakersfield or 1-800-391-2000** outside of Bakersfield.

This notice does not affect any other Medi-Cal services.

Medical Director
(661) 664-5083

Case Manager
(661) 664-5083

Enclosed: "Your Rights Under Medi-Cal Managed Care"

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Kern Family Health Care's Member Services Department at (661) 632-1590 or 1-800-391-2000 right away.



Kern Family
Health Care

La Cara Amable

De Kern Health Systems

**DETERMINACIÓN DE BENEFICIOS ADVERSOS -Demora
Acerca de Su Solicitud de Tratamiento**

Número de Identificación:

RE:

El Proveedor mencionado arriba le ha pedido a Kern Family Health Care que apruebe:

No podemos tomar una decisión en este momento por la siguiente razón(es):

IMPORTANTE: ¿Puede leer esta carta? Si no, nosotros le podemos ayudar a leerla. Además, usted puede recibir esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al Departamento de Servicios para Miembros al (661) 632-1590 o al 1-800-391-2000.

Esta solicitud está siendo demorada de acuerdo a las directrices como se especifica en la Política 3.22., sección 4.2.1 de KFHC. Si usted tiene alguna pregunta o si desea una copia de la disposición del beneficio actual, pautas, protocolo u otro criterio similar en que se basa nuestra decisión, puede comunicarse con nuestro Departamento de Servicios para Miembros. **Ellos están disponibles para contestar cualquier pregunta que pueda tener con respecto a este aviso y puede comunicarse al (661) 632-1590 en Bakersfield o al 1-800-391-2000 fuera de Bakersfield.**

Usted puede apelar esta decisión. El aviso de información adjunto 'Sus Derechos' le dice cómo. También le dice a dónde acudir para obtener ayuda, incluyendo ayuda legal gratuita.

La 'Oficina del Mediador Independiente' de Atención Administrada de Medi-Cal Estatal está disponible para responder preguntas y ayudarle con este aviso. Usted puede llamarles al 1-888-452-8609. También puede obtener ayuda de su doctor, o llamarnos al 1-800-391-2000.

Este aviso no afecta a ninguno de los otros servicios de Medi-Cal.

Atentamente,

Medical Director
(661) 664-5083

Case Manager
(661) 664-5083

Adjunto: "Sus Derechos Bajo Atención Médica Administrada de Medi-Cal"

9700 Stockdale Highway

Bakersfield, CA 93311

Fax (661) 664-5190

Rev.07/14



Kern Family
Health Care

The Friendly Face
Of Kern Health Systems

**ADVERSE BENEFIT DETERMINATION - Modify
About Your Treatment Request**

Identification Number:

RE:

Your Provider listed above has asked Kern Family Health Care to approve:

We cannot approve this treatment as asked; we will instead approve the following treatment(s) per our Medical Director's recommendations:

This request is being modified according to KFHC Policy 3.22, section 4.2.2, which allows suggestions to be made to provide members with the most appropriate care. If you have any questions or if you would like a copy of the actual benefit provision, guideline, protocol or other similar criterion on which our decision was based, you may contact our Member Services Department. **They are available to answer any questions you may have regarding this notice and can be reached at (661) 632-1590 inside Bakersfield or 800-391-2000 outside of Bakersfield.**

You may appeal this decision. The enclosed 'Your Rights' information notice tells you how. It also tells you where to go to get help, including free legal help.

The State Medi-Cal Managed Care 'Ombudsman Office' is available to answer questions and help you with this notice. You may call them at 1-888-452-8609. You may also get help from your provider, or call us at 1-800-391-2000.

This notice does not affect any other Medi-Cal services.

Medical Director
(661) 664-5083

Case Manager
(661) 664-5083

Enclosed: "Your Rights Under Medi-Cal Managed Care"

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Kern Family Health Care's Member Services Department at (661- 632-1590 or 1-800-391-2000 right away.



**DETERMINACIÓN DE BENEFICIOS ADVERSOS -Modificación
Acerca de su Solicitud de Tratamiento**

Número de Identificación:
RE:

El Proveedor mencionado arriba le ha pedido a Kern Family Health Care que apruebe:

Nosotros no podemos autorizar este tratamiento, tal como solicitó, que en lugar de que se aprobará el siguiente tratamiento (s) por las recomendaciones de nuestro Director Médico:

IMPORTANTE: ¿Puede leer esta carta? Si no, nosotros le podemos ayudar a leerla. Además, usted puede recibir esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al Departamento de Servicios para Miembros al (661) 632-1590 o al 1-800-391-2000.

Esta petición está siendo modificada de acuerdo a la Política 3.22, sección 4.2.2 de KFHC, que permite ofrecer sugerencias a los miembros para proporcionar la atención más apropiada. Si usted tiene alguna pregunta o si desea una copia de la disposición del beneficio actual, pautas, protocolo u otro criterio similar en que se basa nuestra decisión, puede comunicarse con nuestro Departamento de Servicios para Miembros. **Ellos están disponibles para contestar cualquier pregunta que pueda tener con respecto a este aviso y puede comunicarse al (661) 632-1590 en Bakersfield o al 1-800-391-2000 fuera de Bakersfield.**

Usted puede apelar esta decisión. El aviso de información adjunto 'Sus Derechos' le dice cómo. También le dice a dónde acudir para obtener ayuda, incluyendo ayuda legal gratuita.

La 'Oficina del Mediador Independiente' de Atención Administrada de Medi-Cal Estatal está disponible para responder preguntas y ayudarle con este aviso. Usted puede llamarles al 1-888-452-8609. También puede obtener ayuda de su doctor, o llamarnos al 1-800-391-2000.

Este aviso no afecta a ninguno de los otros servicios de Medi-Cal.
Atentamente,

Medical Director
(661) 664-5083

Case Manager
(661) 664-5083

Adjunto: "Sus Derechos Bajo Atención Médica Administrada de Medi-Cal"

9700 Stockdale Highway

Bakersfield, CA 93311

Fax (661) 664-5190

Rev.07/14



**ADVERSE BENEFIT DETERMINATION - Denial
About Your Treatment Request**

Identification Number:

RE:

Your Provider listed above has asked Kern Family Health Care to approve:

This request is being denied because additional information was not received. The information that we have at this time does not meet medical necessity criteria and is being denied as specified in the Kern Family Health Care Policy 3.22 section 4.2.3:

The following criterion has been provided to your provider:

Please call your provider for additional treatment options. If you have any questions or if you would like a copy of the actual benefit provision, guideline, protocol or other similar criterion on which our decision was based, you may contact our Member Services Department. **They are available to answer any questions you may have regarding this notice and can be reached at (661) 632-1590 inside Bakersfield or (800) 391-2000 outside Bakersfield.**

You may appeal this decision. The enclosed 'Your Rights' information notice tells you how. It also tells you where to go to get help, including free legal help.

The State Medi-Cal Managed Care 'Ombudsman Office' is available to answer questions and help you with this notice. You may call them at 1-888-452-8609. You may also get help from your provider, or call us at 1-800-391-2000.

This notice does not affect any other Medi-Cal services.

Medical Director
(661) 664-5083

Case Manager
(661) 664-5083

Enclosed: "Your Rights Under Medi-Cal Managed Care"

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Kern Family Health Care's Member Services Department at (661) 632-1590 or 1-800-391-2000 right away.



**DETERMINACIÓN DE BENEFICIOS ADVERSOS- Negación
Acerca de Su Solicitud de Tratamiento**

Número de identificación:

RE:

El proveedor mencionado anteriormente le ha pedido a Kern Family Health Care que apruebe:

El servicio solicitado ha sido denegado porque la información adicional no fue recibida. La información que tenemos en este momento no cumple con el criterio de necesidad médica y se le niega como se especifica en la Política 3.22, sección 4.2.3 de Kern Family Health Care:

IMPORTANTE: ¿Puede leer esta carta? Si no, nosotros le podemos ayudar a leerla. Además, usted puede recibir esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al Departamento de Servicios para Miembros al (661) 632-1590 o al 1-800-391-2000.

El siguiente criterio se le ha proporcionado a su proveedor:

Por favor, llame a su proveedor para opciones de tratamiento adicionales. Si usted tiene alguna pregunta o si desea una copia de la disposición del beneficio actual, pautas, protocolo u otro criterio similar en que se basa nuestra decisión, puede comunicarse con nuestro Departamento de Servicios para Miembros. Ellos están disponibles para contestar cualquier pregunta que pueda tener con respecto a este aviso y puede comunicarse al (661) 632-1590 dentro de Bakersfield o al (800) 391-2000 fuera de Bakersfield.

Usted puede apelar esta decisión. El aviso de información adjunto 'Sus Derechos' le dice cómo. También le dice a dónde acudir para obtener ayuda, incluyendo ayuda legal gratuita.

La 'Oficina del Mediador Independiente' de Atención Administrada de Medi-Cal Estatal está disponible para responder preguntas y ayudarlo con este aviso. Usted puede llamarles al 1-888-452-8609. También puede obtener ayuda de su doctor, o llamarnos al 1-800-391-2000.

Este aviso no afecta a ninguno de los otros servicios de Medi-Cal.

Medical Director
(661) 664-5083

Case Manager
(661) 664-5083

Adjunto: "Sus Derechos Bajo Atención Médica Administrada de Medi-Cal"

9700 Stockdale Highway

Bakersfield, CA 93311

Fax (661) 664-5190

Rev.07/14



**ADVERSE BENEFIT DETERMINATION - Denial
About Your Treatment Request**

Identification Number:
RE:

Your Provider listed above has asked Kern Family Health Care to approve:

We can no longer approve this treatment. This request is being terminated as specified in the Kern Family Health Care Policy 3.22 section 4.3.2 as explained:

If you have any questions or if you would like a copy of the actual benefit provision, guideline, protocol or other similar criterion on which our decision was based, you may contact our Member Services Department. **They are available to answer any questions you may have regarding this notice and can be reached at (661) 632-1590 inside Bakersfield or (800) 391-2000 outside Bakersfield.**

Payment for this treatment will stop on:

You may appeal this decision. The enclosed 'Your Rights' information notice tells you how. It also tells you where to go to get help, including free legal help.

The State Medi-Cal Managed Care 'Ombudsman Office' is available to answer questions and help you with this notice. You may call them at 1-888-452-8609. You may also get help from your provider, or call us at 1-800-391-2000.

This notice does not affect any other Medi-Cal services.

Medical Director
(661) 664-5083

Case Manager
(661) 664-5083

Enclosed: "Your Rights Under Medi-Cal Managed Care"

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Kern Family Health Care's Member Services Department at (661) 632-1590 or 1-800-391-2000 right away.

9700 Stockdale Highway

Bakersfield, CA 93311

Fax (661) 664-5190

Rev.07/14



**DETERMINACIÓN DE BENEFICIOS ADVERSOS- Negación
Acerca de Su Solicitud de Tratamiento**

Número de identificación:

RE:

El proveedor mencionado anteriormente le ha pedido a Kern Family Health Care que apruebe:

Ya no podemos aprobar este tratamiento. El servicio solicitado está siendo terminado como se especifica en la Política de 3.22, sección 4.3.2 de Kern Family Health Care de la siguiente manera:

IMPORTANTE: ¿Puede leer esta carta? Si no, nosotros le podemos ayudar a leerla. Además, usted puede recibir esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al Departamento de Servicios para Miembros al (661) 632-1590 o al 1-800-391-2000.

Si usted tiene alguna pregunta o si desea una copia de la disposición del beneficio actual, pautas, protocolo u otro criterio similar en que se basa nuestra decisión, puede comunicarse con nuestro Departamento de Servicios para Miembros. **Ellos están disponibles para contestar cualquier pregunta que pueda tener con respecto a este aviso y puede comunicarse al (661) 632-1590 dentro de Bakersfield o al (800) 391-2000 fuera de Bakersfield.**

El pago por este tratamiento se detendrá en:

Usted puede apelar esta decisión. El aviso de información adjunto 'Sus Derechos' le dice cómo. También le dice a dónde acudir para obtener ayuda, incluyendo ayuda legal gratuita.

La 'Oficina del Mediador Independiente' de Atención Administrada de Medi-Cal Estatal está disponible para responder preguntas y ayudarle con este aviso. Usted puede llamarles al 1-888-452-8609. También puede obtener ayuda de su doctor, o llamarnos al 1-800-391-2000.

Este aviso no afecta a ninguno de los otros servicios de Medi-Cal.

Medical Director
(661) 664-5083

Case Manager
(661) 664-5083

Adjunto: "Sus Derechos Bajo Atención Médica Administrada de Medi-Cal"



Kern Family Health Care Grievance Process

If you wish to appeal this decision, please use our Grievance Process.

Call (661) 632-1590 in Bakersfield or 1-800-391-2000 outside Bakersfield to file a grievance or discuss your care. We have interpretive services and bilingual staff available to hear your concerns.

Forms are not necessary to file a grievance, but we have them available if needed.

Our Grievance process takes less than 30 days to resolve once you call.

Our Grievance process can be expedited if the care is urgent.

The State Fair Hearing Process described in the attachments takes 90 days.

If you file a State Fair Hearing you will not be able to request an Independent Medical Review.

We hope that you will let us know about your concerns through our Grievance Process, which is faster than the State Fair Hearing process.



Proceso de Quejas de Kern Family Health Care

Si usted desea apelar esta decisión, por favor recurra a nuestro proceso de quejas.

Llame al (661) 632-1590 en Bakersfield o 1-800-391-2000 fuera de Bakersfield para presentar una queja o para discutir su cuidado. Nosotros tenemos servicios de interpretación y personal bilingüe disponible para escuchar sus inquietudes.

El formulario no es necesario para presentar una queja, pero lo tenemos disponible si lo necesita.

Nuestro proceso de quejas toma menos de 30 días para resolverse una vez que recibimos su llamada.

El proceso de quejas se puede apresurar si la atención es urgente.

El proceso para una Audiencia Imparcial del Estado que se describe en los documentos adjuntos toma 90 días.

Si usted solicita una Audiencia Imparcial del Estado usted no podrá pedir una Revisión Médica Independiente.

Esperamos que nos deje saber sus inquietudes por medio del proceso de quejas, el cual es más rápido que la Audiencia Imparcial del Estado.

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

If you do not agree with this decision, you may:

- Ask for a “State Hearing”
- File a grievance with your health plan
- Ask for an “Independent Medical Review (IMR)”

You can file a grievance with your health plan **and** ask for a State Hearing at the same time.

You may have to file a grievance with your health plan **before** you can ask for an IMR, except in some cases.

You will not have to pay for any of these.

STATE HEARINGS

You may ask for a State Hearing in writing. Fill out the enclosed form or send a letter to:

**California Department of Social Services
State Hearing Division
P.O. Box 944243, MS 9-17-37
Sacramento, CA 94244-2430**

Alternatively, you may call **1-800-952-5253** to ask for a State Hearing. This number can be very busy so you may get a message to call back later. If you have trouble hearing or speaking, you can call **TDD 1-800-952-8349**.

If you want a State Hearing, you must ask for it within 90 days from the date of this letter, **UNLESS you and treating provider [AEI] wants to keep your treatment going** that this Notice of Action is stopping or reducing. **Then, you must ask for a State Hearing within 10 days from the date this letter was postmarked or personally delivered to you, or before the effective date of the action which you are disputing.** Please state that you want to keep getting your treatment during the hearing process.

If you use the enclosed form or write a letter to ask for a State Hearing, be sure to include your name, address, phone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address and phone number to the form or letter. If you need a free interpreter, tell us what language you speak.

After you ask for a hearing, it could take up to 90 days for your case to be decided and an answer sent to you. If you believe waiting that long will seriously jeopardize your life or health or ability to attain, maintain or regain maximum function, ask your doctor or Kern Family Health Care for a letter. The letter must explain how waiting for up to 90 days for your case to be decided will seriously jeopardize your life or health or ability to attain, maintain or regain maximum function. Then ask for an **expedited hearing** and provide the letter with your request for hearing.

**SUS DERECHOS
BAJO ATENCIÓN ADMINISTRADA DE MEDI-CAL**

Si usted no está de acuerdo con esta decisión, usted puede:

- . Pedir una "Audiencia Estatal"
- . Presentar una queja formal ante su plan de salud
- . Pedir una "Evaluación Médica Independiente (*IMR, por sus siglas en inglés*)"

Usted puede presentar una queja formal ante su plan de salud y solicitar una Audiencia Estatal en ese mismo momento.

Usted puede tener que presentar una queja formal ante su plan de salud **antes** de solicitar una IMR, excepto en algunos casos.

Usted no tendrá que pagar por ninguna de estas presentaciones.

AUDIENCIAS ESTATALES

Usted puede solicitar, por escrito, una Audiencia Estatal. Complete el formulario adjunto o envíe una carta a:

**California Department of Social Services
State Hearing Division
P.O. Box 944243, MS 1-17-37
Sacramento, CA 94244-2430**

O bien, puede llamar al **1-800-952-5253** para solicitar una Audiencia Estatal. Este número puede estar muy ocupado por lo que usted puede recibir un mensaje en el que se le indica que llame luego. Si usted tiene problemas auditivos o del habla, puede llamar al teléfono de texto (TDD) **1-800-952-8349**.

Si quiere una audiencia estatal, debe solicitarla dentro del plazo de 90 días a partir de la fecha de esta carta, **A MENOS que usted y el proveedor que lo está atendiendo quieran que su tratamiento continúe**, el cual está siendo cesado o reducido por el presente Aviso de Acción. **Entonces, debe solicitarla Audiencia Estatal dentro de un lapso de 10 días a partir de la fecha en que se mataselló de esta carta o que la misma entregada personalmente, o antes de la fecha de entrada de vigencia de la medida que usted está disputando.** Por favor indique que usted quiere seguir recibiendo su tratamiento durante el proceso de la audiencia.

Si usted usa el formulario adjunto o escribe una carta para solicitar una Audiencia Estatal, asegúrese de incluir su nombre, dirección, número telefónico, número de Seguro Social, y el motivo por el cual desea una Audiencia Estatal. Si alguna persona le está ayudando a solicitar una Audiencia Estatal, agregue el nombre, dirección y número telefónico de dicha persona al formulario o a la carta. Si usted necesita un intérprete gratuito, díganos qué idioma habla.

Después de solicitar la audiencia, podría tomar hasta 90 días para que se decida su caso y se le envíe una respuesta. Si usted cree que esperar tanto tiempo puede poner en grave peligro su vida o salud, o su capacidad para lograr, mantener o recuperar una función máxima, solicite a su médico o a Kern Family Health Care una carta. Dicha carta debe explicar de qué modo el tener que esperar hasta 90 días para que se decida su caso pondrá en grave peligro su vida, su salud, o su capacidad para lograr, mantener o recuperar una función máxima. Entonces, solicite una **audiencia expeditiva** y envíe la carta con su solicitud para dicha audiencia.

Preparado por el Departamento Servicios de Salud de California para ayudarle a entender sus derechos

LEGAL HELP

You may speak for yourself at the State Hearing or have someone else speak for you, including a relative, friend or attorney. You must get the other person yourself. You may be able to get free legal help. Call the Greater Bakersfield Legal Assistance at (661) 325-5943. You may also call the Kern Health Consumer Center (661) 321-3982.

GRIEVANCES

You may ask for a grievance by calling Kern Family Health Care at 1-800-391-2000 or by sending a letter to 9700 Stockdale Highway Bakersfield, CA 93311. Your doctor will have grievance forms. Kern Family Health Care will review its decision based on your grievance and you will get an answer within 30 days. If you think that waiting 30 days will harm your health, be sure to say why when you ask for your grievance. Then you might be able to get an answer within 3 calendar days.

DEPARTMENT OF MANAGED HEALTH CARE

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-391-2000** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online."

OTHER INFORMATION

Kern Family Health Care wants to try to help you with your problem, so we hope you will call us first.

AYUDA LEGAL

En la Audiencia Estatal, usted puede hablar por sí mismo o hacer que otra persona hable por usted, incluyendo a un familiar, un amigo o un abogado. Usted mismo debe traer a dicha persona. Puede obtener ayuda legal gratuita. Llame a la Asociación de Ayuda Legal local en su condado: Greater Bakersfield Legal Assistance al (661) 325-5943. También puede llamar al Kern Health Consumer Center (Centro de Ayuda al Consumidor) al (661) 321-3982.

QUEJAS FORMALES

Usted puede solicitar la presentación de una queja formal llamando a Kern Family Health Care al 1-800-391-2000 o enviando una carta al **9700 Stockdale Hwy, Bakersfield, CA 93311**. Su médico tendrá formularios para presentar quejas formales. Kern Family Health Care revisará la decisión tomada basándose en su queja formal y le enviará una respuesta dentro de un lapso de 30 días. Si usted considera que esperar 30 días perjudicará su salud, asegúrese de decir por qué al solicitar la presentación de una queja formal. Entonces usted podrá recibir una respuesta dentro de un lapso de 3 días calendario.

DEPARTAMENTO DE ATENCIÓN DE LA SALUD ADMINISTRADA

El Departamento de Atención de la Salud Administrada en California tiene bajo su responsabilidad la regulación los planes de servicio de atención de la salud. Si usted tiene una queja foral en contra de Kern Family Health Care , primero deberá llamar a su plan de salud al **1-800-391-2000** y utilice el proceso de presentación de quejas formales de su plan de salud, antes de comunicarse con el departamento. La utilización de este procedimiento de presentación de quejas no prohíbe que se ponga a su disposición cualquier derecho o recurso legal posible. Si necesita ayuda con una queja formal que tenga que ver con una emergencia, una queja formal que no haya sido resuelta de manera satisfactoria por su plan de salud o una queja formal que no se ha resuelto en más de 30 días, puede llamar al departamento para obtener ayuda. También es posible que usted reúna las condiciones para una Revisión Médica Independiente (IMR, por sus siglas en inglés). Si reúne las condiciones para IMR, el proceso de IMR proporcionará una revisión imparcial de las decisiones médicas tomadas por un plan de salud relativas a la necesidad médica de un servicio o tratamiento propuesto, de las decisiones de cobertura para los tratamientos que son por naturaleza experimentales o de investigación, y de los litigios por pagos de servicios médicos urgentes o de emergencia. El Departamento también tiene un número telefónico gratuito (**1-888-HMO-2219**) y una línea con teléfono de texto (**1-877-688-9891**) para las personas con impedimentos auditivos y del habla. El sitio Web del departamento, <http://www.hmohelp.ca.gov>, cuenta con formularios para presentación de quejas, formularios de solicitud de IMR e instrucciones en línea.

OTRA INFORMACIÓN

Kern Family Health Care quiere ayudarle con su problema, así que esperamos que nos llame primero.

Preparado por el Departamento de Servicios de Salud de California para ayudarle a entender las sus derechos

FORMULARIO PARA SOLICITAR UNA AUDIENCIA ESTATAL

Usted puede pedir una Audiencia Estatal al llamar al: 1-800-952-5253.

Usuarios TDD, llamar al 1-800-952-8349.

O puede llenar este formulario y enviarlo por FAX a Apoyo para Audiencias Estatales al 916-651-5210 o al 916-651-2789.

O puede enviar esta página por correo a:

California Department of Social Services
State Hearing Division
P. O. Box 944243, MS 9-17-37
Sacramento, CA 94244-2430
916-651-5210 o al 916-651-2789.

O envíela por fax al:

Para obtener ayuda gratuita para llenar este formulario, llame al número telefónico de ayuda legal que aparece en 'Sus Derechos'.

No estoy de acuerdo con la decisión acerca de mi atención de la salud. Debido a lo siguiente: _____

(Si necesita más espacio, use otra hoja de papel. Saque una copia para sus registros.)

Marque estas casillas solamente si aplican a usted:

(1) Quiero que la persona mencionada a continuación me represente. Él/ella puede ver mis expedientes médicos que se relacionan con esta audiencia, asistir a la audiencia, y hablar en mi nombre.

Nombre: _____

Dirección: _____

Número Telefónico: _____

(2) Necesito un intérprete gratuito. Mi idioma o dialecto es: _____

(3) También quiero presentar una queja formal contra el plan de salud. Comprendo que el Estado enviará una copia de este formulario a mi Plan de Salud.

(4) Mi situación es **urgente**. Necesito una decisión rápida y no puedo esperar 90 días porque: (Explique qué podría pasar si no se toma una decisión rápidamente. Como se mencionó en el aviso de información "Sus Derechos", usted también necesitará una carta de su doctor o plan de salud si desea una audiencia adelantada).

(5) Por favor continúe hasta mi audiencia, el servicio que mi Plan ha detenido.

Mi nombre: _____ Mi Número de Seguro Social: _____

Dirección: _____

_____ Número telefónico: _____

Mi firma: _____ La fecha de hoy: _____

(Después de completar este formulario, saque una copia para sus archivos.)

FORM TO FILE A STATE HEARING FROM A MANAGED CARE DENIAL

You can ask for a State Hearing by calling: **1-800-743-8525**. **TDD users, call 1-800-952-8349**. You can also request a hearing in the following ways:

- You can request a hearing **ONLINE** at **WWW.DSS.CA.GOV**
- You can fill out this form and **FAX** it to State Hearings at **916-651-2789**
- You can fill out this form and **EMAIL** it to **SCOPEOFBENEFITS@DSS.CA.GOV**
(Note: If you send it by email, please understand there is a risk that someone other than the State Hearings Division could intercept your email. Please consider using a more secure method of sending your request.)
- You can also **MAIL** this State Hearing Request to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 9-17-37
Sacramento, CA 94244-2430

For free help filling out this form, call the legal help phone number listed on the attached 'Your Rights' Notice

I do not agree with the decision about my health care. State the treatment, drug, equipment, or service that the doctor requested. I disagree because:

(If you need more space, use another piece of paper and attach it to this one.)

PLEASE PROVIDE THIS INFORMATION ABOUT THE BENEFICIARY
(This is the person who was denied medical benefits)

NAME: _____

DATE OF BIRTH: _____

ADDRESS (Where you can get mail): _____

TELEPHONE NUMBER: _____

Do we have your permission to communicate with you by email? [] YES [] NO

If Yes, what is your **EMAIL ADDRESS:** _____

Please provide your **Medi-Cal BIC Card Number and /or Social Security Number** if you have one _____

Do you have Straight Medi-Cal (**Fee for Service**) or **Managed Care?** _____

If **Managed Care**, what is the **name of your HEALTH PLAN:** _____

My Doctor requested this health benefit on this date: _____

The Health Plan denied this health benefit on this date: _____

I have appealed the case to the Health Plan: YES [] **On what date?** _____ NO []

The Health Plan gave an answer to the appeal: YES [] **On what Date?** _____ NO []

Did you ask the Health Plan for an expedited (72 Hour) appeal? [] YES [] NO

Did the Health Plan decide the appeal in 72 Hours? [] YES [] NO

I NEED THESE FOR MY HEARING (Check these Boxes if they apply to you):

I need an Expedited Hearing because my situation is urgent. My case must be decided very quickly and I cannot wait for up to 90 days. This is what will happen without a quick decision:

EXPLAIN WHY YOU CANNOT WAIT UP TO 90 DAYS. If you do not explain, your case will not be expedited and will be scheduled on the normal calendar. You can submit a letter from your doctor or plan to show why you cannot wait.

Continued Services / Aid Paid Pending: Please continue my treatment until the Judge decides my case. (Describe the treatment that you want to continue and say **what date the plan stopped it or is planning to stop it**):

I want a Free Interpreter. My language or dialect is: _____

I have a disability and want a reasonable accommodation to help me participate in my hearing. The accommodation(s) I want is: _____

I want someone else to speak for me (represent me) at the hearing. She/he can see my medical records that relate to this hearing and come to the hearing. The person I have chosen to speak for me is:

Name: _____ Phone Number: _____

Address: _____

My signature: _____ Today's Date: _____

SEND THIS FORM WITH A COPY OF THE LETTER (NOTICE OF APPEAL RESOLUTION) YOU RECEIVED FROM YOUR PLAN IF YOU HAVE IT. (IF YOU WANT A COPY OF THIS FORM FOR YOURSELF, COPY IT BEFORE YOU SEND IT.)

Date

Re: Public Letter – Criteria Request

Dear

Attached is a copy of the criteria that you requested on _____. These are guidelines used by Kern Family Health Care to authorize, modify, or defer care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual needs and the benefits covered under your own health plan.

The criteria are guidelines only, Kern Family Health Care strongly recommends that you discuss your health care needs with your doctor.

Sincerely

Kern Family Health Care
Utilization Management Department

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Kern Family Health Care's Member Services Department at 1-800-391-2000 right away.

IMPORTANTE: ¿Puede leer esta carta? Si no, nosotros le podemos ayudar a leerla. Además, usted puede recibir esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al Departamento de Servicios para Miembros al 1-800-391-2000.



Date:

Dear Provider,

The attached referral does not meet the criteria for an urgent expedited review process within our utilization department. It has been re-classified as routine and will be processed within five business days.

This is in accordance with Kern Health Systems policy 3.22 regarding referrals and authorizations and as defined in the Health and Safety Code 1367.01(h)(2), which states, "requests are classified as urgent when the member's condition is such that he/she faces an imminent and serious threat to his or her health including, but not limited to, the potential loss of life, limb, or major bodily function, or the normal timeframe for the decision making process would be detrimental to the member's life or health or could jeopardize his/her ability to regain maximum function."

Nurse Case Manager
(661) 664-5083




KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS				
POLICY AND PROCEDURES				
SUBJECT: Nursing Facility Services and Long Term Care			POLICY #: 3.42-P	
DEPARTMENT: Utilization Management				
Effective Date: 05/2000	Review/Revised Date: 10/29/2018	DMHC		PAC
		DHCS		QI/UM COMMITTEE
		BOD		FINANCE COMMITTEE



 Douglas A. Hayward
 Chief Executive Officer

Date 10/29/18



 Chief Medical Officer

Date 10/19/18



 Director of Member Services

Date 10/15/18



 Administrative Director of Health Services

Date 10/16/18

POLICY:

Kern Health Systems (KHS) will cover medically necessary Nursing Facility Services provided from the time of admission and up to one month after the month of admission¹ unless deemed short term for completion of medically necessary services and not considered custodial in nature. Provision of Skilled Nursing facility services allow for up to 100 days per benefit period (including any days covered under the prior subscriber contract issued by the plan to the enrollee or enrollee's group) of skilled inpatient services in a skilled nursing facility. The skilled inpatient services must be customarily provided by a skilled nursing facility, and above the level of custodial or intermediate care.

A benefit period begins on the date the enrollee is admitted to a hospital or skilled nursing facility at a skilled level of care. A benefit period ends on the date the enrollee has not been an inpatient in a hospital or skilled nursing facility, receiving a skilled level of care, for 60 consecutive days. A new benefit period can begin only after any existing benefit period ends. A prior three-day stay in an acute care hospital is not required to commence a benefit period.

KHS Members with coverage for Medicare benefits, discharged from an acute care hospital will be allowed to return to a skilled nursing facility (SNF), continuing care retirement community, or multi-level facility, as defined, in which the member resided at least 60 days prior to hospitalization.

KHS members requiring Nursing Facility Services will be identified and placed in a health care facility that provides the level of care most appropriate to the member's medical needs.³ For those Medi-Cal members requiring LTC, KHS will coordinate the member's care and initiate disenrollment per DHCS criteria.

Long Term Care (LTC) services are carved out of KHS' contract with the Department of Health Care Services (DHCS) and therefore are not a covered benefit for Medi-Cal members.

This policy does not apply to members who elect hospice services. Standards for the provision of hospice services are outlined in *KHS Policy and Procedure #3.43-P: Hospice*.

Nursing Facility Services will be provided as outlined in the following statutory, regulatory, and contractual requirements:

- California Health and Safety Code §1367.09
- California Code of Regulations Title 22 §§51118; 51120; 51120.5; 51121; 51123; 51124.5; 51124.6; 51334(l); 51335(j); 51335.5(a); and 51335.6(a)
- DHCS Contract Exhibit A – Attachment 11 17(A)

DEFINITIONS:

Long Term Care⁴	Care in a facility considered custodial and not short term for longer than the month of admission plus one month. Hospice services are not long term care services regardless of the member's expected or actual length of stay in a nursing facility.
Nursing Facility Services	Includes both Intermediate Care Services and Skilled Nursing Facility (SNF) Services.

PROCEDURES:

1.0 ACCESS

Primary Care Practitioners (PCPs) and/or specialists are responsible for identifying KHS members who require Nursing Facility Services. Nursing Facility Services require prior authorization.

Once the member's PCP has determined that the member requires Nursing Facility Services, the PCP must consult with KHS Utilization Management staff to determine the appropriate level of care. Utilization Management staff inform the KHS Chief Medical Officer (CMO) or their designee of the member's need for Nursing Facility Services. If the PCP and the Utilization Management Case Manager disagree regarding level of care, the CMO or their designee and the PCP will discuss on an individualized basis until a mutually agreed upon decision is reached.

Members in need of Nursing Facility Services are placed in a health care facility that provides the level of care most appropriate to the member's medical needs. These health care facilities include skilled nursing facilities, subacute facilities, pediatric subacute facilities, and intermediate care facilities.⁵ As outlined in Section 1.3 of this procedure, KHS Members with coverage for Medicare benefits, discharged from an acute care hospital will be allowed to return to a skilled nursing facility, continuing care retirement community, or multi-level facility, as defined, in which the member resided at least 60 days prior to hospitalization. Preference is given to KHS contract facilities when attempting to secure placement.

If the member is in a contract acute facility, the acute facility's discharge planning staff who are familiar with Medi-Cal criteria, secure placement for the member at a facility providing the appropriate level of care, as authorized by KHS. If the member is an outpatient, a KHS Case Manager works with the PCP's office to secure placement.

1.1 Nursing Facilities

A Nursing Facility is defined as a facility that is licensed as either a skilled nursing facility or an intermediate care facility.⁶ Nursing Facilities meet the requirements outlined in the table below.

Intermediate Care Facility⁷	A facility which is licensed as such by DHCS or is a hospital or skilled nursing facility which meets the standards specified in California Code of Regulations Title 22 §51212 and has been certified by DHCS for participation in the Medi-Cal program.
Skilled Nursing Facility⁸	Any institution, place, building, or agency which is licensed as a skilled nursing facility by DHCS or is a distinct part or unit of a hospital, meets the standard specified in California Code of Regulations Title 22 §51215 (except that the distinct part of a hospital does not need to be licensed as a skilled nursing facility) and has been certified by DHCS for participation as a skilled nursing facility in the Medi-Cal program. Skilled nursing facility shall include the terms “skilled nursing home”, “convalescent hospital”, “nursing home”, or “nursing facility”.

1.2 Levels of Care

The table below describes the different levels of care.

Level of Care	Patient Condition	Facility
Intermediate Care ⁹	<ul style="list-style-type: none"> Requires protective and supportive care, because of mental or physical 	Hospital, skilled nursing facility, or intermediate care facility.

Level of Care	Patient Condition	Facility
	<p>conditions or both, above the level of board and care.</p> <ul style="list-style-type: none"> • Does not require continuous supervision of care by a licensed registered or vocational nurse except for brief spells of illness. • Does not have an illness, injury, or disability for which hospital or skilled nursing facilities are required. 	<p>For members under the age of 65, services may also be provided in a public institution only if the case meets the conditions of CCR Title 22 §51120(b).</p>
<p>Skilled Nursing Facility¹⁰</p>	<ul style="list-style-type: none"> • Requires the continuous availability of skilled nursing care provided by licensed registered or vocation nurses, or the equivalent thereof. • Does not require the full range of health care services provided in a hospital as hospital acute care or hospital extended care 	<p>Skilled nursing facility</p>
<p>Subacute Care¹¹</p>	<ul style="list-style-type: none"> • Requires more intensive licensed nursing care than is provided to the majority of patients in a skilled nursing facility. • Does not require hospital acute care 	<p>Subacute care unit</p>
<p>Pediatric Subacute Care¹²</p>	<ul style="list-style-type: none"> • Under 21 years of age • Does not have a qualifying CCS eligible condition • Uses a medical technology that compensates for the loss of a vital bodily function 	<p>Pediatric subacute care unit</p>

To be eligible for a specific level of care, a member must meet the criteria outlined in Attachment A – *Nursing Facility Services Eligibility Criteria*. This criteria is based

on the definitions set forth in Title 22, CCR, §§51118, 51120, 51120.5; 51121; 51124.5; 51124.6; and the criteria for admission set forth in Title 22, CCR, §§51335; 51335.5; 51335.6; and 51334 and related sections of the *Manual of Criteria for Medi-Cal Authorization* referenced in Title 22, CCR, 51003(e).¹³

1.3 Medicare Member's Return to Previous Facility

Once the member's PCP has determined that the member is ready for hospital discharge and that the medical care needs of the member, including continuity of care, can be met in the previous facility, a KHS Case Manager will coordinate the return of the member to that facility in conjunction with the acute hospital's discharge planning staff, the accepting return LTC facility, and the member.

The receiving facility must agree to abide by KHS standards and terms and conditions, including utilization review, management and administrative procedure, and licensing and certification including the appropriate certification of the facility by the Health Care Financing Authority or other state or federal agencies.¹⁴ The receiving facility must also agree to accept reimbursement from KHS for covered services at either of the following rates¹⁵:

- A. The rate applicable to similar skilled nursing coverage for contracted facilities
- B. Upon mutual agreement, at a rate negotiated in good faith by KHS on an individual, per enrollee, contractual basis.

If a determination not to return the member to the facility is made, the physician must document reasons in the member's medical record and share that written explanation with the member.¹⁶

2.0 PROVISION OF SERVICES

Medically necessary Nursing Facility Services are covered from the time of admission and up to one month after the month of admission¹⁷ unless deemed short term for completion of medically necessary services and not considered custodial in nature.

2.1 Intermediate Care Services

Members who qualify for the Intermediate Care level of care are eligible to receive intermediate care services.

2.2 Skilled Nursing Facility (SNF) Services

Members who qualify for the Skilled Nursing Facility level of care, the Subacute level of care, or the Pediatric Subacute level of care are eligible to receive SNF services. These services are provided as authorized by a skilled nursing facility, subacute care unit, or pediatric subacute care unit as appropriate.

For the Medi-Cal Product, SNF services include¹⁸:

- A. Room and board
- B. Physician and Nursing services
- C. Drugs prescribed by a physician as part of the plan of care in the plan skilled nursing facility in accord with the plan's drug formulary guidelines if they are administered in the skilled nursing facility by medical personnel

- D. Durable medical equipment in accord with the plan's durable medical equipment formulary if skilled nursing facilities ordinarily furnish the equipment
- E. Imaging and laboratory services that skilled nursing facilities ordinarily provide
- F. Medical social services
- G. Blood, blood products, and their administration
- H. Medical supplies
- I. Behavioral health treatment for pervasive developmental disorder or autism
- J. Respiratory therapy

3.0 **CASE MANAGEMENT AND COORDINATION OF CARE**

¹⁹KHS Utilization Management staff assesses the projected length of stay of the member upon admission to a nursing facility.

3.1 **Coordination of Care**

KHS is required to provide coordination of care to beneficiaries who meet medical necessity criteria for LTC, including coordinating placement in an LTC facility that provides the level of care most appropriate to the beneficiary's medical needs for LTC. Coordinating placement in an LTC facility includes coordinating the transfer of the beneficiary to the LTC facility; notifying the beneficiary and his or her family or guardian of the transfer to the LTC facility; assuring the appropriate transfer of medical records to the LTC facility; assuring that continuity of care is not interrupted; and continued provision of all medical necessary covered services to the beneficiary while the beneficiary is enrolled with KHS. The responsibility to coordinate the placement of a beneficiary in an LTC facility is not contingent on the beneficiary's expected length of stay at the LTC facility.

3.2 **Disenrollment of Medi-Cal Members Needing LTC**

If the member will require LTC or custodial care beyond short term medical needs, KHS UM clinical staff (RN, LVN, MD) will submit a disenrollment request to Member Services staff (MSR). Upon MSR notification, the request for disenrollment will be forwarded to DHCS. The request for disenrollment is initiated by sending a facsimile to Maximus at (916) 364-0287 see Attachment B, Disenrollment Request. KHS is responsible for supplying all medically necessary services to the member until disenrollment becomes effective.

Disenrollment is requested on the first business day of the second month following the month of the admission to the facility unless deemed short term for completion of medically necessary services and not considered custodial in nature. Provided that the disenrollment is requested at least 30 days prior to such date, the disenrollment is effective the first day of the third month. If the request was made less than 30 days prior to that date, disenrollment will be effective the first day of the month that begins at least 30 days after submission of the disenrollment request.

The disenrollment request cannot be submitted prior to the beneficiary's placement in the LTC facility. KHS should notify the LTC facility that the disenrollment request has been submitted to DHCS. KHS is required to provide all medically necessary covered services to the beneficiary until the disenrollment is effective.

Upon the disenrollment effective date, KHS coordinates the member's orderly transfer to the Medi-Cal Fee-For-Service program. This includes notifying the member and his or her family or guardian of the disenrollment; coordinating the appropriate transfer of medical records from the KHS contracted provider to the Medi-Cal fee-for-service provider; facilitating uninterrupted continuity of care; and, completion of all administrative work necessary to assure a smooth transfer of responsibility for the member's health care.

KHS Case Managers encourage PCPs to continue to care for the member under fee-for-service in order to preserve continuity of care. If the member's PCP will not continue to follow under fee-for service, KHS Utilization Management Case Managers will work with the PCP and the accepting LTC facility to secure a physician to follow under fee-for-service.

Persons who become eligible for Medi-Cal at the time they are in an LTC facility are not eligible to enroll with KHS. However, there will be cases where a beneficiary in an LTC facility is erroneously enrolled in a MCP. In these instances, KHS will notify their respective contract manager to request immediate disenrollment retroactive to the date of enrollment. Should the plan not discover this enrollment until several months have elapsed and have provided services beyond the LTC, they may either:

1. Notify their contract manager and request retroactive disenrollment to the date of enrollment and advise providers to bill FFS and reimburse KHS for any claims previously paid.
2. Accept responsibility for all contracted services for the first two months and request disenrollment to occur in the third month.

4.0 REIMBURSEMENT

KHS reimburses contract nursing facilities at the appropriate negotiated rate. Non-contract nursing facilities are reimbursed at the appropriate Medi-Cal Fee for Service rate or by completion of a fully executed pre-approved Letter of Agreement. All claims must be submitted in compliance with *KHS Policy and Procedure #6.01-P: Claims Submission and Reimbursement*.

5.0 MONITORING AND REPORTING

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

Reports are submitted as outlined in the following table.

Reported To	Report	Due Date	Responsibility
QI/UM Committee	Referral data for nursing facility services and any identified trends	Monthly and quarterly	Administrative Director of Health Services

The QI/UM Committee recommends corrective action, if needed.

ATTACHMENTS:

- **Attachment A - *Nursing Facility Services Eligibility Criteria***
- **Attachment B – *Disenrollment Request form***

REFERENCE:

Revision 2018-09: Policy review by Administrative Director of Health Services as part of Internal Compliance Review of APL 17-006. **Revision 2017/12:** Policy revised to comply with All Plan Letter 17-017.

¹ DHS Contract A-11 17(A)

³ DHS Contract A-11 17(A)

⁴ DHS Contract A-11 17 (A) Paragraph 2

⁵ DHS Contract A-11 17(A) paragraphs 1 and 5

⁶ DHS Contract A-11 17 (A) paragraph 2

⁷CCR Title 22 Section 51120.5

⁸ CCR Title 22 §51118

⁹ CCR Title 22 §51121

¹⁰CCR Title 22 §51120(a)

¹¹ CCR Title 22 §51124 (a) and (b)

¹² CCR Title 22 §51124.5(a) and 51335.5(a)

¹³CCR Title 22 §51124.6(a) and 51135.6(a)

¹⁴ DHS Contract A-11 17 second paragraph

¹⁵ HSC 1367.09(a)(3)

¹⁶ HSC 1367.09(a)(4)

¹⁷ HSC 1367.09(a)(2)

¹⁸ DHS Contract A-11 17(A)

¹⁹CCR Title 22 §51123

²⁰ Benefit list taken from HFAM Model EOC 2006-2007

²¹ DHS Contract A-11 17 third paragraph

²² DHS Contract A -11 17 fourth paragraph

Nursing Facility Services Eligibility Criteria for the Various Levels of Care

Intermediate Care Level of Care (CCR Title 22 Section 51334(l))

In order to qualify for intermediate care services, a patient shall have a medical condition which needs an out-of-home protective living arrangement with 24-hour supervision and skilled nursing care or observation on an ongoing intermittent basis to abate health deterioration. Intermediate care services emphasize care aimed at preventing or delaying acute episodes of physical or mental illness and encouragement of individual patient independence to the extent of his ability. As a guide in determining appropriate placement:

1. The complexity of the patient's medical problems is such that he requires skilled nursing care or observation on an ongoing intermittent basis and 24-hour supervision to meet his health needs.
2. Medications may be mainly supportive or stabilizing but still require professional nurse observation for response and effect on an intermittent basis. Patients on daily injectable medications or regular doses of PRN narcotics may not qualify.
3. Diet may be of a special type, but patient needs little or no assistance in feeding himself.
4. The patient may require minor assistance or supervision in personal care, such as in bathing or dressing.
5. The patient may need encouragement in restorative measures for increasing and strengthening his functional capacity to work toward greater independence.
6. The patient may have some degree of vision, hearing or sensory loss.
7. The patient may have some limitation in movement, but must be ambulatory with or without an assistive device such as a cane, walker, crutches, prosthesis, wheelchair, etc.
8. The patient may need some supervision or assistance in transferring to a wheelchair, but must be able to ambulate the chair independently.
9. The patient may be occasionally incontinent of urine, however, patient who is incontinent of bowels or totally incontinent of urine may qualify for intermediate care service when the patient has been taught and can care for himself.
10. The patient may exhibit some mild confusion or depression; however, his behavior must be stabilized to such an extent that it poses no threat to himself or others.

Skilled Nursing Level of Care (CCR Title 22 Section 51335 (j))

In order to qualify for skilled nursing facility services, a member shall have a medical condition which needs visits by a physician at least every 60 days and constantly available skilled nursing services. The following criteria together with the provisions of section 51124, will assist in determining appropriate placement. These general criteria are not intended to be either all-inclusive or mutually exclusive. In practice, they should be applied as a total package in evaluation of an approved admission.

1. Need for patient observation, evaluation of treatment plans, and updating of medical orders by the responsible physician
2. Need for constantly available skilled nursing services. A patient may qualify for nursing home services if the patient has one or more of the potentially qualifying conditions
 - A. A condition which needs therapeutic procedures. A condition such as the following may weigh in favor of nursing home placement.
 - (1) Dressing of postsurgical wounds, decubiti, leg ulcers, etc. The severity of the lesions and the frequency of dressings will be determining factors in evaluating whether they require nursing home care.
 - (2) Tracheostomy care, nasal catheter maintenance

- (3) Indwelling catheter in conjunction with other conditions. Its presence without a requirement for other skilled nursing care is not a sufficient criterion for nursing home placement.
 - (4) Gastrostomy feeding or other tube feeding
 - (5) Colostomy care for initial or debilitated patients. Facilities shall be required to instruct in self-care, where such is feasible for the patient. Colostomy care alone should not be a reason for continuing nursing home placement.
 - (6) Bladder and bowel training for incontinent patients
- B. A condition which needs patient skilled nursing observation. Patients whose medical condition requires continuous skilled nursing observation of the following may be in a nursing home dependent on the severity of the condition. Observation must, however, be needed at frequent intervals throughout the 24 hours to warrant care in a nursing home:
- (1) Regular observation of blood pressure, pulse, and respiration is indicated by the diagnosis or medication and ordered by the attending physician
 - (2) Regular observation of skin for conditions such as decubiti, edema, color, and turgor
 - (3) Careful measurement of intake and output is indicated by the diagnosis or medication and ordered by the attending physician
- C. The patient needs medications which cannot be self-administered and requires skilled nursing services for administration of the medications. Nursing home placement may be necessary for reasons such as the following:
- (1) Injections administered during more than one nursing shift. If this is the only reason for nursing home placement, consideration should be given to other therapeutic approaches, or the possibility of teaching the patient or a family member to give the injections.
 - (2) Medications prescribed on an as needed basis. This will depend on the nature of the drug and the condition being treated and frequency of need as documented. Many medications are now self-administered on an PRN basis in residential care facilities
 - (3) Use of restricted or dangerous drugs, if required more than during the daytime, requiring close nursing supervision.
 - (4) Use of new medications requiring close observation during initial stabilization for selected patients. Depending upon the circumstances, such patients may also be candidates for intermediate care facilities.
- D. A physical or mental functional limitation.
- (1) Physical limitations. The physical functional incapacity of certain patients may exceed the patient care capability of intermediate care facilities.
 - (a) Bedfast patients
 - (b) Quadriplegics, or other severe paralysis cases. Severe quadriplegics may require such demanding attention (skin care, personal assistance, respiratory embarrassment) as to justify placement in nursing homes.
 - (c) Patients who are unable to feed themselves
 - (2) Mental limitations. Persons with a primary diagnosis of mental illness (including mental retardation), when such patients are severely incapacitated by mental illness or mental retardation. The following criteria are used when considering the type of facility most suitable for the mentally ill and mentally retarded member where care is related to his mental condition:

- (a) The severity of unpredictability of the member's behavior or emotional state
- (b) The intensity of the care, treatment, and services, or skilled observation that his condition requires
- (c) The physical environment of the facility, its equipment, and the qualifications of staff
- (d) The impact of the particular patient on other patients under care in the facility

Subacute Level of Care (CCR Title 22 Section 51124.5)

To be eligible for this level of care a member's condition must meet all of the criteria as provided for in the "Subacute Level of Care Criteria" contained in the *Manual of Criteria for Medi-Cal Authorization* as determined by the attending physician and as approved by KHS.

Pediatric Subacute Level of Care (CCR Title 22 Section 51124.6)

Medical necessity for pediatric subacute care services shall be substantiated by any one of the following items:

1. Tracheostomy with dependence on mechanical ventilation for a minimum of 6 hrs/day
2. Dependence on tracheostomy care requiring suctioning at least every 6 hours, and room mist or oxygen as needed, and dependence on one of the 4 treatment procedures listed in B through E below:
 - A. Dependence on intermittent suctioning at least every 8 hours, and room air mist or oxygen as needed
 - B. Continuous IV Therapy including administration of therapeutic agents necessary for hydration or of IV pharmaceuticals; or IV pharmaceutical administration of more than one agent via peripheral or central line without continuous infusion
 - C. Peritoneal dialysis treatments requiring at least 4 exchanges every 24 hours
 - D. Tube feedings, naso-gastric or gastrostomy tube
 - E. Other medical technologies required continuously which in the opinion of the attending physician and KHS, require the services of a professional nurse
3. Dependence on total parenteral nutrition or other intravenous nutritional support, and dependence on one of the five treatment procedures as listed in 2 above
4. Dependence on skilled nursing care in the administration of any three of the five treatment procedures listed in 2

Medical necessity for pediatric subacute skilled nursing care shall be further substantiated by all of the following conditions:

1. The intensity of medical/skilled nursing care required by the patient shall be such that the continuous availability of a registered nurse in the pediatric subacute unit is medically necessary to meet the member's healthcare needs, and not be any less than the nursing staff ratios specified in CCR Title 22 §51215.8(g) and (i)
2. The medical condition has stabilized such that the immediate availability of the services of an acute care hospital, including daily physician visits, are not medically necessary
3. The intensity of medical/skilled nursing care required by the patient is such that, in the absence of a facility providing pediatric subacute care services, the only other medically necessary inpatient care appropriate to meet the patient's health care needs under the Medi-Cal program is in an acute care licensed hospital bed.

DISENROLLMENT REQUEST FORM

Plan/Agency KERN FAMILY HEALTH CARE

Date _____ HCP # 303

Name/Title _____ Phone _____

Referred to CM _____

ID Number				I: B U	Pers.	Social Security No.	Birthdate			Name		
Proj.	County	Alt Code	Char				Month	Day	Year	Last	First	M.I.

Reason for Disenrollment:

MOVED OUT OF SERVICE AREA

new address _____ date moved _____

INPUT ERROR: BATCH # _____ DATE MAILED: _____

PRIOR CARE: DR.: _____ TEL NO.: _____

diagnosis _____

subscriber name _____ cert # _____ date of enrollment _____

CCS#: _____ GHPP#: _____ EFFECTIVE MO/YR: _____

name of contact person _____ county _____ telephone no. _____

INCARCERATION TO THE YOUTH/ADULT CORRECTIONAL FACILITY

name of facility _____ date of placement _____

OTHER

Action _____

(Requested by)

(Date)

DER MONTH EFFECTIVE:
(Include each month to be disenrolled)

MO(s)/YR: _____

QMC Enrollment: MO(s)/YR: _____

PLAN _____

PH40 _____ PH30 _____

Entered by _____ Date _____



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Provider Preventable Conditions				POLICY #: 3.69-I	
DEPARTMENT: Utilization Management – Administrative Director of Health Services					
Effective Date: 02/2015	Review/Revised Date: 12/14/2018	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward

 Douglas A. Hayward
 Chief Executive Officer

Date 12.14.18

M. Tasinga

 Chief Medical Officer

Date 12/13/18

[Signature]

 Chief Operating Officer

Date 11/26/18

Leborah L. Mueser

 Administrative Director of Health Services

Date 11/21/18

POLICY:

Under Section 2702 of the Patient Protection and Affordable Care Act (Pub. L. 111-148) (the ACA) and federal regulations at 42 CFR.447.26, and Title 42 of the Code of Federal Regulations (CFR) Sections 438.3(g), 434.6(a)(12)(i), and 447.26 and Welfare and Institutions Code Section 14131.11, prohibit the payment of Medicaid/Medi-Cal funds to a provider for the treatment of a Provider Preventable Condition (PPC), except when the PPC existed prior to the initiation of treatment for that beneficiary by that provider. A provider must report the occurrence regardless of whether or not the provider seeks Medi-Cal reimbursement for services to treat the PPC. Reporting a PPC for a Medi-Cal beneficiary does not preclude the reporting of adverse events, pursuant to Health and Safety Code (H&S Code), Section 1279.1, to the California Department of Public Health (CDPH).

Kern Health Systems (KHS) implemented policies that conform to the federal requirements on PPCs, effective for dates of service on or after July 1, 2012.

A provider reports a PPC by completing and submitting the Medi-Cal Provider-Preventable Conditions (PPC) Reporting Form (See Attachment A). Providers must submit the form within five days of discovering the event and confirming that the patient is a Medi-Cal beneficiary.

DEFINITIONS:

Provider Preventable Conditions (PPCs) are conditions that meet the definition of a “health care-acquired condition” or an “other provider preventable condition” as defined by the Centers for Medicare & Medicaid Services (CMS) in federal regulations at 42 CFR.447.26(b).

PPCs include both the “Health Care Acquired Conditions” (HCACs) “Other Provider Preventable Conditions” (OPPCs). CMS further defined OPPCs as conditions that: 1) are identified by the State Plan, 2) are reasonably preventable through the application of procedures supported by evidence-based guidelines, 3) have negative consequence for the beneficiary, and 4) are auditable.

Health Care Acquired Conditions (HCACs) are conditions occurring in an inpatient hospital setting that Medicare designates as hospital-acquired conditions (HACs) pursuant to section 1886(d)(4)(D)(iv) of the Social Security Act (SSA) (as described in Section 1886(d)(4)(D)(ii) and (iv) of the SSA), with the exception of deep vein thrombosis (DVT)/pulmonary embolism (PE) as related to total knee replacement or hip-replacement surgery in pediatric and obstetric patients.

Other Provider Preventable Conditions (OPPCs) are conditions that meet the requirements of an “other provider preventable condition” pursuant to 42 CFR §447.26(b). OPPCs may occur in any health-care setting and are divided into two sub-categories.

a) National Coverage Determinations (NCDs)

NCDs are mandatory OPPCs under 42 CFR. 447.26(b) and mean any of the following conditions that occur in any health-care setting:

- (i) Wrong surgical or other invasive procedure performed on a patient
- (ii) Surgical or other invasive procedure performed on the wrong body part
- (iii) Surgical or other invasive procedure performed on the wrong patient

LTC facilities need only report other provider-preventable conditions (OPPCs) include:

LTC facilities include the following:

- Freestanding skilled nursing facilities,
- Freestanding or distinct part intermediate care facilities,
- Intermediate care facilities/developmentally disabled – habilitative,
- Intermediate care facility/developmentally disabled,
- Intermediate care facility/developmentally disabled – nursing,
- Freestanding and distinct part subacute facilities (adult and pediatric), and
- Distinct part skilled nursing facilities.

For each of (i) through (iii) above, the term “surgical or other invasive procedure” is as defined in CMS Medicare guidance on NCDs.

b) Additional Other Provider Preventable Conditions (Additional OPPCs)

Additional OPPCs are state-defined OPPCs that meet the requirements of 42 CFR. 447.26(b).

PROCEDURES:

1.0 Identification of Potential Provider Preventable Conditions

As part of the PPC process, KHS will ensure the following:

- a) Review encounter data submitted by network providers for evidence of PPCs that must be reported via the online reporting portal beginning on the date of the issuance of this APL. Internally generated reports utilizing claims data are screened by Claims and Utilization management staff for prompt identification of PPC.
- b) Report each PPC per the instructions for the online reporting portal.
- c) Issue a special notice informing all of their network providers that they must report PPCs to DHCS using the online reporting portal.
- d) Require network providers to also send them a copy of all PPCs submitted to the online portal.
- e) The Compliance Department will retain copies and maintain a log of all PPC submissions to DHCS.

Upon notification of admissions to acute care facilities within the provider network and a monthly review of encounter data submitted by network providers who are not enrolled as Medi-Cal providers, KHS staff will reference the DHCS PPC List at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-payment/HospitalAcqCond/icd10_hacs.html to determine if the diagnoses codes or events are reportable as defined by the DHCS.

Examples of HCAC include:

- Air embolism
- Blood incompatibility
- Catheter-associated urinary tract infection (UTI)
- Falls and trauma that result in fractures, dislocations, intracranial injuries, crushing injuries, burns and electric shock
- Foreign object retained after surgery
- Iatrogenic pneumothorax with venous catheterization (October 1, 2012)
- Manifestations of poor glycemic control
- Diabetic ketoacidosis
- Non-ketotic hyperosmolar coma
- Hypoglycemic coma
- Secondary diabetes with ketoacidosis
- Secondary diabetes with hyperosmolarity
- Stage III and IV pressure ulcers
- Surgical site infection following:
 - Mediastinitis following coronary artery bypass graft (CABG)
 - Bariatric surgery, including laparoscopic gastric bypass, gastroenterostomy and laparoscopic gastric restrictive surgery
 - Orthopedic procedures for spine, neck, shoulder, and elbow
 - Cardiac implantable electronic device (CIED) procedures (October 1, 2012)
 - Vascular catheter-associated infection
- For non-pediatric/obstetric population, deep vein thrombosis (DVT)/ pulmonary embolism

(PE) resulting from:

- Total knee replacement
- Hip replacement

2.0 Notification after discovery of potential Provider Preventable Conditions (PPC)

“Discovery” refers to when a provider first learns that a Medi-Cal patient had a Provider Preventable Condition (PPC) and confirms that the patient is a Medi-Cal beneficiary. The Department of Health Care Services (DHCS) understands that this might be after the patient has been discharged, including discovery during coding and billing. Discovery can occur in 3 locations-hospital or LTC facility, provider office, or health plan level.

If the PPC is identified at the health plan during concurrent review of medical records or other communications, KHS staff will complete the DHCS Form 7107 and forward to the Compliance department for submission to the - DHCS. KHS will use DHCS’ secure online reporting portal to report PPCs to DHCS. Notification of all pending PPC events are forwarded to Finance for reconciliation for claims payment. *See Policy 6.01-P Claims Submission and Reimbursement.*

KHS is also responsible to ensure that all delegated entities remain compliant with the PPC process outlined in the policy.

ATTACHMENTS:

- ❖ Attachment A – DHCS Form 7107 Provider Preventable Conditions (PPC) Reporting Form

REFERENCE:

Revision 2018-11: Updates to policy by Administrative Director of Health Services following internal audit review for APL 17-009. **Revision 2017-11:** Policy revised by Administrative Director of Health Services. **Revision 2015-02:** Policy developed by Utilization Department to comply with DHCS All Plan Letter 13-007.

Medi-Cal Provider-Preventable Conditions (PPC) Reporting Form

By law, providers must identify provider-preventable conditions that are associated with claims for Medi-Cal payment or with courses of treatment furnished to Medi-Cal patients for which Medi-Cal payments would otherwise be available. See instructions for a more detailed description of PPCs.

1. Name of facility where PPC occurred:			
2. National Provider Identifier (NPI):			
3. Billing NPI if different from No. 2:			
4. Facility Address where PPC occurred:			
City:		State:	Zip code:
5. PPC – Other Provider-Preventable Condition (OPPC) in any health care setting:			
Date OPPC occurred:		Admission date:	
<input type="checkbox"/> Wrong surgery/invasive procedure			
<input type="checkbox"/> Surgery/invasive procedure on the wrong body part			
<input type="checkbox"/> Surgery/invasive procedure on the wrong patient			
6. PPC – Health Care-Acquired Condition (HCAC) in an acute inpatient setting:			
Date HCAC occurred:		Admission date:	
<input type="checkbox"/> Air embolism		<input type="checkbox"/> Blood incompatibility	
<input type="checkbox"/> Catheter-associated urinary tract infection		<input type="checkbox"/> Deep vein thrombosis/pulmonary embolism	
<input type="checkbox"/> Falls/trauma		<input type="checkbox"/> Foreign object retained after surgery	
<input type="checkbox"/> Iatrogenic pneumothorax with venous catheterization			
<input type="checkbox"/> Manifestations of poor glycemic control		<input type="checkbox"/> Stage III or IV pressure ulcers	
<input type="checkbox"/> Surgical site infection		<input type="checkbox"/> Vascular catheter-associated infection	
7. Patient's name:			
8. Client Index Number (CIN):			
9. Patient's birthdate:			
10. Patient's address:			
City:		State:	Zip Code:
			Apt. No.:
11a. Is the patient enrolled in a Medi-Cal Managed Care Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (Fee-for Service)			
11b. If "yes" to question No. 11a, what is the plan's three-digit Health Care Plan Code?			
11c. Name of Health Care Plan:			HCP County:
12a. Do you intend to submit a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
12b. If "yes," what is the claim control number?			
13. Name of person completing report:			
14. Title of person completing report:			
15. Submitted by: <input type="checkbox"/> Medi-Cal Managed Care Plan <input type="checkbox"/> Provider			
16. Phone (including ext.):		Email:	
17. Signature of person completing form:			

Please note: When applicable, both Medi-Cal Managed Care Plans (MCP) and Medicare-Medicaid Plans (MMP) are required to report PPCs using this form.

INSTRUCTIONS

Providers must complete and send one form (front page only) for each provider-preventable condition (PPC). **Please note that reporting PPCs to the Department of Health Care Services for a Medi-Cal beneficiary does not preclude the reporting of adverse events and healthcare associated infections (HAIs), pursuant to the Health and Safety Code sections 1279.1 and 1288.55, to the California Department of Public Health for the same beneficiary.** Providers must report any PPC to DHCS that **did not exist prior to the provider initiating treatment** for a Medi-Cal beneficiary, even if the provider does not intend to bill Medi-Cal.

Mark “PROTECTED HEALTH INFORMATION: CONFIDENTIAL” and send completed first page only of the report related to a Medi-Cal beneficiary to:

Via Secure Fax
Department of Health Care Services
Audits and Investigations Division
Occurrence of Provider-Preventable Conditions
(916) 327-2835

Via U.S. Post Office
Department of Health Care Services
Occurrence of Provider-Preventable Condition
Audits and Investigations Division, MS 2100
P.O. Box 997413
Sacramento, CA 95899-7413

Via UPS, FedEx, or Golden State Overnight
Department of Health Care Services
Occurrence of Provider-Preventable Condition
Audits and Investigations Division, MS 2100
1500 Capitol Ave., Suite 72.624
Sacramento, CA 95814-5006

Providers must send this form to the Department of Health Care Services (DHCS), Audits and Investigations Division, via fax, U.S. Post Office, UPS, or FedEx. Providers must submit the form after discovery of the event and confirmation that the patient is a Medi-Cal beneficiary. The preferred methods of sending the reports for confidentiality are No. 1, overnight courier with appropriate marking; No. 2, secure fax machine with appropriate marking; and No. 3, U.S. mail with appropriate marking. Providers must comply with HIPAA and any other relevant privacy laws to ensure the confidentiality of patient information. Providers may email questions about PPCs to PPCHCAC@dhcs.ca.gov.

Facility information (boxes 1-4)

1. Enter name of the facility where the PPC occurred.
2. Enter the National Provider Identifier (NPI) of the facility where the PPC occurred.
3. Enter the billing NPI if it is different from the NPI for the facility where the PPC occurred.
4. Enter the street address, city, state, and zip code of the facility where the beneficiary was being treated when the PPC occurred.

Other Provider-Preventable Condition in any health care setting (box 5)

5. If you are reporting an OPPC, enter the date (mm/dd/yyyy) that the PPC occurred and the admission date if the beneficiary was admitted to an inpatient hospital.

Select one of the following if:

- Provider performed the wrong surgical or other invasive procedure on a patient.
- Provider performed a surgical or other invasive procedure on the wrong body part.
- Provider performed a surgical or other invasive procedure on the wrong patient.

Health Care-Acquired Condition (HCAC) in an acute inpatient setting (box 6)

(HCACs are the same conditions as hospital-acquired conditions (HACs) that are reportable for Medicare, with the exception of reporting deep vein thrombosis/pulmonary embolism for pregnant women and children under 21 years of age, as noted below.)

6. Enter the date (mm/dd/yyyy) that the HCAC occurred and the admission date the beneficiary was admitted to an inpatient hospital.

Select one of the following if the beneficiary experienced:

- A clinically significant air embolism
- An incidence of blood incompatibility
- A catheter-associated urinary tract infection
- Deep vein thrombosis (DVT)/pulmonary embolism (PE) following total knee replacement or hip replacement in an inpatient setting. Do **not** check the box if the beneficiary was under 21 or pregnant at time of PPC.
- A significant fall or trauma that resulted in fracture, dislocation, intracranial injury, crushing injury, burn, or electric shock
- Any unintended foreign object retained after surgery
- Iatrogenic pneumothorax with venous catheterization
- Any of the following manifestations of poor glycemic control: diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, or secondary diabetes with hyperosmolarity
- A stage III or stage IV pressure ulcer
- One of the following surgical site infections:
 - Mediastinitis following coronary artery bypass graft (CABG)
 - Following bariatric surgery for obesity: laparoscopic gastric bypass, gastroenterostomy, or laparoscopic gastric restrictive surgery
 - Certain orthopedic procedures: Spine, neck, shoulder, and elbow
 - Following cardiac implantable electronic device (CIED) procedures
- A vascular catheter-associated infection

Beneficiary information (boxes 7-11c)

7. Enter beneficiary's name (first, middle, last) as listed on the Beneficiary Identification Card.
8. Enter beneficiary's Client Index Number (CIN) from the Beneficiary Identification Card.
9. Enter the beneficiary's birthdate (mm/dd/yyyy).
10. Enter the beneficiary's home street address, including city, state, zip code, and apartment number, if applicable.
- 11a. Check "yes" if the beneficiary is enrolled in a Medi-Cal Managed Care Plan or "no" if the beneficiary has Fee-For-Service (FFS) Medi-Cal.
- 11b. If the beneficiary has Medi-Cal Managed Care, the beneficiary's Managed Care Plan should enter the Health Care Plan's (HCP) three-digit plan code.
- 11c. If the beneficiary has Medi-Cal Managed Care, enter the name of the Managed Care HCP and the county of the HCP where the PPC occurred.

Claim information (boxes 12a-12b)

- 12a. Click "yes" if you intend to submit a claim to Medi-Cal for the course of treatment associated with the PPC, "no" if you do not, or "unknown" if you do not know at this time.
- 12b. Enter the Claim Control Number (CCN) if you have already submitted a claim for the course of treatment.

Provider Contact information (boxes 13-17)

13. Enter the name of the person completing this report.
14. Enter the title of the person completing this report.
15. Check the appropriate box to indicate whether the person completing this report is a representative for a Medi-Cal Managed Care Plan or a provider.
16. Enter a work phone number, including extension if necessary, and email address where DHCS can contact the person who completed this report.
17. Sign and date the form. Adobe “digital signatures” are accepted.

THE INFORMATION CONTAINED IN THE COMPLETED FORMS IS PROTECTED HEALTH INFORMATION AND PERSONALLY IDENTIFIABLE INFORMATION, UNDER FEDERAL (HIPAA) LAWS AND CA STATE PRIVACY LAWS. THE PROVIDER IS RESPONSIBLE FOR ENSURING THE CONFIDENTIALITY OF THIS INFORMATION.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018

Report Date: January 22, 2019

OVERVIEW

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

- Eliza Outreach Pilot
- Summer Member Newsletter
- Bakersfield College Public Health Interns
- 2019 School Wellness Grant Program
- IHA Member Incentive Changes

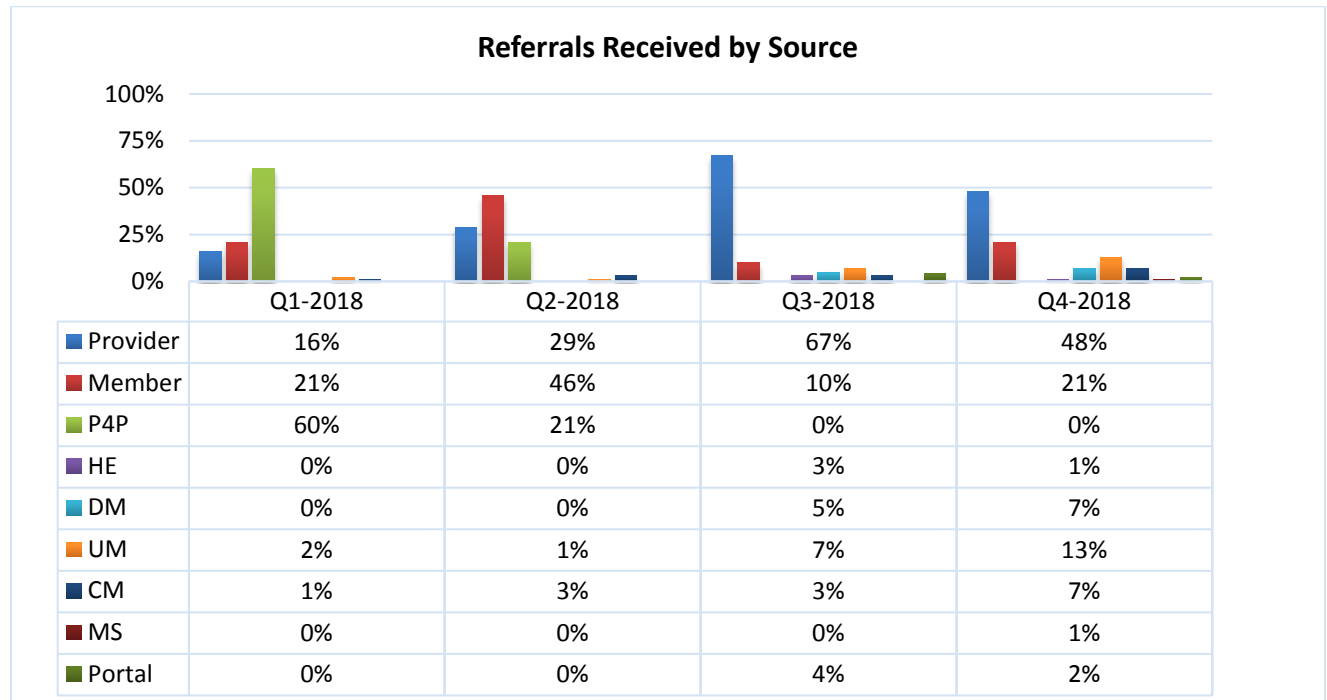
The following pages reflect statistical measurements for the Health Education department detailing the ongoing activity for the 4th quarter 2018.

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

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018

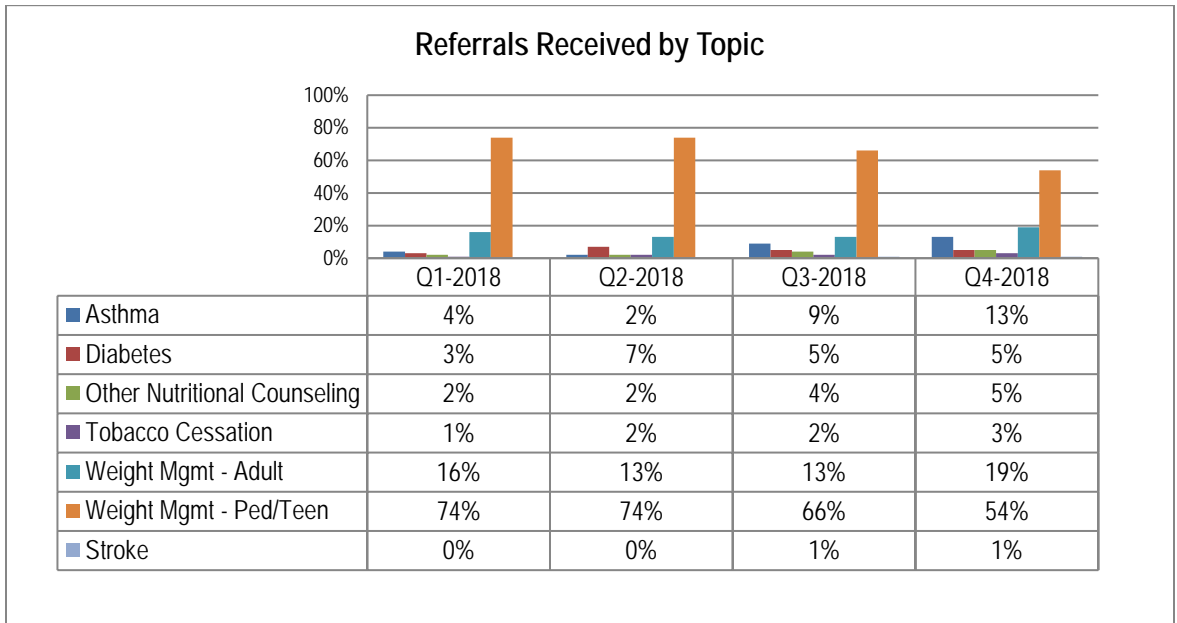
REFERRALS FOR HEALTH EDUCATION SERVICES

The Health Education Department (HE) receives referrals from various sources. Internal referrals are received from the Kern Health Systems (KHS) Utilization Management (UM), Disease Management (DM), Case Management (CM), and Member Services (MS). Externally, KHS providers submit referrals for health education services according to the member’s diagnosis and members can also self-refer for health education services through the Member Portal or by calling the Member Services.

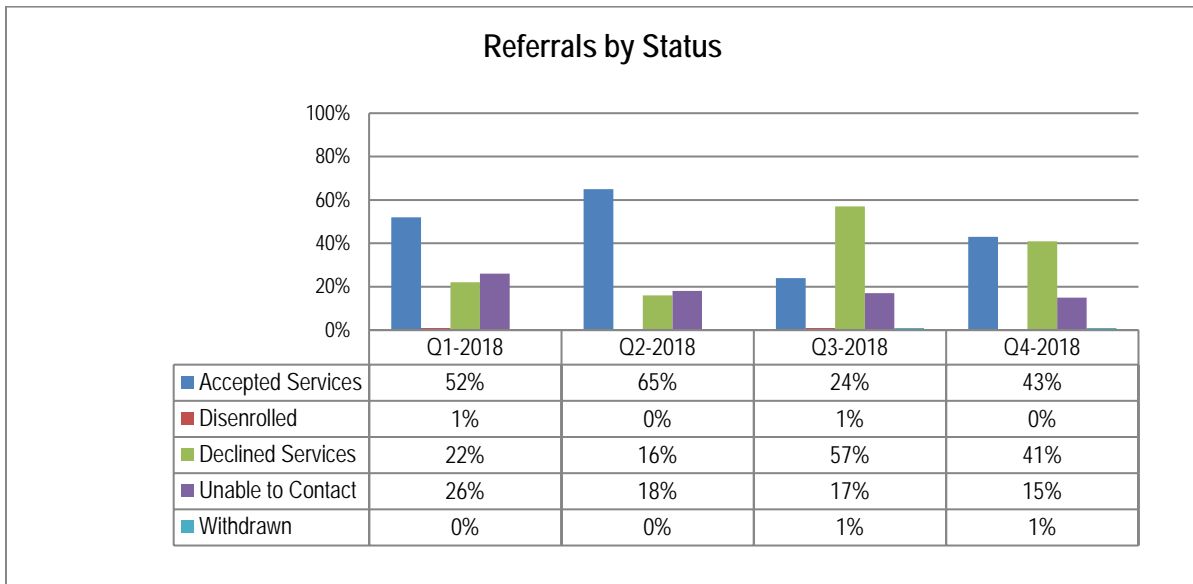


During this quarter, 577 referrals were received which is a 27% decrease in comparison to the previous quarter.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018



The HE department receives referrals for various health conditions. Weight management education continues to be the most requested service for members. It accounted for 73% of all referrals received in the 4th Quarter of 2018.



The rate of members who accepted to receive health education services increased from 24% in the 3rd quarter to 43% in the 4th quarter in 2018.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018

HEALTH EDUCATION SERVICE PROVIDERS

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

Kern Family Health Care (KFHC):

- Healthy Eating and Active Lifestyle Workshop
- Breathe Well Asthma Workshop
- Intro to Gardening
- Rethink Your Drink

Bakersfield Memorial Hospital (BMH):

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

Community Wellness Program (CWP):

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

Clinica Sierra Vista (CSV) WIC:

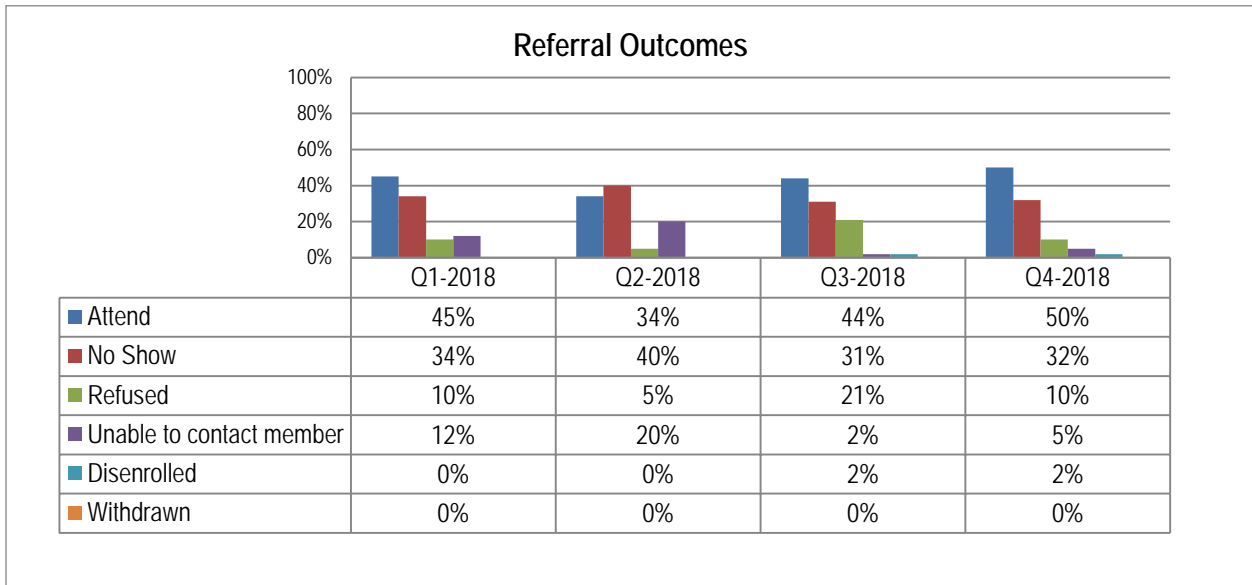
- Diabetes Management Classes
- Heart Healthy Classes

California Smokers' Helpline (CSH):

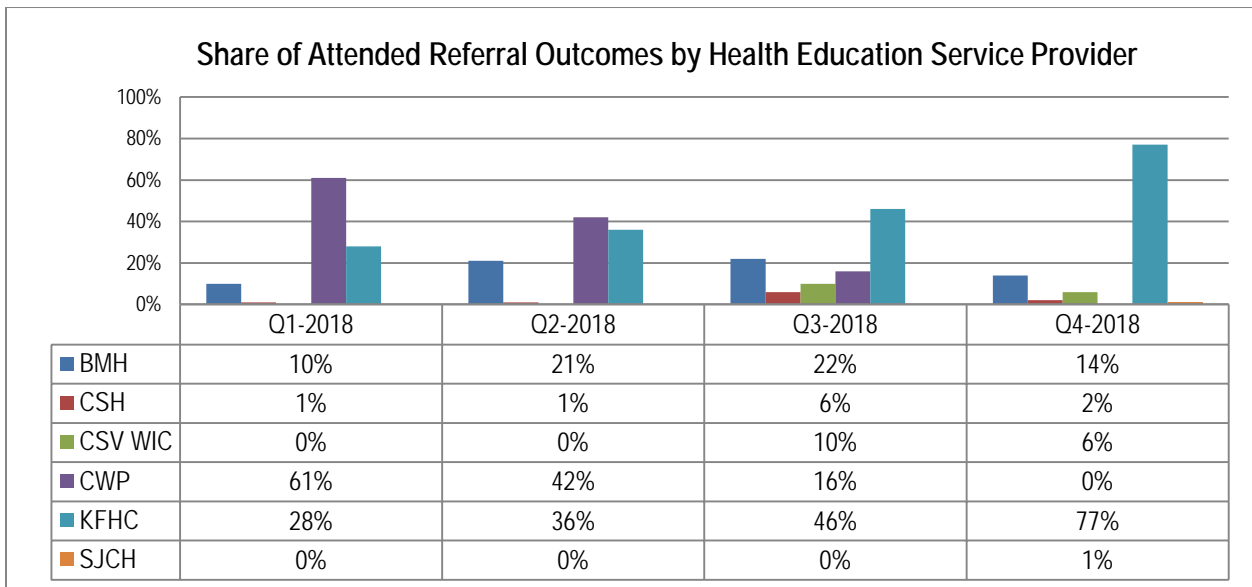
- Telephone Smoking Cessation Counseling

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018

REFERRAL OUTCOMES



During this quarter, the rate of members who received health education services out of all members who accepted services increased from 44% to 50%.



Services through KFHC demonstrates to be one of the largest share of referral outcomes. This quarter KFHC showed an increase from 46% in 3rd quarter to 77% in the 4th Quarter of 2018.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018

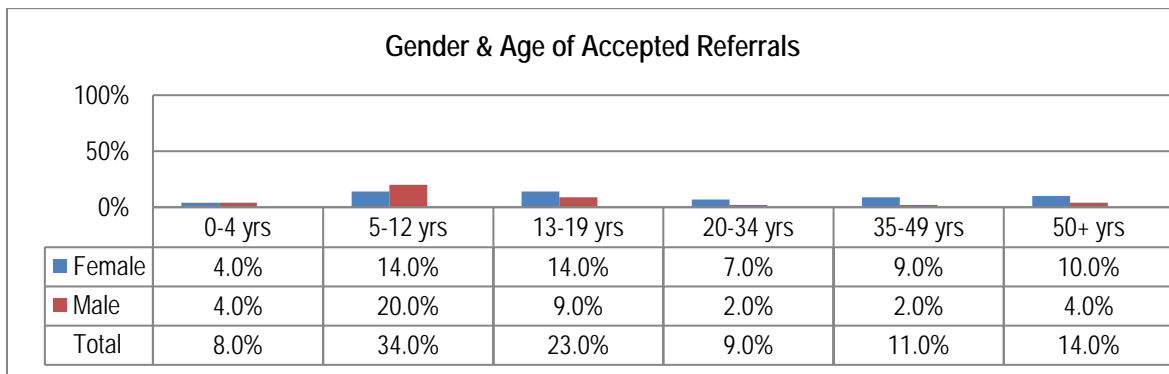
This increase is attributed to the termination of the CWP contract and encouraging members to participate in the KFHC workshops.

Effectiveness of Health Education Services

To evaluate the effectiveness of the health education services provided to members, a 3-month follow up call was conducted on members who received services during the prior quarter. Although 3 month follow up calls were performed for 60 members, reporting delays continued to prevent the HE department from accessing the assessment findings from the calls performed in the 4th quarter. Findings from the assessment are anticipated to be reported on starting in 2019.

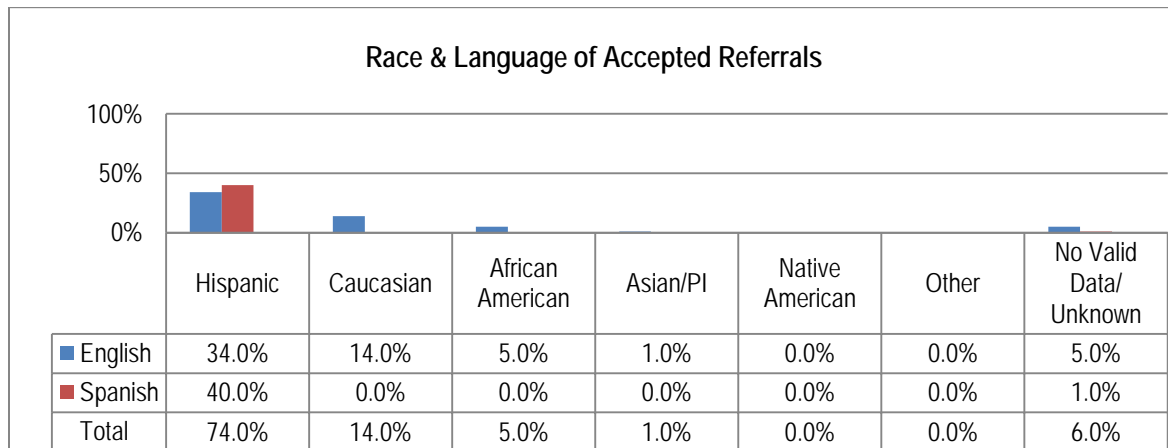
Demographics of Members

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



Out of the members who were referred for health education services, the largest gender-age groups were male ages 5-12 years and female ages 5-19yrs.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018



A breakdown of member classifications by race and language preferences revealed that 74% of members who accepted services are Hispanic and prefer to speak English or Spanish.

Referrals Accepted by Top Bakersfield Zip Codes				
Q1-2018	Q2-2018	Q3-2018	Q4-2018	
93307	93307	93306	93307	
93306	93306	93307	93306	
93304	93304	93305	93304	
93305	93309	93304	93305	
93309	93305	93309	93313	

KHS serves members in the Kern County area. During this quarter, 87% of the members who accepted services reside in Bakersfield and the highest concentration of members were in the 93307 area.

Referrals Accepted by Top Outlying Areas				
Q1-2018	Q2-2018	Q3-2018	Q4-2018	
Delano	Arvin	Delano	Arvin	
Wasco	Delano	Arvin	Lamont	
Shafter	Wasco	Lamont	Shafter	
Arvin	Lamont	Shafter	Delano	
Lamont	McFarland	California City	Wasco	
McFarland	Shafter			

Additionally, 13% of the members who accepted services reside in the outlying areas of Kern County and the highest concentration of members continue to be in Arvin.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018

Health Education Mailings

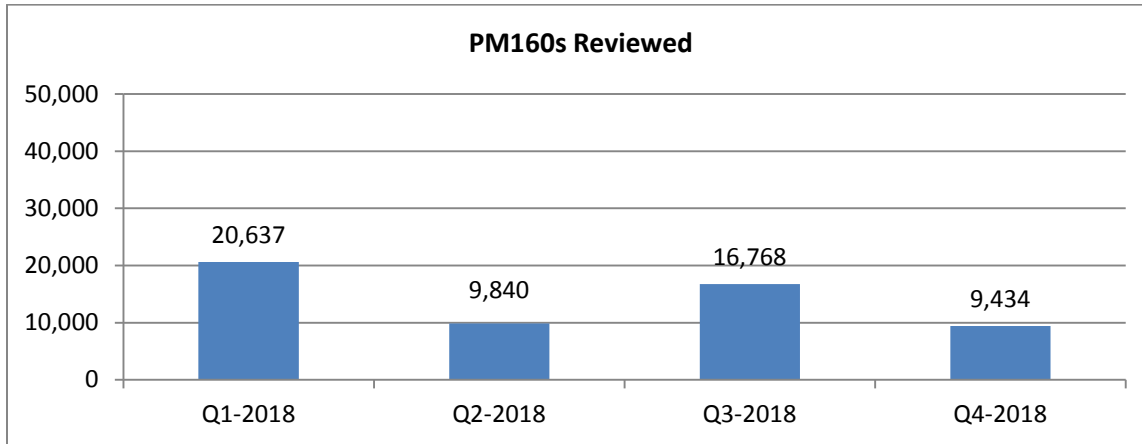
In addition to referrals, the HE department mails out a variety of educational material in an effort to assist members with gaining knowledge on their specific diagnosis or health concern. During this quarter, the HE department mailed 19,778 educational packets to members on the following health topics:

Educational Mailings				
	Q1-2018	Q2-2018	Q3-2018	Q4-2018
Asthma	19	6	25	97
High Cholesterol	4	4	15	21
Diabetes	15	17	92	75
Gestational Diabetes	2	1	0	1
High Blood Pressure	14	18	14	41
COPD	0	0	1	0
Postpartum Care	14	52	36	80
Prenatal Care	8	11	10	18
Smoking Cessation	68	11	136	17,500
Weight Management	674	496	57	675
WIC	2360	1730	2444	1270
Total	3178	3,198	2832	19778

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018

PM160 PROCESSING

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



INTERPRETER REQUESTS

Face-to-Face Interpreter Requests

During this quarter, there were 194 requests for face-to-face interpreting services received. KHS employs qualified staff interpreters in Spanish and contracts with the interpreting vendor, CommGap. The majority of these requests were for a Spanish interpreter.

Top Languages Requested			
Q1-2018	Q2-2018	Q3-2018	Q4-2018
Spanish	Spanish	Spanish	Spanish
Arabic	Cantonese	Cantonese	Punjabi
Cantonese	Vietnamese	Vietnamese	Cantonese
Punjabi	Punjabi	Punjabi	Vietnamese
			Arabic

Telephonic Interpreter Requests

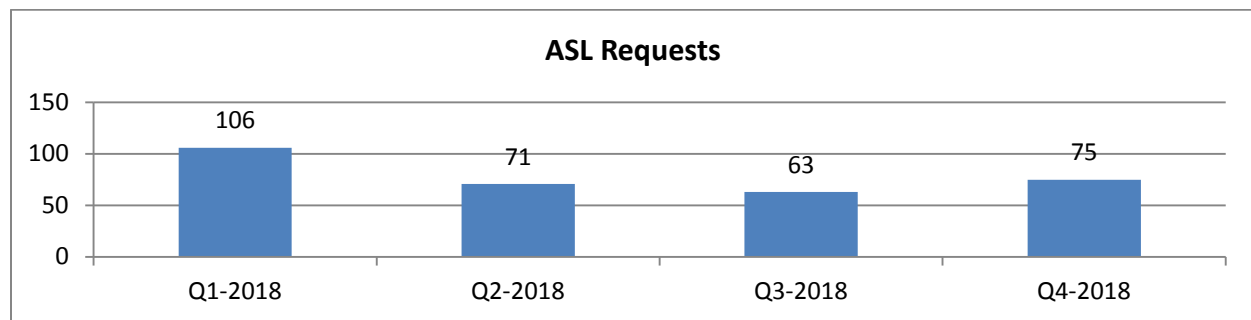
KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018

During this quarter, there were 580 requests for telephonic interpreting services through KHS' interpreting vendor, Language Line Solutions. The majority of these requests were for a Spanish interpreter.

Top Languages Requested			
Q1 - 2018	Q2-2018	Q3-2018	Q4-2018
Spanish	Spanish	Spanish	Spanish
Punjabi	Punjabi	Punjabi	Punjabi
Arabic	Arabic	Arabic	Arabic
Tagalog	Tagalog	Tagalog	Tagalog
Vietnamese	Vietnamese	Vietnamese	Vietnamese

American Sign Language (ASL) Requests

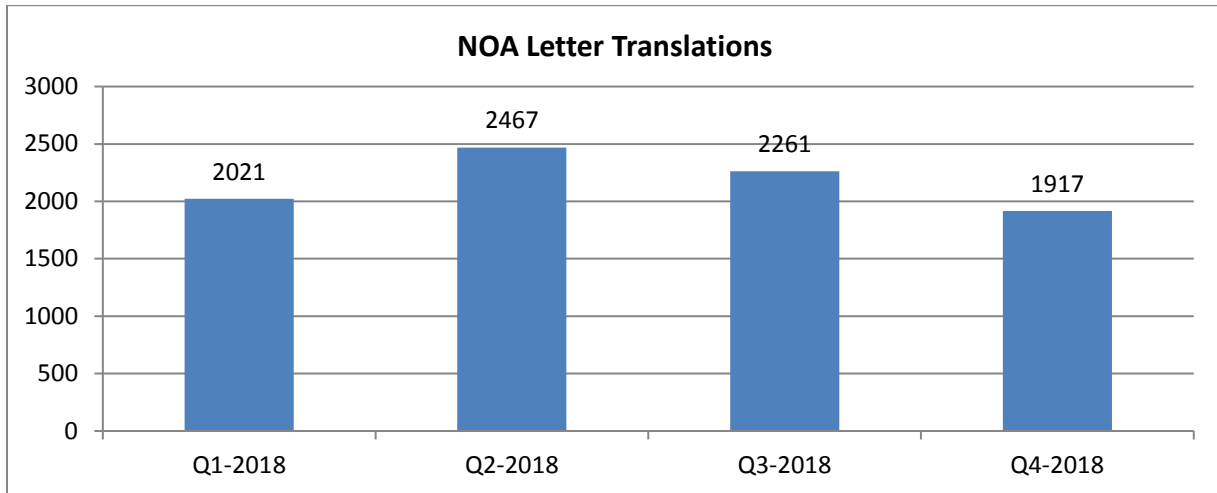
During this quarter, there were a total of 75 requests received for an American Sign Language interpreter, which was an increase in comparison to the previous quarter.



DOCUMENT TRANSLATIONS

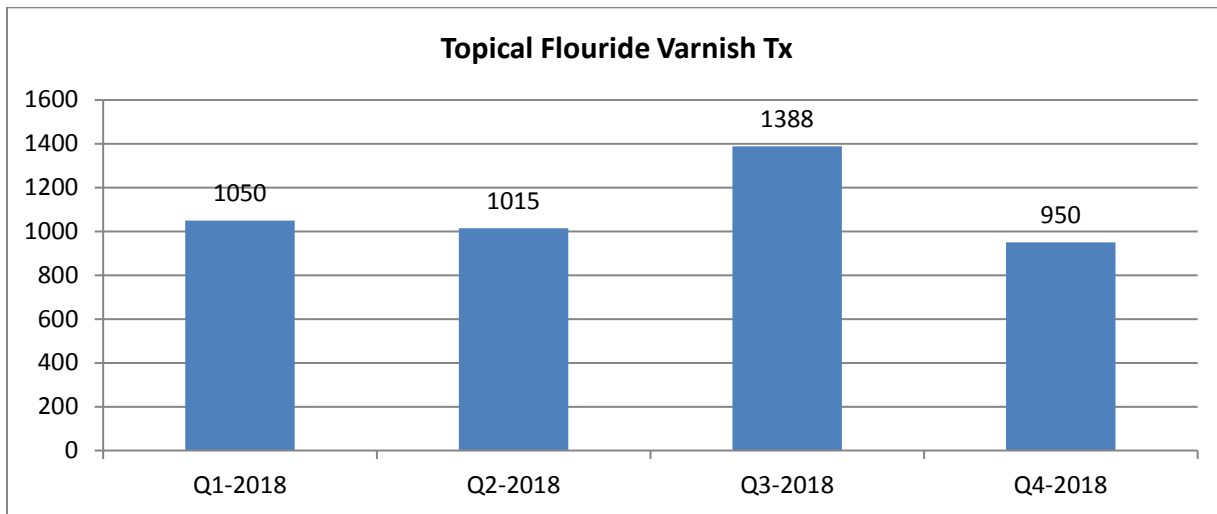
The Health Education department coordinates the translation of written documents for members. Translations are performed in-house by qualified translators or outsourced through a contracted translation vendor. During this quarter, 1,917 Notice of Action letters were translated into Spanish for the UM and Pharmacy departments.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018



TOPICAL FLUORIDE VARNISH TREATMENTS

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



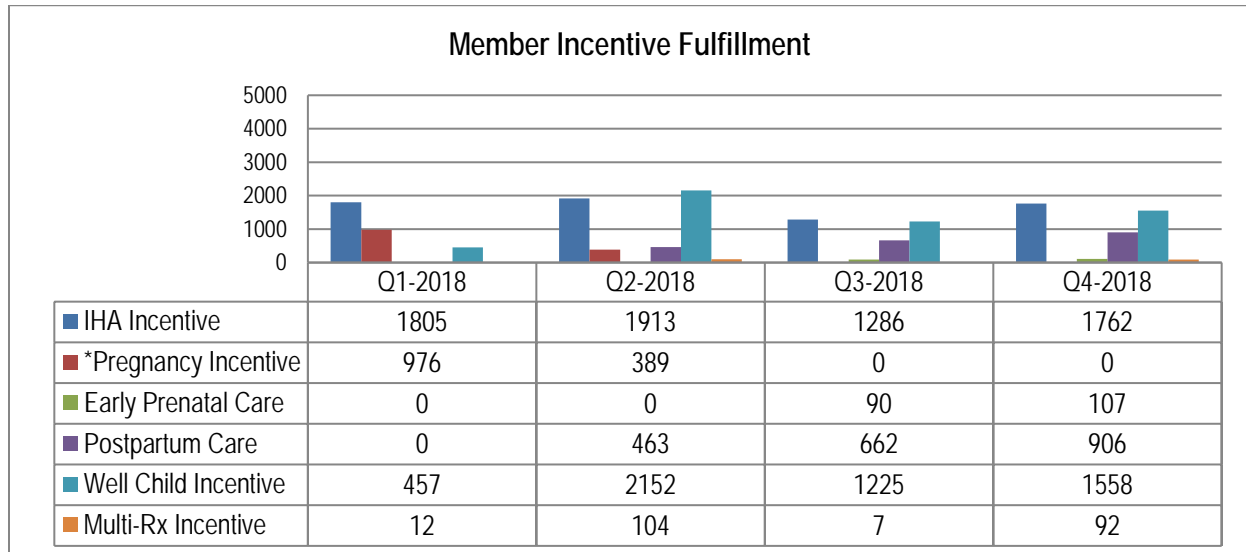
PERINATAL OUTREACH AND EDUCATION The HE department performs outreach education calls to all members identified as being pregnant in the 1st trimester, a pregnant teen (under age 18), or postpartum due to a C-section or teen pregnancy delivery. During the 4th quarter, 75 episodes for pregnant and 55 postpartum members were created. Although 33 prenatal and 27 postpartum were successfully reached, reporting delays continued to prevent the HE department from accessing the assessment findings from these calls.

KERN HEALTH SYSTEMS
HEALTH EDUCATION, CULTURAL AND LINGUISTIC ACTIVITIES REPORT
Fourth Quarter 2018

MEMBER WELLNESS AND CHRONIC CONDITION BASED INCENTIVES

During the 4th quarter of 2018, KHS continued to offer wellness based incentives and one chronic condition based incentive for members. Due to the bankruptcy closure of Toys R Us, the pregnancy and well child incentive programs were on hold during part of the 2nd Quarter until the transition to the new vendor, National Gift Cards, was completed. Incentive fulfillment recommenced in April. The initial pregnancy incentive program of 6 prenatal care visits and 1 postpartum visit also ended and was revised to focus on 1st trimester prenatal care and postpartum care.

- **Initial Health Assessment (IHA)** – newly enrolled members who complete the IHA visit within 120 days of enrollment are mailed a first aid kit. There is a limit of one incentive per household.
- **Early Prenatal Care** – pregnant members who complete prenatal care during the 1st trimester will receive a \$30 Target gift card.
- **Postpartum Care** – members who complete the postpartum visit within 21-56 days following delivery will receive an additional \$30 Target gift card.
- **Well Child** – members ages 12 -23 months who complete a well child visit are mailed a \$25 Target gift card.
- **Multi-Medication** – members on multiple medications and would benefit from a pill box. KHS disease and case management departments identify and mail this incentive to members.



**This program has been discontinued as of 3/15/18.*

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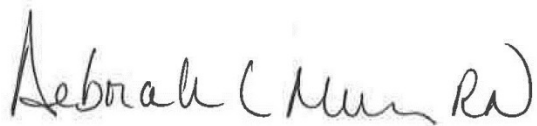
Health Services Overview

The 2018 membership enrollment remained stable at 252,000 in Q4 2018. Additional benefit coverage and broadening interdisciplinary collaboration to support the membership growth will continue through 2018.

- Diabetic Prevention Program 1/1/2019
- Pediatric Palliative Care
- JIVA-QI module implemented 10/2018
- DHCS readiness for Health Home 7/1/2019

The following pages reflect statistical measurements for Utilization Management, Case Management and Disease Management detailing the ongoing compliance activity for the 4th Quarter 2018.

Respectfully submitted,



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

Health Services Quarterly Committee Reporting- Reporting Period October 31, 2018 to December 31, 2018

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.

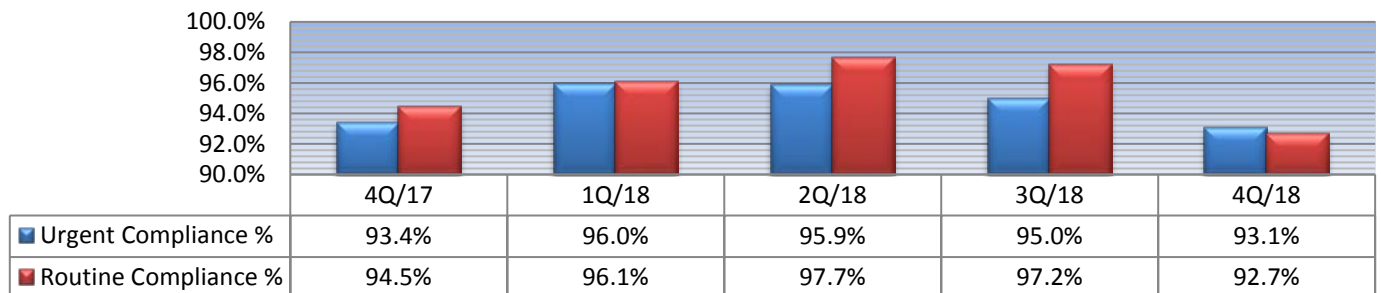
For those referrals that are found to be out of compliance with turn-around-timelines, the case manager and support staff are notified and importance of timeframes discussed to help ensure future compliance.

Urgent: Response back to Provider in 3 business days

Routine: Response back to Provider in 5 business day

There were 43,938 referrals processed in the 4th quarter 2018 of which 4,005 referrals were reviewed for timeliness of decision. In comparison to the 3rd quarter's processing time, the routine referrals decreased from the 3rd quarter which was 97.2% to 92.7% and urgent referrals decreased from 3rd quarter which was 95.0% to 93.1%.

UM - Timeliness of Decision

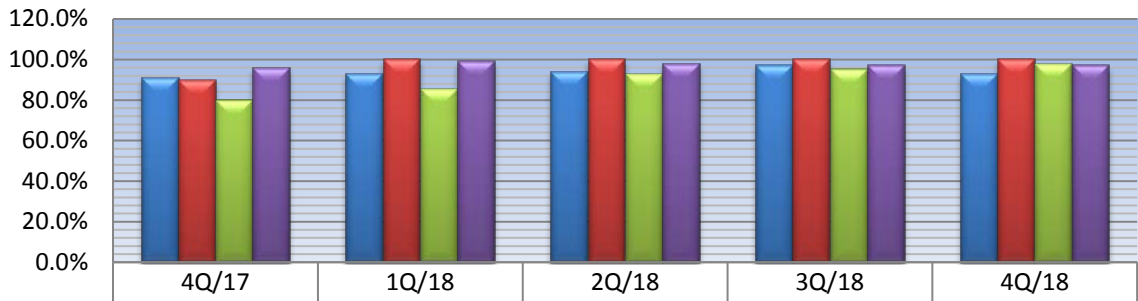


Audit Criteria:

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

Health Services Quarterly Committee Reporting- Reporting Period October 31, 2018 to December 31, 2018

UM - Referral Notification Compliance

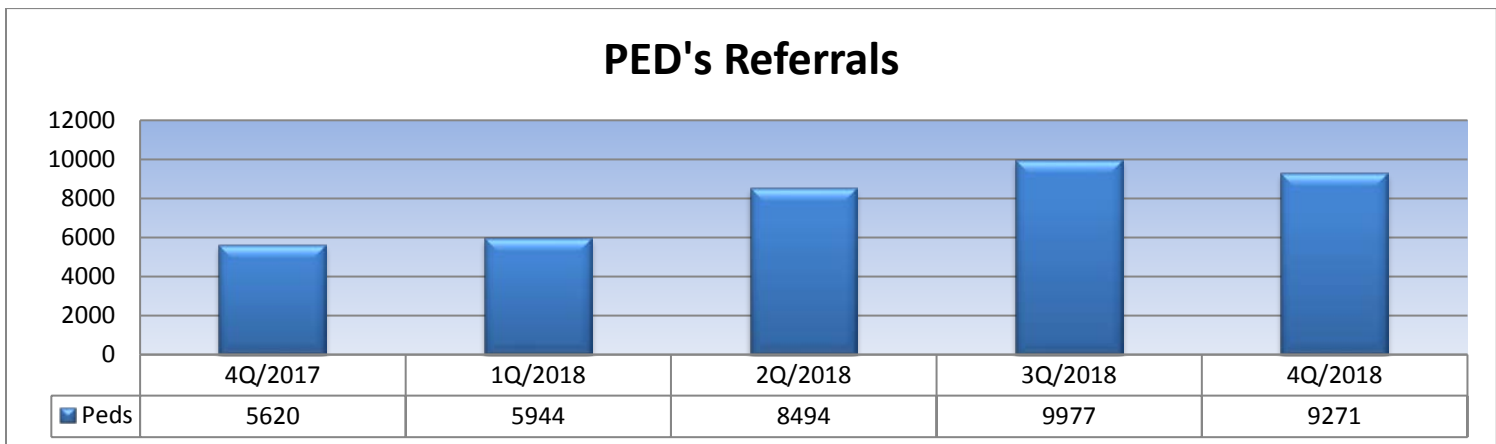
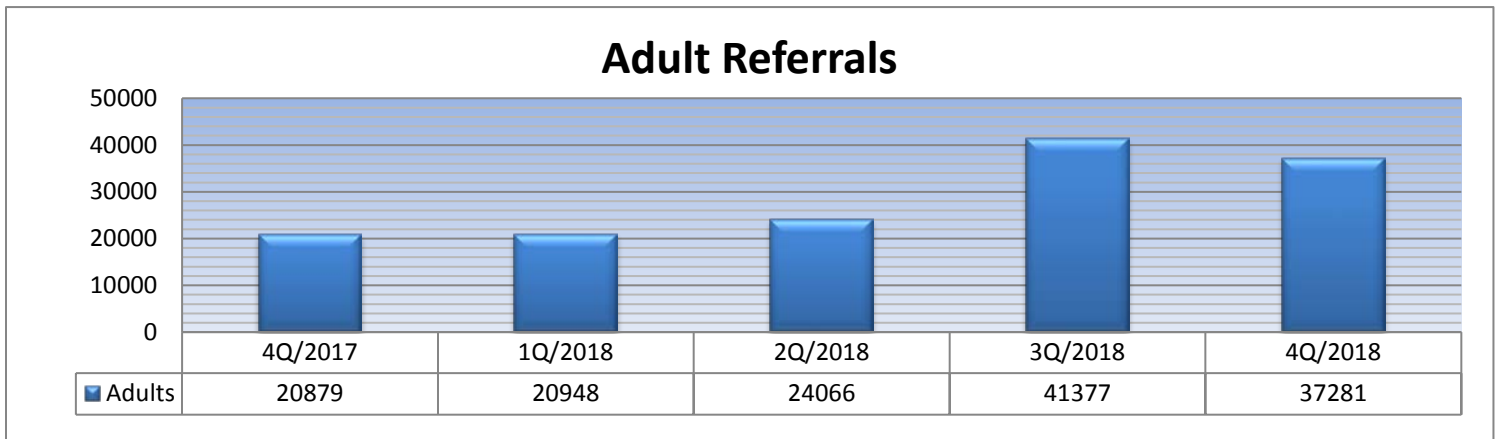
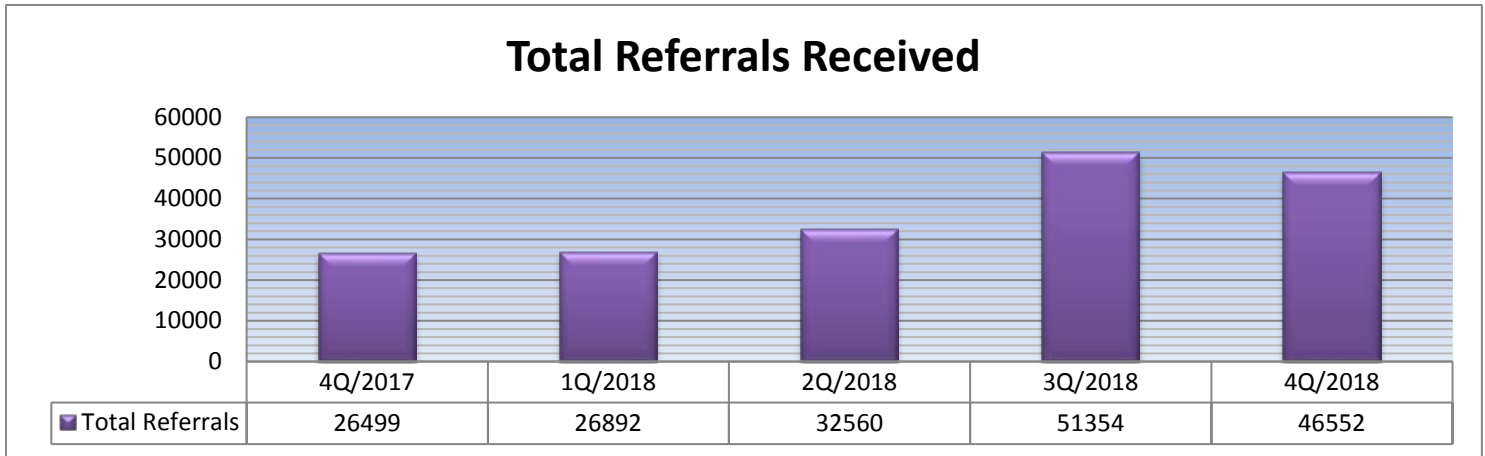


	4Q/17	1Q/18	2Q/18	3Q/18	4Q/18
Member Notification	91.0%	93.0%	94.0%	97.0%	93.0%
Provider Notification	90.0%	100.0%	100.0%	100.0%	100.0%
Criteria Included	80.0%	86.0%	93.0%	95.0%	98.0%
MD Signature Included	96.0%	99.0%	98.0%	97.0%	97.0%

Summary: Overall compliance rate from the 4th Qtr of 2018 is 97.0% which decreased from the 3rd Qtr which was 97.3%.

Health Services Quarterly Committee Reporting- Reporting Period October 31, 2018 to December 31, 2018

Outpatient Referral Statistics

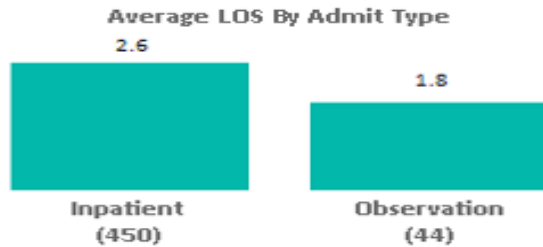


Health Services Quarterly Committee Reporting- Reporting Period October 31, 2018 to December 31, 2018

KHS Monthly Inpatient and LOS Report

Report captures pediatric inpatient admits, possible CCS and denied for CCS during reporting month

Dates of Discharge Between : 10/1/2018-12/31/2018



Participating Providers			
Provider Name	Admit Count	LOS	Avg LOS
ADVENTIST HEALTH BAKERSFIELD	575	2222	3.86
ADVENTIST HEALTH MEDICAL CENTE	7	11	1.57
ANTELOPE VALLEY HOSP	3	6	2.00
BAKERSFIELD HEART HOSPITAL	138	448	3.25
BAKERSFIELD MEMORIAL HOSPITAL	726	2059	2.84
DELANO REGIONAL MEDICAL CENTER	57	156	2.74
GOOD SAMARITAN HOSPITAL	105	350	3.33
HEALTHSOUTH BAKERSFIELD REHABI	6	55	9.17
HOFFMANN HOSPICE OF THE VALLEY	12	50	4.17
KECK HOSPITAL OF USC	72	338	4.69
KERN COUNTY MEDICAL AUTHORITY	497	1425	2.87
KERN MEDICAL CENTER	2	5	2.50
KERN VALLEY HEALTHCARE DISTRIC	10	32	3.20
MERCY HOSPITAL	595	1517	2.55
PARKVIEW JULIAN CONVALESCENT H	1	71	71.00
RIDGECREST REGIONAL HOSPITAL	5	17	3.40
SANTA MONICA UCLA MC AND ORTHO	7	23	3.29
UCLA MEDICAL CENTER	11	63	5.73
UCSD MEDICAL GROUP	1	3	3.00
UNITED CARE FACILITIES	4	111	27.75
USC NORRIS CANCERHOSPITAL	10	49	4.90
VALLEY CHILDREN'S HOSPITAL	1	1	1.00
Total	2845	9012	3.17

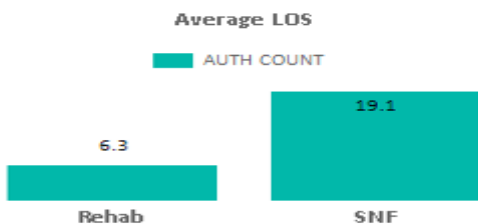
Health Services Quarterly Committee Reporting- Reporting Period October 31, 2018 to December 31, 2018

Non Participating Providers			
Provider Name	Admit Count	LOS	Avg LOS
	4	9	2.25
ABRAZO WEST CAMPUS	1	1	1.00
ADVENTIST HEALTH MEDICAL CENTE	1	2	2.00
ADVENTIST SIMI VALLEY HOSPITAL	1	2	2.00
ANTELOPE VALLEY HOSP	25	107	4.28
ARROWHEAD REGIONAL MED	1	1	1.00
BARSTOW COMM HOSPITAL	2	4	2.00
CALIFORNIA HOSP MED-BACK	2	12	6.00
CARSON TAHOE REGIONAL HEALTH	1	2	2.00
CEDARS SINAI MEDICAL CENTER	4	9	2.25
CENTINELA HOSPITAL MEDICAL GRO	1	1	1.00
COMMUNITY HOSPITAL OF SAN BERN	1	6	6.00
COUNTY OF RIVERSIDE	1	16	16.00
DELANO REGIONAL MEDICAL CENTER	1	35	35.00
DESERT REGIONAL MEDICAL CENTER	2	9	4.50
DOCTORS MEDICAL CENTER OF MODE	2	3	1.50
EASTSIDE MEDICAL CENTER	1	4	4.00
EL CAMINO HOSPITAL	1	5	5.00
ENLOE MEDICAL CENTER	1	9	9.00
EVERGREEN AT ARVIN HEALTHCARE	1	46	46.00
FORREST GENERAL HOSPITAL	1	6	6.00
FRESNO COMMUNITY HOSPITAL AND	12	51	4.25
HEMET VALLEY MED	1	1	1.00
HENRY MAYO NEWHALL MEMORIAL HO	11	50	4.55
HOLLYWOOD PRESBYTERIAN MEDICAL	1	4	4.00
JFK MEMORIAL HOSPITAL	2	5	2.50
KAISER FOUNDATION	1	2	2.00
KAISER FOUNDATION HOSPITALS	1	3	3.00
KAWEAH DELTA MEDICAL CENTER	5	57	11.40
KINDRED HOSPITAL	5	50	10.00
LAC HARBOR-UCLA MED CTR -HUMC	2	5	2.50
LAC USC MEDICAL CENTER	2	4	2.00
LAC/USC MEDICAL CENTER	2	9	4.50
LACO OV-UCLA MED CTR	1	2	2.00
LANCASTER HOSPITAL CORPORATION	2	17	8.50
LIFEHOUSE HEALTH SERVICES	1	14	14.00
LOMA LINDA UNIVERSITY MEDICAL	3	25	8.33
LONG BEACH MEMORIAL MEDICAL C	1	1	1.00
LOS ROBLES HOSPITAL & MC	2	4	2.00
MARIAN REGIONAL MEDICAL CENTER	1	2	2.00
MERCY HOSPITAL OF FOLSOM	1	1	1.00

Health Services Quarterly Committee Reporting- Reporting Period October 31, 2018 to December 31, 2018

MISSION COMMUNITY HOSPITAL	1	2	2.00
NORTHRIDGE HOSPITAL MEDICAL CE	1	1	1.00
PACIFICA HOSPITAL OF THE VALLE	3	53	17.67
PALOMAR MEDICAL CENTER	1	3	3.00
PRESBYTERIAN HOSPITAL SERVICES	1	2	2.00
PROACTIVE CARE	1	5	5.00
PROVIDENCE HOLY CROSS MEDICAL	2	2	1.00
REGIONAL MEDICAL CENTER	1	3	3.00
RENOWN REGIONAL MEDICAL CENTER	1	2	2.00
RIVERSIDE COMMUNITY HOSPITAL	1	5	5.00
SAINT FRANCIS HOSPITAL, INC.	1	4	4.00
SAN MARINO IN THE DESERT	3	81	27.00
SANTA BARBARA COTTAGE HOSPITAL	2	12	6.00
SHARP MEMORIAL HOSPITAL	1	3	3.00
SIERRA VIEW DISTRICT HOSPITAL	3	7	2.33
SOUTHERN CALIFORNIA SPECIALITY	1	14	14.00
SOUTHWEST HEALTHCARE	1	1	1.00
ST JOHNS REGIONAL MEDICAL CENT	2	6	3.00
ST JOSEPH HOSPITAL HUMBOLDT	1	3	3.00
ST JOSEPH HOSPITAL OF ORANGE	1	1	1.00
STANFORD MEDICAL CENTER	5	20	4.00
SUNRISE HOSPITAL AND MEDICAL	3	10	3.33
SUNRISE MOUNTAINVIEW HOSPITAL,	2	5	2.50
UCSD MEDICAL CENTER	2	18	9.00
UCSD MEDICAL GROUP	1	6	6.00
UNIVERSITY MEDICAL CENTER OF S	1	3	3.00
UNIVERSITY OF CALIFORNIA DAVIS	2	20	10.00
VALLEY VIEW	1	2	2.00
WEST HILLS HOSPITAL	2	6	3.00
Total	160	896	5.60

Rehab and SNF



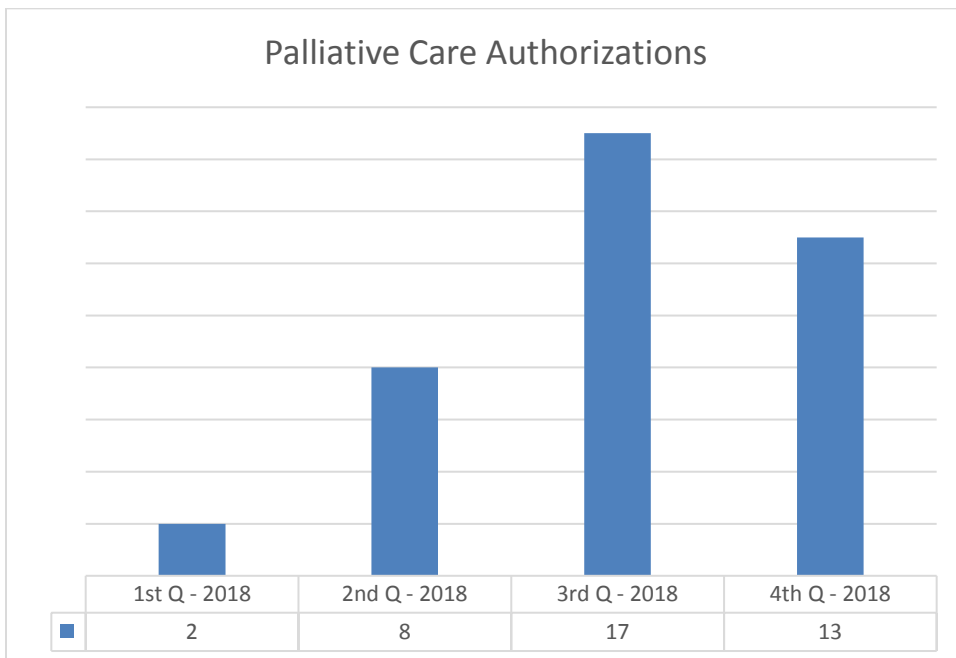
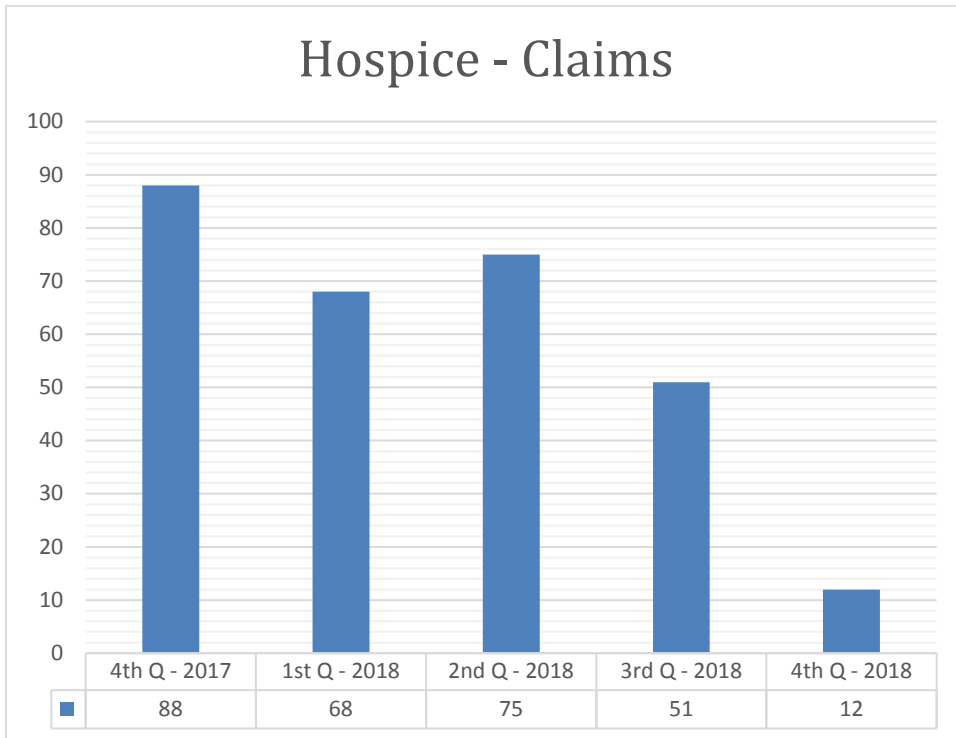
Health Services Quarterly Committee Reporting- Reporting Period October 31, 2018 to December 31, 2018

Participating Providers			
Provider Name	Admit Count	LOS	Avg LOS
BELLAGIO IN THE DESERT	7	156	22.29
CAPRI IN THE DESERT	4	44	11.00
EVERLASTING HEALTHCARE	1	4	4.00
GGNSC SHAFTER LP	19	363	19.11
GOLDEN LIVING CENTER - BAKERSF	16	258	16.13
GOOD SAMARITAN HOSPITAL	1	4	4.00
HEALTHSOUTH BAKERSFIELD REHABI	38	237	6.24
HOFFMANN HOSPICE OF THE VALLEY	19	243	12.79
KERN COUNTY MEDICAL AUTHORITY	1	2	2.00
LIFEHOUSE BAKERSFIELD OPERATIO	1	40	40.00
MERCY HOSPITAL	1	3	3.00
NAPOLI IN THE DESERT	11	291	26.45
OPTIMAL HOSPICE	1	10	10.00
PARKVIEW JULIAN CONVALESCENT H	3	21	7.00
PROCARE HOSPICE	1	32	32.00
RIDGECREST REGIONAL HOSPITAL T	1	2	2.00
ROSE DESERT CONGREGATE CARE IN	5	150	30.00
UNITED CARE FACILITIES	42	762	18.14
VFP HOMES	3	42	14.00
Total	175	2664	15.22

Health Services Quarterly Committee Reporting- Reporting Period October 31, 2018 to December 31, 2018

Non Participating Providers			
Provider Name	Admit Count	LOS	Avg LOS
BARLOW RESPIRATORY HOSP	1	11	11.00
COASTAL VIEW HEALTHCARE CENTER	3	62	20.67
DELANO POSTACUTE CARE	2	85	42.50
DELANO REGIONAL MEDICAL CENTER	2	66	33.00
EVERGREEN AT ARVIN HEALTHCARE	3	105	35.00
HEIGHT STREET SKILLED CARE	2	35	17.50
KINDRED HOSPITAL	1	7	7.00
KINGSTON HEALTHCARE CENTER	5	108	21.60
LIFEHOUSE HEALTH SERVICES	4	109	27.25
LOMA LINDA UNIVERSITY MEDICAL	1	13	13.00
NON PARTICIPATING PROVIDER	1	47	47.00
SAN MARINO IN THE DESERT	8	115	14.38
Total	33	763	23.12

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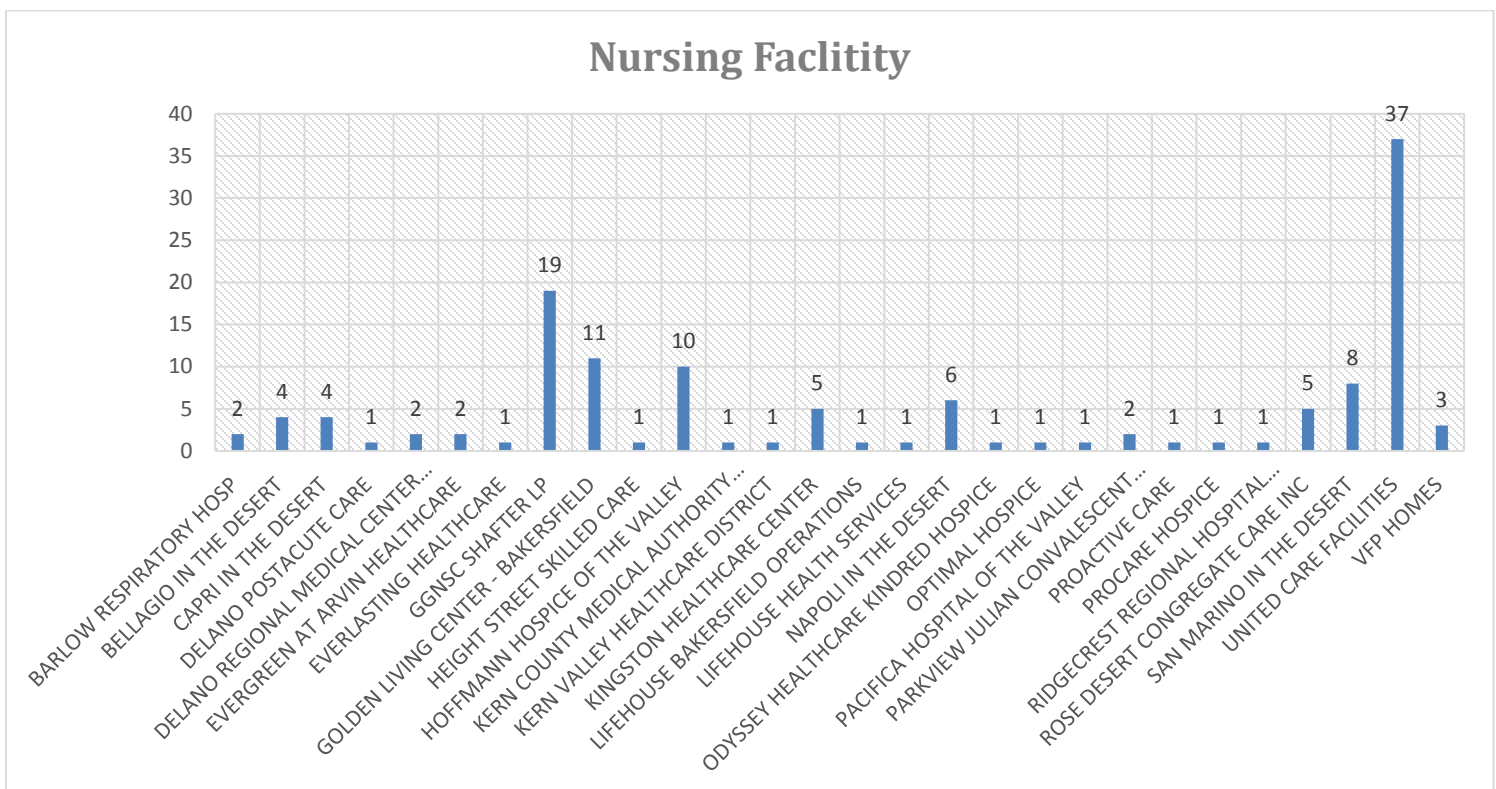


Health Services Quarterly Committee Reporting- Reporting Period October 31, 2018 to December 31, 2018

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.

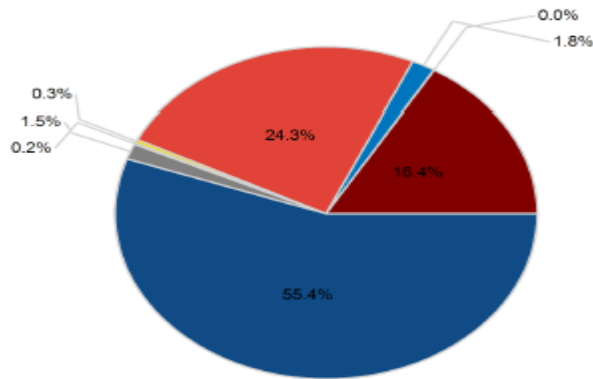
Summary: Summary: During the 4th quarter 2018, there were 156 referrals for Nursing Facility Services. The average length of stay was 24.4 days for these members. During the 3rd quarter there was only 2 denials of the 158 referrals.



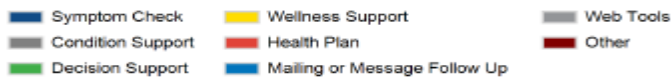
Health Dialog Report

October:

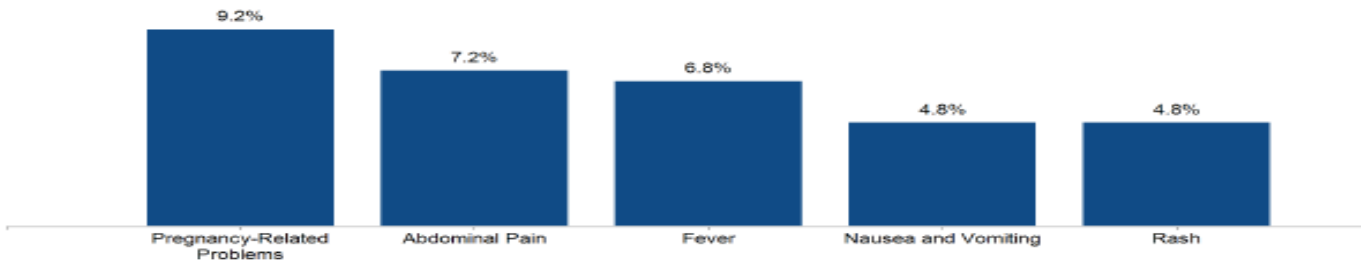
Member Inbound Call Reasons (Rolling Twelve Months)



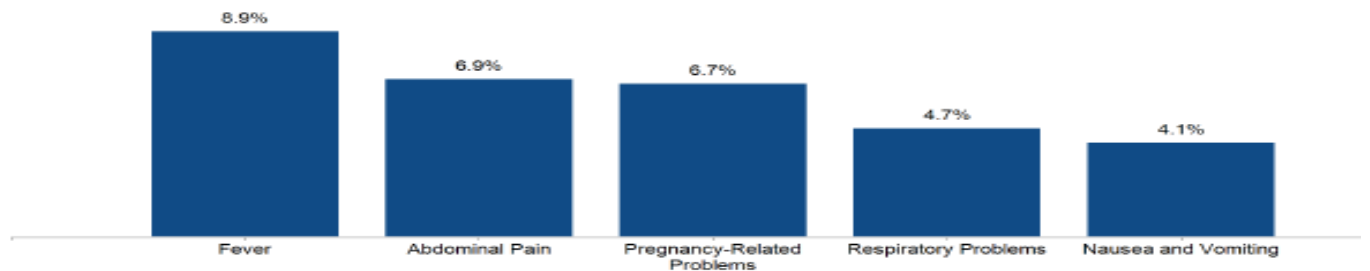
REASON	NUMBER
Symptom Check	2,852
Condition Support	78
Decision Support	8
Wellness Support	18
Health Plan	1,253
Mailing or Message Follow Up	92
Web Tools	2
Other	847



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



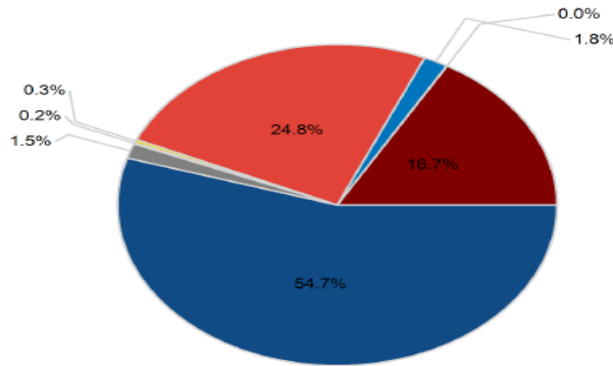
Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



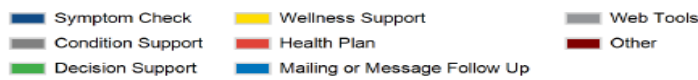
Health Services Quarterly Committee Reporting- Reporting Period October 31, 2018 to December 31, 2018

November:

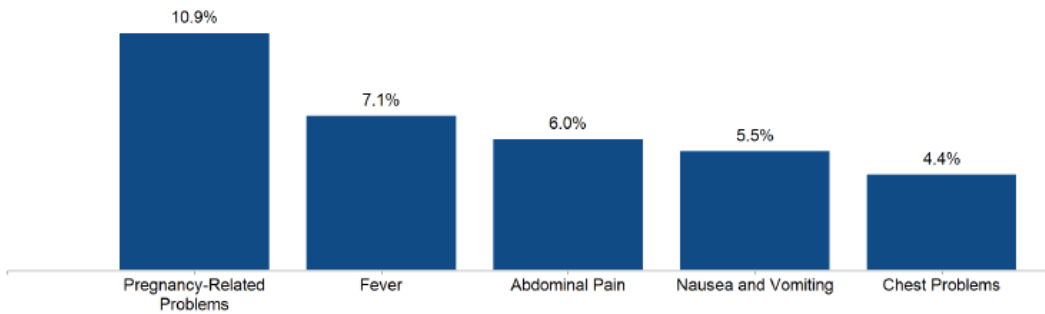
Member Inbound Call Reasons (Rolling Twelve Months)



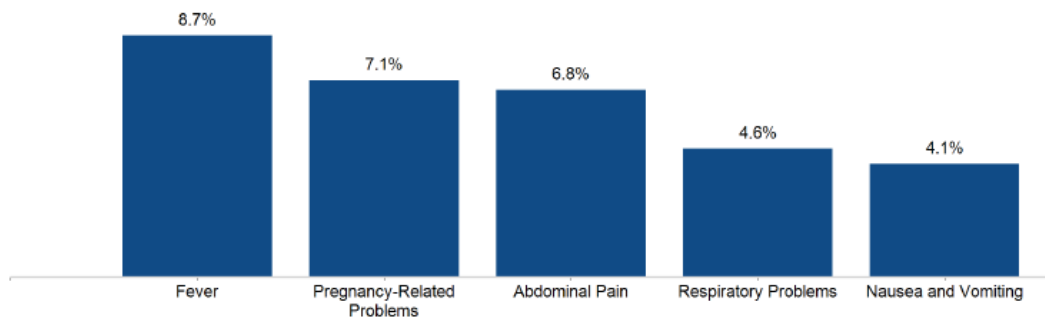
REASON	NUMBER
Symptom Check	2,794
Condition Support	76
Decision Support	8
Wellness Support	16
Health Plan	1,267
Mailing or Message Follow Up	91
Web Tools	2
Other	851



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



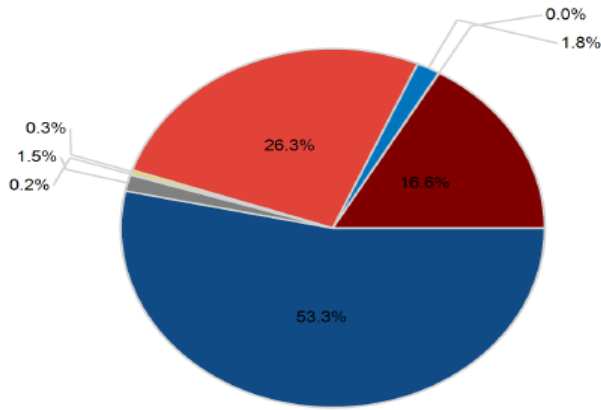
Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



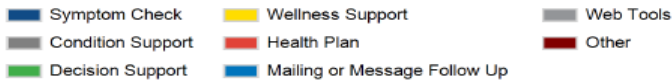
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December:

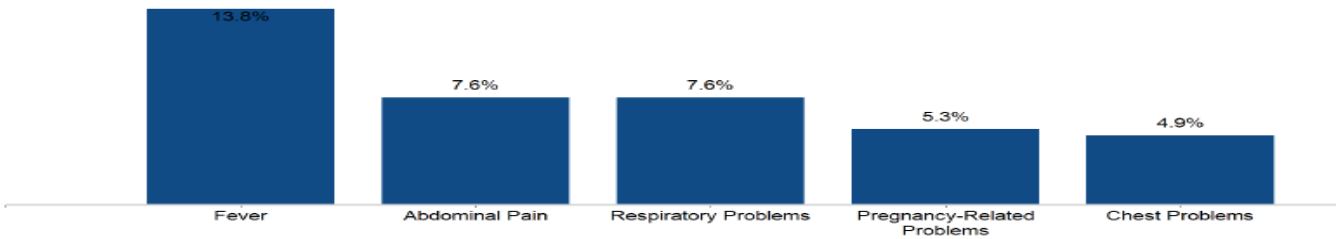
Member Inbound Call Reasons (Rolling Twelve Months)



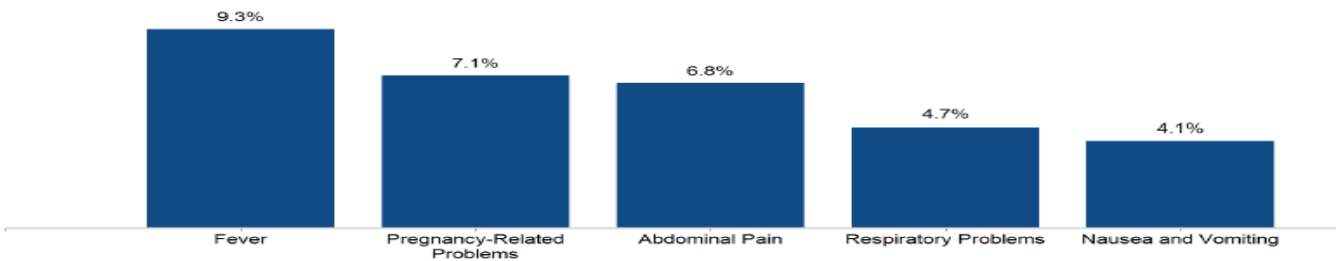
REASON	NUMBER
Symptom Check	2,756
Condition Support	76
Decision Support	8
Wellness Support	16
Health Plan	1,360
Mailing or Message Follow Up	92
Web Tools	2
Other	859



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

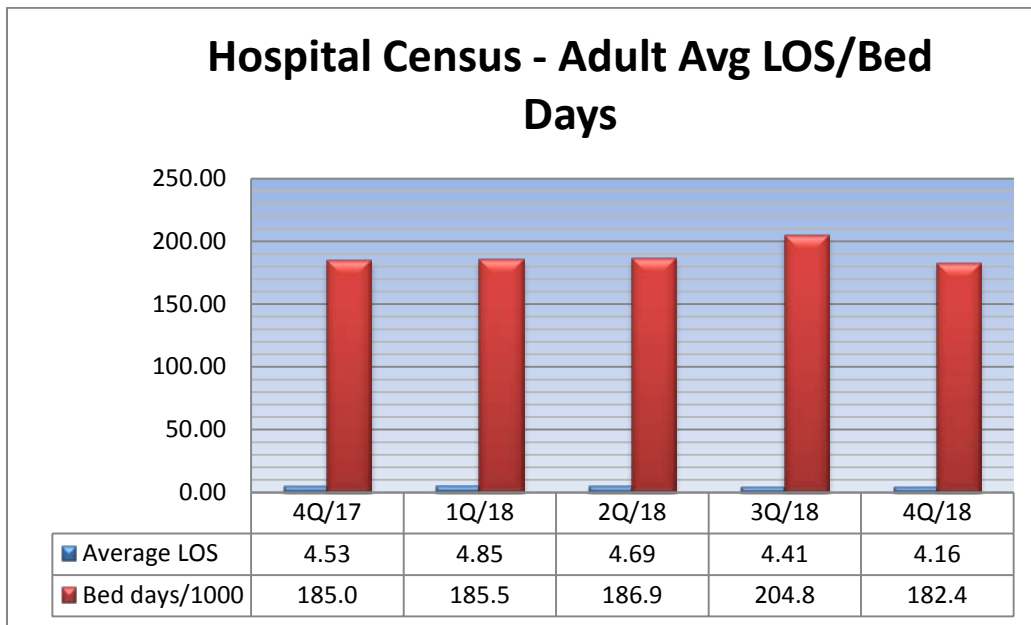
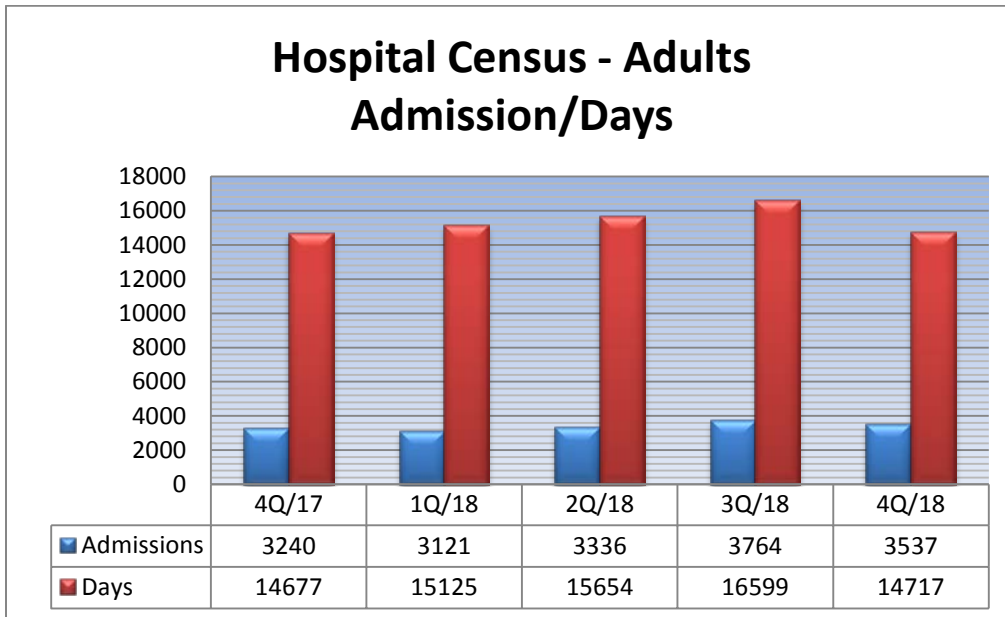


Most Frequent Symptoms - Inbound Symptom Check Calls (Rolling Twelve Months)



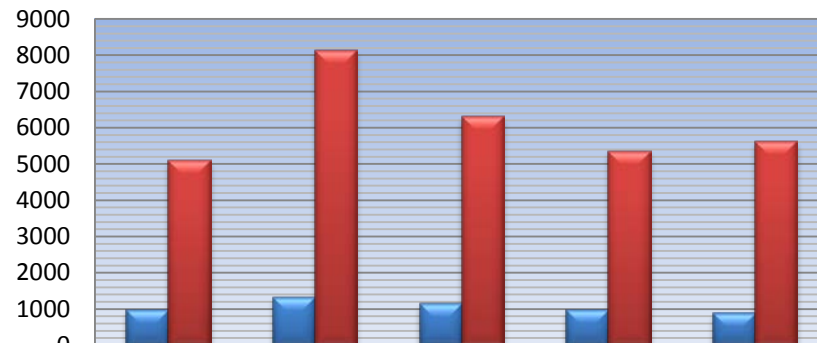
Inpatient 4th Quarter Trending

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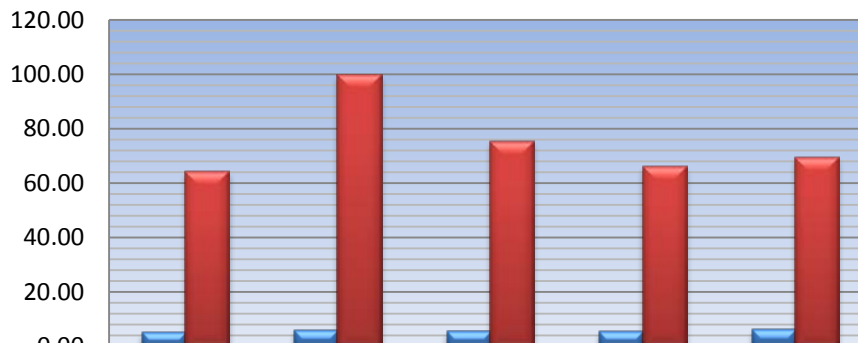
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Daily Census - PEDS-Admission/Days



Admissions	984	1338	1154	994	899
Days	5104	8145	6324	5362	5620

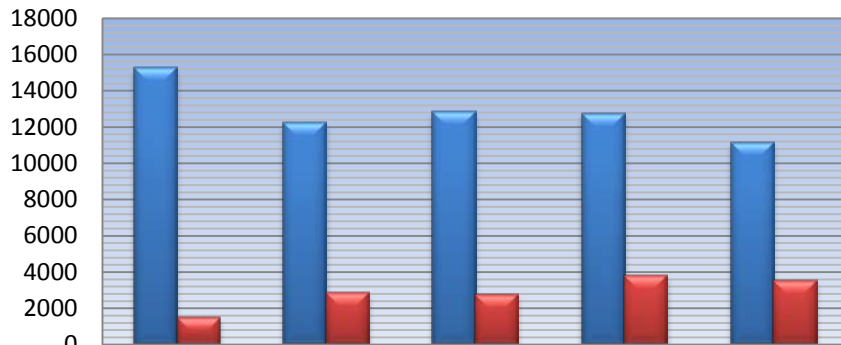
Daily Census - PEDS-Avg LOS/Bed Days



Average LOS	5.19	6.09	5.48	5.39	6.25
Bed days/1000	64.3	99.9	75.5	66.2	69.6

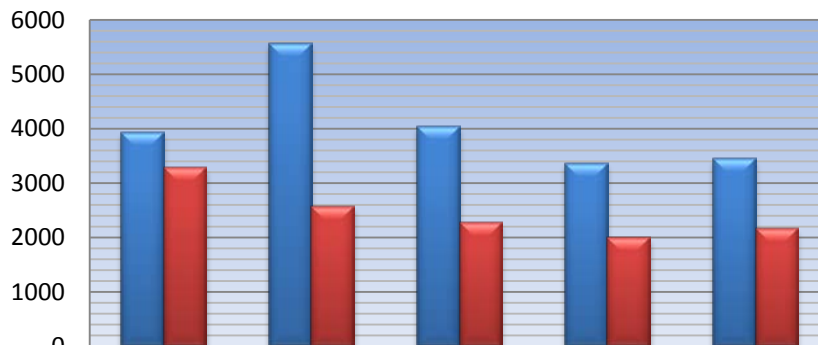
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Approved/Denied - Adults



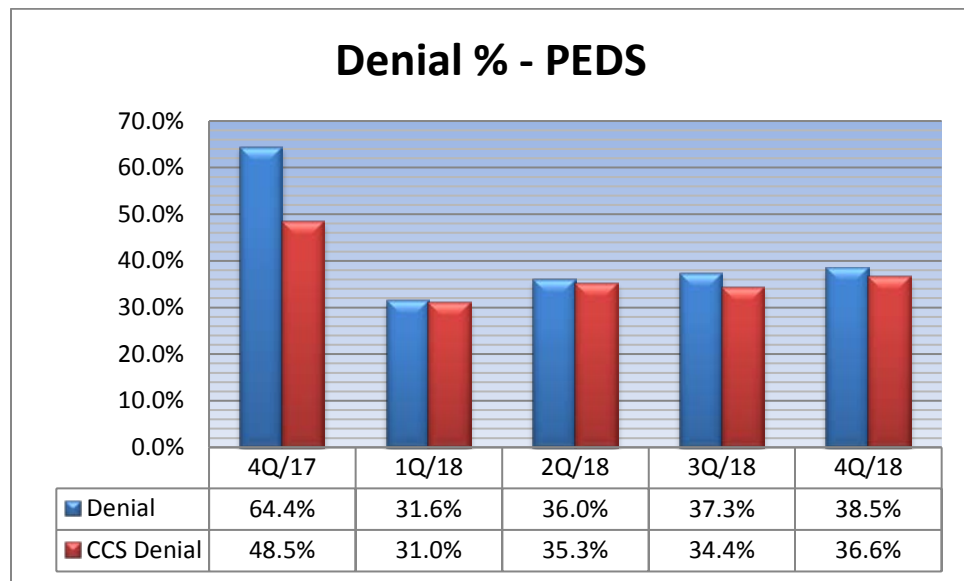
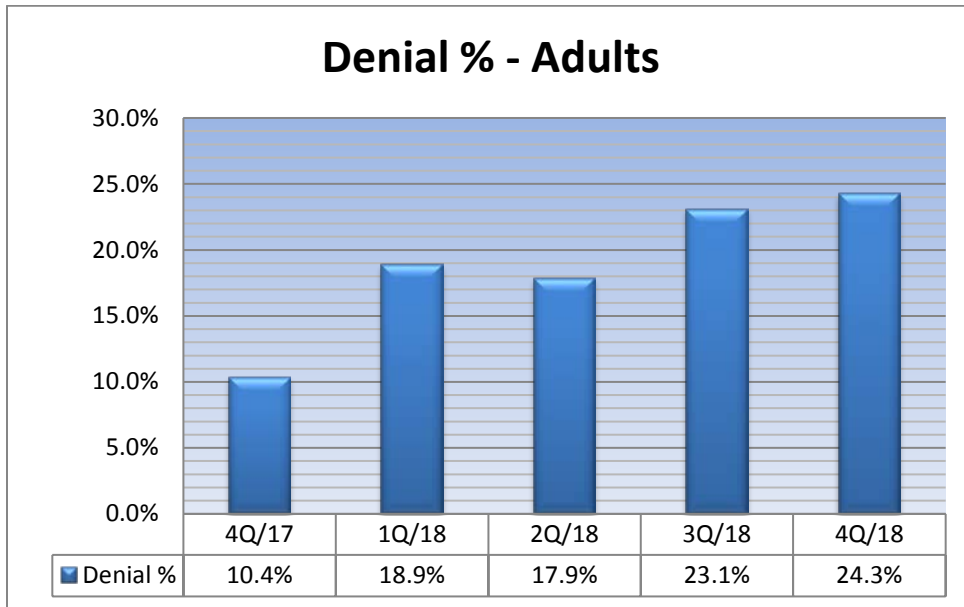
	4Q/17	1Q/18	2Q/18	3Q/18	4Q/18
Approvals	15290	12270	12856	12765	11144
Denied	1523	2855	2798	3834	3573

Approved/Denied - PEDS



	4Q/17	1Q/18	2Q/18	3Q/18	4Q/18
Approvals	3934	5573	4046	3361	3454
Denied	3288	2572	2278	2001	2166

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Continuity of Care

Total Referral – 29

Total Approval – 29

Total Denial - 0

Total SPD COC -13

UM Provider Appeals – (Member Services took over tracking of Appeals mid-November)

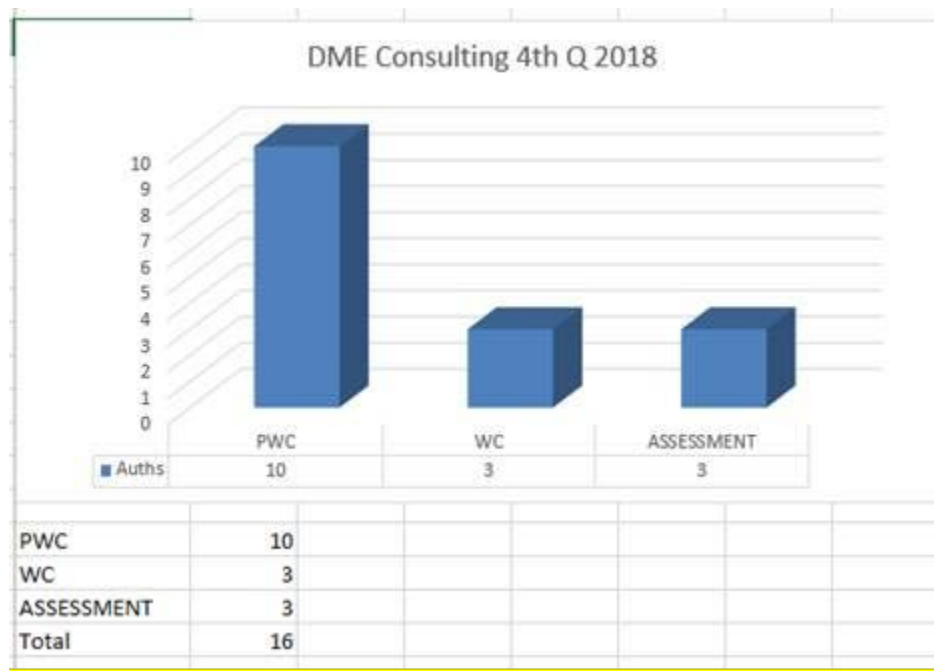
Total Appeals – 44

Favor of Provider -31

Favor of Plan – 13

Pending – 0

DME Consulting

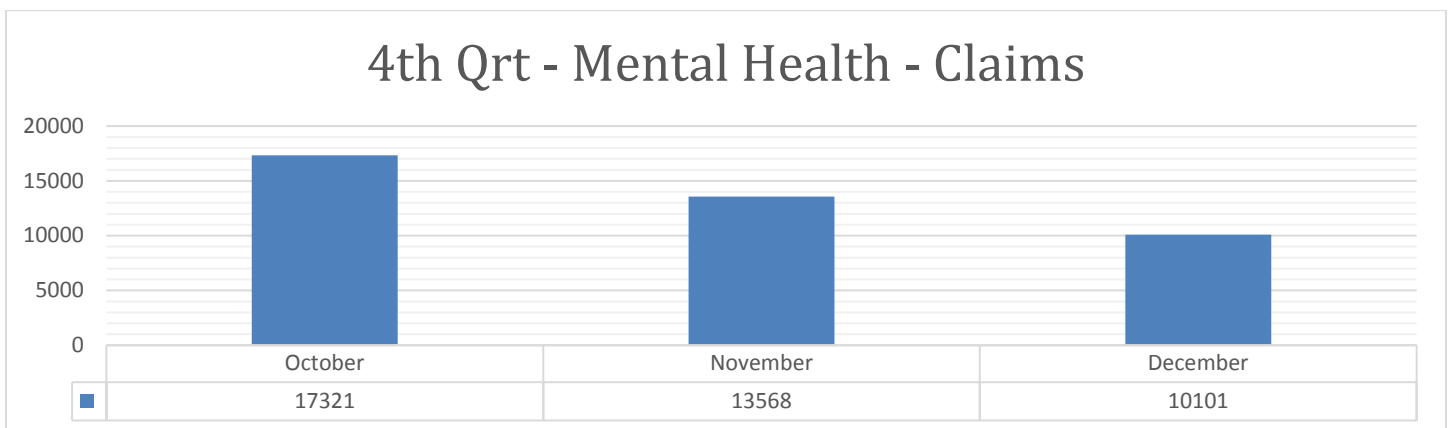


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Autism Reporting

UNIQUE CASES		Mild	Moderate	Severe	Total	Undetermined
MEMBER COUNT		31	94	21	146	105
Severity %		21.23%	64.38%	14.38%	100%	
SEVERITY	Oct	Nov	Dec	Total		
MILD	12	5	14	31		
MODERATE	37	26	30	93		
SEVERE	6	7	7	20		
Approved FBA	46	31	48	125		
Approved Treatment	56	39	51	146		
PENDING DX	45	30	32	107		
	Oct	Nov	Dec	Total		
AGE 7 OR LESS	63	48	57	168		
AGE 8 OR GREATER	37	20	26	83		
TOTAL	100	68	83	251		
% < 7	63.00%	70.59%	68.67%	66.93%		
% > 8	37.00%	29.41%	31.33%	33.07%		

Mental Health



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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
2018	January	740	34	30	64
	August	4,743	189	59	248
	September	557	24	3	27
	October	598	15	0	15
	November	770	24	0	24
	December	853	2	0	2
Totals		8,261	288	92	380

LTM Effectiveness* : 5 %

12-Month Effectiveness (Jul 2017 - Jun 2018) : 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.



Medical Data Collection Summary Report

Period Covered: January, 2018 through December, 2018
Prepared for: KERN HEALTH SYSTEMS - (12049397)

Reported Cases

	Members	
Received Eye Exam:	22,866	
Diabetes?:	1,224	5.4%
Diabetic Retinopathy:	165	.7%
Glaucoma:	170	.7%
Hypertension:	931	4.1%
High Cholesterol	328	1.4%
Macular Degeneration:	38	.2%

Estimated Number of Cases

Total Members:	242,174	
Diabetes?:	5,397	2.2%
Diabetic Retinopathy:	468	.2%
Glaucoma:	898	.4%
Hypertension:	23,713	9.8%
High Cholesterol	36,361	15.0%
Macular Degeneration:	292	.1%

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KERN HEALTH SYSTEMS CASE MANAGEMENT DEPARTMENT MONTHLY REPORT

Reporting Period: October 1st, 2018- December 31st, 2018

During the months of October thru December, a total of 1,494 members were managed by the Case Management Department.

Episode Type	Closed Episodes	Open Episodes	Referral Episodes	Total
Case Management	767	142	39	948
Behavioral Health Case Management	498	41	7	546

Closure Reasons	Behavioral Health Case Management Episode	Case Management Episode
Deceased	0	8
Declined Services	52	35
Do Not Contact	0	2
Does not meet criteria	5	76
Medical Director Decision	1	71
Member Disenrolled	6	18
Member Goals Completed	48	28
Non-Compliant-MD Approval obtained	1	1
Reassigned	3	6
Unable to Contact	223	393

Members Closed and Referred to HHP	Behavioral Health Case Management Episode	Case Management Episode
HHP	111	111
Closed Episodes with Admits within 30 days after Closure		Total
Behavioral Health Case Management		9
Case Management		10
Percentage of closed cases Readmitted		0.01 Percent

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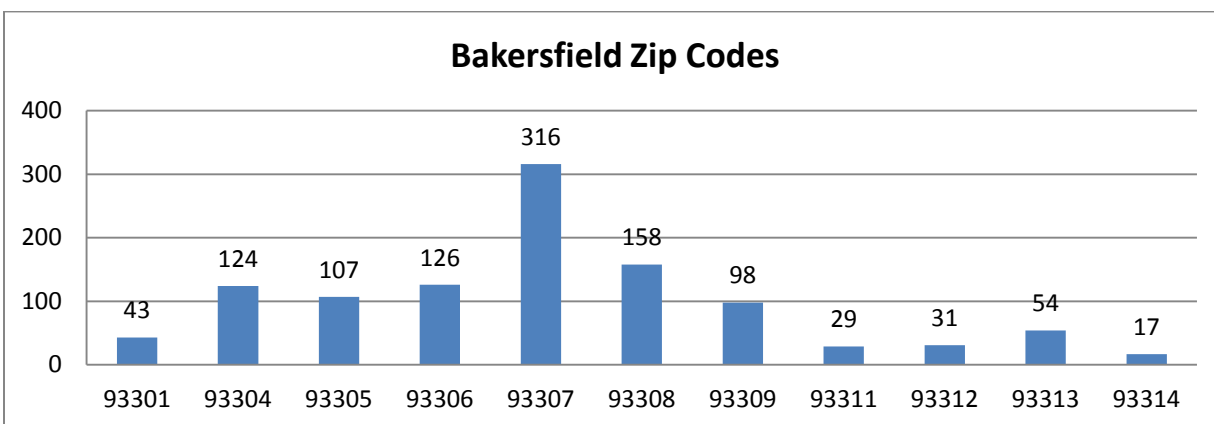
Assessments/Plan of Care	Behavioral Health Case Management Episode	Case Management Episode	Total
Assessments	58	182	240
Plan of Care	56	180	236

During the month of October thru December, 98% of the members managed were 65 years of age or younger.

Age	65 and under	Over 65	Total
Case Management	881	67	948
Behavioral Case Management	539	7	546

Of the 1,494 members managed during the months of October thru December, the majority of members were female at 60%. The majority of members' ethnicity was Hispanic at 42%.

Ethnicity	Female	Male	Total
AFRICAN AMERICAN	84	57	141
ALASKAN/AMER INDIAN	1	1	2
ASIAN INDIAN	8	8	16
ASIAN/PACIFIC	1	5	6
CAMBODIAN	1	2	3
CAUCASIAN	337	218	555
CHINESE	0	1	1
FILIPINO	11	6	17
HISPANIC	373	248	621
NO VALID DATA	64	47	111
SAMOAN	1	0	1
UNKNOWN	7	11	18



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Outlying Areas

City	Total
ARVIN	20
BODFISH	9
BORON	4
BUTTONWILLOW	1
CALIENTE	2
CALIF CITY	18
CANOGA PARK	1
DELANO	70
FRAZIER PARK	1
LAKE ISABELLA	20
LAMONT	21
LEBEC	1
LOST HILLS	4
MARICOPA	4
MC FARLAND	19
MOJAVE	11
N/A	22
NORTH EDWARDS	2
ONYX	1
ROMEOVILLE	1
ROSAMOND	7
SALINAS	1
SAN JOSE	1
SANTA MARGARITA	1
SHAFTER	29
STOCKTON	1
TAFT	43
TEHACHAPI	41
WASCO	29
WELDON	4
WOFFORD HTS	2

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Notes Completed

Note Source	Behavioral Case Management Episode	Case Management Episode
Activity Note	688	1826
Add Episode Note	31	58
Assessment Note	1	0
Care Plan Problem Note	228	325
Change Status Note	1918	2387
Edit Episode Note	2	155
Episode Note	45	252
Goals	302	477
Interventions	183	774

Letters

Letter Template	Behavioral Health Case Management Episode	Case Management Episode
Appointment Letter English	28	32
Appointment Letter Spanish	5	14
Consent Form English	8	25
Consent Form Spanish	2	26
Discharge English	41	64
Discharge Spanish	2	26
Educational Material	121	225
Unable to Contact	313	693
Welcome Letter Bilingual	49	260

Activity Type

Activity Type	Behavioral Health Case Management Episode	Case Management Episode
Fax	61	231
Letter Contact	326	778
Member Services	28	56
Phone Call	1,119	1,952

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Activities Completed

Activities Completed	Total
CMA's	2,467
Nurses	3,282
Social Workers	1,377

Activity Name

Activity Name	Behavioral Health Case Management Episode	Case Management Episode
Appointment Reminder Calls	2	17
Basic Needs	0	13
Centric Appointment	1	1
Close Episode for UTC	7	42
Contact Member	137	180
Contact Pharmacy	0	18
Contact Provider	157	506
Create Work Item	31	55
HHP	18	111
ICT	15	24
Incoming Call	1	16
Inpatient Discharge Follow Up	16	52
Language Line	79	185
Mail Appointment Letter	31	26
Mail Authorization	0	1
Mail Consent Letter	8	44
Mail Discharge Letter	45	79
Mail Drug Formulary	1	1
Mail Educational Material	96	209
Mail Pill Box	9	56
Mail Pocket Calendars	10	69
Mail Provider Directory	0	6
Mail Unable to contact letter	66	99
Mail Urgent Care Pamphlet	30	49
Mail Welcome Letter	13	5
Plan of care	54	155
Provided Information	0	8
Request Medical Records	23	76

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Schedule Physician Appointment	38	16
Transportation	18	43
Verbal consent to be received	528	836

Seniors and Persons with Disabilities (SPDs):

There were a total of 282 SPD members that were enrolled from October thru December, according to the risk stratification reports.

There are a total of 13,482 SPD members through December 2018

SPD Members are stratified into the Complex Case Management Group through use of the John Hopkins Predictive Modeler and represent 40 percent of the Complex Group from October thru December 2018.